Community Clinical Oncology Program (CCOP)

CCOP RFA
Minority Based CCOP RFA

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CCOP Network:

Goal is to access to state of the art cancer care by linking community hospitals & physicians to NCI designated Cooperative Groups & Centers.

Purpose is to accrue patients and at risk people to NCI approved treatment and cancer control clinical trials (prevention, symptom management, etc)
Community Clinical Oncology Program

FY 2009 Funded CCOP Grants

- 47 CCOPS (28 States)
- 14 MB-CCOPS (11 States & Puerto Rico)
- 12 Research Bases

- 3,405 Participating Physicians
  - 2,190 Physicians Accrue Trial Participants
  - 1,215 Physicians Refer Trial Participants

- 395 Participating Hospitals
CCOPs and Minority CCOPs

June 2009
Community Clinical Oncology Program

The graph shows the number of patients in thousands for both Treatment Accr and Prev & Control Accr from 1995 to 2007. The y-axis represents the number of patients in thousands, and the x-axis represents the years from 1995 to 2007. The data indicates a significant increase in the number of patients in Treatment Accr from 1995 to 2007, with peaks in 2001 and 2007. The Prev & Control Accr shows a consistent but lower number of patients throughout the years.

Legend:
- **Yellow**: Treatment Accr
- **Blue**: Prev & Control Accr
Impact on Cancer Research Since 1983

- 235,528 Patients on NCI Clinical Trials
- 139,275 Patients on Treatment Trials
- 96,253 Patients/Those at Risk for Cancer on Prevention and Control Trials
Evaluation History

Previous Evaluations:

- 1984 Initial Evaluation: Could they accrue? Quality of Care
- 1988 Follow Up: Quality of Data, Cancer Control
- 1991 MB-CCOP: Increase Minority Accrual
- 2003 CCOP Follow Up
- 2005 MB-CCOP Follow Up
- 2007 R01 Diffusion/Dissemination
- 2009 R01 Supplement for Business Case

Successful Infrastructure to Bring the Science to the Community
External Review Panel Evaluation

- CCOP & MB-CCOP Programs Successfully Met and Exceeded Their Major Goals
  - Knowledge Gained from CCOP & MB-CCOP Investigators is Disseminated Throughout the Medical Community & Integrated into Practice
  - Demonstrated Capacity to Engage CCOP & MB-CCOP in Cancer Prevention & Control Research and Enhancing the Clinical Trial Infrastructure
  - Uniquely Positive Impact on NCI Mission of Training, Collaboration, Community Involvement, & Translating Research Results
Community Clinical Oncology Program
External Review Panel Recommendations

Strategic Planning Process

- Align the Infrastructure & Incentives with Changing Nature of Clinical Trials
- Include Physicians, Administrators from CCOPs, MB-CCOPs and Research Base Investigators & External Experts
- Develop Short & Long-term Goals
Strategic Planning Process

- Relationship with Other Programs:
  - Efforts to Engage Other PBRNs
    - HMO Network
    - Dental PBRNs & ONJ Study

- Minority Populations:
  - Eligibility Criteria for MB-CCOPs
Expand Program Goals to Improve Efficiency, Productivity, & Collaboration in Design & Conduct of Clinical Trials

- Community Physicians Sit on All Disease Steering Committees & Operational Efficiency Working Group
- Symptom Management QOL Steering Committee
- Recognize Unique Needs to Expand Program Goals
Community Clinical Oncology Program
External Review Panel Panel Recommendations

- Metrics Beyond Accrual
  - Accrual AND Data Quality Primary Metric of Performance
  - Consider Other Metrics to Include
    - Patients Screened for Complex Studies
    - Collection of Biospecimens in Conjunction with Studies
    - Operational Efficiency Metrics