NCI Community Cancer Centers Program – Overview

NCI Clinical Trials Advisory Committee
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Maureen R. Johnson, Ph.D.
Special Assistant to the Director
Project Officer
NCI Community Cancer Centers Program
## Shift in Cancer Treatment Paradigm

<table>
<thead>
<tr>
<th>20th Century Paradigm</th>
<th>New Paradigm</th>
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<tbody>
<tr>
<td>‘Search and Destroy’</td>
<td>‘Target and Control’</td>
</tr>
<tr>
<td>Reactive</td>
<td>Proactive</td>
</tr>
<tr>
<td>Based on gross differences</td>
<td>Rational/Targeted</td>
</tr>
<tr>
<td>Toxic (MTD/DLT)</td>
<td>No/Low Toxicity</td>
</tr>
<tr>
<td>Emerging resistance</td>
<td>Resistance unlikely</td>
</tr>
<tr>
<td>Poor QOL</td>
<td>Improved QOL</td>
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NCCCP’s Core Components
Address the Full Cancer Continuum

Cancer Continuum

Prevention  Screening  Treatment  Palliative Care  Follow-up  Survivor Support  End-of-life Care

Disparities
Clinical Trials  Advocacy  Biospecimens  Survivorship  Quality of Care  caBIG EMR

Quality of Care

CaBIG (IT)

National Cancer Institute
NCCCP Interacts with and Complements Many NCI Initiatives

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<tr>
<th>Cancer Continuum</th>
<th>Prevention</th>
<th>Screening</th>
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<tr>
<td><strong>Clinical Trials</strong></td>
<td>Cancer Centers Program</td>
<td>Community Clinical Oncology Program (CCOPs)</td>
<td>Minority-Based Community Clinical Oncology Program (MB-CCOPs)</td>
<td>Cooperative Groups</td>
<td>Cancer Trials Support Unit (CTSU)</td>
<td>Cancer Centers Program</td>
<td>NCI Best Practices for Biospecimen Resources</td>
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<tr>
<td><strong>Disparities</strong></td>
<td>Cancer Centers Program</td>
<td>Community Network Program (CNP)</td>
<td>Cancer Disparities Research Partnership Program (CDRP)</td>
<td>Patient Navigation Research Program (PNRP)</td>
<td>Cancer Information Service (CIS)</td>
<td>Cancer Centers Program</td>
<td>The Cancer Genome Atlas</td>
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Differences from Other NCI Programs

• Integrates activities in disparities, quality of care and IT across the cancer continuum
• Creates linkages with and integrates many NCI programs
• Incorporates how knowledge gained from NCI programs can be translated into a community setting
• Develops a strong hospital-based community cancer center network to support NCI goals
• Supports the research infrastructure: clinical trials, clinical data and biospecimens
• Involves hospital management to specifically address sustainability
Specific Baseline Criteria

- Distinct and integrated programs
- At least 1,000 new cancer cases per year
- Disparities – efforts and commitment to address the underserved… *policy that anyone diagnosed is offered treatment*
- Clinical Trials – minimum enrollment of 25 with preference for 50
- Information Technology – EHR plans underway
- NCI Funding -- Less than $3M / year
10 Organizations Selected
NCI Investment
- $500K / site / year; 10 sites; 3 years = $15M total

Sites Must Spend NCI Dollars On:
- Healthcare disparities...... 40%
- Information technology...  20%
- Biospecimen initiative..... 20%
- Clinical trials.................. 20%

Sites’ Investment
- Co-investment of $47 million to support goals of program
  - $3 of sites’ funds match every $1 of NCI funds
- Demonstrated top hospital management commitment to the pilot and to sustain the activities
Sites Provide a Good Study Group

- 27,000 new cancer cases per year
- **Broad range of:**
  - Program maturity and size
  - Geographic and community settings
  - Different structures and medical staff employment arrangements
  - Strengths and areas for improvement
- **Ability to contribute expertise to pilot group**
Sites have Specific Deliverables with Metrics

- Deliverables with metrics for each core component

- Progress is tracked through
  - quarterly reports
  - detailed annual assessment surveys
  - independent evaluation contractor
Evaluation Methods

• Case Studies
  – A longitudinal, multiple case study is designed to understand implementation, assess change and determine successful structures and processes

• Economic Studies
  – A micro-cost study to determine the NCI and the sites’ investments to the program
  – A business case study to determine why the organizations are willing to participate
  – A program sustainability study

• Patient Surveys
  – The purpose of the patient survey is to assess the program from the patient’s perspective with regard to access to clinical trials, survivorship care, and coordination of care
Healthcare Disparities Deliverables

- Increase outreach to disparate populations
- Increase community partnerships, and increase primary care provider linkages, screening resources and capacity
- Expansion of patient navigation programs
- Policy that all patients diagnosed are offered treatment
Quality of Care Deliverables

- Increase *multidisciplinary, site-specific care committees and clinics (MDCs)*
- Increase use of *evidence-based guidelines*
- Participate in NCCCP quality improvement project
- Expand *genetic and molecular testing programs*
- Adopt cancer-center specific *medical staff conditions of participation*

Other deliverables: *biospecimens, IT, survivorship and palliative care*
Survivorship and Palliative Care Deliverables

- Expand psychosocial and palliative care initiatives
- Implement patient treatment summaries for patients
- Incorporate survivorship plans into care model
- Increase staff training in survivorship and palliative care
- Increase referrals to hospice
Progress to Date
Collaboration to Build an NCCCP Network

Shared best practices/technical assistance
• Many visits to other pilot sites, connections across sites, tools and policies exchanged

Develop, utilize and evaluate NCCCP Tools
• Clinical Trials Accrual Tracking Tool
• Breast Screening Tracking Tool
• Breast Cancer Adjuvant Treatment Summary Tool
• Breast Cancer Survivorship Care Plan
• Multidisciplinary Care Matrix Assessment Tool
• Chemotherapy Consent Form
• Cancer Center Physician Conditions of Participation
• Genetic Counseling Assessment Tool
• Biospecimen Assessment Tools
<table>
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<th>Tool</th>
<th>Purpose</th>
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<tr>
<td>MDC Care Assessment Tool</td>
<td>Case planning, physician engagement, coordination of care, infrastructure, and financial considerations</td>
</tr>
<tr>
<td>Chemo Consent</td>
<td>Uniform template for institutional modification</td>
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<tr>
<td>Genetic Counseling Assessment Tool</td>
<td>Minimal requirements for genetic counseling services</td>
</tr>
<tr>
<td>MD Conditions of Participation</td>
<td>Volume of patients treated, participation in clinical trials and in QoC initiatives, acceptance of uninsured patients, and board certification</td>
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<tr>
<td>Biospecimen Assessment Tools</td>
<td>Assess and report progress on implementing biospecimen best practices</td>
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Progress to Date
Collaboration to Build an NCCCP Network

Improve Quality of Patient Care

- Sharing tools, protocols, programs, and approaches to overcome barriers
- Implementing a multidisciplinary approach to care in the private practice setting
- Addressing the entire cancer continuum and disparities efforts across all pilot activities
Progress to Date

Collaboration to build an NCCCP Network

Enhance the Cancer Research Infrastructure

• All 16 sites adopted first step of *NCI Best Practices for Biospecimen Resources* with formalin fixation standards for breast specimens

• 12/16 sites adapting to or adopting caBIG clinical trials, tissue, and imaging tools

• Moving to Electronic Health Records

• Increasing accrual to clinical trials
Progress to Date

Collaborations in the Community

- Made many new connections to community organizations, with a focus on reaching the underserved
- Developed plans to work with primary care providers to improve screening
- Expanded linkages with community oncologists to coordinate care and promote research
- Expanded community linkages for survivorship activities
- Developed cross-cutting disparities vision and work plan integrated across NCCCP pillars
Progress to Date
Collaboration across the Cancer Enterprise

American College of Surgeons – CoC
- Cancer quality improvement collaborative formed – utilizing standard quality indicators for cancer diagnosis and treatment
- Improve adherence to evidence-based practices

ASCO
- MOU for EHR
- Quality Oncology Practice Initiative—8 pilot sites

ACS
- Navigator training for NCCCP sites

NCI-designated Cancer Centers
- Expanded and / or developed new relationships
NCCCP / NCI-designated Cancer Linkages

Complement One Another
- NCCCP Sites - Access to Clinical Trials
- NCI-designated Cancer Centers - Research Infrastructure

Conduct Early Phase Clinical Trials
- Billings Clinic with NCI-designated Cancer Centers

Provide High-Quality Biospecimens
- 4 NCCCP Sites and H. Lee Moffitt Cancer Center
  - Contracts to collect biospecimens for Moffitt’s Total Cancer Care Initiative
- 2 organizations awarded contracts for 3 NCCCP hospitals to collect prospective biospecimens for The Cancer Genome Atlas (TCGA)
• What are the necessary components to insure a comprehensive approach to cancer care in the community setting?

• What methods are effective to increase accrual of patients into clinical trials?

• How can the benefits of a multidisciplinary model of cancer care best be demonstrated?

• Can the NCCCP model improve quality of care?
Programmatic Questions

• What approaches can reduce healthcare disparities?
• How can NCI’s biorepository guidelines be implemented in a community hospital-based cancer program?
• How can community-based cancer programs effectively participate in caBIG and utilize electronic medical records?
• How can a knowledge exchange network support the advancement of goals for NCI and the NCCCP program?
Resources Needed for T1

- Mastery of molecular biology, genetics, and other basic sciences
- Appropriately trained clinical scientists
- Strong laboratories
- Cutting-edge technology
- Supportive infrastructure within the institution
Resources Needed for T2

“Implementation science” -- evaluating interventions in real-world settings

- Clinical epidemiology and evidence synthesis
- Communication theory
- Behavioral science
- Public policy
- Financing
- Organizational theory
- System redesign
- Informatics
- Mixed methods/qualitative research
NCCCP Model for Other Diseases

- A model of multidisciplinary approaches to evaluate interventions in community settings across the cancer continuum and also addresses disparities—T2 research model

- Creates a national, networked research platform for research institutions and Pharma to utilize for such activities as clinical trial accrual, biospecimen collection, and clinical data analysis

- Model applicable to other chronic diseases
NCI Collaborative Effort

- **CRCHD**
  - Dr. Ken Chu
  - Ms. Jane Daye
  - Dr. Sanya Springfield
  - Dr. Emmanuel Taylor
- **DCCPS**
  - Dr. Steve Clauser
  - Dr. Julia Rowland
- **DCLG**
  - Dr. Beverly Laird
- **DCP**
  - Dr. Worta McCaskill-Stevens
  - Ms. Diane St. Germain
- **DCTD**
  - Dr. Norm Coleman
  - Ms. Andrea Denicoff
  - Ms. Jean Lynn
  - Dr. Jo Anne Zujewski
- **NCICB**
  - Dr. Ken Buetow
  - Dr. Leslie Derr
  - Ms. Brenda Duggan
  - Mr. John Speakman
- **OBBR**
  - Dr. Carolyn Compton
  - Dr. James Robb
- **OCE**
  - Ms. Mary Anne Bright
  - Ms. Sabrina Islam-Rahman
- **SAIC-Frederick, Inc.**
  - Ms. Joy Beveridge
  - Mr. Frank Blanchard
  - Ms. Deb Hill
- **Consultants**
  - Dr. Arnie Kaluzny
  - Dr. Mary Fennell
  - Ms. Donna O’Brien
The NCI Community Cancer Centers Program (NCCCP) is a three-year pilot program to test the concept of a national network of community cancer centers to expand cancer research and deliver the latest, most advanced cancer care to a greater number of Americans in the communities in which they live.

The pilot program is designed to encourage the collaboration of private-practice medical, surgical, and radiation oncologists, with close links to NCI research and to the network of 63 NCI-designated Cancer Centers principally based at large research universities.

The NCCCP seeks to:

- Bring more Americans into a system of high-quality cancer care
- Increase participation in clinical trials
- Reduce cancer healthcare disparities
- Improve information sharing among community cancer centers