

Scaling-Up and Maintaining Evidence-based Interventions to Maximize Impact on Cancer (SUMMIT)

RFA Request

David A. Chambers, D.Phil, *on behalf of the DCCPS SUMMIT Team*

Purpose

- **Advance the science of scale-up and sustainment** to increase the widescale, long-term delivery of effective cancer-related interventions.
- **Reduce cancer-related deaths** by significantly increasing (1) lung cancer screening (LCS) among populations at high risk for lung cancer and (2) tobacco use treatment (TUT) services among cancer survivors.
- **Develop generalizable knowledge** on how to scale-up and sustain effective cancer-related interventions.

Bringing Implementation Science to Scale

What Are the Innovations?



What Are the Implementation Challenges?



Who/What Is Affected?



How Do We Improve Implementation?



How Do We Know Implementation Is Successful?



What Are the Desired Outcomes?



IMPLEMENTATION SCIENCE
CENTERS FOR CANCER CONTROL



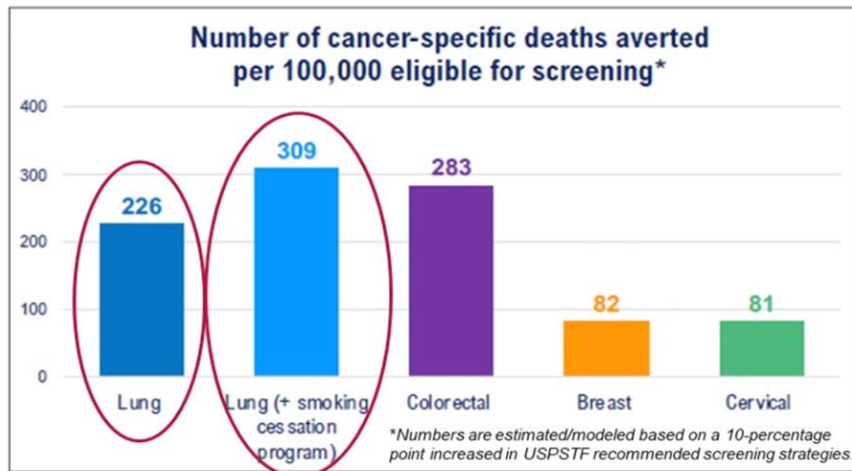
Opportunities to Scale-Up Tobacco-Related Cancer Care



Population	Grade
Adults aged 50 to 80 years who have a 20 pack-year smoking history and currently smoke or have quit within the past 15 years	B



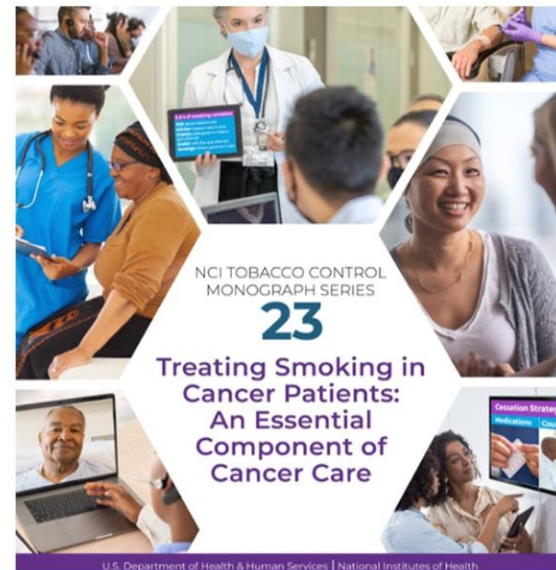
LCS uptake ranges from 4.5%—28% of eligible individuals in the U.S.



Knudsen et al., 2023



smokefreeTXT



U.S. Department of Health & Human Services | National Institutes of Health

Current Smokers Among Adult Cancer Survivors, 2020

Total	12.2% (10.7–13.9)
Sex	
Male	11.5% (9.4–14.1)
Female	12.4% (10.5–14.6)

Smoking Cessation

A Report of the Surgeon General

Smoking cessation after a cancer diagnosis is associated with a 45% median improved survival.

SUMMIT Structure

■ Companion RFAs:

- **RFA #1:** Scale-up and sustainment trials to increase LCS among populations at high risk for lung cancer
- **RFA #2:** Scale-up and sustainment trials to increase TUT services for cancer survivors

■ Cross-study Collaborative Activities:

- Steering committee, thematic working groups
- Common measures, common data elements, cross-trial analyses
- NCI-led program coordination
 - Exploring connections to NIH Pragmatic Trials Collaboratory

SUMMIT Trials

RFA #1

Lung Cancer Screening *3 trials*

1. Eligibility assessment
2. Shared decision making
3. Tobacco cessation interventions
4. Order, conduct LDCT
5. Interpret, report LDCT
6. Manage findings
7. Follow-up care
8. Repeat annual LCS as appropriate

Scale-up and Sustainment Strategies

All trials

- Learning Collaboratives
- Audit and Feedback
- Behavioral Nudges
- Practice Facilitation
- Financing Strategies

Cancer Care Settings (≥ 60 sites/trial):

- Primary Care Clinics
- Community Cancer Centers
- NCI-Designated Cancer Centers
- Academic Medical Centers

RFA #2

Tobacco Use Treatment *3 trials*

- Ask, Advise, Assess, Assist, and Arrange (5 A's)
- Ask, Advise, Refer (AAR)
- Ask, Advise, Connect (AAC)
- Behavioral counseling
- Medication

Health Equity



Example Study

Design

Cluster randomized controlled trial with 100 Federally Qualified Health Center clinics

Methods

Test comparative effectiveness of two system-level strategies to scale-up and sustain LCS:

Practice facilitation and innovative financing vs. Learning collaborative model

Outcomes

System-level guideline concordant care of LCS measured at 12, 18, and 24 months

Proposed Mechanism

1 UG3: Planning – Exploratory Phase

- 2 Years
- Finalize scale-up and sustainment trial components
- Refine scale-up and sustainment strategies



2 NCI Administrative Review

- Review and evaluate UG3 milestones
- Assess probability of completion of UH3
- Approve/reject transition request



3 UH3: Implementation Phase

- 4 Years
- Conduct scale-up and sustainment trial



← **UG3/UH3 Exploratory/Developmental Phased Award** →

Proposed Budget (FY25 - FY30)

- **Total: \$42.2M**
- **UG3: \$9.6M* (FY25-26)**
 - 6 Research Projects
 - \$800k total costs/year
 - 2 years
- **UH3: \$32.6M (FY27-30)**
 - 6 Research Projects**
 - \$1.36M total costs/year
 - 4 years

**Anticipated support from Moonshot funds to cover Research Projects in UG3 phase*

***Not all projects may progress from UG3 to UH3 phase*

Evaluation Criteria

- **Short Term (UG3 Phase, Years 1-2):**

- Completion of all trial preparatory activities
- Refinement of scale-up and sustainment strategies
- Engagement in collaborative SUMMIT activities
- Achievement of UG3 milestones

- **Long Term (UH3 Phase, Years 3-6):**

- Empirical evidence on how to best scale-up and sustain interventions
- Significant increase in LCS for populations at high-risk for lung cancer and smoking cessation among cancer survivor populations
- Cross-learning and collaboration in SUMMIT activities
- Practical tools and public goods to support scale-up and sustainment

BSA Sub-Committee Feedback and Response (Thanks!)

- **Consider whether 60 site minimum favors integrated health systems**
 - 2-year UG3 phase intended to support site recruitment
 - Site recruitment can leverage C3I, ISC³, PBRNs, and other networks
- **Identify additional strategies to coordinate across projects**
 - Depending on success of UG3 milestones, can explore use of administrative supplements for collaborative projects (ISC³ Health Equity supplements)
 - Utilizing existing strategies and infrastructure (e.g., NIH Pragmatic Trials Collaboratory)
- **Clarify institutional eligibility to submit applications**
 - Agree to support MPI grants across institutions within each application; limit one application per institution as the Primary grant recipient for each RFA
- **Support workforce development among investigators**
 - Can encourage teams to include ESIs and existing mechanisms (e.g., diversity supplement)
- **Encourage broad population reach of evidence-based interventions**
 - Maintain focus on guideline-concordant care
 - Inclusion of AYA cancer survivors and safety net systems

DCCPS SUMMIT Team

- **David Chambers, DPhil**, Implementation Science (co-lead)
- **Wynne Norton, PhD**, Implementation Science (co-lead)
- **Cynthia Vinson, PhD, MPA**, Implementation Science (co-lead)
- **Jennifer Damonte, MA**, Implementation Science
- **Michael Halpern, MD, PhD**, Healthcare Delivery Research Program
- **Paul Han, MD, MPH**, Behavioral Research Program
- **Stephanie Land, PhD**, Behavioral Research Program
- **Emily Tonorezos, MD, MPH**, Office of Cancer Survivorship
- **Aubrey Villalobos, DrPH**, Implementation Science

Thank You!