

Board of Scientific Advisors

# Ad Hoc Working Group to Enhance Community Cancer Research and Quality Care

*Co-Chairs:*

*William Dahut, M.D.*

*Raymond Osarogiagbon, M.B.B.S.*

# Working Group Members

## BSA Ad Hoc Working Group to Enhance Community Cancer Research and Quality Care



**Co-Chair**

William Dahut, MD  
American Cancer Society



**Co-Chair**

*Raymond Osarogiagbon, MBBS*  
Baptist Health Cancer Center



**Executive Secretary**

Andrea Denicoff, RN, MS, ANP  
National Cancer Institute

**Members:**

*Smita Bhatia, MD, MPH*

*Anjee Davis, MPPA*

*Christopher Friese, PhD, RN*

*Liz Garrett- Mayer, PhD*

Michael Kelley, MD, FACP

Molly Kisiel

Mark Lewis, MD

*Karen Mustian, PhD, MPH*

Augusto Ochoa, MD

Electra Paskett, PhD

Lori Pierce, MD

Gladys Rodriguez, MD

Paul Spicer, PhD

*Cornelia Ulrich, PhD*

Robert Winn, MD

*Karen Winkfield, MD, PhD*

**Ex Officio Members:**

Nelvis Castro

Loretta Christensen, MD, MBA

Ann Geiger, PhD, MPH

Katrina Goddard, PhD

Jordan Grossman

Brandy Heckman-Stoddard, PhD, MPH

Douglas Lowy, MD

Michael Montello, PharmD, MBA

Ann Sheehy, MD

Sanya Springfield, PhD

Xinzhi Zhang, MD

# Background and Purpose

- **Issue:** Not all people benefit equally from improvements in cancer prevention, detection, and treatment.
  - Significant disparities exist in cancer outcomes in rural communities and in other populations with challenges obtaining optimal care.
- **Opportunity:** Identify existing resources to increase capacity for clinical research and high-quality cancer care delivery to more people where they live.
- **Call to action:** Assist NCI and its partners in planning future initiatives focused on achieving these goals.

## Working Group Process

1. Conduct an analysis of available data along the cancer continuum.
2. Develop a comprehensive list of existing efforts to enhance quality care and expand clinical research.
3. Develop metrics for assessing improvement.
4. Provide a list of opportunities that are aligned with the mission of the NCI.

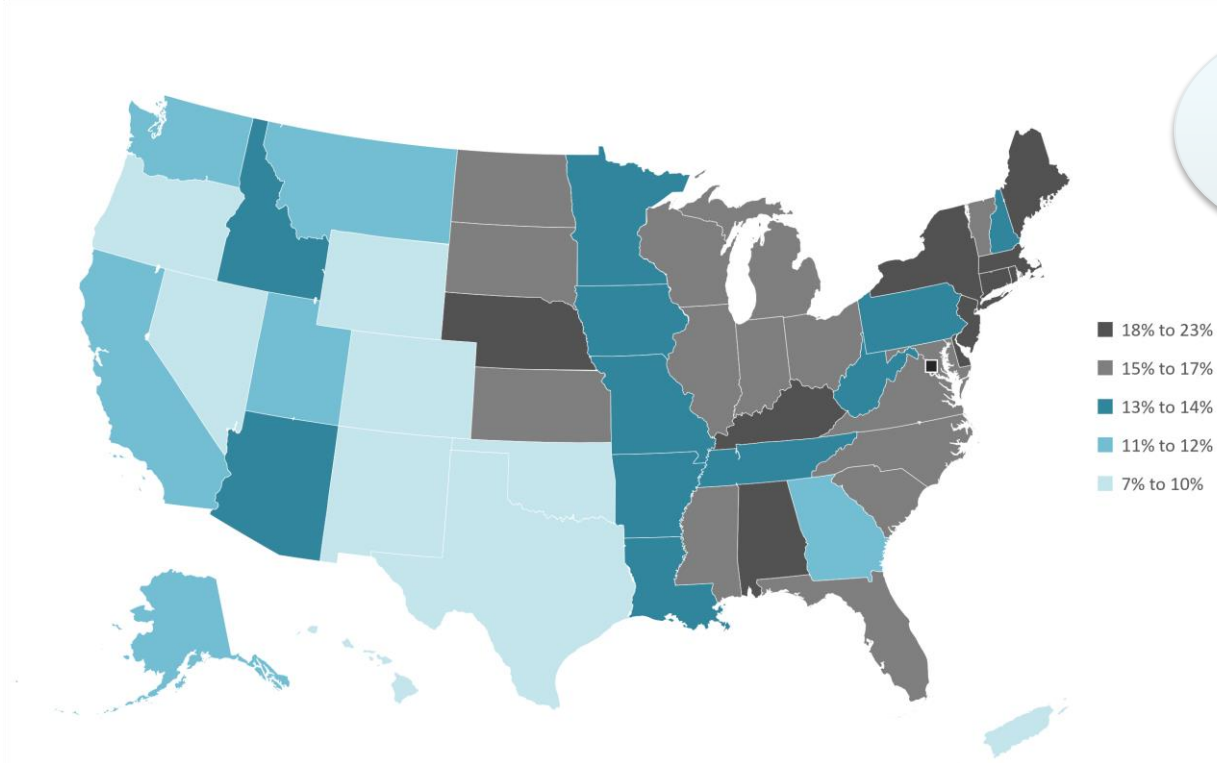


# Conduct an Analysis

- **Initial Focus:** Cancers of the lung, breast, prostate, colon-rectum, and cervix
- **Quality Care:** Reviewed data for these 5 cancers in the areas of cancer prevention, screening/early detection, diagnosis, treatment, survivorship, and mortality
- **Clinical Research:** Reviewed data maps of the US that identified locations of cancer care sites and availability of clinical research



## Data Example: State-Level Lung Cancer Screening, Adults 50-79 years. US, 2022



Median Overall: 14%

ACS-American Cancer Society. Estimates are age-adjusted using three age groups: 50-59, 60-69, 70-79 years. The American Cancer Society recommends annual screening for lung cancer with a low-dose CT (LDCT) scan for people aged 50 to 80 years who smoke or used to smoke and have at least a 20 pack-year history of smoking. Due to survey questionnaire limitations, estimates are among individuals ages 50-79 years instead of among ages 50-80 years.

Sources: American Cancer Society. Cancer Prevention & Early Detection Facts & Figures Tables and Figures 2024. Atlanta: American Cancer Society; 2024. Behavioral Risk Factor Surveillance System, 2022.

# Metrics for Assessing Improvements

- I. Enhance Quality Care:
  - Created a metrics table for the 5 cancers of focus across the cancer continuum
  
- II. Expand Clinical Research Capacity in Communities
  - Assess the expansion of trial availability into rural and underserved areas



# Metrics: Lung Cancer Example

Cancer Continuum	Metric
Prevention	Reduce rates of tobacco consumption (all forms)
Screening/Early Detection	Increase lung cancer screening and adherence rates
Diagnosis /Treatment	Increase: proportion of early stage; proportion receiving guideline-concordant care; rates of biomarker testing and biomarker-directed therapy
Survivorship	Improve quality of life through improved symptom management



# Opportunities to Enhance Quality Cancer Care and Expand Clinical Research Access

- We prioritized cancer prevention and early detection because of the population-level impact.
- NCI should expand clinical research into more rural and underserved communities.



# Expand the Reach of Lung Cancer Screening

- Test community-wide approaches that utilize public-private partnerships essential to improve lung cancer screening and align with local needs and priorities.
  - Bundle lung cancer screening with other screening tests
  - Screen outside of traditional settings
  - Create linkages between primary care and cancer centers
  - Create linkages between well-resourced and under-resourced health care systems

# Eradicate Cervical Cancer

- Launch a National Plan to Eradicate Cervical Cancer in the U.S.
  - Improve HPV vaccination\*, HPV screening\*, and optimal treatment
  - Increase HPV vaccination and screening in areas with low adherence
  - Partner cancer centers with community pediatricians, gynecologists and HRSA-funded health centers, including Federally Qualified Health Centers

\*would also benefit HPV-associated H&N cancer, with its entirely different demographic

# Improve Access Through Digital Tools

- Conduct information technology-enhanced projects to eliminate access disparities for rural and underserved communities
  - Study the implementation of digital and telehealth services from cancer prevention through survivorship
  - Develop culturally sensitive mobile health apps addressing needs of specific underserved populations
  - Study digital platforms linking cancer centers with rural and underserved communities to improve biomarker testing and biomarker-directed treatment



# Opportunities to Increase the Capacity to Conduct Clinical Research in Communities

# Scale up the NCORP

- Increase the number of minority and underserved NCORPs.
  - Strategically locate additional NCORPs to include institutions with cancer care delivery infrastructure within target populations of interest.
  - Develop NCORP planning grants that would serve as an incubator program to expand the capacity for more underserved communities to participate in NCI-supported clinical research.

# Leverage EMRs to Support Clinical Trial Access

- Promote collaborations between NCI, partner organizations, and Electronic Medical Records (EMR) vendors to support clinical research activities
  - Leverage the EMR to automate technology to:
    - Enhance screening patients for clinical trial eligibility
    - Extract EMR patient data directly to reduce errors and burden of clinical trials data collection

# Discussion



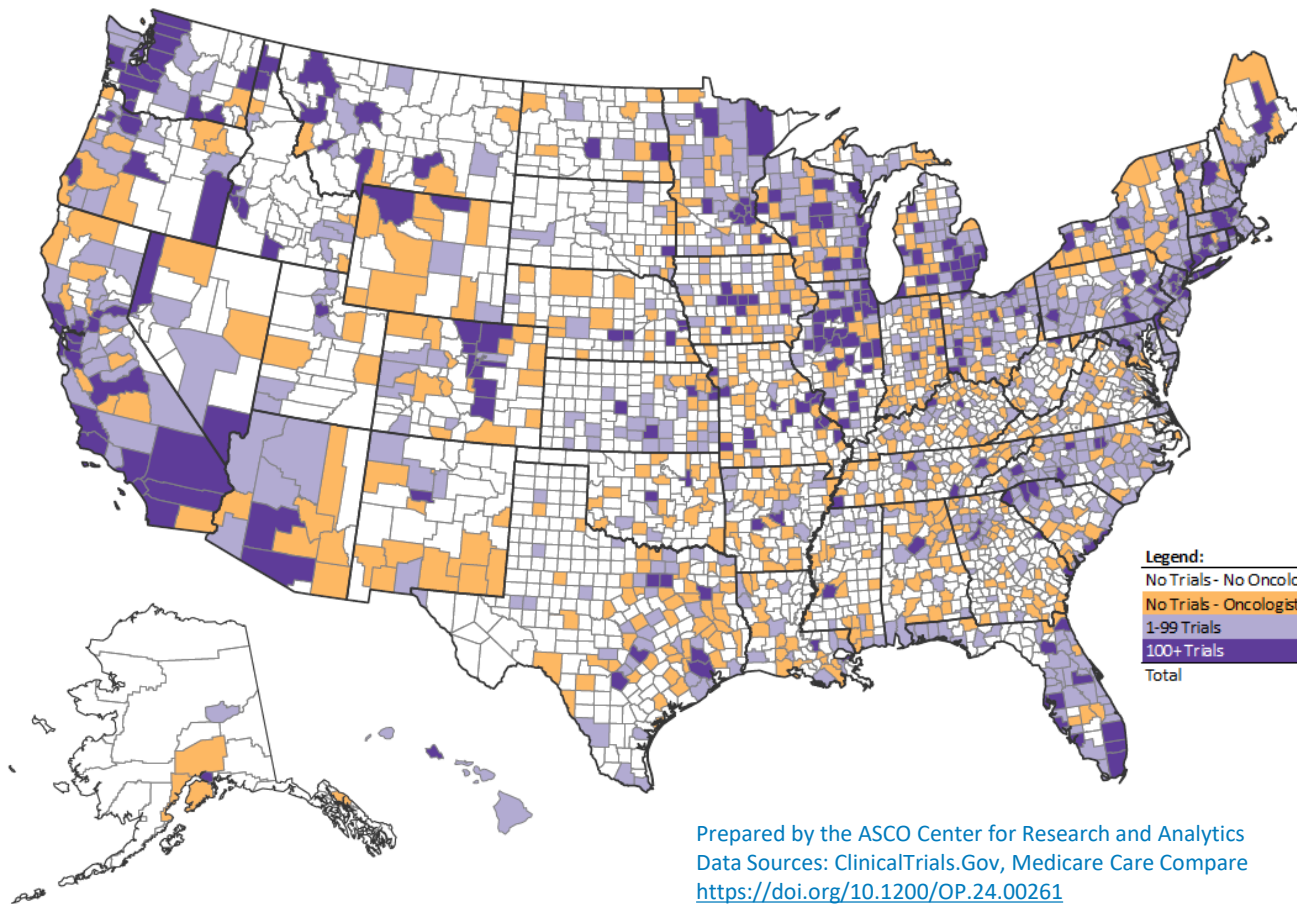


**NATIONAL  
CANCER  
INSTITUTE**

**[cancer.gov](https://cancer.gov)**

**[cancer.gov/espanol](https://cancer.gov/espanol)**

# Counties by Presence of Cancer Trials vs. Oncologist Care Sites (2022 data)



Legend:	Counties (%)	100,000 People Aged ≥55 (%)
No Trials - No Oncologists	1,593 (51%)	87 (9%)
No Trials - Oncologists	618 (20%)	92 (10%)
1-99 Trials	656 (21%)	316 (33%)
100+ Trials	276 (9%)	450 (48%)
Total	3,143 (100%)	945 (100%)

Prepared by the ASCO Center for Research and Analytics  
 Data Sources: ClinicalTrials.Gov, Medicare Care Compare  
<https://doi.org/10.1200/OP.24.00261>