NCI Community-Based Cancer Centers Pilot Program

John E. Niederhuber, M.D.
Presentation to the National Cancer Advisory Board
September 6, 2006
NCI-Designated Cancer Centers
61 major academic and research institutes making significant contributions each day to advances in the understanding, prevention and treatment of cancer

Revised 10/29/05

- Cancer Center (22)
- Comprehensive Cancer Center (39)
- Planning Grant (7)
Presentation Overview

- Context
- Program Development
- Proposed Program Components
- Program Assessment
- Research Questions
- Funding
- Next Steps
- Timeline
Trends in community-based cancer care

- More well-trained cancer physicians
- State-of-the-art technology more available
- Movement to physician offices and “stand-alone” centers
- Growth in “niche” medical specialty companies
Realities of treatment

Why most cancer patients are treated in hospitals in their communities:

- Transportation/distance
- Economics/insurance
- Social support systems
- Qualified cancer specialists
- Age
- Reduced toxicity
NCI Community Cancer Centers Program

**Mission:** Enable the provision of state-of-the-art multispecialty care and early-phase clinical trials in community-based locations to meet the needs of the people
Bringing science to the people where they live
Goal: Anticipate sponsoring multiple pilot sites for three years, to identify critical factors to be incorporated into a future RFA

(a nationally linked cohort of patients, from screening through treatment of active disease and survivorship)
“The Committee commends NCI for its foresight in developing the community cancer centers program, which is a direct mechanism to translate the most promising advances in cancer treatment... to community hospitals around the country.”

*House Appropriations subcommittee ’07 report*
Pilot program development

**Guiding Coalition:** John Niederhuber, Mark Clanton, Anna Barker, Ken Buetow, Norm Coleman, and Donna O’Brien (healthcare consultant)

**CRCHD:** Sanya Springfield, Nada Vydelingum, Ken Chu, Jane Daye, and Barbara Wingrove

**DCCPS:** Bob Croyle, Jon Kerner, Martin Brown, Steve Taplin, Steve Clauser, Rachael Ballard-Barbash, and Julia Rowland
Pilot program development

**DCP**: Leslie Ford and Lori Minasian

**DCTD**: Jim Doroshow, Michaele Christian, Jeff Abrams, and Frank Govern

**OCTR**: Ernie Hawk, Jaye Viner, and Linda Weiss

**OD**: Rochelle Rollins, Carolyn Compton, and Julie Schneider
Program development considerations

Community sites

• Early-stage programs with significant outreach to racial/ethnic minorities that address healthcare disparities
• Well-established programs with successful accrual to clinical trials
• Programs with strong state funded support
Program development considerations

Community sites

• Public hospital programs that reach large, uninsured populations
• Rural programs
Program development considerations

• NCI-designated Cancer Center Community networks

• Large physician network focused on research partnership, improving quality of cancer care at community cancer programs, addressing health disparities

• National health systems to explore knowledge transfer
Baseline pilot program components

- Community cancer center
- Clinical trials
- Disparities & community outreach
- Information technology
- Biospecimen initiatives
- Hospice and palliative care
Community Cancer Center

• Community hospital with:
  – cancer program in a discrete center
  – medical, surgical and radiation oncology
  – one administrative/medical program structure

• Physician director (cancer expertise)

• Patient navigation support

• Multi-disciplinary disease specific planning committees
Community Cancer Center

- Minimum 1,000 new cancer cases a year
- Existing programs for cancer screening
- Accreditation by the Commission on Cancer of the American College of Surgeons
- Appropriate staffing, technology, clinical programs, and expertise
Clinical trials

- Minimum annual accrual of 25 patients to clinical trials
  - Preference for more than 50 patients
  - Preference for experience with NCI-sponsored clinical trials
- Established research function to support clinical trials
Disparities & community outreach

• Organized, sustainable approach for community health outreach
  – relationships with other community-based organizations

• Resources for care of the uninsured and underinsured (direct financial and other)
Disparities & community outreach

• Preference for a track record of public/private partnership development

• Partnerships with national, regional and state public health department programs preferred
Information technology

- Information technology capacity that includes:
  - plans for an electronic medical record
  - capacity to devote staff time and expertise to assess the benefits, implications, barriers, etc., to implementing relevant caBIG infrastructure and components
Biospecimen initiatives

Commitment and capability to describe and assess implementation requirements for the *First-Generation Guidelines for NCI-Supported Biorespositories* for a community-based cancer program
Hospice and palliative care

- An organized program for referral to hospice services as appropriate
- Palliative care programs and survivorship plans are of interest and will be explored during the pilot
Special areas of interest during the pilot

- Linkages with NCI Designated Cancer Centers
- New community-based models to address healthcare disparities
Special areas of interest during the pilot

• National health system model in multiple markets
  — to study knowledge transfer methods, rapid replication capability, or rapid diffusion of best practices
• State funded cancer initiatives
• Special locations with high incidence/lack of services
Special areas of interest during the pilot

- State or regional health information technology initiatives
- Survivorship plans
- Experience with payer-supported clinical initiatives
- Supplemental funding models to accelerate achievement of pilot goals
Special areas of interest during the pilot

• Experience in knowledge exchange networks/activities

• Successful approaches for multidisciplinary cancer care

• Successful approaches to increase accruals to NCI-sponsored clinical trials
Pilot program assessment structure

An external — and independent — program evaluator for this demonstration project

- **Year 1**: Infrastructure development; refinement of the pilot program and research questions
  - Colorectal cancer quality-of-care study to be launched for screening, treatment and follow-up care

- **Years 2 and 3**: implementation of the model and evaluation of the metrics/research questions
Research questions

• What are the necessary components to insure a comprehensive approach to cancer care?

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

• How can the benefits of a multi-disciplinary model of cancer care best be demonstrated?

• Can the NCCCP model improve quality of care?

• What approaches can reduce healthcare disparities?
Research questions

• How can the *First-Generation Guidelines for NCI-Supported Biorepositories* be implemented in a community hospital-based cancer program?

• How can community-based cancer programs effectively participate in caBIG?

• How can a Knowledge Exchange Network support the advancement of goals for NCI and NCCCP Program?
• It is the intent to support, through the NCI’s prime contract with SAIC-F, multiple sites for a total of **$9M over a 3-year period**
• Supplemental funding models to be considered in support of pilot goals (provider, state cancer plan, etc.)
Funding for pilot phase

Healthcare disparities…… 40%
Information technology…  20%
Biospecimen initiative…..  20%
Clinical trials……………… 20%
Next Steps

• NCCC Program Development Committee to review comments obtained for Request for Information sent out in mid-August

• Committee to advise in the drafting of the Request for Proposal

• Strong communication effort to educate and elicit feedback from the many stakeholders in the cancer community
### Proposed timeline

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<tr>
<th>Date Range</th>
<th>Event Details</th>
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<tr>
<td>Mid-Aug. 2006</td>
<td>Release Request for Information/Interest (RFI)</td>
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<tr>
<td>Mid-Sept. 2006</td>
<td>RFI responses due</td>
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<tr>
<td>Mid-Oct. 2006</td>
<td>Release Request for Proposal (RFP)</td>
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<tr>
<td>Mid-Nov. 2006</td>
<td>Pre-proposal conference (if needed)</td>
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<tr>
<td>Mid-Dec. 2006</td>
<td>RFP responses due</td>
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<tr>
<td>Mid-Jan. 2007</td>
<td>Evaluation of RFP responses completed</td>
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## Proposed timeline

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<tr>
<th>Date</th>
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<tbody>
<tr>
<td>Feb. 2007</td>
<td>Site visits (if needed)</td>
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<tr>
<td>Mid-March 2007</td>
<td>Pilot selections made and announced</td>
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<tr>
<td>April 2007</td>
<td>Preparations to launch program; finalized pilot requirements/ program elements</td>
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<tr>
<td>April 30, 2007</td>
<td>Launch NCCCP pilot project and program for ongoing review and monitoring during three-year pilot</td>
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RFI Posted

FedBizOpps:
http://www.fedbizopps.gov/

SAIC Frederick:
http://web.ncifcrf.gov/bizoppps/
NCI Community Cancer Centers Program

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