NCI Community Cancer Centers Program – Overview

National Cancer Advisory Board
September 8, 2008

Maureen R. Johnson, Ph.D.
Project Officer
NCI Community Cancer Centers Program
Today’s Presentation

• NCCCP Program Overview
  – Dr. Maureen Johnson

• Billings Clinic NCCCP Site
  – Dr. Thomas Purcell, PI, Billings Clinic Cancer Center

• Catholic Health Initiative (CHI) NCCCP System Site
  – Dr. Mark Krasna, PI, CHI

• NCCCP Evaluation
  – Dr. Steven Clauser
### 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

NCCCP

Disparities
Clinical Trials
Advocacy
Bio-specimens
Survivorship
Quality of Care
CaBIG (IT)

Cancer Continuum
Prevention Screening Treatment Palliative Care Follow-up Survivor Support End-of-life Care
NCCCP Interacts with and Complements Many NCI Initiatives

<table>
<thead>
<tr>
<th>Cancer Continuum</th>
<th>Prevention</th>
<th>Screening</th>
<th>Treatment</th>
<th>Palliative Care</th>
<th>Follow-up</th>
<th>Survivor Support</th>
<th>End-of-life Care</th>
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<tbody>
<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>
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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>
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<tr>
<td><strong>Biospecimens</strong></td>
<td>Cancer Centers Program</td>
<td>NCI Best Practices for Biospecimen Resources</td>
<td>The Cancer Genome Atlas</td>
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<tr>
<td><strong>Information Technology</strong></td>
<td>Cancer Centers Program</td>
<td>caBIG™ (cancer Biomedical Informatics Grid™)</td>
<td>Electronic Medical Records–HHS</td>
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NCI Community Cancer Centers Program
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
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 screened is treated*
- **Clinical Trials** – minimum enrollment of 25 with preference for 50
- **Information Technology** – EHR plans underway
- **NCI Funding** – Less than $3M/year
10 Organizations Selected

- **6 Community Hospitals**
  - Hartford Hospital, Connecticut
  - St. Joseph’s/Candler, Georgia
  - Our Lady of the Lake Regional Medical Center, Louisiana
  - Spartanburg Regional Hospital, South Carolina
  - St. Joseph Hospital, Orange, California
  - Christiana Hospital, Delaware

- **2 Rural Hospitals – Native Americans**
  - Billings Clinic, Montana
  - Sanford USD Medical Center, South Dakota

- **2 National Health Systems – Multistate with multiple program locations**
  - Ascension Health: Indianapolis, Milwaukee and Austin
  - Catholic Health Initiatives: Towson, MD; Colorado Springs and 3 sites in Nebraska
Funding for Pilot Phase

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
  - Program models – structure and medical staff arrangements
  - Strengths and areas for improvement

- Ability to contribute expertise to pilot group
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
• Physicians Conditions of Participation
• Genetic Counseling Assessment Tool
• Biospecimen Assessment Tools
# NCCCP Tools

<table>
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<tr>
<th>Tool</th>
<th>Purpose</th>
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<tr>
<td><strong>Clinical Trials Accrual Tracking Log</strong></td>
<td>Tracks patient demographics, protocol screening methods, barriers and enrollment details</td>
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<tr>
<td><strong>Breast Screening Tracking Tool</strong></td>
<td>Monitors the lag time between initial screening, diagnosis and care, and recruitment for clinical trials, particularly for the underserved</td>
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<td><strong>Breast Treatment Summary Tool</strong></td>
<td>Provides treatment summaries and healthcare provider information</td>
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<tr>
<td><strong>Breast Survivorship Care Plan</strong></td>
<td>Provides guidelines for surveillance and risk factors for potential long-term and late effects of therapy</td>
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<tr>
<td><strong>MDC Care Assessment Tool</strong></td>
<td>Integrates efforts in case planning, physician engagement, coordination of care, infrastructure, and financial considerations</td>
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<tr>
<td><strong>Genetic Counseling Assessment Tool</strong></td>
<td>Defines minimal requirements for genetic counseling services</td>
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<tr>
<td><strong>MD Conditions of Participation</strong></td>
<td>Defines recommended requirements including volume of cancer patients treated, participation in clinical trials and in quality of care initiatives, acceptance of uninsured patients, and board certification</td>
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<td><strong>Biospecimen Assessment Tools</strong></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
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
- 11/16 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 oncologists to coordinate care and promote research
- Expanded community linkages for survivorship activities
Collaboration across the Cancer Enterprise

**American College of Surgeons – CoC**
- Cancer quality improvement collaborative formed – builds on work of an NCI, CMS, CDC, AHRQ collaboration that developed standard quality indicators for cancer diagnosis and treatment
- Improve adherence to evidence-based practices

**ASCO**
- MOU for EHR
- Quality Oncology Practice Initiative—5 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
• 3 NCCCP Sites and H. Lee Moffitt Cancer Center
  — Contract with NCCCP sites to collect biospecimens for Moffitt’s Total Cancer Care Initiative
• NCCCP sites being considered as potential TCGA collection sites
Research Questions

• 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?
Research 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?
Figure 1. The 2 Translational Blocks in the Clinical Research Continuum

Translational Blocks
- Lack of Willing Participants
- Regulatory Burden
- Fragmented Infrastructure
- Incompatible Databases
- Lack of Qualified Investigators
- Career Disincentives
- Practice Limitations
- High Research Costs
- Lack of Funding

T1
- Basic Biomedical Research
- Translation From Basic Science to Human Studies

T2
- Clinical Science and Knowledge
- Translation of New Knowledge Into Clinical Practice and Health Decision Making
- Improved Health

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

- **DCTD**
  - Dr. Norm Coleman
  - Ms. Andrea Denicoff
  - Ms. Jean Lynn
  - Ms. Diane St. Germain
  - 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
Via Telemedicine

Billings Clinic Principal Investigator

Dr. Thomas Purcell
Medical Oncologist
Director, Billings Clinic Cancer Center
Division Chief of Service Lines, Strategy and Growth
Billings Clinic
Billings, Montana