Overview

Community Cancer Centers as a Research Resource

The NCI Community Cancer Centers Program

Donna M. O’Brien, MHA
Special Advisor for Community Healthcare Programs

Cancer Centers Administrators Forum
April 3, 2011
Presentation Overview

- Introduction of panel
- NCCCP overview and progress to date
- NCCCP relationships with NCI-designated Cancer Centers
- Challenges and strategies for success
Challenges for Improving Cancer Outcomes in the Community Setting

Access
• 85% of cancer patients seek care in the communities where they live
• Quality cancer care and research opportunities out of reach for many with healthcare disparities

Quality
• Cancer care not well coordinated—fragmented
• Adherence to evidence-based guidelines needs improvement

Research
• Limited research and readiness for genomically-informed medicine in the community setting
NCCCP Pilot: Studying Ways To….

Enhance Access

Improve Quality of Care

Expand Research

Cancer Continuum

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

Disparities  Quality of Care  Survivorship and Palliative Care  Advocacy  Biospecimens  Clinical Trials  EHR and caBIG (IT)

40% of Funding
30 NCCCP Hospitals in 2010
Pilot includes more mature to less mature sites

- 53,000 new cancer cases
- 23 million population in 22 states
Unique Program Attributes

- Public-private partnership
- CEO commitment and investment
- Networking among sites—including data warehousing
- Synergy with NCI programs
  - NCI designated cancer center linkages required
- Leveraging partnerships with national organizations
- Contract mechanism with deliverables
- External program evaluation and cost study
Highly Leveraged Public-Private Partnership

Sites contributing $3.3 to every $1 NCI dollar

Reported Expenditures for the First Two Years
Including Value of Donated Time

- Survivorship
- Biospecimens
- Info. Tech.
- Quality of Care
- Disparities
- Clinical Trials

Source: Completed Cost Assessment Tools, Contract Years 1 and 2.
Donated physician time valued using MGMA compensation figures.
Highlighted Pilot Program Components

Enhance Access and Improve Quality
- Healthcare Disparities – 40% of funding
- Quality of Care

Expand Research Support
- Clinical Trials
- Biospecimens and Information Technology

The Network is working to promote a research-ready network
Increasing Screening, Navigation and Community Partnerships

NCCCP:
Focusing on Diverse Populations To Reduce Healthcare Disparities
NCCCP Clinical Trials Goals

- Improve access to varied clinical trial types especially *earlier phase* trials
- Increase *minority and underserved* accrual
- Improve *infrastructure* to support clinical trials
Clinical Trials
2007 Sites – Clinical Trial Accrual
Therapeutic, Cancer Control, and Prevention Trials

Total Accrual: 1190
Rural Accrual: 119
Elderly Accrual: 43
Minority Accrual: 62

Year 1: 972
Year 2: 199
Year 3: 322

Subjects Accrued
Increased Physician Involvement in Clinical Trials at Pilot Sites

Number of Physicians

Physicians Eligible to Accrue
Physicians Actually Accruing

Baseline  | Year 3
---|---
161 | 245
225 | 341
Increase In Evidence-based Care: Hormone Therapy and Breast Cancer

Median Performance Rates (Inter-Quartile Range)

<table>
<thead>
<tr>
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<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
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<tbody>
<tr>
<td>NCCCP (n=16)</td>
<td>45.9 (13.6–62.2)</td>
<td>60.5 (31.4–74.5)</td>
<td>82.1 (60.8–86.0)</td>
<td>80.9 (57.8–93.1)</td>
</tr>
<tr>
<td>Control (n=45)</td>
<td>62.3 (30.4–77.4)</td>
<td>66.7 (40.5–80.4)</td>
<td>77.4 (49.7–84.7)</td>
<td>75.8 (33.3–88.0)</td>
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*RMean & Median performance rates calculated at the hospital level. Dataset downloaded 9-10-2010*
<table>
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<tr>
<th>Pillar</th>
<th>Pilot Focus</th>
<th>Current Accomplishments Beyond Deliverables</th>
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<tbody>
<tr>
<td>Bio-specimens</td>
<td>Understand necessary organizational changes needed to collect high quality biospecimens in a community setting</td>
<td>• Biospecimen collection: 3 TCGA sites, 4 Moffitt TCC sites</td>
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<tr>
<td></td>
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<td>• Formalin fixation standards</td>
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<td></td>
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<td>• 7 sites have biorepositories</td>
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<tr>
<td>Information Technology</td>
<td>Assess potential and develop plan for community cancer centers to connect to caBIG® and accelerate implementation of EHRs</td>
<td>• 10 sites deployed caBIG® tools by end of 2010</td>
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<td></td>
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<td>• ASCO/NCCCP Oncology-EHR Whitepaper</td>
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<td>• Data Warehouse Initiatives to support research – network projects on patient outcomes</td>
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The Healthcare Landscape is Changing

This is a tricky runway. It's 50 feet long and 5000 feet wide.

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Opportunities Lie at the Intersections

National Health Policy Environment

NCI-Designated Cancer Centers

NCI

NCCCP sites

Provider

Patients/Family

Advocacy Groups

Emerging Science

Payors

Organization/Management

Strategic Cancer Partnerships*

* (e.g. Commission on Cancer, ASCO, ACS)
NCCCP Relationships with NCI-designated Cancer Centers

- Essential to achieve program goals
  - a required deliverable
- Initiative-specific relationships are most effective
- More than one relationship encouraged
- Relationship types
  - Clinical Trials, Disparities, Communications, Biospecimens, Health Services Research
The Reality of Building these Relationships

How is it going?

“
You’ll have to phrase it another way. They have no word for ‘fetch.’
”
For the 30 NCCCP sites in 2010, there are linkages with 37 NCI-designated Cancer Centers
## NCCCP/Cancer Centers Collaborations
### Early Drug Development

<table>
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<tr>
<th>NCCCP Site</th>
<th>Cancer Center Partner</th>
<th>Status as of January 2011</th>
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</thead>
</table>
| St. Joe Candler, GA               | Moffitt MUSC/Spartanburg               | • Moffitt: Biospecimen study  
• MUSC/Spartanburg: Clinical trial lay navigation study, pharma Phase Ib trial                                                                                                                  |
| Our Lady of the Lake and Mary Bird Perkins, LA | Vanderbilt-Ingram LSUHSC MB-CCOP Moffitt Wake Forest CCC | • Two new Phase II studies with Vanderbilt-Ingram  
• Refer patients for Phase I trials to M D Anderson, University of Arkansas  
• Moffitt Cancer Center Consortium Site |
| Penrose, CO                       | Mayo Clinic via Denver Cancer Research Program CCOP | • Phase II trials available via the Colorado Cancer Research Program CCOP including investigator-initiated studies through Mayo - MCCRC  
• As of Jan. 2011, access to Phase I, Ib/II studies through US Oncology |
| Spartanburg, SC                   | MUSC UNC                                | • Working on opening Phase I trials with MUSC  
• Three Phase II trials open through Wake Forest, Moffitt, and M D Anderson  
• Working on partnering with UNC-Chapel Hill for early-phase trials |
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| Billings Clinic, MT     | Moffitt (Dr. Dan Sullivan, PI)               | • Partnering with Moffitt  
                          |                               | • Participating in early-phase clinical trials  
                          |                               | Southeast Phase II Consortium (SEP2C)  
                          |                               | • Have opened 3 trials and enrolled 3 patients |
| St. Joseph Medical      | UMD via U of Chicago (Dr. Walter Stadler, PI) | • In approval process for 3 trials:  
                          | Center, MD                 |                               | o Through the University of Chicago: N01 trial 8418 (09-068-B) –Phase II trial in patients with metastatic pancreatic cancer (also an ACTNOW trial)  
                          |                               | o N01 Mayo trial 8233 via CTSU  
                          |                               | o N01 New York consortium trial 8376 via CTSU includes advanced gastric and GEJ carcinoma (ACTNOW trial) |
| Sanford, SD             | U Wisconsin-Madison (Dr. George Wilding, PI) | • Conducting a Phase I onsite expansion cohort for U of WI  
                          |                               |                               | • Plans to conduct additional Phase I’s on site at Sanford with U WI  
                          | U of Colorado collaboration   | • 2 CRAs and 1 physician from Sanford visited WI and CO to see how they run their Phase I programs  
                          | to send them Phase I pts     |                               |
Challenges for NCI Cancer Centers to Work with Community Sites

- Private practice physicians don’t have time/funds for research infrastructure
- Academic Center physicians are more pressed to generate revenue so less time to support building linkages
- Funds are limited – Pharma wants to fund its own studies
  - NCCCP sites co-investment and infrastructure support makes them funded partners
Success Factors for Linkages with Community Cancer Centers

- High quality of care in community needed for research
  - Evidence-based care → more research patients
- The right “liaison” to promote linkage
- Institutional engagement
  - NCCCP hospitals want to be part of new science
  - Community MDs want intellectual engagement
  - Leadership commitment/investment
- Relationship needs to be mutually beneficial

Some points adapted from presentation by Dan Theodorescu, M.D., Ph.D., University of Colorado Cancer Center
The Challenge is to Create Win/Win Situations

"It's not enough that we succeed. Cats must also fail."
• NCCCP Model Independent Evaluation by RTI International to be completed – Fall 2011
  – Evaluation to inform future program plans
• NCI process underway to explore its role and the programs needed to connect with community settings
  – supporting quality and science
• NCCCP sites have continuing interest in partnerships with NCI-designated Cancer Centers
• NCCCP program staff wants to be helpful in supporting these connections
“Let the dialogue continue!”
Panel Presentations

James Beardon, MD
Cancer Center Director, Spartanburg Medical Center

Anita Harrison, MPH
Associate Director Administration
Hollings Cancer Center – MUSC

Michael Benedict, Pharm D
Vice President, Research - Moffitt Cancer Center


• Johnson, M; Clauser, S; Beveridge, J; O’Brien, D., Translating Scientific Advances into the Community Setting: The National Cancer Institute Community Cancer Centers Program pilot. Oncology Issues. May/June 2009


