

NCCCP YEAR THREE

NCI Community Cancer Centers Program: June 2009 - June 2010

Introduction

New knowledge and advanced technology are enabling complex cancer treatments to be provided by community hospitals, where the vast majority of people with cancer in the United States are diagnosed and treated. To enhance and expand upon these capabilities, the NCI Community Cancer Centers Program (NCCCP) was piloted in 2007, seeking ways to improve patient access to the latest scientific advances at community hospitals.

In 2010, NCI expanded the program with funds from the American Recovery and Reinvestment Act (ARRA), adding 14 new cancer centers and enabling the original 16 sites to take on new initiatives. Today, the 30 NCCCP sites in 22 states are developing and evaluating programs to enhance community-based cancer care and creating a community cancer center network to support cancer research.

THE NCCCP MISSION IS TWO-FOLD: TO ENHANCE CANCER CARE AT COMMUNITY HOSPITALS, AND TO CREATE A PLATFORM TO SUPPORT BASIC, CLINICAL, AND POPULATION-BASED RESEARCH.

The NCCCP community cancer centers provide care spanning the cancer care continuum—from prevention, screening, diagnosis, treatment, and survivorship, through end-of-life care. The centers represent a cross-section of community settings – from rural, suburban, and inner city areas – and are committed to serving minority and underserved patients. In addition to enhancing cancer care, the NCCCP network also supports research in collaboration with the NCI Cancer Centers Program, The Cancer Genome Atlas (TCGA), the American Society of Clinical Oncology (ASCO), and the American College of Surgeons' Commission on Cancer (ACOS).

Six focus areas support the NCCCP goals:

Enhance community-based cancer care

- Reduce cancer health care disparities across the cancer continuum
- Improve quality of cancer care
- Expand survivorship and palliative care programs

Support cancer research initiatives

- Support the investigation of new drugs through clinical trials
- Increase quality biospecimen collection for research through a standards-based approach
- Expand information technology capabilities through electronic health records and NCI's cancer Biomedical Informatics Grid (caBIG®)

Key
Accomplishments
by Focus Area

ENHANCE COMMUNITY-BASED CANCER CARE

REDUCE CANCER HEALTH CARE DISPARITIES ACROSS THE CANCER CONTINUUM

Disparities in cancer health care are a national challenge. The NCCCP sites are addressing disparities by building their capacity to improve access to quality cancer prevention and treatment programs among underserved populations. In the third year of the program, NCCCP sites have continued to target their outreach efforts to underserved neighborhoods in their communities. They have increased the number of cancer screening events and education programs and partnered with cancer advocacy groups to extend their reach into the community. Specific accomplishments include:

- **Standardized Race and Ethnicity Categories:** To meet NCI's need for standardized data, NCCCP hospitals have united in their approach to collecting race and ethnicity data. This provides a solid foundation upon which to better understand population-specific health care needs, compare quality of care and health outcomes, and assess the need for translation services and cultural awareness training. The sites are standardizing race and ethnicity data collection using U.S. Office of Management and Budget (OMB) guidelines and categories. Such standards are not otherwise widely used by community hospitals across the United States but are recognized as increasingly necessary to measure progress in reducing disparities.
- **Increased Cultural Awareness Education:** NCCCP sites have embraced the need for improved cultural awareness of specific populations by their staff in order to make progress toward reducing health care disparities. The sites developed a series of educational programs focused on improving access to care and promoting research among diverse patient populations. The sites worked with experts in the field and with patient advocates to develop webinars exploring the health histories and beliefs of African Americans and Native Americans.

IMPROVE QUALITY OF CANCER CARE

The NCCCP is working to promote evidence-based and coordinated cancer care across the cancer care continuum at community cancer centers. The focus in year three has been on developing data to help understand ways to drive improvements in care:

- **NCCCP/Commission on Cancer Partnership:** The NCCCP sites are testing the American College of Surgeons' Commission on Cancer's new Rapid Quality Reporting System (RQRS). The system provides real-time surveillance and feedback to sites on the status of patients whose cancer care falls within the National Comprehensive Cancer Network (NCCN) guidelines. Data are reported directly from the hospitals' cancer registries, a new approach that makes the information available in a few weeks – instead of years – enabling closer monitoring and intervention if needed. This NCCCP project is part of a national pilot test of the RQRS system, enabling NCI to compare the performance of NCCCP sites with that of other cancer centers.
- **NCCCP/American Society of Clinical Oncology Partnership:** NCCCP sites are working to engage their local community-based private practice oncologists in research and quality improvement by participating in ASCO's Quality Oncology Practice Initiative (QOPI), which involves monitoring physician adherence to evidence-based guidelines. As participants in QOPI, NCCCP sites' local physician practices are sharing data and identifying best practices from high-performing oncology offices to develop projects that are aligned with the NCCCP mission and goals.

EXPAND SURVIVORSHIP AND PALLIATIVE CARE PROGRAMS

According to the Institute of Medicine's report, *Lost in Transition*, the end of cancer treatment is too often the end of formalized support for cancer survivors. The NCCCP sites are working to address patients' long-term needs for education, communication and appropriate follow-up medical and supportive care, and to ensure that programs that are adopted are based on the latest, evidence-based scientific findings in survivorship. In year three, NCCCP sites focused on: providing patient treatment summaries and survivorship care plans; promoting approaches for incorporating psychosocial care into the model of cancer care; and exploring effective models of palliative care for cancer patients. Specific accomplishments include:

- **Patient Treatment Summaries and Survivorship Care Plans:** NCCCP sites developed a breast cancer patient treatment summary and survivorship care plan to provide patients and their primary care physicians with important records of the treatment they received, including a detailed post-treatment follow-up plan that is informed by best practice experiences.

- **Psychosocial and Palliative Care Matrices:** The NCCCP sites focused on exploring the best ways to incorporate psychosocial and palliative care into cancer patients' comprehensive treatment plans. The sites developed a psychosocial matrix and a palliative care matrix and are testing them at each site for utility and usability. The matrices are self-assessment and planning tools designed to enable each NCCCP site to evaluate its capacity to deliver and support high quality psychosocial and palliative care programs and services.

SUPPORT CANCER RESEARCH INITIATIVES

SUPPORT THE INVESTIGATION OF NEW DRUGS THROUGH CLINICAL TRIALS

NCCCP sites are building the capacity to expand their clinical trials research infrastructure so that they can increase the number of patients accrued to clinical trials, increase participation by minority and underserved populations, and increase the types of trials that are available to patients, including earlier phase trials. Progress made in meeting these goals in year three include:

- **Clinical Trials Screening and Accrual Log:** The NCCCP network developed a web-based application for supporting real-time data collection of demographic information on patients considered for clinical trials. The NCCCP Clinical Trials Screening and Accrual Log contains information on patients who entered trials as well as those who did not. In year three, the log expanded in number and types of trials available at the sites, including a phase II trial, cancer control trials, and a tissue procurement trial. The tool has also been enhanced to include reporting capabilities to monitor progress and data integrity. Data analysis is enabling identification of individual and site accrual barriers, and creating opportunities to develop strategies to increase trial participation among patients.
- **Underserved Accrual Project:** NCCCP sites' patient navigators are studying ways to increase accrual of underserved patients to clinical trials. Navigators are providing clinical trial education materials to patients, and ensuring that clinical trials are discussed as a treatment option with all potential participants. The navigators record barriers and successes to clinical trial accrual and share them with their research teams for real-time project improvement.

- **Cancer Tumor Staging Tool Kit:** The NCCCP developed a tool kit to improve the consistency and accuracy of cancer tumor staging determinations, to help the sites use the Response Evaluation Criteria in Solid Tumors (RECIST) in clinical trials. The tool kit includes a reference guide to implement RECIST, and a template to standardize reporting and reference materials for staff education. All sites are measuring progress in RECIST activities, including sharing experiences with radiologists, RECIST process barriers, and best practices.

INCREASE QUALITY BIOSPECIMEN COLLECTION FOR RESEARCH THROUGH A STANDARDS-BASED APPROACH

The study of tissue, blood, and tumor cells collected from patients plays a critical role in translating basic science into targeted cancer treatments. However, researchers cite the lack of access to appropriately collected and annotated tissue as a major barrier to realizing the promise of personalized cancer medicine. In year three, the NCCCP made progress toward standardizing the way they collect and store biospecimens:

- **Biospecimens Collection and Contributions to Research:** The NCCCP sites have documented the requirements, infrastructure investment, and process changes necessary for a community cancer center to collect high quality biospecimens following NCI's *Best Practices for Biospecimens Resources*. Several sites have exceeded the NCCCP goal by actively contributing biospecimens for research purposes. Utilizing these best practices, all sites are in compliance with the formalin-fixation protocol for breast tissue; three NCCCP sites are participating in TCGA by providing high quality tissue; and five sites are participating in the Moffitt NCI-designated Comprehensive Cancer Center's Total Cancer Care biospecimen collection program.
- **Biospecimen Handling Protocol:** To support cultural considerations for the disposal of biospecimen donation, the NCCCP sites developed a model biospecimen handling and disposal protocol. These efforts were brought to the attention of the College of American Pathologists, which subsequently incorporated similar considerations into its guidelines that are currently being updated.

EXPAND INFORMATION TECHNOLOGY CAPABILITIES THROUGH ELECTRONIC HEALTH RECORDS (EHR) AND caBIG®

Information technology (IT) is a key enabler for improving quality of cancer care, enhancing cancer research, and supporting personalized medicine through its ability to build bridges required for data sharing and integration within and across cancer centers. NCCCP sites are leveraging the IT resources available through caBIG® – NCI’s nationally networked research IT platform – to support activities such as clinical trial accrual, biospecimen collection, and clinical data analysis. NCCCP sites have made progress in the following areas:

- **Adoption of caBIG® Tools:** The NCCCP sites have met the program goal of developing a detailed deployment plan for connecting with caBIG® and working towards implementing an EHR. Several sites have adopted caBIG® tools, including caTissue (a biospecimen tracking and inventory management tool) and the National Biomedical Imaging Archive (NBIA), and are planning to adopt the caBIG® Clinical Trials Suite.
- **Oncology-extended Electronic Health Records:** In collaboration with ASCO and NCI, NCCCP sites have developed an oncology EHR requirements report for the development of an oncology-extended EHR for integrated use by private practice physicians, community cancer centers, and hospitals. The use of EHRs opens new avenues for data-intensive research in understanding cancer and for helping physicians and patients manage cancer care more effectively.
- **National Cancer Research Data Network:** Connecting NCCCP cancer centers to caBIG® strengthens the nationwide repository of voluntarily provided patient information. In year three, the sites worked to write a collective report on their experience in assessing caBIG® integration into a community cancer center setting. The report also addresses the IT business needs of community cancer centers and how best to establish technology strategies to support those needs.

2010: A YEAR OF EXPANSION FOR THE NCCCP

Building upon the accomplishments of the NCCCP pilot and utilizing American Recovery and Reinvestment Act (ARRA) funds, in 2010 the NCI expanded the number of participating hospitals to a total of 30 hospitals in 22 states. ARRA funding was also awarded to current NCCCP sites for projects to support NCI and NCCCP goals. Examples of ARRA-funded projects to be implemented over the next two years include:

- ❑ **Clinical Trials:** Sites are expanding their capacity to offer more clinical trials and earlier phase trials through program enhancement, including collaborations with NCI's Early Drug Development Program (EDDP) investigators. Sites are also studying ways to engage community physicians that serve large minority populations to promote clinical trials, including two sites that are developing and assessing strategies for enhancing the accrual of Native American patients.
- ❑ **Cancer Health Care Disparities:** Participating sites are expanding initiatives to study ways to improve the effectiveness of NCCCP community outreach programs in addressing cancer health care disparities. The sites have established partnerships with NCI's Community Networks Program (CNP) investigators to increase cancer screening for underserved populations.
- ❑ **Quality of Care:** NCCCP sites are expanding their infrastructure to support multidisciplinary care and conducting a study to evaluate the impact of multidisciplinary care on the processes and outcomes of cancer care. Sites' participation in ASCO's QOPI project was expanded to enhance the quality of data collection and improve activities by participating oncologists in private practice. Selected NCCCP sites are also participating in an international research project to evaluate the Patient Reported Outcomes version of symptom elements contained in the Clinical Trials Common Adverse Events reporting system (PRO-CTCAE). NCCCP sites are also studying ways to identify patients for genetic counseling and developing partnerships with state cancer plan coalitions to accomplish NCCCP's priorities.
- ❑ **Survivorship and Palliative Care:** Community cancer centers play a critical role in enhancing the quality of life of cancer survivors and in supporting cancer survivorship research. New projects focus on helping survivors transition to living with cancer after treatment and on smoking cessation among cancer survivors and their family members.

- ❑ **Information Technology:** Several NCCCP sites will use ARRA funding to implement NCI's proposed oncology-extended EHR. The participating NCCCP sites will either adopt the oncology-extended EHR to meet their oncology needs in an EHR, or work with their existing IT vendors to adapt their commercial solutions to the oncology EHR specifications.

- ❑ **Biospecimens:** The treatment a patient receives for breast cancer fundamentally depends upon the accurate evaluation of three biomarkers in the patient's cancer tissue. Guidelines for collecting and testing the tissue were established in 2007 and 2010. Comparing the sites' testing processes before and after the guidelines were published, NCCCP sites are studying if the accuracy of testing improved and if processes changed at their institutions.

- ❑ **Communications:** Cancer prevention, screening, treatment, and research initiatives are enhanced by effective communication programs. Sites are developing and implementing communications strategies, plans, and tactics to build awareness and support of NCCCP objectives for various community and public constituencies in their local communities.

A LOOK AHEAD

The NCCCP has accomplished many of the goals set out at the beginning of the three-year pilot phase (2007-2010). The pilot phase of the NCCCP was a period of foundation building – assessing what was possible in bringing a diverse network of community cancer centers together to achieve common research goals, and standardizing working procedures and data collection practices so that progress could be measured uniformly. The sites are currently summarizing their experiences and lessons learned to be shared with the new sites and with the broader cancer research community. Results of a formal evaluation will be available in 2011, allowing further refinement of the NCCCP.

