Improving Community Cancer Care: The Journey of the NCI Community Cancer Centers Program (NCCCP)

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Agenda

• About the NCCCP
• Efforts to reduce disparities
  – Underserved Accrual Work Group
  – Minority Matrix
  – Patient Navigation
  – Patient Screening Log
  – Portfolio Work Group
• RECIST
• Measuring Success
• Summary

NCCCP Vision

“The NCI, through public/private partnerships with NCCCP pilot site community hospital-based cancer centers, will expand state-of-the-art cancer care and research to populations experiencing healthcare disparities (those with an excess burden from cancer) across the continuum, from prevention and screening through treatment, follow-up and end of life care.”
Healthcare Disparities Deliverables

- Increase outreach to disparate populations
- Increase community partnerships
- Increase primary care provider linkages, screening resources and capacity
- Expansion of patient navigation programs
- Policy that all patients diagnosed are offered treatment

Underserved Accrual Workgroup

- Established in 2008
- Workgroup works in collaboration with members of Disparities Pillar
- Goals
  - Identify Barriers to Minority / Underserved Clinical Trials Accruals
  - Define Minority / Underserved for NCCC Pilot Sites
  - Pair NCCC sites for sharing Best Practices
  - Review Minority focused Clinical Trial opportunities
  - Identify community setting clinical trials recruitment strategies and education opportunities/partnerships

Underserved Accrual Workgroup Successes

- Race/Ethnicity Patient Self-Reporting Form
  - Based on SWOG Race/Ethnicity Form
  - Increase patient self-reporting and data accuracy
- Underserved/Minority Matrix – SWOT Analysis
  - Site Pairing
  - Identify Best Practices / Barriers
- Work with NCCC Disparities subcommittee and CIS on Cultural Awareness Webinars:
  - Hispanic – May 2009
  - African American – October 2009
  - Native American – April 2010
  - Asian American – in development
  - Pacific Islander – in development
- Develop Patient Navigation Project
SWOT Analysis

Site Infrastructure evaluated in Matrix

- Analysis used: SWOT (Strength / Weaknesses / Opportunities / Threats)
- % of Minority/Underserved in the population they serve as health care providers.
- Information Systems Tracking
- Institution Infrastructure
- Research Infrastructure
- Minority Navigator Personnel Program
- Internal Resources “Ethnic Resources”
- Community Partnerships
- Patient Advocates
Minority Matrix Analysis

<table>
<thead>
<tr>
<th>BARRIERS IDENTIFIED</th>
<th>STRATEGIES EMPLOYED</th>
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<tbody>
<tr>
<td>Threat to research by minority/underserved</td>
<td>Patient Navigator and Research Staff collaboration</td>
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<tr>
<td>Fear of being a “guinea pig”</td>
<td>NCCCP Cultural Awareness webinars</td>
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<td>Limited culturally sensitive/translated patient education materials</td>
<td>Clinical Trial advocacy and education training for navigation</td>
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<tr>
<td>Lack of Cultural Awareness Training</td>
<td>Use of NCI Materials, including Spanish/Vietnamese</td>
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<td>Lack of minority staff in Cancer Center</td>
<td>Use of bilingual staff and interpreter services</td>
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<td>Lack of coordination of care including social services, patient assistance and</td>
<td>Use of translated consent forms, specifically the federal short form</td>
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<td>transportation/financial issues and childcare</td>
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<tr>
<td>Lack of electronic support to facilitate data sharing and access to reporting</td>
<td>Monthly working calls for real-time identification of project barriers, strategy</td>
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<td>Lack of staff resources and time constraints</td>
<td>development and sharing of best practices</td>
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<td></td>
<td>Exploring grant opportunities to help fund and enhance minority/underserved</td>
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<td></td>
<td>accrual initiatives</td>
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<td></td>
<td>Building strong relationships with Community Network Partnership, NCI Comprehensive</td>
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<td></td>
<td>Cancer Centers and community groups to increase minority education on</td>
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<tr>
<td></td>
<td>Clinical Trials</td>
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The Use of Patient Navigation to Enhance Minority Accrual in the NCCCP Network

- Identified as an opportunity through the Minority Matrix
- Assess the role of patient navigators to increase minority accrual to clinical trials.
- Identify barriers to accruing the targeted minority population to clinical trials that would apply or be relevant at your site and implement a strategy or strategies that address the barrier (3,4).
- Focus on clinical trials for cancers with high incidence in the chosen target minority population.

The Use of Patient Navigation to Enhance Minority Accrual in the NCCCP Network

- Engage and train a patient navigator to assist with accrual.
- The navigator will provide education materials to the patient regarding clinical trials
- The navigator will ensure clinical trials is provided as an option when treatment decisions are discussed

The Use of Patient Navigation to Enhance Minority Accrual in the NCCCP Network

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Year 2 Tool Development & Data Collection Efforts

- Develop stronger tool/better delivery vehicle
- Strength of 2nd generation data
- caBIG adoptability
- 3.5 months of data
- Oversight:
  - Maria Gonzalez (SJO)
  - Donna Bryant (OLOL)
  - Diane St. Germaine (NCI)
  - Brenda Duggan (NCI)
NCCCP Trials Portfolio Workgroup

• Workgroup Purpose:
  – Manage the NCCCP “endorsed” Trials
  – Work closely with the Trials Log workgroup to monitor real-time screening and accrual data for the studies
  – Evaluate and make recommendations to the CT Subcommittee on new trials for endorsement
  – Evaluate overall trial type deliverables for the NCCCP project and evaluate studies accordingly

NCCCP Trials Portfolio Workgroup

– Evaluate and implement strategies for clinical trials accrual barriers as identified by the log
– Create the screening definitions for all studies on the log
– Identify niche projects for the NCCCP network to impact

NCCCP Trials Portfolio Workgroup Successes

• Review NCCCP “endorsed” trial screening and accrual data in real-time
• Manage NCCCP CT trial type deliverables
• Review newly opened studies on CTSU
• Recommend and implement accrual interventions for NCCCP trials
  – Presentation by Dr. Wakelee (November 2009) for E1505 NSCLC trial
• NCCCP high impact projects
  – i.e. Wake Forest CLL trial – NCCCP contributed 20-25% of overall enrollment to the study; ASCO abstract and ONS presentation
Best Practices Workgroup

- Established in 2008
- Sub-group of Clinical Trials Subcommittee; meets monthly
- Project Measure: RECIST matrix to measure toolkit implementation and use
- Objective: To increase education, efficiency and standardization of RECIST use in clinical trials. Provide a tool for site training and simplify Coop/Sponsor audit reviews.

RECIST - Response Evaluation Criteria In Solid Tumors

RECIST criteria were initially published in 2000 in the JNCI and subsequently revised in January 2009 in the European Journal of Cancer. Salient features of the changes are as follows:

- Decrease of maximum target lesions from 10 to 5 total and from 5 to 2 per organ
- Disease progression requires both a 20% increase in tumor size AND a 5 mm absolute increase as well.
- Information regarding the use of PET CT scanning and other imaging in the detection of new lesions.
- Lymph nodes, it is the SHORT axis which is measured and must be \( \geq 15 \) mm to be considered measurable.

RECIST Matrix Site Outcomes

- All 16 sites reported information on the RECIST matrix.
- One site did not participate in RECIST project.
- RECIST project provided support and structure to allow sites to improve their process.
- 15 participating sites compared performance on the assessment tool pre-intervention to post-intervention.
- Four sites, which did not have a process at baseline (scores of 1 in all categories), were able to make significant progress with scores averaging an increase of 10 point.
- All participating sites average score increase: baseline of 8.9 to 13.
- One site scored 21; provided best practice in the development of project.
- A score of 30 is best practice; the highest score among NCCCP sites 22 out of 30.
- Ten sites demonstrated progress from baseline, clear benefit.
- One site demonstrated increase in score of 13 points, which is well over a 2 level increase.
- Four sites scored above 6 at baseline, did not make additional progress.
- Highest change/progress: education and coordination measures, average score increase of 2.8 for all sites.
## Measuring Success

<table>
<thead>
<tr>
<th>Category</th>
<th>Outcome Measure or metric</th>
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<tbody>
<tr>
<td><strong>Overall</strong></td>
<td>policy in place that all who are screened by a site are offered treatment (annual confirmation)</td>
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<tr>
<td></td>
<td>% improvement in race and ethnicity tracking in specific hospital and cancer program databases</td>
</tr>
<tr>
<td></td>
<td>% using OMB categories for tracking in specific hospital and cancer program databases</td>
</tr>
<tr>
<td><strong>Clinical Trials</strong></td>
<td>% change in minority accrual to CTSU trials</td>
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<tr>
<td></td>
<td>% change in minority accrual for NCI Cooperative Group and CCOP trials</td>
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<tr>
<td></td>
<td>% change in capturing data on race and ethnicity (e.g. decrease in missing data) for NCI sponsored trials</td>
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<td><strong>Biospecimens</strong></td>
<td># pilot sites that set up system for special handling of specimens and consents for specific populations</td>
</tr>
<tr>
<td><strong>Disparities</strong></td>
<td>% change in number of overall patients screened</td>
</tr>
<tr>
<td></td>
<td>% change in # of community partner organizations (and type/purpose of partnership)</td>
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<tr>
<td></td>
<td>% change # of screening events by disease</td>
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<tr>
<td></td>
<td>% change # patients navigated</td>
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<td><strong>Information Technology</strong></td>
<td>% of sites submitting race and ethnicity data to caBIG</td>
</tr>
<tr>
<td><strong>Quality of Care</strong></td>
<td>% of sites with improvement in completeness of race and ethnicity data for Commission on Cancer reports</td>
</tr>
<tr>
<td><strong>Survivorship and Palliative Care</strong></td>
<td>% of sites that have introduced tracking of race and ethnicity data in at least one of their Survivorship and Palliative Care Programs</td>
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Summary

• The NCCCP is a collection of 30 community cancer programs grant funded through the NCI and ARRA funds to deliver comprehensive cancer care
• The disparities pillar of the NCCCP creates cross-cutting initiatives across all the pillars of the program: clinical trials, quality of care, information technology, biospecimens, and survivorship and palliative care

Summary

• The underserved include multiple groups including those of certain racial/ethnic groups, those who live in rural settings, elder citizens, those with socioeconomic challenges and anyone with limited access to health care resources
• Current analysis is underway to determine the impact of these programs on accrual of the underserved to clinical trials