



# Welcome to ACORI

**ACORI**

ACCC COMMUNITY ONCOLOGY  
RESEARCH INSTITUTE

## *ACCC Brings Clinical Research to Local Communities*

“**E**very patient in every community deserves to be offered clinical trials.” Though this sentiment from Randall A. Oyer, MD, immediate past president of the Association of Community Cancer Centers (ACCC), seems self-evident, it is far from reality.

Although 85 percent of patients with cancer are diagnosed and treated in community settings, only 3 percent of those patients are enrolled in clinical trials.<sup>1</sup> Inadequate time, infrastructure, resources, incentives, and reimbursement all contribute to this sparse participation rate. Indeed, respondents to a 2019 ACCC member survey, *Trending Now in Cancer Care*, identified a lack of staff resources and training, poor program infrastructure, and poor patient understanding of clinical trials as the top three barriers to offering trials in community cancer centers.

To address this, in 2021, ACCC established the ACCC Community Oncology Research Institute (ACORI) to build on the organization’s mission to use oncology partnerships to promote cancer research in local communities. ACORI evolved from ACCC’s year-long examination of equity in and access to clinical trials in local communities. This initiative was led by Dr. Oyer, who assembled a multidisciplinary task force comprised of 16 high-level oncology leaders across the country.<sup>2</sup>

“Communities belong in cancer research, and cancer research belongs in the community.”

— Randall A. Oyer, MD

Through ACORI, ACCC is working to establish clinical trials as a standard of care for all patients, regardless of where they are treated. “ACCC is diffusing research into communities by connecting community programs with academic and industry sponsors to get the right trials into communities in an expedited fashion,” explains Dr. Oyer, the medical director of the Oncology Program at Penn Medicine Lancaster General Health. “Communities belong in cancer research, and cancer research belongs in the community.”

Under ACORI, ACCC helps community oncology programs access the tools, knowledge sharing, effective practices, and peer

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**“There is the general attitude that community cancer programs are not the leaders in research.”**

**— Lawrence Wagman, MD**

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mentorships that can increase their ability to offer clinical trials. At the same time, ACCC serves as a primary resource for academic and industry sponsors to foster relationships with community cancer centers. ACORI’s task force vets research and trial opportunities and disseminates them to interested community oncology research programs.

### **The Trial That Could**

When Dr. Oyer began his tenure as ACCC president in 2020, he formed a President’s Task Force to articulate and put into action his priorities for the organization. After Dr. Oyer adopted the expansion of clinical trials in community cancer centers as his 2020-2021 ACCC President’s Theme, the task force set as one of its objectives the selection and vetting of clinical trials to be presented to task force members for consideration at their own institutions.

While researching and vetting active trials for their applicability to community cancer centers, Leigh Boehmer, PharmD, chief medical officer at ACCC, came upon a study that he believed would be a good candidate. The trial, Duloextine to Prevent Oxaliplatin-Induced Peripheral Neuropathy in Patients with Stage II-III Colorectal Cancer, involves the use of an anti-depressant to possibly prevent nerve pain in patients undergoing treatment with oxaliplatin. “The trial examines the feasibility of using an anti-depressant off-label to prevent a known painful side effect of select chemo agents,” explains Dr. Boehmer. “It is being studied in patients with colon cancer to proactively prevent neuropathy and to characterize the degree of duloxetine-related side effects experienced at two different dosages.”

When Dr. Boehmer suggested this trial for consideration at a task force meeting, Lawrence Wagman, MD, a surgical oncologist and regional medical director for the City of Hope’s Inland Empire Program at the eastern side of the greater Los Angeles area, was intrigued. Dr. Wagman recognized the power of the trial for City of Hope’s community campuses. “Our doctors and staff had all already identified neuropathy as a problem that affects many patients,” says Dr. Wagman. “The doctors and staff who looked at it thought this was a meaningful trial for which we have many eligible patients.”

Dr. Wagman took the trial to Camille Adeimy, MD, MMM, a medical oncologist and hematologist who joined City of Hope two years ago. The City of Hope main campus research department had selected and recruited Dr. Adeimy to champion, establish, and maintain quality and robust clinical trials at City of Hope’s Upland site, which serves as an outpatient department of the health system’s National Medical Center in Duarte, Calif.

“I brought the trial to Dr. Adeimy and suggested we present it at a regular conference he established to talk about potential new trials,” recalls Dr. Wagman. “We did a presentation, and everyone said it was perfect for our community. We were sure our patients would be interested in it, and they are. Dr. Adeimy brought the trial to reviewers at the main City of Hope campus and got permission to open it at his community site.”

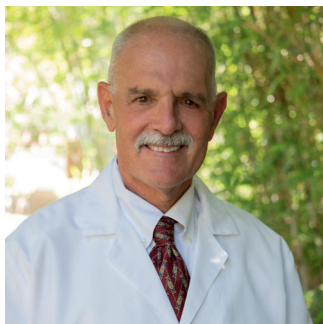
### **Hub-and-Spoke Model**

As the lead clinical researcher at Upland campus—the largest and busiest of City of Hope’s community sites—Dr. Adeimy is growing a research program in local communities served by the institution. “We have three surgeons, five medical oncologists (of which I am one), and two radiation oncologists,” says Dr. Adeimy. “We are aiming to bring to our community the same level of care as that provided on the main campus of City of Hope.”

Dr. Wagman says the main campus research department at City of Hope recently reorganized its (community-based) network research activities into a hub-and-spoke model, in which a selected community site is in the center (hub) and geographically surrounding community sites are the spokes. Larger community



Dr. Randall Oyer



Dr. Lawrence Wagman



Dr. Camille Adeimy

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practices—such as the one in Upland—may be the hub for smaller community sites. “There is the general attitude that community cancer programs are not the leaders in research,” says Dr. Wagman. “To challenge that requires that the main campus be comfortable with the hub and spoke sites and recognize what they have to offer. ACCC has created a platform to start doing that.”

Dr. Adeimy says that all trials at City of Hope must first be approved by the main campus, where they are reviewed and approved by the appropriate disease team (prostate, lung, breast, etc.). Dr. Adeimy was the first physician outside of City of Hope’s main campus to bring a trial for approval. “Usually it’s the other way around,” says Dr. Adeimy. “The main campus vets trials and then offers them to us.”

To make the hub-and-spoke model successful, Dr. Adeimy says there was a decision made early on to engage all of the specialties in research together to ensure researchers would not work in silos. “Researchers have been given leave to work independently and to talk at faculty meetings about clinical trials and their processes, so everyone can weigh in,” says Dr. Adeimy. He explains that Dr. Wagman is engaging surgical, radiation, and medical oncology together in the selection of clinical trials. “These departments each provide different entrances into our cancer program,” says Dr. Adeimy. “Combining our research efforts gives us the opportunity to better engage community sites in trials.”

Once Dr. Adeimy obtained approval from City of Hope to conduct the duloxetine trial, he brought the study to City of Hope’s community clinical network, which added multiple sites to the trial. The trial has enjoyed so much success at these community sites that the health system’s main campus is also offering the trial—something Dr. Wagman says he’s never seen done. “This is the first time this has happened at City of Hope,” he adds. “It’s almost a new paradigm.”

### Advantages of Local Sites


What community sites lack in resources, says Dr. Adeimy, they make up in being close to their patient population. Whereas the main campus concentrates on specific, later-stage cancers, community oncologists mostly serve patients newly diagnosed with cancer, and they know what their populations need most. “In community sites, our resources are very limited,” says Dr. Adeimy.

“Communication is key. Community providers better recognize what they can and cannot do.”

Dr. Adeimy says patients at his clinic deal with barriers to care that are unique to their location. “Our patients come from a variety of backgrounds,” explains Dr. Adeimy. “Some have poor socio-economic backgrounds or poor health coverage. It’s challenging to be able to offer them the same level of care and clinical trials as City of Hope’s main campus provides.”

Before coming to City of Hope, Dr. Adeimy worked in rural Kansas. Rural practices, Dr. Adeimy says, must concentrate on the needs of their patients rather than the needs of trial sponsors. “In Kansas, we made an effort to first recognize what a community needs and then build a clinical trial around that,” says Dr. Adeimy. “Otherwise, a community won’t be open to it. The resources needed for a trial must already be in place.”

Dr. Adeimy says he gains support from local providers to back a trial before patients are enrolled. “Recruitment is at the level of the provider,” he explains. “We aim to educate all of the providers at a practice about potential trials, so they are more motivated to recruit their patients.” At Dr. Adeimy’s location, clinical research staff screen each newly diagnosed patient to identify any appropriate clinical trials that may benefit them.

Dr. Adeimy’s advice to other community cancer centers interested in offering trials to their patients is to concentrate on multidisciplinary research rather than conducting separate trials for different subspecialties. “Avoid the silos that these trials can erect,” says Dr. Adeimy. “It leads to breakdowns in communication and missed opportunities. Adopting a multidisciplinary approach to trials allows us to capture more patients and improve quality of care as matter of principle.” 

*Barbara Gabriel is the senior writer/editor at the Association of Community Cancer Centers, Rockville, Md.*

### References

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