



# Cancer Care Delivery Research

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Alliance Young Investigators Meeting  
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# Cancer Care Delivery Research

How social factors, financing systems, organizational structures/processes, health technologies, and healthcare provider and individual behaviors affect:

- Cancer outcomes
- Access to and quality of care
- Cancer care costs
- Health and well-being of cancer patients and survivors

**CCDR focus encompasses individuals, families, organizations, institutions, providers, communities, populations, and their interactions**

# CCDR to lead to evidence-based practice change

## Attributes of CCDR

Saliency to patients and clinicians

Clinician collaboration in design and conduct of studies

Use of standardized measures of health care quality

Examination of causal pathways and active ingredients of practice change

Incorporation of diverse settings and samples

Evidence-based practice change: clinically important and sustained modification of the structures and processes of cancer care delivery to improve clinical outcomes, enhance patient experiences, and optimize value

# Examples of CCDR Domains

- Practice patterns and variations in care delivery
- Cost effectiveness
- Patient centered outcomes
  - Comparative effectiveness
  - System redesign
- Policy evaluation
- System redesign
- Dissemination and implementation

# Alliance/ACS Clinical Research Program CCDR Committee



**Alliance/ACS CRP  
CCDR Committee**



# CCDR in the Alliance

**Cancer Care Delivery Research**

**Patient's experience  
of the disease and  
treatment**

**Intersection of care  
delivery and patient  
experiences**

**Organization and  
delivery of healthcare  
Providers and provider-  
patient interactions**

**Health Outcomes  
Symptom Management  
Prevention  
Cancer in the Elderly  
Disparities**

# Alliance/ACS CRP CCDR Committee Leadership

- Co-Chairs: Ethan Basch, MD MSc, George Chang MD MS
- Vice-Chairs: Stephen Edge MD, Heather Neuman, MD MS

# CCDR Committee Mission

To improve cancer care outcomes through high-quality HSR that leverages the multidisciplinary collaboration and research infrastructure of the ALLIANCE and its partners to generate new knowledge and facilitate the implementation and dissemination of research findings throughout oncology community



# Goals of the CCDR Committee

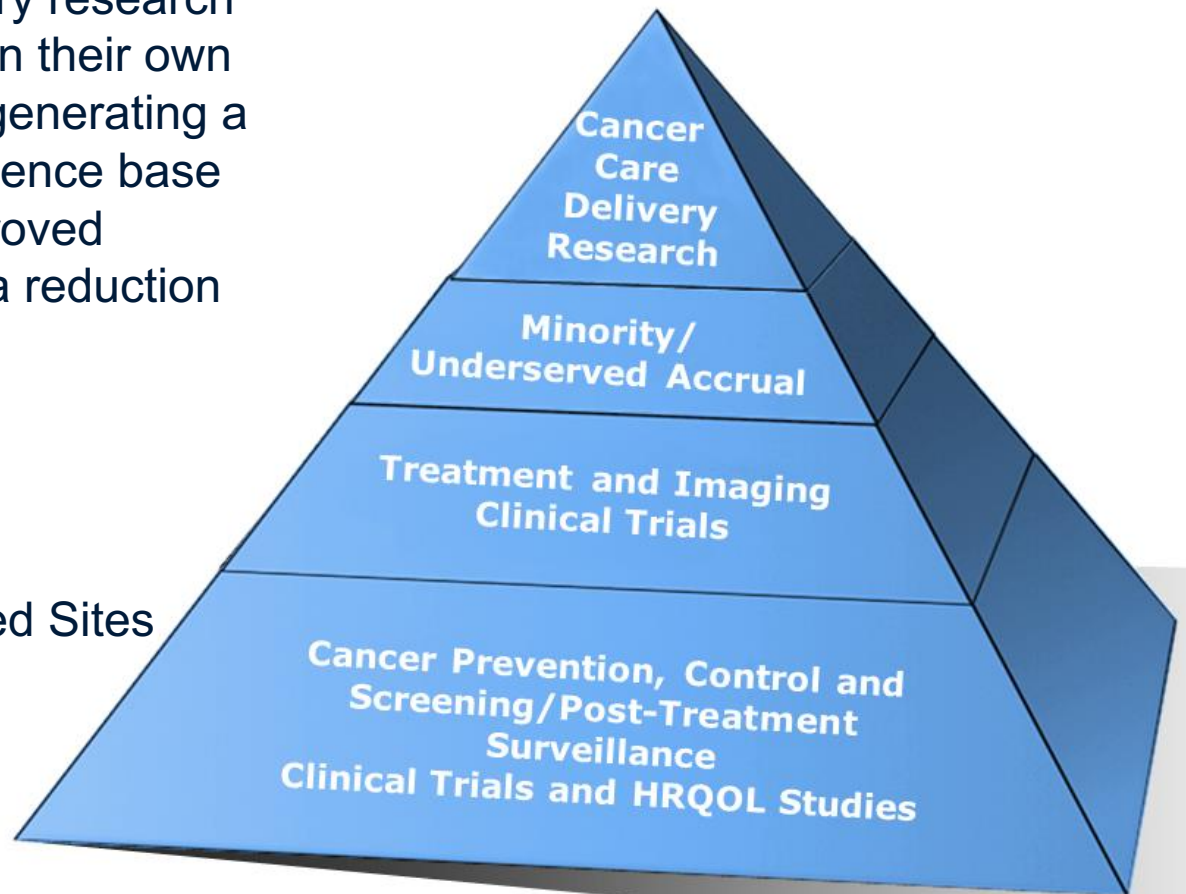
- Inform cancer care research priorities by evaluating patterns of health care delivery and clinical practice
- Compare alternative approaches to the delivery of oncology care in order to maximize their effectiveness and value
- Incorporate patient and other stakeholder perspectives into more patient-centered outcomes research
- Develop new approaches to the dissemination and implementation of new knowledge

# Alliance CCDR Areas of Interest/Priorities

- Decision support and implementation of aids
- Financial toxicity and cost effectiveness analysis
- Multi-level studies of system and individual patient outcomes
- Impact of patient navigation and survivorship care plans
- Implementation of PROs within health systems
- Linkage of individual patient outcomes to administrative data (e.g. OPTUM)

# NCI Community Oncology Research Program (NCORP)

- Goal: Bring cancer clinical trials and cancer care delivery research (CCDR) to individuals in their own communities, thereby generating a broadly applicable evidence base that contributes to improved patient outcomes and a reduction in cancer disparities
- 7 Research Bases
- 34 Community Sites
- 12 Minority/Underserved Sites



# NCORP Cancer Care Delivery Research

## Goal = PRACTICE TRANSFORMATION

clinically important and sustained modification of the structures and processes of cancer care delivery to improve clinical outcomes, enhance patient experiences, and optimize value\*

## Scientific Activities

Research Bases lead study development & provide infrastructure  
Community sites inform study development & conduct work

## NCI Leadership

Kate Castro, Operations and Alliance Program Director  
Ann Geiger, Science

\*Kent EE et al. J Clin Oncol 2015; 33:2705-11.

# Alliance Representation on NCORP CCDR Committees

- CCDR Steering Committee
  - Ethan Basch, MD MSc
  - Amylou Dueck, PhD
  - Caprice Greenberg, MD MPH
  
- CCDR Coordinating Committee
  - Co-Chair: George Chang, MD MS
  - Heather Neuman, MD MS

# Priorities for NCORP CCCR

- Formal process deferred for now
- Should be informed, and preferably driven, by community site clinicians
- Suggestions
  - What is next question?
  - Funding opportunity announcements signal NCI interests
    - Addressing disparities
    - Interventions beyond the patient
    - Caregiver burden
  - Cancer Moonshot Blue Ribbon Panel and Task Force
    - Symptom management

# NCORP Grant Renewal

- Proposal to NCI senior leadership likely in 2018
- Evidence of impact (overall and by research base)
  - Findings
  - Open protocols (including funded by non-NCORP sources)
  - Approved concepts
  - Plans
- Concerns / Issues – Concept to Results
  - Time required from idea to concept submission
  - 6 to 9 months from initial concept submission to approved protocol
  - ? months to open protocol

# Research in Progress- NCORP CCDR

- A191402CD: Testing decision aids to improve prostate cancer decisions for minority men (PI: Tilburt)
- SWOG S1415CD: A Pragmatic Trial Assessing CSF Prescribing Effectiveness and Risk (TrACER) (PI: Ramsey)
- COG ACCL16N1CD: Documentation and Delivery of Guideline-Consistent Treatment in Adolescent and Young Adult (AYA) Acute Lymphoblastic Leukemia (Wolfson)



# Research in Progress- Alliance Foundation Trial CCCR

- AFT-01: Post-treatment surveillance in breast cancer: Bringing CER to the Alliance (funded by PCORI: Greenberg)
- AFT-02: Patient centered, risk stratified surveillance after curative resection of colorectal cancer (funded by PCORI: Chang)
- AFT-03: Improving the effectiveness of routine surveillance following lung cancer resection (funded by PCORI: Kozower)

# Research in Progress- Alliance Foundation Trial CCCR

- AFT-25: Comparison of Operative to Medical Endocrine Therapy for Low Risk DCIS: COMET Trial (funded by PCORI: Hwang, Partridge, Thompson)
- AFT-28: Direct Oral Anticoagulants (DOACs) versus LMWH +/- Warfarin for VTE in Cancer: A Randomized Effectiveness Trial (CANVAS) (funded by PCORI: Schrag)
- AFT-30: Comparative effectiveness of post treatment surveillance frequencies and strategies for prostate cancer survivors (funded by PCORI: Chen)
- AFT-39: Electronic patient reporting of symptoms during outpatient cancer treatment: A U.S. national randomized controlled trial (PRO-TECT) (funded by PCORI: Basch)

# NCORP CCCR Concepts in Development

- Improving surgical care and outcomes in Older cancer Patients Through Implementation of an efficient pre-Surgical toolkit (OPTI-Surg) (PIs: Finlayson/Chang)
- Access to and Value of Treatment Innovation in Blood Cancers (funded by LLSF: Conti)

# CCDR Pilot Project Awards: 2017 RFP Open – Deadline 6/12/17

- Purpose: to generate preliminary data that will lead to the development of an Alliance CCDR study for submission to the NCORP network
- Funds available for projects that can be completed within one year
- Award: up to \$150,000 in total costs (including institutional indirect costs) for 12 months
- Applications due June 12, 2017
- Contact Amanda Francescatti with questions ([afrancescatti@facs.org](mailto:afrancescatti@facs.org))

# 2016 CCDR Pilot Project Awardees

- **Use of Remote Symptom Monitoring with Breast Cancer Survivors using Patient Reported Outcome Measures in MyChart (Shelby Terstriep, MD)**
- **Delivering Patient-Centered Counseling to Women at Risk of Cancer-Related Infertility: An Innovative Way to Meet Practice Guidelines (Terri Lynn Woodard, MD)**

# Questions?