Capacity Building in Community Hematology-Oncology Programs and Effective Collaboration with Academic Centers

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Professor, Department of Internal Medicine, UNMC, Omaha, NE

Objectives

➢ Key strategies on building and implementing organizational innovations to enhance clinical research and care delivery at a community cancer program

➢ Discuss the available options to enable community cancer centers work with academic centers and National Cancer Institute in delivering research and evidence-based medicine

➢ How to align individual, organizational, and environmental factors to achieve collaboration with academic centers—the importance of timely referral and use of transplant services
**CHI Health St Francis Cancer Treatment Center**

**Hospital & Cancer Center**
- A 200-bed regional referral center with specialty services including a Cancer Treatment Center
- The Cancer Center serves over 700 new cancer patients/year

**Patient Service Area**
- Service area is home to 41K women and 40 K men
- The majority of Saint Francis’ service area is rural > 20% is Hispanic
- Tertiary market stretches from South Dakota to Kansas and west into the Nebraska panhandle

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**Bermuda Triangle of Clinical Trials and Academic Connection**

**Hematologists/Oncologists**
- 85% in the community
- Busy schedule and business demands
- Lack of time and infrastructure
- Low clinical trial awareness
- Low incentive low enthusiasm
- Variable fellowship training
- No incentive for boards or MOCs

**Cancer Patients**
- 85% in the community
- Low clinical trial awareness
- Travel/lodging difficulties

**Cancer Clinical Trials**
- 40% in academic centers
- 60% in community
  - academic centers
  - industry
  - NCORP
CHI Health St Francis Cancer Treatment Center

History, Background and Academic Affiliations

- 1989-1995, Satellite clinic of University of Nebraska
- 1995-Full-time oncology/inpatient/outpatient services
- 1996-Academic affiliation with University of Nebraska
  - Infrastructure for clinical trials/UNMC Lymphoma Study Group/CALGB
- 2007-Affiliation with Eppley Cancer Institute
  - Infrastructure for basic science biospecimen type trials
- 2007-2014 NCI Community Cancer Centers Pilot-NCCCP
- 2014-Present, NCI Community Oncology Research Program-NCORP
- Active member-ECOG-ACRIN/NRG/SWOG/WFU/CTSU

University of Nebraska Lymphoma Study Group-NLSG

- A collaborative network of clinicians and pathologists from University of Nebraska with the community oncologists throughout Nebraska
- Founded in 1982 by a VISIONARY MAN, James Armitage and his team
- Nearly 6,500 patients treated and more than 65,000 biopsies reviewed
- Review of all diagnostic tissues submitted to the group for histology, immunology, molecular biology and cytogenetic analysis
Effective Collaboration with Academia

Affiliation with University of Nebraska access to NLSG and CALGB clinical trial portfolio starting 1996

- Trials available through UNMC, reviewed by local PI
  - Scientific merit? Legitimate Intervention? Clinical importance? Risk to patients?
  - Sufficient experience on topic? Potential issues with design?
  - Eligible population? Attractive to physicians and patients?
  - Proper support staff?
  - Competing trials at site?
  - Sufficient facility/ancillary/equipment?
  - Sufficient financial arrangements?
- UNMC IRB approves/completes regulatory requirements
- Trial activation at local affiliate site
- Local PI & CT team notify all cancer team
- CT team creates screening & follow up forms
- Local PI, CT team screen and enroll eligible patients

Effective Collaboration with Academia

Leukemia/MDS Clinical Trials at St Francis

- CALGB-9712 - Randomized phase 2 study of fludarabine with concurrent versus sequential treatment with rituximab in symptomatic, untreated patients with B-cell chronic lymphocytic leukemia-Cancer and Leukemia Group B 9712 (CALGB 9712)

- CALGB-1010 - Consolidation therapy with subcutaneous alemtuzumab after fludarabine and rituximab induction therapy for previously untreated chronic lymphocytic leukemia-CALGB 10101

- CALGB 10404 - A Genetic risk-stratified, randomized Phase II study of four fludarabine antibody combinations for patients with symptomatic, previously untreated chronic lymphocytic leukemia

- ECOG-2906 - Randomized Phase III Trial Comparing the Frequency of Major Erythroid Response (MER) to Treatment with Lenalidomide (Revlimid®) Alone and in Combination with Epoetin Alfa (Procrit®) in Subjects with Low- or Intermediate-1 Risk MDS and Symptomatic Anemia

Companion Studies:

- CALGB 8461 - CYTOGENETIC STUDIES IN ACUTE LEUKEMIA AND MULTIPLE MYELOMA
- CALGB 9465 - THE CALGB LEUKEMIA TISSUE BANK
Post Hematopoietic Transplant Questionnaire

February 15, 2016

Dear Dr. Cooper:

The Sarcoma Cell Transplant and Research Act of 2008 (SCITRA) was passed by Congress and signed by President Bush in December 2008 by Public Law 110-130. The Sarcoma Cell Act requires reporting of ongoing post transplant follow-up care to participating in research databases on SCITRA.gov at the University of Nebraska Medical Center. We are conducting a survey with SCITRA.gov. To help us comply with this requirement, please complete the following questionnaire (or review) regarding the status of this patient. Thank you in advance for your cooperation.

Please mail or fax this information to:
Transport Research Data Office
ATTN: Judy Hay
967165 Nebraska Medical Center
Omaha, NE 68198-7210
FAX: (402)552-8184

If you have any questions or are unable to send this information for any reason, please call me at (402)552-3209. Thank you again for your prompt assistance.

Sincerely,
Judy Hay
Research Data Coordinator
967165 Nebraska Medical Center
Omaha, NE 68198-7210
JudyHay@unmc.edu

I. Survival Information
1. Last known date: ______________
2. Patient is: [ ] Alive without evidence of disease
   [ ] Alive with active disease
   [ ] Diagnosed with life-limiting disease
   [ ] Patient deceased
   [ ] Stopped reporting
   [ ] Other: ______________
   [ ] Not known

II. Relapse/Progression Information
1. Did the patient relapse or progress post-transplant? [ ] Yes [ ] No
2. Did the patient experience progression or remission? [ ] Yes [ ] No
3. What treatment was given? ______________

III. Post Transplant Care Information
1. Did patient receive any form of chemo, radio, or other therapy after transplant? [ ] Yes [ ] No
2. Did the patient experience any other complications during the transplant process? [ ] Yes [ ] No
3. Did the patient experience any other complications after the transplant process? [ ] Yes [ ] No

IV. Allergies/Transplant Specific Information
1. Has the patient experienced a transfusion reaction or other allergic reaction? [ ] Yes [ ] No
2. Did the patient receive any other medications during the transplant process? [ ] Yes [ ] No
3. Did the patient receive any other medications after the transplant process? [ ] Yes [ ] No

Effective Collaboration with Academia Publications

Leukemia & Lymphoma
Vol 40, 2020 - issue 4

Research Article
CNOP for Diffuse Aggressive Non-Hodgkin’s Lymphoma: The Nebraska Lymphoma Study Group Experience
Julie M. Vose, Dennis D. Weisenburger, James C. Lynch, Philip J. Bierman, John C. Chan, Martin Bast

Primary Mediastinal Large B-Cell Lymphoma: A Clinicopathologic Study of 43 Patients From the Nebraska Lymphoma Study Group
Ashraf A. Eloubeid, Dennis D. Weisenburger, Julie M. Vose, Jeffrey P. Kollath, James C. Lynch, Martin A. Bast, Philip J. Bierman, Timothy C. Greiner, Wing C. Chan, James O. Armitage
From the Departments of Pathology and Microbiology, Internal Medicine, and Preventive and Social Medicine, University of Nebraska Medical Center, Omaha, NE.
Effective Collaboration with Academia Publications

**The New England Journal of Medicine**

**VOLUME 368**

**June 29, 2017**

**THE USE OF MOLECULAR PROFILING TO PREDICT SURVIVAL AFTER CHEMOTHERAPY FOR DIFFUSE LARGE-B-CELL LYMPHOMA**

Arnon Ratananond, M.D., Srisatup Wutipich, M.D., Nipa D. Dua, M.D., Joost M. Cremers, M.D.,* Giacomo Caruso, M.D.,* Pierre-Alexandre Luber, M.D.,* Amalia D. Goldberg, M.D.,* H. Konu Muljo-Henriksen, M.D.,* Eduardo R. Sanhueza, M.D., Ph.D.,* and Louis M. Staudt, M.D., Ph.D.,* on behalf of the Lymphoma/Leukemia Molecular Profiling Project

**ORIGINAL ARTICLE**

Molecular Diagnosis of Burkitt’s Lymphoma

Sandra S. Duan, M.D., Kai Fu, M.D., Ph.D., George W. Wright, Ph.D., Lloyd T. Lai, Ph.D., Philip Klein, M.D., Kwan-Jin Baek, B.S., Timothy C. Greene, M.D., Dennis O. Wiesenhutter, M.D., Andreas Rozenwald, M.D., Gervais Ole, M.D., Handelenedt M. Nebehn, M.D., Rohid D. Caccamo, M.D., Jan Detelska, M.D., Lisa M. Rinicza, M.D., Rita M. Bauder, M.D., Thomas M. Gomper, M.D., Elisa Campos, O.C., Elaine S. Jeff, M.D., Waxun J Race, Ph.D., Warren Garner, Ph.D., Martin White, K.S., Julie M. Vesey, M.D., James D. Armstong, M.D., Joseph M. Connelly, M.D., Roland S. Smolen, M.D., M.D., Ari Strokow, M.D., Ph.D., Harold Polos, M.D., Ph.D., Richard I. Fisher, M.D., Thomas P. Miller, M.D., Emery Montemurro, M.D., Wynaphone P. Williams, M.D., Ph.D., Munsha Bahl, B.S., Hong Zhao, M.S., Lingying Yang, Ph.D., John Powell, M.S., Richard S. S. O., Wing C. Chan, M.D., and Louis M. Staudt, M.D., Ph.D., for the Lymphoma/Leukemia Molecular Profiling Project

**Journal of Clinical Oncology**

**VOLUME 26 NUMBER 30 OCTOBER 2008**

Addition of Rituximab to Standard Chemotherapy Improves the Survival of Both the Germinal Center B-Cell-Like and Non-Germinat Center B-Cell-Like Subtypes of Diffuse Large B-Cell Lymphoma


**The NEW ENGLAND JOURNAL OF MEDICINE**

**VOLUME 299**

**Nov 28, 2001**

**Stromal Gene Signatures in Large-B-Cell Lymphomas**

G. Lanz, M.D., G. Wright, Ph.D., S.S. Duan, M.D., W. K. Law, Ph.D., J. Powell, M.S., H. Zhao, M.S., W. Xue, M.S., K. Yan, M.D., R. Christensen, M.D., J. S. Ng, Ph.D., J. J. Tovey, M.D., M. B. Hortobagyi, M.D., Ph.D., J. L. Boorjian, M.D., A. A. Quackenbush, Ph.D., J. P. Yee, M.D., D. S. Moes, M.D., G. B. White, M.D., D. S. C. Cho, M.D., G. S. Weisenburger, M.D., Y. G. Grunow, M.D., J. D. Arrangin, M.D., J. S. J. J. P. A. Quackenbush, Ph.D., and J. P. Yee, M.D.

**ORIGINAL REPORT**


Molecular profiling of lymphoma.

Cepuris MS, Lehakis P, Rulon M

Comment on


**N Engl J Med. 2009 Apr 2;360(15):1596; author reply 1597-8.**

Fludarabine for chronic lymphocytic leukemia.

Cepuris MS, Lehakis P, Mularic J

Comment on

Fludarabine compared with chlorambucil as primary therapy for chronic lymphocytic leukemia. [N Engl J Med 2008]

**Case Report**

An Unusual Case of Composite Lymphoma Involving Chronic Lymphocytic Leukemia Follicular Lymphoma and Hodgkin Disease


Page 5571-5575; received 30 Sep 2003; published online 09 Aug 2009
Effective Collaboration with Academia

Publications

Full Clinical Recovery after Topical Acyclovir Treatment of Epstein-Barr Virus Associated Cutaneous B-Cell Lymphoma in Patient with Mycosis Fungoides

M. Siti Kopur, Anita Deshpande, Kris Mieczke, Max Norvell, Gordon J. Hrnicek, Suzanne Woodward, Scott Frankforter, Natalie Mandolfo, Kai Fu, Wing C. Chan

*Saint Francis Medical Center, Grand Island; and University of Nebraska Medical Center, Omaha, Neb, USA

Patients 65 years of age or older in cancer treatment trials.

Effective Collaboration with Academia

Eppley Cancer Institute Affiliation with Access to Clinical/Translational Research-2007

- Trials offered by Eppley Cancer Institute
  - Eppley Lymphoma 514-09
  - Eppley/UNMC Genasense Lymphoma-462-07
  - Eppley Neoadjuvant Breast Trial 264-12
  - Eppley Adjuvant Breast Trial 371-09
  - Breast Cancer Collaborative Registry
  - Eppley NSCLC 339-07

- UNMC IRB approves/completes regulatory requirements
- Trial activation
- Local PI & CT team notify all cancer team
- CT team creates screening & follow up forms
- Local PI, CT team screen and enroll eligible patients
Effective Collaboration with Academia
Publications

Alternating Hepatic Arterial Infusion and Systemic Chemotherapy for Liver Metastases From Colorectal Cancer: A Phase II Trial Using Intermittent Percutaneous Hepatic Arterial Access
M. S. K. Cooper, Mary Capadano, James Lynch, Timothy Goertzen, Timothy McCowan, Randall Brand, Margaret Temple
From the University of Nebraska Medical Center, Omaha, and Saint Francis Cancer Center, Grand Island, NE.

Obesity and breast cancer: Analysis of Breast Cancer Collaborative Registry (BCCR) data in a rural community cancer center.
J Clin Oncol 34, 2016 (suppl; abstr e13012)

A nonrandomized phase II study of dose-dense paclitaxel and cyclophosphamide (PC) in early-stage breast cancer (EBC).
J Clin Oncol 32, 2014 (suppl; abstr e17988)

Multicenter Breast Cancer Collaborative Registry
Simeon Sherman, 1,19 Deirdre Shea, 1,19 Elizabeth Feigl-Dresen, 1 George Bascomb, 2 Kevin Yoon, 1 Mathew Cooper, 1 Kate Crew, 5 James Rappleye, 6 Zbigniew Matiuk, 7 Manisha A. Kadam, 8 Alexander Shtrum, 1 Michael Gleason, 9 Lithia Kline, 10,11 Edul IPS Silva-Lopes, 8 James Edney, 8 Elizabeth Roach, 8 Alan Berger, 8 and Kenneth Conant 1
Author information > Copyright and License Information >

Cancer Informatics
Cancer Informatics 2011; 10: 217–228
Published online 2011 Aug 14 doi: 10.4137/CIN.S7245
PMCID: PMC3169952

Effective Collaboration with Academia
Publications

Obesity and breast cancer: Analysis of Breast Cancer Collaborative Registry (BCCR) data in a rural community cancer center.
J Clin Oncol 34, 2016 (suppl; abstr e13012)

A nonrandomized phase II study of dose-dense paclitaxel and cyclophosphamide (PC) in early-stage breast cancer (EBC).
J Clin Oncol 32, 2014 (suppl; abstr e17988)

Coping with Advanced Stage Lung Cancer Diagnosis: Patient, Caregiver, and Provider Perspectives on the Role of the Health Care System
Clinical trials
Weekly vinorelbine and paclitaxel in older patients with advanced non-small cell lung cancer: A phase II Fred and Pamela Buffet Cancer Center Clinical Trials Network study
Mary M. Hueter, Jane L. Maza, M. Siti Copur, Addison Tolentino, A. Alissa S. Mark, Marsha Ketcham, Holly DeSpiegler, Susan Kruzel, Mary E. Koo, Karin Swenson, Sarah E. Reddick.
Effective Collaboration with Academia

Community Extend Case Conference to Improve Lymphoma Care

**Goal**
Improve the care of patients with lymphoma treated by community oncologists by implementing an educational program embedded in a community extended multidisciplinary case conferences (MCC) or tumor board meetings (EXTEND Program)

**University of Nebraska Medical Center**

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**Process**
1. Community oncologists submitted patient radiology and pathology reports to UNMC.
2. Reports were reviewed by UNMC radiologists and pathologist.
3. Community oncologists and UNMC oncologist experts met using Vidyo on an iPad.
   a) The iPad provided flexibility access
4. Diagnosis and treatment plans were discussed.
   a) Vidyo allowed all participants to view reports
   b) All participants were able to have live-time discussions
5. Community oncologists contacted UNMC oncologist experts for advice between meetings.

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**Participation & Challenges**

**Participation**
- Number of meetings: 24
- Average number of participants per meeting: 6
- Total number of cases/patients reviewed: 45
- Nebraska locations: Grand Island, Kearney, Hastings, and Lincoln

**Challenges**
1. Principal Investigator left UNMC
2. Conference put on hold to train community oncologists on the following:
   a) Use of iPad Vidyo
   b) Process for submitting pathology/radiology reports to UNMC
3. Nebraska has two time zones
   a) This resulted in lower participation than originally projected
Effective Collaboration with Academia

Conclusion

- The primary goals of this educational program were very ambitious and in foresight not attainable with the principal investigator leaving UNMC.

- The concept of providing conference in this format was successful and is now being utilized in other conferences at UNMC.

- Participating community oncologists have expressed a desire to continue these programs as they have seen a difference it has made in patient care.

- Patients benefited in multiple ways: 1) expert diagnosis, 2) treatment plans, 3) access to experts without having to travel.

This has been a helpful conference to help with our collegiality with the UNMC experts and has kept an open channel of communication that will in the end help with referral of patients to UNMC for more advanced treatments.

- Community oncologist participant

Effective Collaboration with NCI

- A pilot program exploring ways in which community hospitals can best support a wide range of basic, clinical, and population-based cancer research-2007

- Grew from 16 to 30 participating hospitals, with funding from the American Recovery and Reinvestment Act-2010

- Six pillars of NCCCP
Effective Collaboration with NCI

ReCAP: Impact of the National Cancer Institute Community Cancer Centers Program on Clinical Trial and Related Activities at a Community Cancer Center in Rural Nebraska

Original Contribution: Impact of the National Cancer Institute Community Cancer Centers Program on Clinical Trial and Related Activities at a Community Cancer Center in Rural Nebraska

Mehmet Siti Cooke, MD; Ryan Ramaekers, MD; Milhat Gonen, PhD; Mary Guzman; Rebecca Hadenfeldt; Courney Fuller; Jennifer Scott; Sarah Cingrani; Heather Reinell; Mary Mickey; Max Norvell; PhamiD; Douglas Clark, MD; Dron Cauchan, MD; and Be Kurhage, MD

<table>
<thead>
<tr>
<th>Activity</th>
<th>5 Years Before NCCOP, July 2002 to June 2007</th>
<th>5 Years of NCCOP, July 2007 to June 2012</th>
<th>P</th>
<th>First Year of NCCOP, July 2014 to June 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of dedicated clinical trial staffing (FTE)</td>
<td>2 (1-2)</td>
<td>5 (3-8)</td>
<td>.012</td>
<td>6 (5)</td>
</tr>
<tr>
<td>Total No. of accruals (range)</td>
<td>81 (9-35)</td>
<td>640 (51-230)</td>
<td>90</td>
<td></td>
</tr>
<tr>
<td>Overall participation rate in trials, % (range)</td>
<td>3.2 [2-7]</td>
<td>23 [9-41]</td>
<td>&lt; .001</td>
<td>18</td>
</tr>
<tr>
<td>Average accruals per clinical trial</td>
<td>13.2</td>
<td>15.8</td>
<td>.5</td>
<td>1.61</td>
</tr>
<tr>
<td>No. of clinical trials by sponsor (range)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cooperative</td>
<td>46 [5-14]</td>
<td>130 [14-28]</td>
<td>43</td>
<td></td>
</tr>
<tr>
<td>Industry</td>
<td>3 (1-3)</td>
<td>49 [3-15]</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Investigator initiated</td>
<td>5 [3-1]</td>
<td>33 [2-10]</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>54 [6-17]</td>
<td>211 [19-54]</td>
<td>56</td>
<td></td>
</tr>
<tr>
<td>No. of clinical trials by type (range)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total treatment</td>
<td>40 [4-14]</td>
<td>139 [14-36]</td>
<td>.015</td>
<td>46</td>
</tr>
<tr>
<td>Average no. per year</td>
<td>8</td>
<td>28</td>
<td>NA</td>
<td></td>
</tr>
<tr>
<td>Total nontreatment</td>
<td>15 [0-10]</td>
<td>61 [3-33]</td>
<td>.009</td>
<td>10</td>
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<tr>
<td>Average no. per year</td>
<td>3</td>
<td>12</td>
<td>NA</td>
<td></td>
</tr>
<tr>
<td>Supportive care</td>
<td>0</td>
<td>0</td>
<td>NA</td>
<td></td>
</tr>
<tr>
<td>Preventive</td>
<td>0</td>
<td>3 [0-1]</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Quality of life</td>
<td>4 [3-1]</td>
<td>8 [1-2]</td>
<td>0</td>
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<tr>
<td>Cancer care delivery</td>
<td>0</td>
<td>7 [1-2]</td>
<td>2</td>
<td></td>
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<tr>
<td>Biospecimens</td>
<td>10 [2-5]</td>
<td>33 [3-9]</td>
<td>1</td>
<td></td>
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<tr>
<td>Annual rate of increase in:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. of available trials</td>
<td>3.4</td>
<td>6.7</td>
<td>.36</td>
<td>NA</td>
</tr>
<tr>
<td>No. of accruals</td>
<td>3.1</td>
<td>36.9</td>
<td>.02</td>
<td>NA</td>
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<tr>
<td>Percentage of accruals</td>
<td>0.6</td>
<td>6.5</td>
<td>.03</td>
<td>NA</td>
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</table>
Effective Collaboration with NCI

Number of Treatment Non-Treatment and Total Trials

Accrual to Clinical Trials by Trial Type

No. of Accruals

<table>
<thead>
<tr>
<th>Year/Time Period</th>
<th>Treatment</th>
<th>Supportive</th>
<th>Preventive</th>
<th>QOL</th>
<th>CCDR</th>
<th>Biospecimen</th>
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<td>July 2002-June 2003</td>
<td>7</td>
<td>2</td>
<td>10</td>
<td>3</td>
<td>2</td>
<td>1</td>
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<tr>
<td>July 2003-June 2004</td>
<td>6</td>
<td>1</td>
<td>8</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>July 2004-June 2005</td>
<td>5</td>
<td>2</td>
<td>7</td>
<td>1</td>
<td>1</td>
<td>0</td>
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<tr>
<td>July 2005-June 2006</td>
<td>15</td>
<td>3</td>
<td>13</td>
<td>4</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>July 2006-June 2007</td>
<td>13</td>
<td>2</td>
<td>12</td>
<td>4</td>
<td>1</td>
<td>0</td>
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<tr>
<td>July 2007-June 2008</td>
<td>32</td>
<td>4</td>
<td>28</td>
<td>6</td>
<td>1</td>
<td>0</td>
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<tr>
<td>July 2008-June 2009</td>
<td>32</td>
<td>4</td>
<td>28</td>
<td>6</td>
<td>1</td>
<td>0</td>
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<tr>
<td>July 2009-June 2010</td>
<td>46</td>
<td>4</td>
<td>42</td>
<td>12</td>
<td>1</td>
<td>0</td>
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<tr>
<td>July 2010-June 2011</td>
<td>46</td>
<td>4</td>
<td>42</td>
<td>12</td>
<td>1</td>
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<tr>
<td>July 2011-June 2012</td>
<td>49</td>
<td>4</td>
<td>45</td>
<td>17</td>
<td>1</td>
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</table>
Effective Collaboration with NCI

Treatment Non-Treatment and Total Accruals

NCCCP Chronicle 2007 – 2014

Increasing Access to Clinical Trials for Rural Patients

Saint Francis Cancer Treatment Center, a member of Catholic Health Initiatives’ coordinated regional program for the NCCCP in Nebraska, is located in Grand Island. It was one of the initial 16 pilot sites and remained in the NCCCP for the program’s full period of performance, i.e., seven years. The cancer center’s NCCCP participation significantly enhanced its involvement in the whole spectrum of clinical trials and related activities.

- **Joining the NCCCP network in 2007** provided Saint Francis the opportunity and momentum to expand its clinical research infrastructure, increase the number and types of trials it offered, and focus efforts on accruing more patients to clinical trials from typically underrepresented populations.

With its primary service area in central rural Nebraska, the center provides community oncology service to an area stretching from South Dakota to Kansas and west into the Nebraska panhandle. The community-based cancer program has been involved in clinical research since 1996, as an affiliate of University of Nebraska Medical Center and the NCI-designated Eppley Cancer Center. Prior to NCCCP, Saint Francis offered a wide variety of clinical trials to patients, including co-operative group, industry-sponsored, and trials from the University of Nebraska Lymphoma Study Group, Eppley Cancer Center, and CTSG. Joining the NCCCP network in 2007 provided Saint Francis the opportunity and momentum to expand its clinical research infrastructure, increase the designated cancer centers, and availability of new cancer care services. The comparison revealed:

- The average yearly clinical trial participation rate increased from 3.2% to 23%.
- Availability of non-treatment clinical trials (i.e., prevention, supportive care, quality of life, and cancer care delivery trials), increased from an average of 3 per year to 12 per year, and availability of treatment trials increased from 8 per year to 28 per year.
- Clinical trial staffing increased from an average of 1.2 to 3.9 FTEs.
- Two nurse navigators and genetic counselors, one smoking cessation counselor, and one outreach project coordinator were hired.
- Collection and storage of tissue samples increased from 19% to 52%.
- Affiliation with NCI-designated Eppley Cancer Institute enhanced linkages to other NCI programs.

*Participation in NCCCP* remarked Dr. Mehmet Dervis, the medical director of oncology at Saint Francis, “had a great impact on our clinical trial and related activities. We had unprecedented and enhanced access to expanded types of clinical trials and developed a wide spectrum of cancer care services. Working with the NCI and the network sites as a learning collaborative, our cancer program significantly benefited from NCCCP. We have met the program’s objectives of enhancing access, improving quality, and expanding research in the community setting.”
Effective Collaboration with NCI

- NCCCP completed its mission in 2014
- NCI cooperative groups underwent a transformational change
- Nine existing cooperative groups were consolidated into NCI Cancer Clinical Trials Network (NCTN) of four cooperative groups

- A new NCI program NCORP was built on prior NCI programs of CCOP, MB/CCOP, and NCCCP
- St Francis was chosen one of 34 Community Based Cancer Programs to take part in this NCI grant program in 2014

What is NCORP?

- A national network of cancer care investigators, providers, academia, and other organizations that provide care for diverse populations in health care systems
- The overall goal of NCORP is to bring cancer clinical trials (cancer control, prevention, screening, treatment, and imaging) as well as cancer care delivery research to individuals in their own communities,
- Generate a broadly applicable evidence base that contributes to improved patient outcomes and a reduction in cancer disparities
- CHI St Francis is the Community Oncology Site in Nebraska for NCORP through CHI for Institute for Research and Innovation (CIRI)
Current NCORP Trials at St Francis

- **ALLIANCE TRIALS:** 14
- **ECOG-ACRIN:** 14
- **NRG:** 16
- **SWOG:** 14
- **WFU:** 2
- **INDUSTRY:** 7
- **TOTAL:** 67

**NCORP Accruals**

Accruals: Total and by Site (through 4.4.17)
CHI Health St Francis Cancer Treatment Center

- 2010-ASCO Clinical Trials Participation Award (CTPA)
- 2010-ASCO Community Oncology Research Grant (CORG)
- 2014-ASCO presentation as Late Breaking Abstract of our clinical trial NCCCP data
- 2016-Published full paper in Journal of Oncology Practice “Impact of the National Cancer Institute Community Cancer Centers Program on Clinical Trial and Related Activities at a Community Cancer Center in Rural Nebraska”
- 2016-ASCO Clinical Trials Participation Award (CTPA)
- NCORP 2016 Annual Meeting Presentation “How do we accrue”

My Final Words

Integrating clinical trials and academic connection into your daily clinical practice is a contagious and transforming experience. If you can realize it, you can see the culture change in your staff, in your patients, and in yourself. It is a very different, much higher, and much more sophisticated level of practicing medicine. It is the most fulfilling experience of serving to your altruistic and humanitarian goals along with serving to your patients”

Mehmet Sitki Copur MD, FACP
THE ABSOLUTE REAL HEROES AND REAL WINNERS

T.R. Clinical Trial Patient with CLL

OUR PATIENTS!!

THANK YOU