

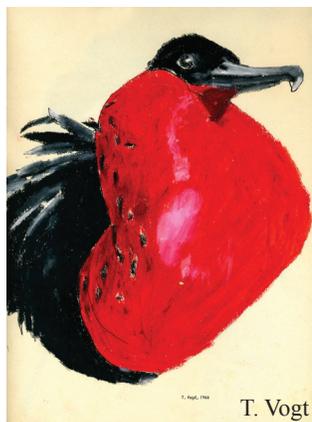
# CRN Connection

Volume VIII, Issue 3

June 2007

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T. Vogt

Curious about the artwork?  
Turn to page 5!



The Cancer Research Network (CRN) is a collaboration of 13 non-profit HMOs (plus one CRN-affiliated HMO) committed to the conduct of high-quality, public domain research in cancer control. The CRN is a project of NCI and AHRQ.

## News from NCI

CRN members may be interested in browsing the NCI Cancer Control P.L.A.N.E.T. (Plan, Link, Act, Network with Evidence Based Tools):

<http://cancercontrolplanet.cancer.gov/>

This a resource that NCI, in collaboration with other federal agencies, has been building to serve as an informational resource for public health professionals responsible for cancer control programs. In particular, the Research Tested Interventions Programs (RTIPS) may be of interest:

<http://rtips.cancer.gov/rtips/index.do>

In the future, cancer control interventions shown to be effective by CRN research could be submitted for possible listing on the RTIPS webpage. Any comments or suggestions about the Cancer Control P.L.A.N.E.T. are also welcome. I can pass them on to Jon Kerner, Deputy Director of DCCPS, who leads this project.

-Martin Brown (NCI)

## Ed's Corner of the World

### News from the CRN PI

CRN3 has many new features: substantial pilot funds, an investigator development program, and an enhanced effort to study the diffusion of cancer therapies into our systems, to name a few. Another new development has been less visible but just as important. Reviewers have often asked what the CRN is doing to increase the local relevance and clinical significance of our research. Do we seek clinical input in our proposals? Do we share our findings with our system leaders? In response, we proposed in CRN3 that each site form an Organizational Advisory Committee (OAC) consisting of clinical and administrative leaders. A well-chosen group of local advisors could provide a valuable link between our research and the enrollees and clinicians we seek to help. I hope we make the OACs an integral part of CRN3.



## CALENDAR OF EVENTS

**NIH: Building the Science of Dissemination and Implementation in the Service of Public Health**  
Sep. 10-11, 2007, Natcher, MD

**Society for Medical Decision Making Annual Meeting**  
Oct. 21-24, Pittsburgh, PA

**American Institute for Cancer Research**  
Nov. 1, 2007, Washington, D.C.

**American Association for Cancer Research: Frontiers in Cancer Prevention Research**  
Dec. 5-8, 2007, Philadelphia, PA

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# Meet the CRN3 Site Principal Investigators

*CRN3 has many new investigators joining our experienced group of veterans from CRN1 and CRN2. Here are brief bios of the Principal Investigators of our 14 sites.*



Terry S. Field, DSc  
Associate Director,  
Meyers Primary Care  
Institute  
Associate Professor of  
Medicine, University of  
Massachusetts Medical  
School

Dr. Field is an epidemiologist and health services researcher with a particular interest in the provision of safe and effective health care for adults who are disabled, chronically ill, or elderly.



Suzanne W. Fletcher,  
MD, MSc  
Professor Emerita of  
Ambulatory Care and  
Prevention, Harvard  
Medical School and  
Harvard Pilgrim  
Health Care

Dr. Fletcher is a general internist with life-long interest in prevention, especially related to breast cancer screening. CRN experiences have expanded this interest to primary preventive measures, DCIS and quality of life issues.



Robert T. Greenlee,  
PhD, MPH  
Marshfield  
Epidemiologic Study  
Area (MESA) Lead  
Scientist, Marshfield  
Clinic Research  
Foundation

Dr. Greenlee is an epidemiologist whose research interests include cancer surveillance and control, with particular focus on sociodemographic disparities in prevention, early detection, and treatment, and clinical epidemiology of cardiovascular disease, particularly arrhythmias and conduction disorders.



Margaret J. Gunter, PhD  
President and Executive  
Director, Lovelace Clinic  
Foundation

Dr. Gunter is a health services researcher and medical sociologist whose areas of interest include disease management, quality improvement, racial and ethnic disparities, guideline implementation, and the use of information technology to improve practice.



Mark C. Hornbrook,  
PhD  
Senior Investigator and  
Chief Scientist, Kaiser  
Permanente Northwest  
Center for Health  
Research

Dr. Hornbrook is a health economist with research interests in health care cost and utilization analysis, economic evaluation methods, patient classification methods, health status measurement, predictive modeling, and health-based payment systems.



Christine Cole Johnson,  
MPH, PhD  
Senior Staff Scientist,  
Henry Ford Health System  
Associate Chair for  
Research, Dept of  
Biostatistics and Research  
Epidemiology

Director, HFHS Josephine Ford Cancer Center's Epidemiology, Prevention & Control Program  
Director, HFHS Center for Allergy, Asthma & Immunology Research

Dr. Johnson is an epidemiologist with primary interests in cancer prevention and the etiologies of allergy and asthma.



Lawrence H. Kushi,  
ScD  
Associate Director  
for Etiology and  
Prevention Research,  
Division of Research,  
Kaiser Permanente  
Northern California

Adjunct Professor of Nutrition,  
Teachers College, Columbia University,  
New York, NY

Dr. Kushi is an epidemiologist whose research interests have focused on the role of diet and nutrition in the etiology of coronary artery disease and breast and other cancers.



Robert D. Langer,  
MD, MPH  
Director, Outcomes  
Research Institute,  
Geisinger Center  
for Health Research

Adjunct Professor of Epidemiology,  
University of Pittsburgh Graduate School  
of Public Health

Dr. Langer is a physician-epidemiologist with credentials in family and preventive medicine. His primary interests are in the prevention of chronic diseases with focus on the effects of age, gender, and culture/ethnicity as they impact the course and development of these conditions.



Virginia P. Quinn, PhD  
Research Scientist, Kaiser  
Permanente Southern  
California, Dept. of  
Research and Evaluation

Dr. Quinn's research interests include lifestyle and health behavior change, prevention, screening and adherence, adolescents and depression, and quality of cancer-related care.

# CRN3 Site Principal Investigators



Debra P. Ritzwoller, PhD  
Economist/Investigator,  
Institute for Health  
Research, Kaiser  
Permanente Colorado

Dr. Ritzwoller is an economist and a health services researcher whose current studies focus on costs and cost effectiveness of behavioral interventions. She has published studies related to the uninsured, disease management interventions, vaccine effectiveness, public health surveillance systems, physician compensation, comorbidities, cost estimation, and cost-effectiveness.

No Photo  
available

Douglas W. Roblin, PhD  
Senior Investigator,  
Kaiser Permanente  
Georgia, Center for

Health Research/Southeast  
Adjunct Assistant Professor of Health Policy and Management, Rollins School of Public Health at Emory University

Dr. Roblin is a social anthropologist whose principal research interests

center on how organizational and financial characteristics of health care systems affect patient outcomes, such as medical services use and cost, visit satisfaction, and quality of chronic disease care.



Sharon (Cheri) J Rolnick, PhD, MPH  
Associate Director  
of Research,  
HealthPartners  
Research Foundation

Dr. Rolnick's research has been most involved with women's health issues, cancer, evaluation and health behaviors. She is also a Steering Committee Member of Minnesota's Cancer Alliance, a collaboration of all organizations wishing to reduce the cancer burden in Minnesota.



T. Vogt



Thomas M. Vogt, MD, MPH  
Senior Investigator,  
Kaiser Permanente  
Center for Health  
Research, Hawaii

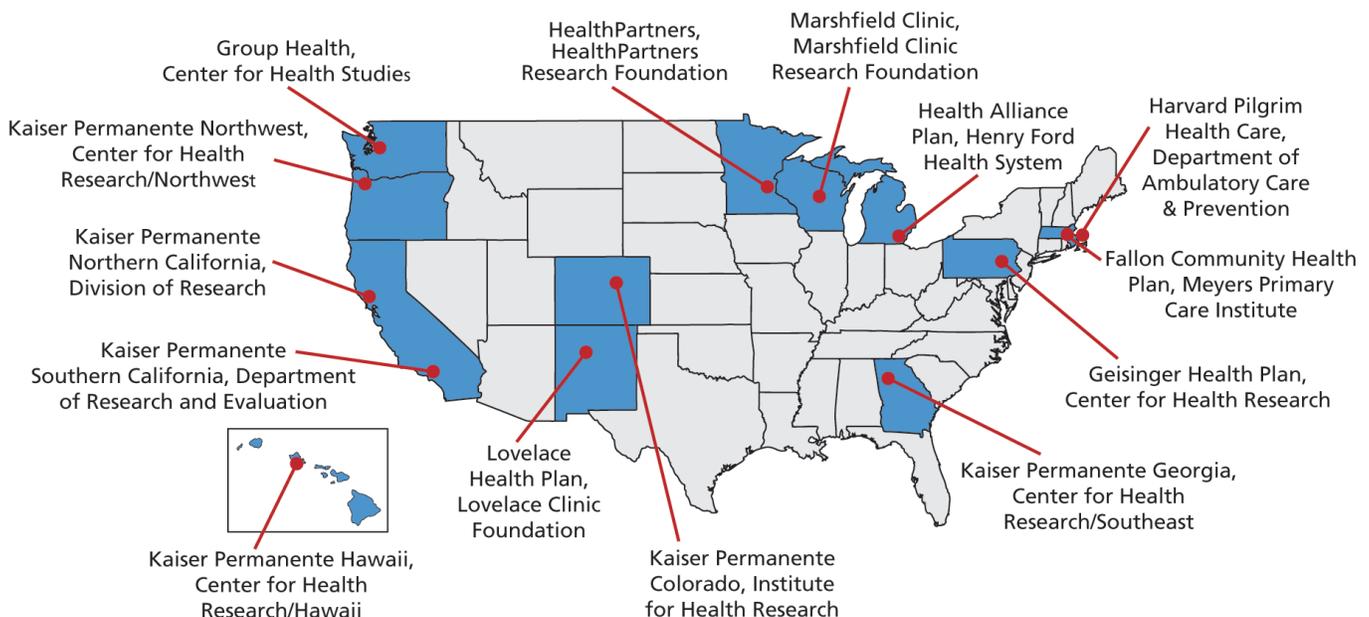
Dr. Vogt is an epidemiologist whose research interests include quality of care and outcomes of care, multicenter clinical trials (cancer, cardiovascular disease, osteoporosis), and health behavior change, particularly diet, smoking, and physical activity.



Edward H. Wagner, MD, MPH  
Senior Investigator,  
Group Health Center for  
Health Studies  
Director, MacColl  
Institute

Dr. Wagner is a physician-epidemiologist whose work includes studies of interventions to reduce disability in seniors and to enhance the care of persons with chronic illness, and cancer care quality improvement research and practice.

## Cancer Research Network Sites



## Cancer Research Network - Dana-Farber/Harvard Cancer Center Cancer Research Collaboration Committee

The CRN has developed a formal collaboration with the Dana-Farber/Harvard Cancer Center (DF/HCC) to expand opportunities for cancer research. It's a win-win situation for both organizations, and is consistent with the National Cancer Institute's goal of encouraging collaborative research among its funded programs.

DF/HCC is an NCI-designated Comprehensive Cancer Center that includes seven institutions: Dana-Farber Cancer Institute, Brigham & Women's Hospital, Beth Israel Deaconess Medical Center, Massachusetts General Hospital, Children's Hospital Boston, Harvard Medical School and the Harvard School of Public Health. The primary goal of DF/HCC is to develop new and improved models for cancer prevention and treatment.

CRN investigators have expertise in population-based epidemiology, informatics, health services, behavioral medicine, biostatistics, and other disciplines along with a data-rich research environment where there are more opportunities than there are scientists to study them. Linkage with the DF/HCC and similar cancer centers not only increases CRN's capacity to take on new projects, it also facilitates access to basic science and clinical researchers.

For example, Dr. Laurie Habel at KPNC is leading a project to determine predictors of recurrence in patients with ductal carcinoma in situ (DCIS). The project needed a research pathologist to join the team, and Dr. Stuart Schnitt, a renowned

DCIS pathologist at the Beth Israel Deaconess Medical Center, was the perfect fit.

To establish the collaboration, Dr. Larissa Nekhlyudov of HPHC (with guidance from Drs. Suzanne Fletcher and Ed Wagner) worked with the leadership of the CRN and the DF/HCC. After months of negotiations, the CRN-DF/HCC Cancer Research Collaboration Committee (CRCC) was created (see sidebar for membership). The committee meets quarterly by conference call to consider potential areas of research and to identify potential collaborators at both

institutions.

The CRCC has developed a process for collaboration on projects:

- All inquiries from either institution seeking collaboration are directed to Dr. Nekhlyudov at HPHC.
- If a DF/HCC investigator wishes to collaborate with the CRN, Dr. Nekhlyudov takes the first step at

reviewing the merit, interest and feasibility of the project.

- If the CRN seems to be an appropriate fit for the study, she asks the investigator to submit a 1-2 page proposal that is distributed to potentially interested CRN sites and works with sites to identify local PIs.
- Once the sites and PIs are on board, the DF/HCC investigator sends the proposal to the CRN New Proposals Committee and goes forth with the submission.

Collaboration between DF/HCC and CRN investigators will undoubtedly expand opportunities for collaborative



### CRCC Members

#### CRN

Diana Buist (*Group Health*)

Gene Hart (*Group Health*)

Mark Hornbrook

(*Kaiser Permanente Northwest*)

Suzanne Fletcher

(*Harvard Pilgrim Health Care*)

Larissa Nekhlyudov, *Committee Chair*

(*Harvard Pilgrim Health Care*)

#### DF/HCC

Craig Earle

(*Dana Farber Cancer Institute*)

Sue Hankinson

(*Brigham & Women's Hospital*)

Elizabeth Lamont

(*Massachusetts General Hospital*)

Karl Munger

(*Brigham & Women's Hospital*)

research, allow both organizations to take advantage of the other's special strengths, facilitate the exchange of ideas, and connect colleagues with similar interests. Other sites in the CRN are establishing similar collaborations with local cancer centers. If you have any questions about how this collaboration was formed, please contact Dr. Nekhlyudov at:

Larissa\_Nekhlyudov@harvardpilgrim.org

or Jane Colagiovanni at:

Jane\_Colagiovanni@harvardpilgrim.org

*-Larissa Nekhlyudov and Jane Colagiovanni (HPHC)*

### Call for Applications: CRN Co-Principal Investigators

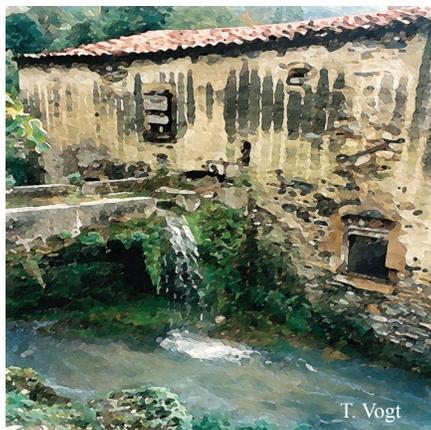
The CRN Steering Committee has created two new CRN-wide Co-Principal Investigator positions.

The Co-PIs will collaborate with and assist the CRN PI in the scientific development and oversight of the CRN as well as its financial management.

Interested persons should see the complete job description and application procedures at:

<http://www.crn.cancer.gov>

## The Art of Science



If you attended the 2007 meeting of the HMO Research Network in Portland, OR, and if you attended the second plenary session presented by Dr. Tom Vogt, you may have noticed that his slides were liberally laced with drawings, paintings, and cartoons.

“It all started,” Tom says, “because we kept getting these organizational emails warning us about the dangers of copyright infringement. It began to seem like it was illegal to blow your nose if anyone else had ever done it before.” So, Tom dug out some old sketch books done over many years, scanned in some of the drawings and used them to give his slides a “cultured” look. He also drew his own cartoons.

“I learned early,” he says, “that I have no talent for sketching. Drawing is slow and arduous for me.” Because of that, Tom did not produce much over the years, but there was a slow, steady stream. Then, about six years ago, his wife, Maggie, gave him one of the best Christmas gifts he’d ever gotten—Photoshop. Photoshop freed him, he says, from the dreary slowness of drawing, allowing him to express his creativity rapidly and in new directions. Over the past six years he has created several hundred electronic works. Examples of his drawings and photo art are shown throughout this issue.

## Catalyzing Team Science: The NIH Interdisciplinary Science Conference

Mouse models, neuroimaging, Laundromat health kiosks, and Hollywood screenwriters were all invoked as provocative springboards for reaching across boundaries and preventing disease during a recent NIH-sponsored conference on interdisciplinary research and health promotion. The conference was anchored by an assemblage of five major team-science projects funded by NIH, which are researching tobacco use, cancer communication, energy balance and cancer, drug abuse, and health disparities.

Our understanding of how health behaviors are established and maintained (be it unhealthy or healthy choices) has advanced rapidly. For example, we now know that both neurobiological and social influences factor into how and why people choose to smoke, and what can help smokers quit successfully. The conference probed how we can better integrate and synthesize such disparate disciplines such as neuroscience, molecular genetics, behavioral science, and health communications to create a stronger evidence base.

Dissemination and diffusion were also integral aspects of this conversation—robust, evidence-based interventions that don’t ultimately reach their intended audience is a tremendous source of frustration for many scientists. David Gustafson, architect of the highly regarded CHES web-based health enhancement program for breast cancer patients, offered a sobering example that only 1,000 of the 186,000 women diagnosed with breast cancer each year ever receive (or find) the CHES program. Other speakers noted that there are many contextual factors

(from societal to intrapersonal to technical) that play into the uptake and integration of research findings, and that we need to consider the context as well as the content when we determine strategies for real-world application of our work.

This conference offered the best of both worlds—cutting-edge science coupled with pragmatic lessons for applying our research. Presentations are available on the conference web site at:

<http://ipr1.usc.edu/nci/>

*-Sarah Greene (GH)*

### CRN Connection

The CRN Connection is a publication of the CRN developed to inform and occasionally entertain CRN collaborators.

Contributors. . . . . Martin Brown, Jane Colagiovanni, Terry Field, Suzanne Fletcher, Sarah Greene, Bob Greenlee, Maggie Gunter, Gene Hart, Mark Hornbrook, Christine Cole Johnson, Larry Kushi, Bob Langer, Larissa Nekhlyudov, Virginia Quinn, Deb Ritzwoller, Douglas Roblin, Cheri Rolnick, Leah Tuzzio, Tom Vogt & Ed Wagner

Editor. . . . . Sarah McDonald

Please send comments or suggestions on this newsletter to Leah Tuzzio, [tuzzio.l@ghc.org](mailto:tuzzio.l@ghc.org).



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# CRN3 Projects

*CRN's scientific portfolio keeps growing. Three new projects were funded for start-up in the first year of CRN3. Many other projects will develop over the next five years.*

## **Health Literacy and Cancer Prevention: Do People Understand What They Hear?**

*Principal Investigator:  
Kathy Mazor, EdD (University of Massachusetts/Fallon Clinic)*

Participating sites:  
University of Massachusetts  
Group Health  
Kaiser Permanente Hawaii  
Kaiser Permanente Georgia

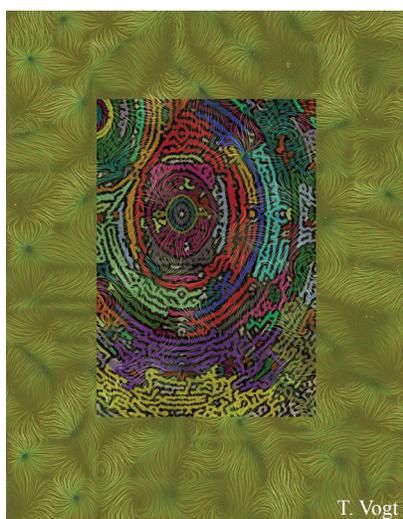
This study proposes to develop a test to assess comprehension of oral (i.e., spoken) messages about cancer prevention and screening, to examine the relationship between health literacy and cancer prevention, and to test whether modifications to oral messages can improve comprehension. Findings will lay the foundation for future research into the prevalence of inadequate oral health literacy; identification of groups and individuals with inadequate comprehension skills; identification of risk factors and causes of limited comprehension; and development and evaluation of interventions to improve comprehension of orally transmitted messages. The study team will use both quantitative and qualitative methods to identify the factors that affect comprehensibility of oral messages about cancer prevention and screening. The project will develop recommendations for modifying oral messages so that they are easily comprehensible, and will test the impact of specific enhancements in a randomized experiment.

## **Economic Burden of Cancer**

*Principal Investigator:  
Mark Hornbrook, PhD (KP Northwest)*

Participating sites:  
Group Health  
Henry Ford Health System  
Kaiser Permanente Colorado  
Kaiser Permanente Northwest

This two-year Infrastructure pilot study will use data from four sites to estimate the cancer-related costs among aged Medicare HMO beneficiaries omitted from SEER-Medicare data due to the exclusion of outpatient medication use/cost. The investigative team will test the hypothesis that SEER-Medicare data under-count the full economic burden of cancer care for our nation because of lack of complete coverage of outpatient prescribed medications for Aged Medicare beneficiaries. We will achieve our research aim through four analytical steps. A by-product of our research will be the development of reusable infrastructure that will enhance the CRN Virtual Data Warehouse for other uses, including efforts focused on the diffusion of pharmacotherapy among cancer patients.



## **Cancer Prevention Index: Using Electronic Records to Improve Cancer Prevention**

*Principal Investigator:  
Tom Vogt, MD MPH (KP Hawaii)*

Participating sites:  
Kaiser Permanente Hawaii  
Kaiser Permanente Northwest

This two-year pilot study will use the Prevention Index methodology and the CRN Virtual Data Warehouse to develop and apply a set of Cancer Prevention Index (CPI) metrics to assess the quality of primary, secondary, and tertiary preventive care for cancer. The study will identify retrospectively the variation in CPI scores across clinics and clinical practices, and determine the association of these variations to selected event rates several years later, to evaluate the association of clinician adherence to guidelines to subsequent events among their patients. The study will assess the CPI for secondary prevention (i.e., screening for breast, cervical, colorectal and prostate cancers), and relate this index to stage at diagnosis, survival, and medical care utilization with five and ten-year follow-up for all persons by practice-level performance as well. The study will explore how variations across practices in intervals between testing and percent of eligible persons tested relate to these outcomes, and will conduct preliminary analyses on the CPI primary prevention measures and their relation to outcomes. The pilot study will inform an R01 that will assess the CPI measures in multiple health systems to relate practice-level variations in the scores of morbidity, mortality and cost outcomes. This will help conduct an intervention to determine the impact of this information on practice patterns, and to translate the analysis algorithms into SAS to facilitate dissemination.