

# CRN Connection

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## News from NCI: *CRN a model for NCI research networks*

NCI has received the CRN renewal application and will be reviewing it in June, with word about funding expected in September.

To learn more about NCI's program announcement aimed at improving the delivery, use, and short-term outcomes of colorectal cancer screening in primary care practice, take a look at: <http://cancercontrol.cancer.gov/ARP/research/colorectal.asp>

The Centers for Population Health and Cancer RFA was released April 1. It is available at: <http://grants1.nih.gov/grants/guide/rfa-files/RFA-ES-02-009.html>

Recently, several members of top NCI leadership, including Barbara Rimer, have commented that they see CRN as a model for how large NCI-sponsored research networks should function.

- Martin Brown, NCI

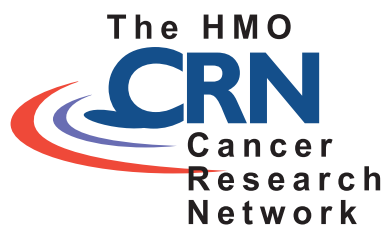
## Ed's Corner of the World

### *News from the CRN PI*

The renewal proposal has been submitted, resulting in four very strong research projects and some important changes (we hope improvements) to the Infrastructure. The process and spirit with which we selected the four research projects speaks volumes about the success of the CRN, and why this crazy confederation of very different people and organizations tends to work.

We decided to invite anyone in the CRN family with a research idea to develop a concept proposal, and then subject those proposals to rigorous, objective review. We received 22 concept proposals and had them reviewed by four different individuals — two scientists with related expertise from the CRN or our Academic Liaison Committee, a biostatistician, and an administrative or programming staff person. Over 80 people participated in these reviews and only a handful said no. There were two more steps involving revisions and further reviews by the Steering Committee that ultimately led to the "final four." Thanks to the extraordinary level of effort expended by the reviewees and reviewers, I believe that most feel that the process was open and fair and civil, and resulted in strong projects both for the renewal application and for submission as future ROIs.

Our thanks to everyone involved.



The Cancer Research Network (CRN) is a collaboration of 10 non-profit HMOs committed to the conduct of high-quality, public domain research in cancer control. The CRN is a project of the National Cancer Institute (NCI).

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# CRN Participates in Watershed Palliative Care Meeting

In early February, NCI convened a working meeting in response to the recent Institute of Medicine (IOM) Report, “Improving Palliative Care for Cancer.” This meeting was unique in that it brought together groups who are active in palliative care research (such as the Robert Wood Johnson Foundation), associations with an active role in cancer and end-of-life care (American Society of Clinical Oncology, American Association for Cancer Education, National Hospice and Palliative Care Organization, American Cancer Society, Project on Death in America), and organizations that are interested in funding more palliative care research (including NCI, AHRQ, and the National Institute of Nursing Research).

The CRN was the only federally-funded, investigator-initiated research project at the table. The structure and size of the meeting allowed the represented groups to quickly learn about others’ capabilities and existing programs in palliative care, and facilitated very productive discussions about priorities and opportunities for future collaboration.

## Four Key Areas for Improvement

The meeting focused on four key areas of the IOM report: future funding for palliative care; education and training; clinical research; and dissemination research. NCI is looking at optimal ways to [increase funding](#) for the field of palliative care research, including incorporating palliative care programs into the cancer centers programs, establishing “Centers of Excellence,” and partnering with community-based organizations or other research entities. There was clear agreement that good programs exist throughout the nations, and that finding ways to leverage and model these programs across other cancer

care groups was an imperative.

The meeting attendees concurred with the IOM recommendation to augment [education and training](#) in palliative care, and agreed that three main goals are to change provider behavior, improve patients’ experiences, and propagate best practices in symptom control and palliation. The curriculum for physicians, nurses and social workers, from medical school to continuing education, needs to be revised to integrate palliative care and

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**Even with current advances in treatment, more than half of all patients diagnosed of cancer will die of their disease.**

*- IOM Report, “Improving Palliative Care for Cancer”*

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symptom management into the entire spectrum of cancer treatment. Partnerships with the American Cancer Society, American Society of Clinical Oncology and medical licensure organizations are critical in order to meet this education goal, and those organizations represented at this meeting solidified their commitment to modifying the cancer education curriculum to incorporate palliative care concepts.

Conducting [clinical research](#) in palliative care has not been a high priority up to now, because of the complexities of integrating this research into NCI’s Cooperative Groups program, the lack of measurement tools, problems with current reimbursement structure, and the low visibility of palliative and end-of-life care, even on public patient-oriented material about cancer (such as the NCI and American Cancer Society web sites). The meeting participants expressed their

commitment to expanding development of an infrastructure for palliative care research within the Cooperative Groups program. Also, both the Cancer Outcomes Measurement Working Group and CanCORS were cited as possible settings to develop measurement tools to assess outcomes of palliative care research.

Numerous ideas were put forth during the working group’s discussion of [dissemination research](#) and diffusion of best practices in palliative care. There are several extant programs in palliative care research, yet these don’t seem to meet the needs of care providers or patients, nor have they “pushed the envelope” in terms of integrating palliation into the larger cancer treatment spectrum. Critical next steps include assessing the needs of both of these audiences, as well as determining ideal communication strategies and channels.

In short, there is much work to be done in this arena. The CRN can potentially serve as a testing ground for pilot studies, needs assessments, and examining differences in patients’ and providers’ experiences. Meeting participants were enthusiastic about the CRN’s burgeoning research portfolio in end-of-life care, including the current Prostate Cancer and End-of-Life study, the Quality End-Stage Treatments and Transitions (QUESTT) renewal project, and the Cancer Patient Experiences Reporting System (CaPERS), a planned CRN R01.

As next steps and new initiatives emerge from this meeting, we look forward to continued involvement of the CRN. We encourage CRN investigators to consider getting involved as the partnerships and collaborations take shape.

*- Sarah Greene, GHC & Terry Field, Meyers*

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# CRN Renewal Application Submitted

Four new projects, one new site and three cores

## Research Projects

A diverse group of four projects has been proposed in the new application. Two are randomized intervention trials to modify behaviors, a third will look at palliative and end-of-life care for major cancers, and a fourth will assess biological risk factors for recurrence of ductal carcinoma *in situ* (DCIS). Collectively, these proposals build on work done in the original projects, branch out into new areas for the CRN and involve respected academic partners. The projects are:

- Clinical and Pathologic Predictors for Recurrence after DCIS  
(PI: Laurie Habel, KPNC)
- Making Effective Nutritional Choices (MENU) for Cancer Prevention  
(PI: Chris Johnson, HFHS)
- Using Electronic Medical Records for Improving Adherence to Tobacco Treatment Guidelines in Primary Care (PI: Vic Stevens, KPNW)
- Quality End Stage Treatment and Transitions (QUESTT): A CRN study to Promote Quality Cancer Care at the End-of-Life (PI: Jane Zapka, Meyers/UMASS)

Site involvement in each of the projects is shown in the grid below. One new site will be joining the CRN in this round. Kaiser Permanente Georgia will be participating in the QUESTT Project and all Infrastructure activities, with Dennis Tolsma serving as the KP Georgia Site PI.

## Infrastructure Modifications

The Infrastructure research plan proposes to strengthen areas such as interaction between the project leaders and key infrastructure components, and to reinforce those aspects that have proved their effectiveness in the first round. The proposed Infrastructure is comprised of three Cores: an Administrative Core, a Scientific and Data Resources Core, and an Evaluation Core. Stay tuned for more details, as planning for Year 1 of the new cycle continues.

Site -->	GHC	HFHS	HPHC	HPRF	KPC	KPGA	KPH	KPNC	KPNW	KPSC	Meyers
<b>Project</b>											
<b>DCIS</b>			■					■*		■	
<b>MENU</b>	■	■*		■	■						
<b>HIT2</b>			■		■		■		■*		
<b>QUESTT</b>		■				■				■	■*

Site participation in the CRN Renewal Projects; \* denotes lead site

## Renewal Vital Statistics



On March 28, the CRN delivered (to NCI) a finished, fully formed proposal with all digits present and an Apgar of 10.

*Weight - 7 lbs, 1 oz.*

Day care will be expensive:  
*Year 1 - \$4,945,407*  
*Years 1-4 - \$20,778,119*

But baby has lots of support.  
*53 Godparents*  
*(aka Key Personnel)*

## Project News and Milestones

- **The CRN's first publication is out!** Check out the Winter issue of Ethnicity and Disease to see Marvella Ford and the Survey Measurement Expert Team's paper on **Categorizing Race and Ethnicity in the CRN.**
- Lisa Herrinton's manuscript on the **efficacy of prophylactic mastectomy** in women with unilateral breast cancer is currently under review at the **New England Journal of Medicine.**
- Several R01 applications are under preparation for June submission, including Cheri Rolnick's Cost Effectiveness proposal (REACH OUT) and Mark Hornbrook's CaPERS proposal.
- Two new initiatives are underway, one on pediatric CT scans and risk of subsequent cancer and another on pancreatic cancer. More news to come as these collaborations begin to take shape.

## CRN Connection

The *CRN Connection* is a regular publication of the Cancer Research Network developed to inform and occasionally entertain CRN Collaborators. It is produced with oversight from the CRN Communications Committee.

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Please send comments or suggestions to Robin Altaras, at [altaras.r@ghc.org](mailto:altaras.r@ghc.org). All submissions are welcome!

# Long Beach 2002 - Schedule of CRN Meetings

**Long Beach Westin Hotel and Conference Center, April 7 - 11, 2002**

Sunday	Meeting	Room
3:00 - 7:00 pm	Steering Committee Business Meeting	Barcelona
<b>Monday</b>		
8:00 - 5:00 pm	HIT Project Meeting	Salon D
8:00 - 2:00 pm	PROTECTS Project Meeting	Cerritos
2:00 - 5:00 pm	PM Outcomes Study Meeting	Cerritos
<b>Tuesday</b>		
10:30 - 12:00 pm	Cost Effectiveness Study Meeting	Shanghai
1:30 - 3:00 pm	CRN Scientific Session <i>(Part of HMO Research Network Conference - Concurrent Sessions)</i>	Salon D
<b>Wednesday</b>		
2:00 - 6:00 pm	DRCC Meeting	Barcelona
2:00 - 4:00 pm	Biostatistics Expert Team Meeting	Catalina
2:00 - 4:00 pm	Survivorship Expert Team Meeting	Sicilian B (2 <sup>nd</sup> Flr - Renaissance Hotel)
4:00 - 6:00 pm	Clinical Trials Expert Team Meeting	Sicilian B (2 <sup>nd</sup> Flr - Renaissance Hotel)
4:00 - 5:00 pm	PETS Project Meeting	Lomita
5:30 - 7:00 pm	<b>Reception - Come celebrate the submission of the renewal!</b>	<b>Sky Room at the Breakers</b>
7:00 - 9:00 pm	Disenrollment Study Working Dinner	Tokyo
<b>Thursday</b>		
8:00 - 5:30 pm	DETECT Project Meeting	Melbourne
8:00 - 2:00 pm	Economics Expert Team Meeting	Marina
1:00 - 5:00 pm	CanCORS Meeting	Redondo



## 3rd Annual CRN Evaluation Survey Completed

Although many of us may only work on a single project or committee, the one aspect that binds all of the CRN team members together is the annual participant Evaluation. Coordinating center staff at Group Health have finished tabulating the data, and have sent results to all of the Site PIs and posted the quantitative results on our web site. <https://secure1.kpchr.org/crn>.

Generally, this year's ratings of project and committee effectiveness were similar to last year's. Some new questions were added to the 2001 survey to get a better handle on how we can improve CRN-wide communication. On the upside, 3/4 of you felt adequately informed about CRN activities in general, and nearly 2/3 feel that communication across sites has improved over the past year. However, in looking at barriers to communication, it's clear that the complexity of the CRN and the resultant volume of emails and conference calls is overwhelming, and has impeded our efforts to achieve clear and efficient communication channels.

The Communications Committee, web staff, and Steering Committee will explore ways to continue improving how we share information across projects and sites, since this is fundamental to our continued success and growth. Suggestions on this or any other topic are always welcome.



## What's New on the Web?

New reporting mechanisms have been developed to show web site usage, including how many files served \* favorite web applications \* favorite areas \* frequency of logons  
Click on *Your Web Site*, then *Reports*.