

CRN Connection

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News from NCI

My mind is on web pages at the moment because we revise and update the ARP web page every July. This year one of my goals is to ensure that there is a substantially improved and more comprehensive representation of CRN on the ARP web page. If you are not familiar with the ARP web page, you can view it at: <http://appliedresearch.cancer.gov/>.

Sarah Greene and members of the Communications Committee will be working hard to create a CRN section of the web page that reflects the great accomplishments of this project. Please work with us to help create this product.

If you view the web page of the Division of Cancer Control and Population Sciences at <http://cancercontrol.cancer.gov/>, you can learn about several new NCI resources of interest to community health planners. One of the new links on this page assists local public health officials in cancer planning, (<http://cancercontrolplanet.cancer.gov/>); another, the release of SEER cancer data for 1975-2000, (http://seer.cancer.gov/csr/1975_2000/), and the third is an update summary of DCCPS research on cancer health disparities, (<http://cancercontrol.cancer.gov/od/healthdisp.html>).

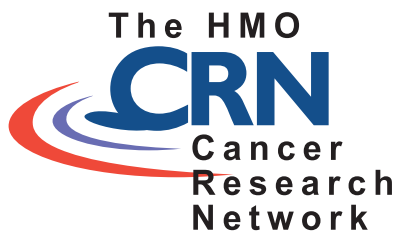
-Martin Brown, NCI

Ed's Corner of the World *News from the CRN PI*

CRN II is launched. In addition to interesting new projects, there are a couple of major new features that should enhance our work. We budgeted \$200,000 to support pilot projects in the first year of CRN II. The money must be allocated in this grant year but not necessarily expended. The CRN Steering Committee developed the following strategy for distributing the funds.

Shortly, we will be sending a Request for Proposals to all 11 HMO site PIs to distribute to relevant folks in their programs, including close academic collaborators. Proposals should be 6-10 pages long with enough detail to make budget and review decisions. We expect that they will be due in November, with final decisions made in February.

The major criterion for funding will be the project's potential for generating a fundable R01. Other criteria will include: a preference for junior investigators; the extent to which the project leverages the unique features of the CRN; the scientific value for the dollar; and whether the project expands the scope of CRN research (new content, populations, methods). Each proposal will be reviewed by a member of the New Proposals Committee, a content specialist, a data/operations person, and a biostatistician. The CRN Steering Committee will make the final funding decisions. We sincerely hope that this pot of money expands the CRN's core group of investigators and research agenda. Stay tuned.



The Cancer Research Network (CRN) is a collaboration of 11 non-profit HMOs committed to the conduct of high-quality, public domain research in cancer control. The CRN is a project of NCI and AHRQ.



CRN II Kicks Off in Denver

The 2003 HMO Research Network Conference was held in Denver in April, which coincided with the beginning of the CRN Renewal. The conference planning team deserves commendation for a stimulating program, marked by three provocative plenary sessions. One of the plenaries was delivered by Ned Calonge, MD, MPH, former CRN Site PI from Kaiser Permanente Colorado, now the Chief Medical Officer for the State of Colorado.

As has become customary, the days before and after the HMO Conference sessions were filled with study meetings, including a record 17 CRN project and committee meetings. Many project teams met in person for the first time, affording a better opportunity to get to know one another. We've discovered over the years that this makes a huge difference in team dynamics and rapport—all the conference calls in the world cannot take the place of a single face-to-face meeting.

The CRN Steering Committee reconstituted its three main committees (Publications, New Proposals and Communications) in conjunction with the Renewal, so the new members also had their first Committee meetings in Denver. The 17th meeting was, in fact, the Steering Committee meeting. The afternoon was spent discussing the intended mission and activities of the Scientific and Data Resources Core (SDRC), which is the new incarnation of the Data Resources

Coordinating Center (see accompanying feature on page 4). The CRN PI Office held a special session on financial administration of this complex grant. This breakfast meeting included PIs and grant management staff from most CRN sites, and featured a review of strategies Group Health Cooperative will be undertaking during the new funding cycle to facilitate financial management and reporting.

Another highlight of the Denver gathering was a special guest appearance by Chelsea Jenter, the new CRN Project Director. Chelsea had been hired in early April, but had not officially begun working on the CRN. But on her own time, she gamely flew to Denver for the day to meet the Steering Committee and others with whom she'll be working as CRN II kicks off.

The HMO Research Network meetings have become an essential vehicle for our collaboration, and we're grateful to the conference organizers for weaving all of the HMO collaborations (CRN, CERT, IDSRN, and many others) into these annual gatherings.

- Sarah Greene, GHC

MENU Project Team members were among those getting acquainted in Denver.

From left to right: Lucy Robinson (HFHS), Kris Fortman (HPRF), Jody Hinchman (KPGA), Melanie Stopponi (KPCO), Vic Strecher (UM), George Divine (HFHS), Ed Saunders (UM), Gwen Alexander (HFHS), Christine Cole Johnson (HFHS), and Judy Mouchawar (KPCO)

Calendar of Events

CDC Cancer Conference

Atlanta, Georgia
September 15-18, 2003

International Conference on the Scientific Basis of Health Services

Washington, DC
September 20-23, 2003
DETECT group will present on
Tuesday, September 23
More information at:
www.icsbhs.org

Frontiers in Cancer Prevention Research

Phoenix, Arizona
October 26-30, 2003
www.aacr.org/2003Prevention.asp

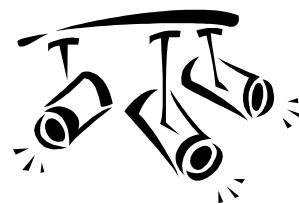
CanCORS Meeting

Seattle, WA
November 11-13, 2003

CRN Steering Committee, Project Leaders and Academic Liaison Committee

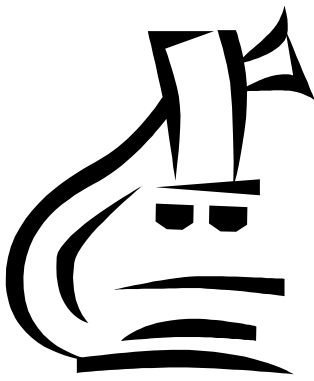
Bethesda, Maryland
December 4-5, 2003

In the Spotlight



The CRN is now co-sponsored by AHRQ. A key provision of the co-sponsorship arrangement is broad protection of our research data. Read more on the CRN website. (link to full story from the newflashes)

<https://secure1.kpchr.org/crn>



Project Profile: Predictors of Recurrence Among DCIS Patients

Ductal carcinoma in situ (DCIS) is a pre-invasive breast cancer that now accounts for 15-20% of all breast cancers diagnosed in the U.S. The clinical management of DCIS is one of the most controversial issues in breast cancer treatment. This is due in part to the limited information on the efficacy of each of the current treatment regimens. More importantly, this controversy results from our inability to distinguish between those DCIS patients at low risk of recurrence who could receive minimal treatment from those at high risk who should be treated more aggressively.

As part of the recently funded CRN renewal, Kaiser Permanente Northern California (KPNC), Kaiser Permanente Southern California (KPSC), and Harvard Pilgrim Health Care (HPHC), in collaboration with Beth Israel Deaconess Medical Center, are undertaking a study to identify clinical and pathologic factors that could more accurately identify DCIS patients at high and low risk of a recurrence. The Project Leader is Laurie Habel (KPNC), and the PIs at other participating CRN sites are Ann Geiger (KPSC) and Suzanne Fletcher (HPHC). We hope that in the future our results will help in the development of individually-tailored treatment strategies for patients with DCIS.

The three participating CRN sites will identify and follow a cohort of approximately 3,700 DCIS patients treated with breast-conserving surgery. In addition to obtaining information on recurrence, medical records will be reviewed for clinical factors of interest (e.g., treatment, family history of breast cancer, BMI, menopausal status). Diagnostic slides and archived tumor blocks from the index tumor will be retrieved on women with a recurrence (approximately 500) and their matched controls.

A standardized pathology review will be conducted by our Beth Israel collaborator, Stuart Schnitt, an internationally recognized DCIS pathology expert. In addition, we will examine the prognostic significance of several tumor markers, including gene expression profiles, which will be generated by a promising, but still emerging, technology.

The project is currently in the start up and development stage. The cohort is being assembled, staff are being recruited and hired, data collection instruments and instructions are being piloted and finalized, and training materials are being developed and disseminated.

The project represents one of the first efforts by the CRN to conduct research using archived pathology materials for tumor marker studies, an increasingly important area of cancer research. The project will help elucidate and develop solutions to the many challenges presented by locating, retrieving, and processing archived pathology materials, as well as the development of systems for detailed tracking of materials to ensure their safety and rapid return to pathology departments if needed for medical/legal purposes.

- Laurie Habel, KPNC

CRN News & Milestones

The CRN is part of one of the newly-funded Centers of Excellence in Cancer Communications Research. Vic Strecher from the University of Michigan is the PI for the project, which involves GHC, Henry Ford, and KP Georgia. Each of the 3 projects in this Center grant will use the Internet to deliver tailored behavior change interventions.

Four R01s were recently completed by CRN investigators:

- ★ Cheri Rolnick resubmitted the proposal titled Cost Effectiveness to Screen Inadequately Screened Women, which will examine and compare various cost-effectiveness strategies for women's health screening.
- ★ Mark Hornbrook also resubmitted an R01 to develop a Cancer Patient Experience Reporting System (CaPERS).
- ★ A third resubmission was the Multicenter Study of Pancreatic Cancer Etiology. CRN Co-PI is Meg Mandelson at GHC; John Potter (Fred Hutch) is the PI.
- ★ Finally, Ann Geiger is at the helm of a team that responded to an RFA on long-term cancer survivors. The proposal will look at quality of life and healthcare experiences among 6-10 year survivors of colorectal cancer.

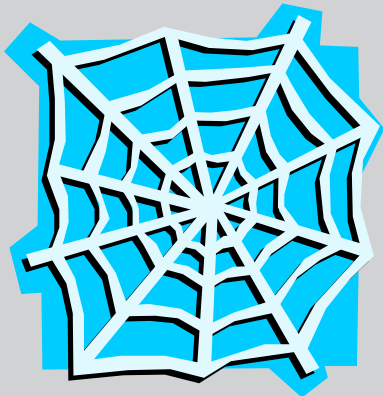
CRN Connection

The *CRN Connection* is a quarterly publication of the CRN developed to inform and occasionally entertain CRN Collaborators. It is produced under the oversight of the CRN Communications Committee.

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Please send comments or suggestions on this newsletter to Chelsea Jenter, CRN Project Director, at jenter.c@ghc.org. All submissions are welcome!

What's New on the Web?



1) A "First Points of Contact" document has been posted on the Web site. To enhance access and exposure, it was placed on the home page on the blue News Flash tab previously occupied by the "CRN Competitive Renewal" button. The CRN Competitive Renewal button was moved to the lower left navigation bars.

2) To complement the "First Points of Contact" tab, a "First Points of Contact" bar was added to the lower left navigation area on the home page.

3) The CRN site map was updated to include Kaiser Permanente Georgia.

4) Changed the Web page area of DRCC to SDRC.

5) Later this summer, the web site will migrate to .NET technology, which will provide many enhancements.

For assistance with password set-up, to change your password, or to arrange for remote posting authority, contact Gary Ansell at Gary.Ansell@kp.org or (503) 335-6735.

SDRC: Data Mapping Initiative

One goal of CRN II is to make pulling and pooling electronic data faster, easier, and more consistent. We will approach this through a data mapping process.

With advice from the current project PIs, we are selecting data elements that are commonly required for research studies (enrollment, demographics, comorbidity, tumors, and utilization are some of the high-priority areas).

For each of these elements, members of the SDRC will draft a one-page concept description with a brief survey of past approaches. The site Data PIs and Data Managers will then convene by conference call to launch an implementation plan for that element.

Stage one will involve the development of conceptual and generic operational definitions. Investigators from CRN sites and projects will be called upon to participate in this stage when they have relevant research interests or experience.

Working from these generic definitions, each site will construct site-specific operational definitions and design and test programs to pull data and construct the relevant variables.

We will pool the resulting variables to assess cross-site consistency. Each site will maintain a central repository of the final tested programs with details of local exceptions and special issues.

Our goal is to enhance the CRN's ability to respond in a timely and cost-effective way to the needs of ongoing research projects and requests from NCI for high priority studies.

The first data element we will tackle is enrollment. The SDRC has reviewed the various definitions of enrollment used in past and current CRN studies and drafted a concept description and data structure.

During the June 24th conference call for site Data PIs and Data Managers, we introduced the process and began discussion of the major enrollment-related variables and their conceptual and operational definitions.

Site-level definitions and programming should be completed over the summer.

-Terry Field, Meyers

In the next issue of the CRN Connection . . .

- Dec 4-5 Steering Committee Agenda and Details
- More on the .NET transition for the CRN web site
- A focus on one of the many affiliated CRN Projects
 - Profile of another CRN II Project