

# CRN Connection

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*If you have a personal story you would like to share with the CRN family, please send to Maurleen Davidson, CRN Connection Editor, at [davidson.ms@ghc.org](mailto:davidson.ms@ghc.org) for review. See personal story on Page 4.*  
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*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.*

## News from NCI -

### Additions to the Applied Research Program's NCI Web Page

**Performance Benchmarks for Diagnostic Mammograph:** In the United States, a Food and Drug Administration (FDA) regulation requires limited auditing of clinical outcomes for all screening and diagnostic mammography examinations that have been assessed as either suspicious for malignancy or highly suggestive of malignancy. Comprehensive auditing is performed by many mammography facilities in both the United States and other countries. Auditing is thought to be a useful quality assurance procedure, providing performance feedback to both mammography facilities and individual interpreting radiologists. Tables and figures containing a range of performance parameters pertinent to the comprehensive auditing of diagnostic mammography examinations are provided at <http://breastscreening.cancer.gov/benchmarks/diagnostic/>. These estimates are based on 448,225 diagnostic mammography examinations performed between 1996 and 2002 at 150 mammography facilities by 711 interpreting radiologists and reported to the Breast Cancer Surveillance Consortium.

**Cancer Risk Prediction Model:** In May of 2004, NCI sponsored a workshop on cancer risk prediction models. A report of the workshop can be found at: <http://www.cancermeetings.org/RiskPrediction/>. The full text of workshop Powerpoint presentations and poster abstracts are available, covering a wide variety of topics that many CRN members will find interesting.

*-Martin Brown, NCI*

## Ed's Corner of the World

### News from the CRN PI

JNCI has accepted 18 manuscripts for publication in the Monograph. The Monograph will be published in mid-late October, 2005. The table of contents includes three categories. First authors of each category are listed below:

#### CRN Structure and Function

Ed Wagner; Sarah Greene; Mark Hornbrook

#### CRN Core Project Findings

DETECT Sheila Weinmann; Judy Mouchawar; Jane Zapka  
PROTECTS Larissa Nekhlyudov; Mary Barton; Josh Fenton; Carmen West  
HIT Vic Stevens; Debra Ritzwoller

#### CRN Affiliated Project Findings

Racial Disparities Terry Field; Cheri Rolnick; Tung Nguyen  
HRT Diffusion Feifei Wei; Cindy Hartsfield  
Uses of Automated Data Reina Haque

Congratulations to everyone involved in the papers.



A handwritten signature in black ink, appearing to be "Ed".

## CRN 3 Renewal

The Cancer Research Network invited all investigators at CRN collaborating sites and HMO Research Network sites to submit Concept Proposals for consideration as part of CRN 3. All submitted competitive proposals will be considered for further development as either Competitive Renewal projects, or stand-alone R01 submissions.

The CRN is forming a review committee for each proposal, including researchers with relevant topical expertise, supplemented by members of the CRN New Proposals Committee and the Academic Liaison Committee. The review committee will evaluate proposals on the following:

1. **General scientific quality**
2. **Consistency with CRN overall goal**
3. **Meaningful involvement of investigators and new collaborators**
4. **Utilization of CRN core resources, particularly the Virtual Data Warehouse**
5. **Extension of the CRN research agenda to new cancers and/or new issues in cancer prevention and control**

The review team will evaluate each proposal, then forward these evaluations to the CRN Steering Committee who will make a final determination about which concept proposals will be selected as candidate proposals for the Competitive Renewal.



## SNAPSHOT: CRN NEW PROPOSALS COMMITTEE

The CRN's New Proposals Committee is charged by the CRN Steering Committee to evaluate the addition of new research projects. The Committee includes scientists and program staff from multiple CRN sites and the National Cancer Institute. New concept proposals should be 2-3 pages and include names of investigators and sites, as well as brief descriptions of the proposal's background/significance, specific aims, design/methods, and sample size. The Committee reviews new proposals monthly. The turnaround from submission to receipt of the Committee's findings and feedback is approximately three weeks. Dates for submitting concepts for new proposals are posted on the CRN Web site.

### Why submit a concept proposal to the CRN New Proposals Committee?

- ▶ Review and approval by the Committee allows your study to be conducted under the auspices of the Cancer Research Network.
- ▶ You have the option of receiving general scientific review for design and analytic issues.
- ▶ You'll gain insight from the experiences of past and ongoing CRN projects.
- ▶ You'll get help connecting to appropriate resources and potential collaborators.

### CRN New Proposals Review Criteria

1. Is the study feasible?
2. Is the research consistent with CRN aims?
3. Does the project overlap with other current or pending CRN studies?
4. Are the study methods within the scope and experience of the CRN?
5. Are multiple sites beneficial or useful to address the study question?
6. Is the timeframe for submitting a full proposal adequate?

### Tips for submission:

- ▶ Submit early in the development of your proposal to obtain optimal benefits from the review.
- ▶ Use the recommended format available on the CRN website.
- ▶ Specify whether or not you would like scientific feedback.

Members of the CRN New Proposals Committee include Virginia Quinn (Chairperson), KPSC; Martin Brown, NCI; George Divine, HFHS; Sarah Greene, GHC; Jerry Gurwitz, Meyers/Fallon; Mark Hornbrook, KPNW; Larry Kushi, KPNC; Larissa Nekhlyudov, HPHC; Leah Tuzzio, GHC; and Feifei Wei, HPRF.

*Virginia Quinn, KPSC*

## PROJECT PROFILE:

# Organizational Barriers to Physician Participation in Cancer Clinical Trials

The CRN Clinical Trials Expert Team (CTET) has recently published a paper in *The American Journal of Managed Care*, “Organizational Barriers to Physician Participation in Cancer Clinical Trials.” Data for this paper came from surveys completed by oncologists and interviews with oncology and health plan leaders from all the CRN sites except Lovelace and KP Georgia, which were not yet members of the CRN.

Little research on barriers to accrual has been conducted in non-academic environments such as integrated healthcare systems despite their potential to recruit sizable and representative samples of patients. Therefore, our objective was to assess barriers to cancer clinical trial participation that may be particularly relevant to oncologists who work in these settings.

We mailed a five-page survey to the universe of 221 oncologists at the 10 sites, and conducted semi-structured telephone interviews with oncology and plan leaders at each of the sites as well. The survey, which achieved a 90% response rate, examined physicians’ involvement in clinical trials; their perception of the value of trials to them, their patients, and their organization; and the presence of infrastructure support for trials and associated resource constraints.



The interviews investigated similar issues from the leaders’ perspective. We used linear regression analysis to model trial enrollment and standard qualitative techniques to analyze the inter-views.

On average, oncologists estimated they enrolled 7% of their patients in clinical trials. Overall, oncologists expressed extremely favorable attitudes toward trials, as a source of high quality patient care and a benefit to themselves professionally. While positive attitudes towards trials were common, and were significant bivariate predictors of enrollment, organizational factors were the predominant predictors in multivariate analysis.

The best combination of factors independently predicting enrollment related to organizational support for trials, subspecialty of the oncologist, and limitations of trial eligibility requirements. Leader interviews showed that the health plans in the CRN are diverse in terms of size and organizational complexity, as well as organizational commitment to and support for clinical trials.

From these data, we concluded that to increase trial participation, there is a critical need for infrastructure to support trials, especially additional support staff and research nurses. In addition, there is a need for better intra-organizational communication and consideration of the impact of trial design on internal health plan resources. The research also supports the need to continue a national dialogue between the NCI and health plans about the broadly-defined benefits and costs of clinical trials to patients, physicians and health plans.

To expand the generalizability of our work and better understand the clinical research process, we are currently conducting a similar study of the organizational and attitudinal barriers to physician participation in cardiology clinical trials as part of the Coordinated Clinical Studies Network (CCSN).

Here is the reference for our manuscript which was published this month: Somkin CP, Altschuler A, Ackerson L, Geiger AM, Greene SM, Mouchawar J, Holup J, Fehrenbacher L, Nelson A, Glass A, Polikoff J, Tishler S, Schmidt C, Field T, Wagner E. Organizational barriers to physician participation in cancer clinical trials. *Am J Manag Care*. 2005 Jul;11(7):413-21.

*-Carol Somkin, KPNC*

**2005 Semi-Annual CRN Steering / ALC / PLF Meeting**

**SEPTEMBER 29, 2005  
ROCKVILLE, MD**

The Fall Steering/ALC/PLF meeting is being held at the AHRQ Conference Center in Rockville, MD. The meeting will convene from 8:30am-5:30pm. In attendance will be members of the Academic Liaison Committee, as well as several representatives from the NCI. This is a great opportunity to showcase various CRN projects, Scientific Interest Group activities, and discuss new concepts for the future of the CRN. The CRN dinner is at 6:00pm and *everyone* is invited to attend.

If you are an invited attendee, and have not registered for the meeting, please take the time today to fax the registration form to Maurleen Davidson, at 206 287-2485.

Please note, hotel reservations must be booked by September 2nd to receive the discount rate.

Below is the preliminary agenda:

<b>Thursday, September 29th</b>	<b>AHRQ Conference Center 540 Gaither Road Rockville, MD 20850</b>
8:30 – 8:45am	Registration
Morning Session	
	Introductions and Opening Remarks/CRN Scientific Portfolio
	Scientific Presentations
Afternoon Session	
	Breakout sessions related to CRN's role in clinical trials; biorepository development; cancer care and policy
	CRN 3 – The Future
6:00 – 9:00pm	CRN Dinner at L'oustalet 302 King Farm Road Rockville, MD 20850 (301) 963-3400

*-Maurleen Davidson GHC*

**MUSIC RUNS IN THE FAMILY**



Music runs in the Brown family: Martin Brown (pictured above in blue shirt), CRN Program Director, does his best as an amateur musician, playing violin in the NIH Community Orchestra (<http://www.gprep.org/~music/nih/>) and the Victorian Lyric Opera Company (<http://www.vloc.org/>). His son, Simon, is an excellent viola player, but, his main interest is marine biology. He will be starting the graduate program at Moss Landing Marine Laboratory in California.



But the professional musician in the family is his son, Alex (pictured above in black shirt). Shortly after joining his older brother, Ben (not pictured), an Austin based software developer and self-proclaimed “internet rockstar” last year, Alex, a drummer, was recruited into the newly forming rock band Fractious. Currently, Fractious plays its brand of alt-rock music in local Austin clubs and is on a successful tour of colleges and clubs in the Northeast. You can read about them and sample their music at [www.fractiousmusic.com](http://www.fractiousmusic.com).

*-Martin Brown, NCI*

**CRN SAYS GOODBYE TO PRINCIPAL INVESTIGATOR**

Ann Geiger, CRN Principal Investigator at Kaiser Permanente Southern California, has resigned her position in order to accept an appointment as an Associate Professor in the Department of Public Health Sciences at the Wake Forest University School of Medicine in Winston-Salem, North Carolina.

Ann states, *“The research potential at KPSC remains outstanding and I will miss working with many people here.”*

Best wishes, Ann!

**CRN Connection**

The *CRN Connection* is a publication of the CRN 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 on this newsletter to Maurleen Davidson, CRNConnectionEditor, at [davidson.ms@ghc.org](mailto:davidson.ms@ghc.org) or fill out a feedback form on the web site. All submissions are welcome!

Special thanks to all of you for your contributions in the publishing of this newsletter.