



Community Oncology Matters

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Alliance Spring Group Meeting, Friday, May 12, 2017

Outline

- Introduction – What We Are
- Community Oncology Committee Membership
- ACOC Involvement in Other Alliance Committees
- ACOC Involvement in Protocols
 - Alliance Policy
 - Expected Responsibilities
 - Survey Results

Alliance Vision:

- The **Alliance for Clinical Trials in Oncology** seeks to reduce the impact of cancer on people by uniting a **broad community** of scientists and clinicians from **many disciplines**, committed to discovering, validating and disseminating effective strategies for the prevention and treatment of cancer .

Alliance Mission:

- The mission of the Alliance is to reduce the impact of cancer by:
 - conducting high quality multidisciplinary cancer control, prevention, and treatment trials that engage a comprehensive research network;
 - furthering our understanding of the biological basis of the cancer process and its treatment, from discovery, to validation, to clinical practice; and
 - providing a scientific and operational infrastructure for innovative clinical and translational research in the academic and community settings.

Alliance Community Oncology Committee (ACOC) Primary Purpose:

- The primary purpose of the Alliance Community Oncology Committee (ACOC) is to advocate for community member involvement in the Alliance and in the national clinical trials network as a whole.

Tactics to Carry Out the Charge:

- Encourage community oncology participation in clinical trials, including both leadership and accrual
- Determine community member interests in Alliance scientific and administrative matters
- Provide a forum for exchange with scientific committee leadership

Tactics to Carry Out the Charge (cont'd.):

- Collaborate with committee chairs to identify and engage community participants in scientific and administrative issues
- Track community member involvement in Alliance committees and protocols
- Provide a forum to address community oncology issues with NCI staff

What we do:

Educate our members on a variety of topics

- Newly opened trials
- Review poor accruing studies with the intent of:
 - educating our members on perhaps less known trials
 - identify potential barriers to enrolling patients (e.g., rigid credentialing requirements, non-SOC costs, etc.)
 - identify challenges we may be facing in community (e.g., required study requirements not accessible in the community, insufficient funding/personnel support for research, etc.)
- provide possible suggestions for improved accrual

What we do:

- Continue to discuss CCDR
 - Even though limited trials, we are trying to gear up for how this will impact us in the community
 - Bring in experts from NCI and CCDR development to educate our group
- Update members on NCORP development
- Work to identify community oncologists as co-PI's for Alliance or Foundation Trials

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Community Oncology Committee Membership

- Open committee membership Extended committee leadership (with geographic representation)
 - 3 Co-Chairs (Anderson, Kemeny, Strasser)
 - 4 Community BoD (Tareq Al Baghdadi, Jim Atkins, David Grisell, Gary Unzeitig)
 - One each CCCR (Bryan Faller), CRP (Elizabeth White), Imaging (Linda Gordon), Oncology Nursing (Mary Beth Wilwerding), Pathology (Neil Abrahams), Patient Advocate (Pat Gavin)
 - CCP Program Leadership (Buckner [PI], Lafky [PM], Dickman [AA])

Community Oncology Committee Membership

- Meet bi-annually at the face-to-face meetings in Chicago
- Limited travel funding provided to bi-annual meetings
 - Two junior investigators per meeting
- Leadership meets four additional times per year
- Ad hoc meetings as needed

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ACOC Involvement in Other Committees

- Board of Directors
 - PI or designate from top 40 accruing Main Member sites (community or academic)
 - PIs of remaining Main Members nominate additional members (<25% of total voting Board members)
- Executive Committee
 - 4/8 elected representatives are from community and 4/8 from academic member institutions

ACOC Involvement in Other Committees

- Publication Committee
 - The chair and vice chair of the Publications Committee shall include one individual who is a scientific leader and one who is a community oncology leader.
- Standing and Scientific Committees
 - Committee-specific membership requirements
 - Contact Committee Chair(s)
 - ACOC Interest Survey

ACOC Involvement in Other Committees – Interest Survey

- Interest Survey – provides list of Alliance committees
 - Current committee involvement?
 - Committees interested in participating in?
 - CCP Program Manager contacts appropriate committee chair with interested participant contact information

| Committee | Currently Participating? | | Interested in Participating? | |
|---|--------------------------|----|------------------------------|----|
| | Yes | No | Yes | No |
| ACS-CRP Cancer Care Delivery Research | Yes | No | Yes | No |
| ACS-CRP Cancer Care Standards Committee | Yes | No | Yes | No |
| ACS-CRP Education | Yes | No | Yes | No |

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ACOC Involvement in Protocols – Alliance Policy

- Protocol Authorship Policy
 - At least one community oncologist must be a member of protocol leadership team
 - Assignment can be made by study team or provided with assistance from ACOC leadership
- Community co-chair assignment **encouraged** during concept development prior to Alliance Study Concept Review Committee (SCRC) submission
- SCRC review involves two community members
- Community co-chair assignment **required** prior to concept submission to NCI

ACOC Involvement in Protocols – Expected Co-Chair Responsibilities

- Provide comments during protocol development and for amendments in a timely fashion when requested by protocol coordinator
- Assess feasibility in the community practice
 - Inclusion/exclusion criteria
 - Tests/calendar
 - Treatment

ACOC Involvement in Protocols – Expected Co-Chair Responsibilities (cont'd.)

- Assess logistics issues
 - Do correlatives require equipment/skill (dry ice, centrifuges, tubes, blood processing, etc.) not typically available at community sites?
 - Are there imaging components that would be difficult to do in the community?
 - Are drug storage requirements feasible?
 - Are there concerns about non-SOC items not being funded by study?
 - Is timing of pre-registration requirements realistic in the community?

ACOC Involvement in Protocols – Expected Co-Chair Responsibilities (cont'd.)

- Support accrual
 - Open study at their site
 - Help track accrual, particularly at community sites, and propose interventions when accrual is slow
 - Help draft advertisements, create slide sets, give talks, etc.
 - Promote study to community cancer centers at local/regional meetings.
- Act as a liaison between leading committee and ACOC; present study to ACOC during Alliance Group Meetings if Study Chair is unavailable

ACOC Involvement Encouraged Early On

- Attend open committee meetings at the Alliance Group Meetings
 - Get involved in new concept discussions
- Community Interest and Feasibility Request (CIFR)
 - Survey monkey surveys to determine community interest for a new concept idea – encourage participation

ACOC Involvement Encouraged Early On – CIFR Surveys

- Survey Monkey CIFR Survey
 - Brief description, schema, inclusion/exclusion criteria
- 5 brief questions
 - Do you see this patient population described in your practice?
 - Would you accrue patients to this study?
 - Approximately how many patients could you accrue/year?
 - Reasons you wouldn't enroll patients?
 - Additional comments/suggestions

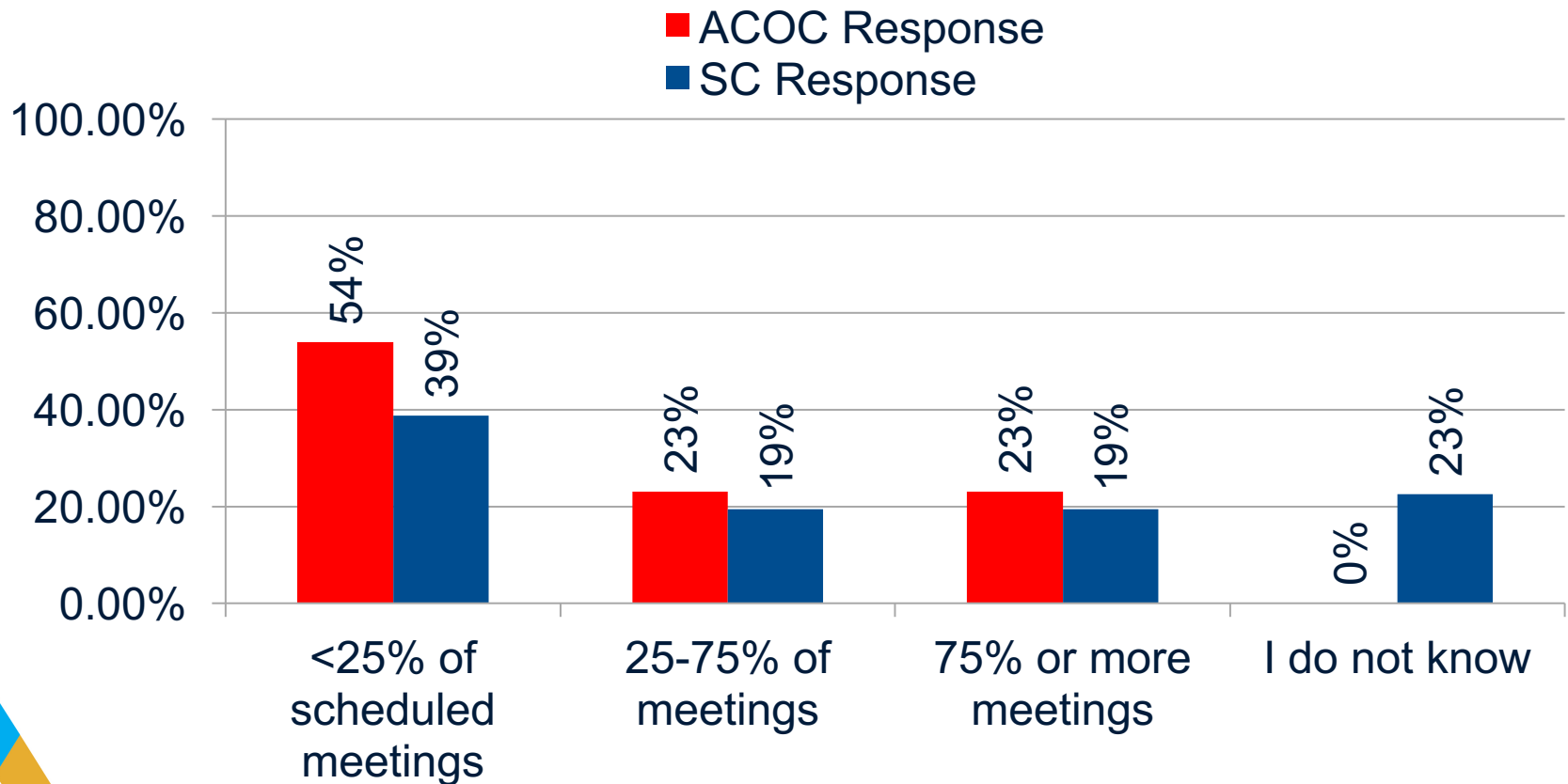
How can we do better?

- Recent survey initiated by Bob Behrens
 - Looked at ‘marriages’ between community PI and study PI
 - Small group to meet to review further
 - Plan to try to see what works and what doesn’t

ACOC Involvement in Protocols – Survey Results

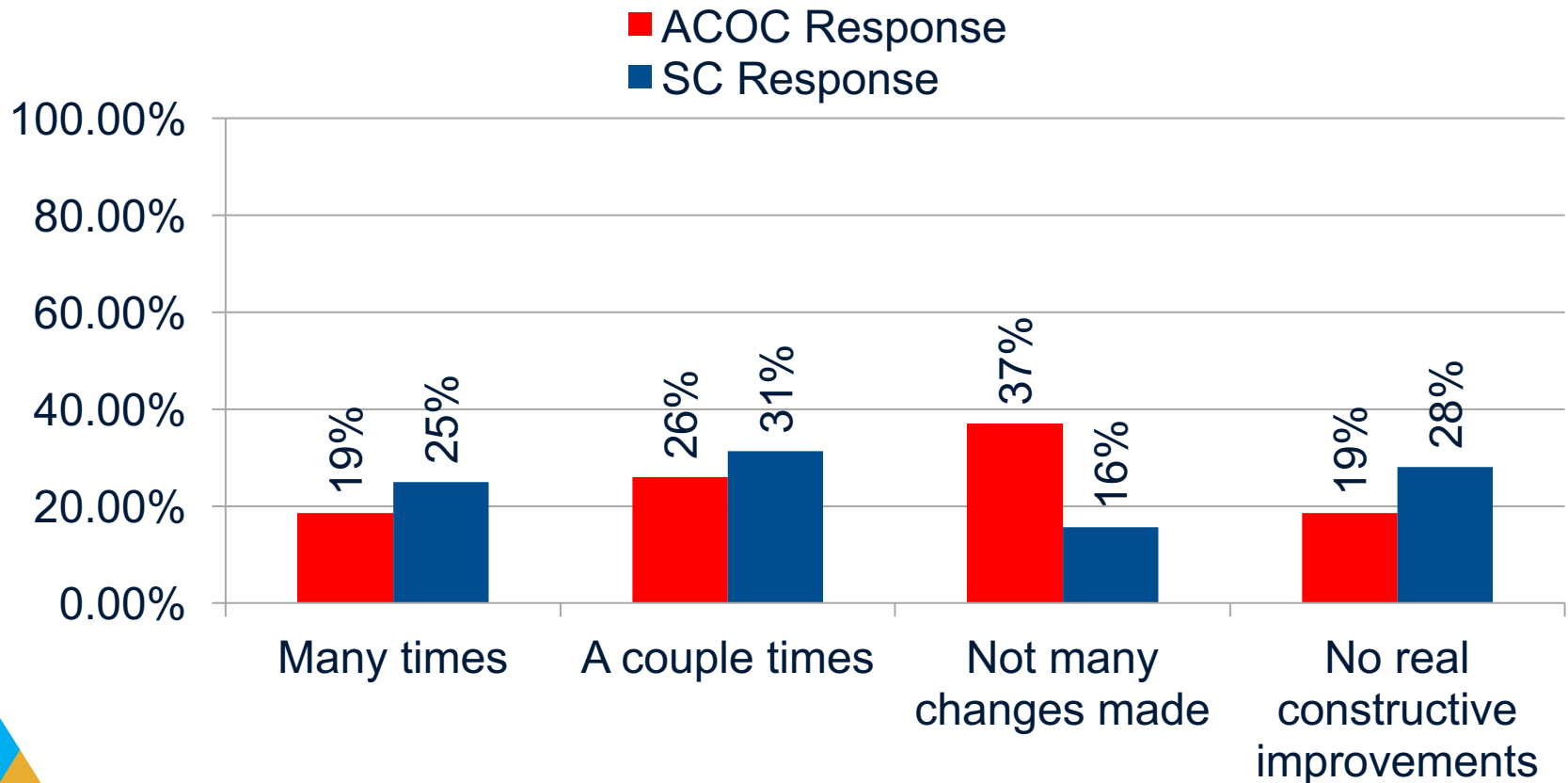
ACOC: How often have you been able to join teleconferences (or participate in other meetings) about protocol development, review during the study, and/or post-study analysis?

SC: How often has the community co-chair joined teleconferences (or participate in other meetings) about protocol development, review during the study, and/or post-study analysis?



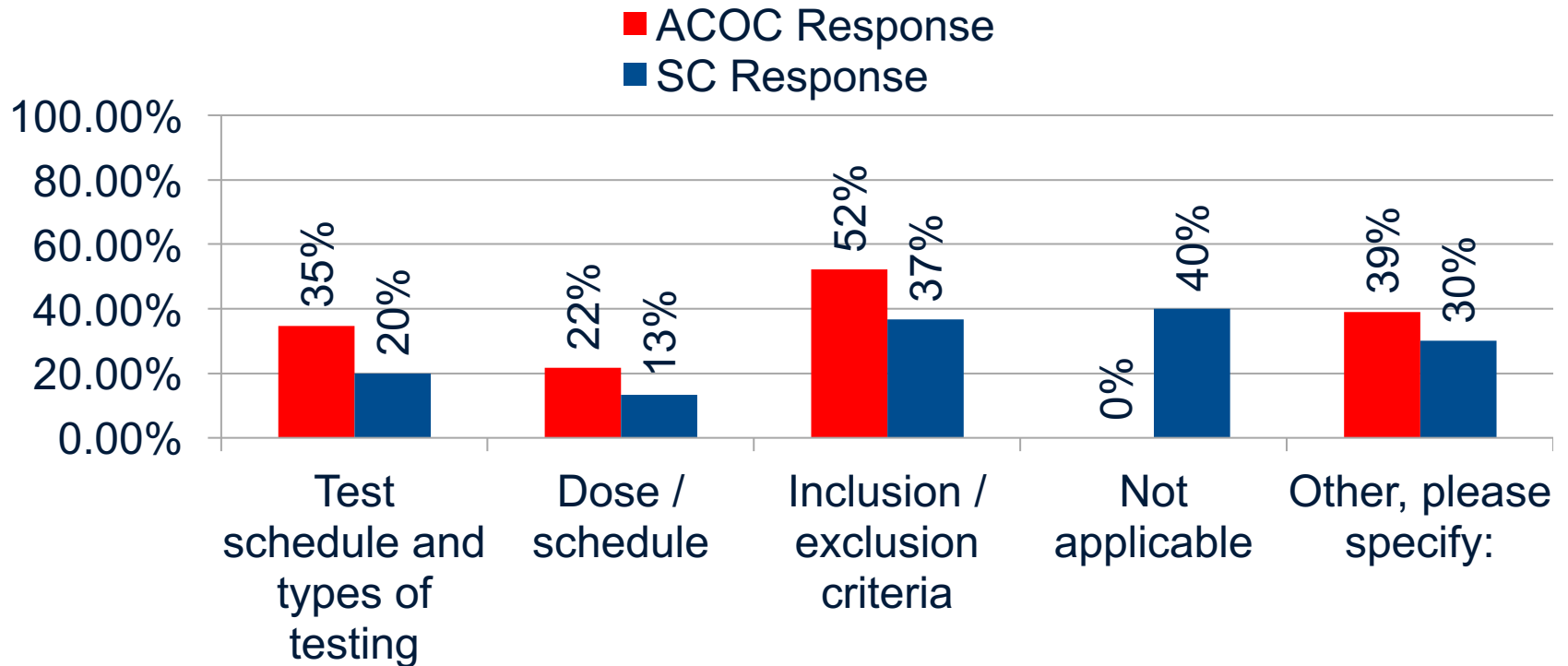
ACOC: Do you think that your input has made the protocol better or more applicable in patient-care settings?

SC: Has the community co-chair assisted with critique that has made the protocol better or more applicable in patient-care settings?



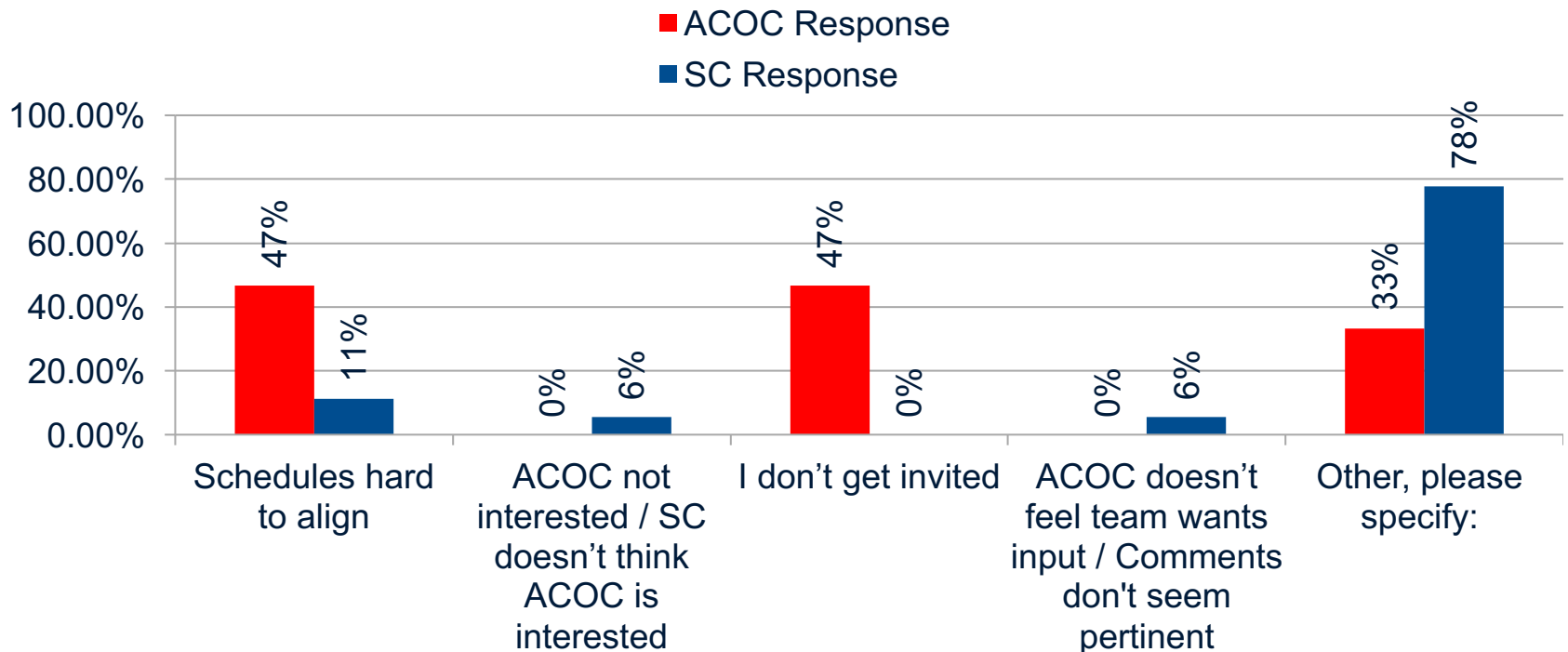
ACOC: What input from you has been most useful? (Please check all that apply)

SC: What input from the community co-chair has been most useful? (Please check all that apply)



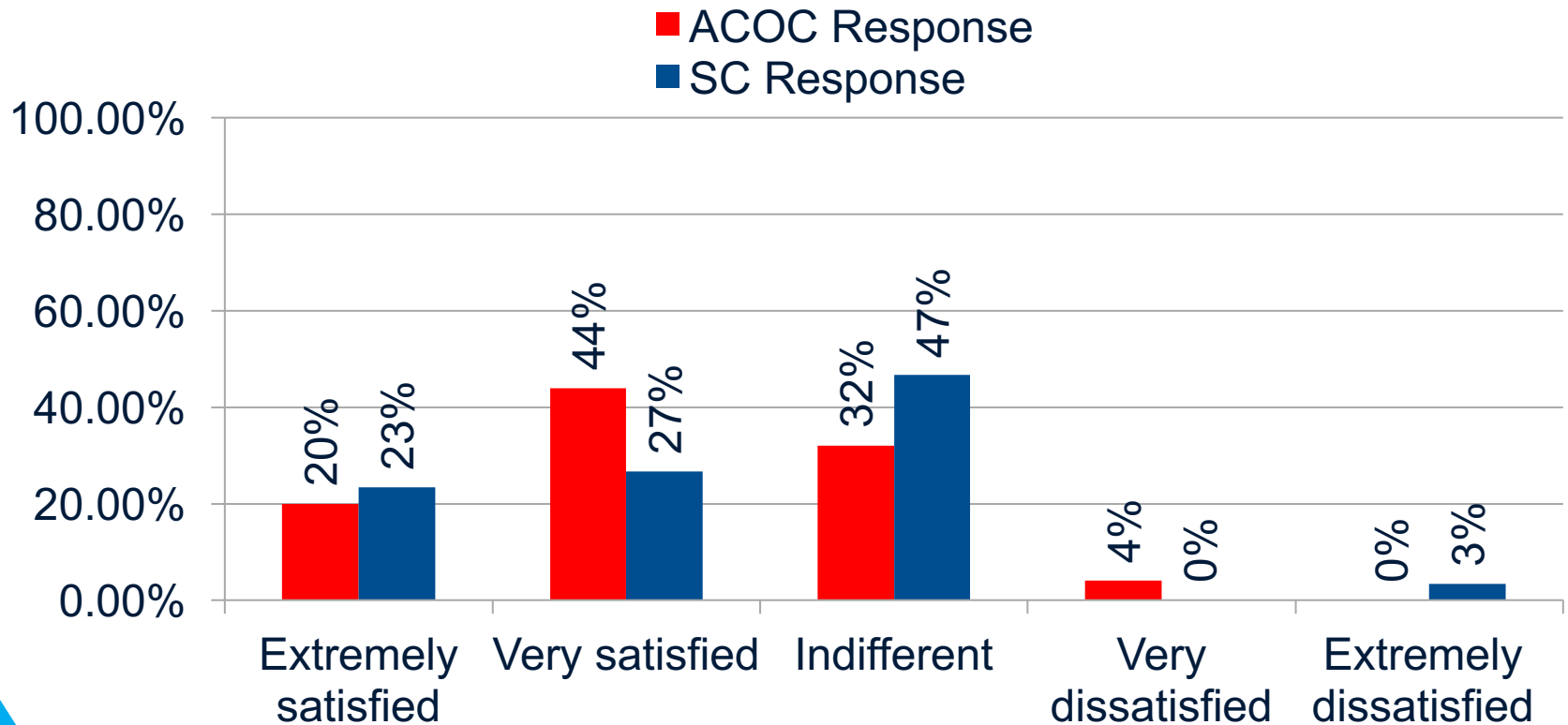
ACOC: If you haven't participated, why do you think this is? (Please check all that apply)

SC: If not much useful input from community PI, why do you think this is? (Please check all that apply)



ACOC: Overall, how satisfied were you with your experience as a collaborator on the study?

SC: Overall, how satisfied were you with the collaboration with the community oncology study co-chair on your study?



Summary

- The Alliance Community Oncology Committee exists to advocate for community clinician involvement in Alliance sponsored research
 - Provide input during protocol design regarding trial feasibility in community settings
 - Discuss means by which activated protocol accrual or conduct can be improved based on investigator experience
 - Provide a conduit by which community oncology concerns can be communicated to Alliance and NCI leadership

Summary

- Clinician Study Co-chairs have made an impact in writing protocols
 - Roughly 50% of respondents report that changes were made
 - A majority of clinical and academic study chairs report feeling “satisfied” or “very satisfied” with the experience
 - There is room for improvement
 - Aligning schedules is challenging
 - Meeting attendance often < 25% as a result

THANK YOU