



“Physician Engagement”

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Essentia Health Community Cancer Research
Program

Alliance Spring Meeting 2017

“CRP View of Engagement”



Presentation Objectives

- Why Physician Engagement is Important
- Challenges to Engaging Physicians
- Tools to Improving Engagement



History of Cancer Research at Duluth Clinic/Essentia Health

1977 – Founding member of NCCTG

1983 – NCI support awarded – CCOP

2006 – Pediatric clinical trials initiated – COG

2010 – Essentia Central initiates program - Brainerd

2011 – Essentia West initiates program - Fargo

2014 – NCI support awarded – NCORP

Catchment area covers portions of 3 states-MN, WI, ND

Essentia Health Community Cancer Research Program

Approximately 65 ongoing clinical trials

- NCORP/NCTN
- CCDR
- Industry
- Investigator initiated
- Foundation



Definition of Research Engagement?

- Engagement = Accruals
- Leadership
- Meeting attendance
- Investigator initiated projects
- Personal interest

Engagement Variability- EHCCRP

<u>Physician</u>	<u>Encounters</u>	<u>Accrual</u>	<u>Engagement</u>
A	2932	30	10.2
B	2376	18	7.5
C	2188	9	4.1
D	412	1	2.4
E	1704	4	2.3
F	1424	2	1.4
G	2413	3	1.2
H	372	0	0

Total accruals = 67

If Engagement = 10 for all, accruals = **138**

Why is Engagement Important?

- Maintain group membership
- NCORP grant renewal/funding
- COC Accreditation
- Optimal patient care
- Importance of physician to enrollment
- Ensure research infrastructure
- Timely completion of studies
- Advance knowledge – Moonshot

2011-40% CCOP MDs enrolled 0 patients

Physician Challenges to Engagement

- Compensation
- Work-Life Balance
- Comfort with complex trials
- Leadership/Practice support
- Access/Knowledge of trials
- Patient acceptance/attitude
- Research staff support
- Study design/timelines

Engagement-Data

Recruitment and Retention

CLINICAL
TRIALS

Organizational and physician factors associated with patient enrollment in cancer clinical trials

Clinical Trials

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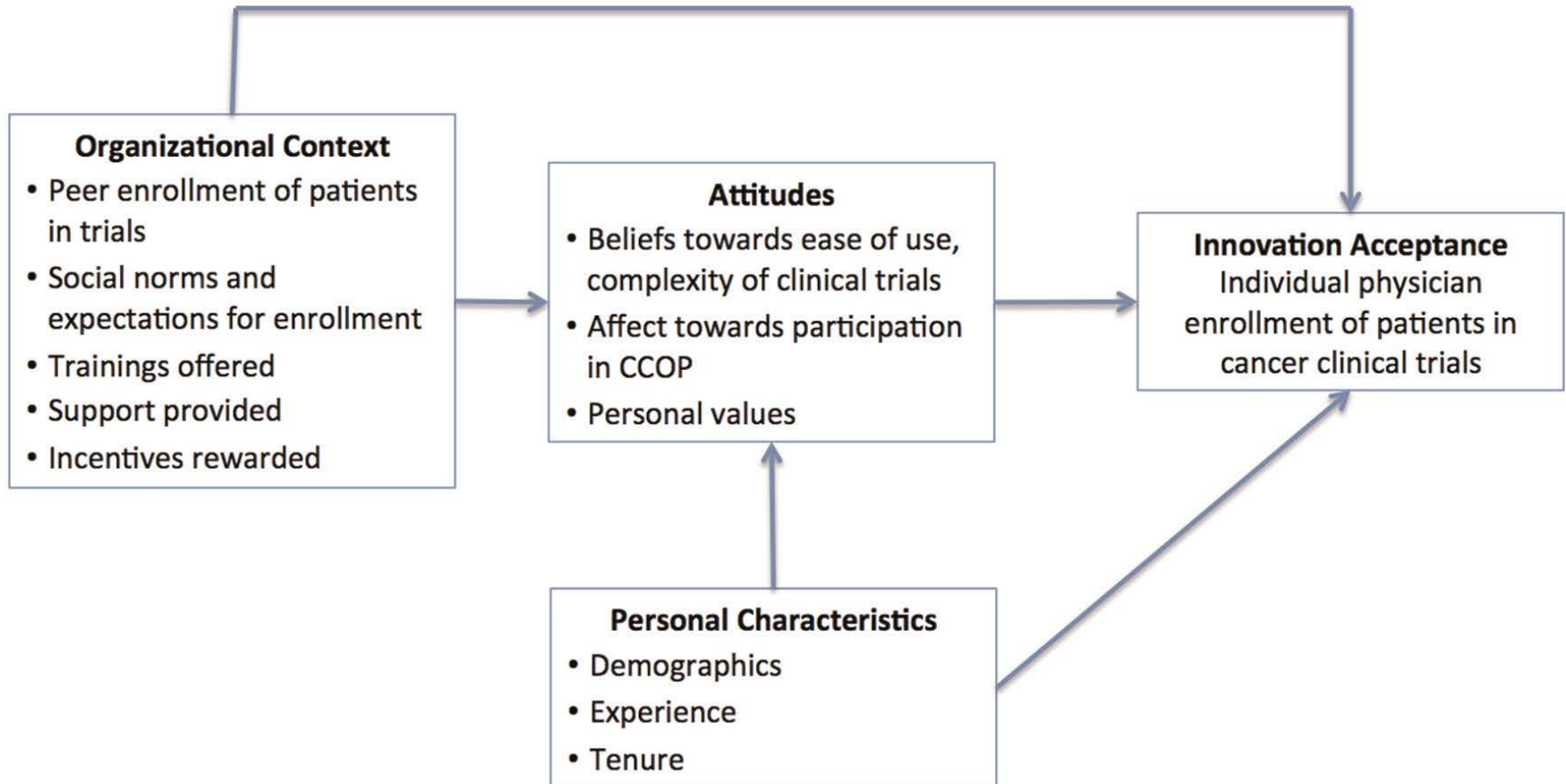


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Abstract

Background: Our purpose was to identify physicians' individual characteristics, attitudes, and organizational contextual factors associated with higher enrollment of patients in cancer clinical trials among physician participants in the National Cancer Institute's Community Clinical Oncology Program (CCOP). We hypothesized that physicians' individual characteristics, such as age, medical specialty, tenure, CCOP organizational factors (i.e. policies and procedures to encourage enrollment), and attitudes toward participating in CCOP would directly determine enrollment. We also hypothesized that physicians' characteristics and CCOP organizational factors would influence physicians' attitudes toward participating in CCOP, which in turn would predict enrollment.

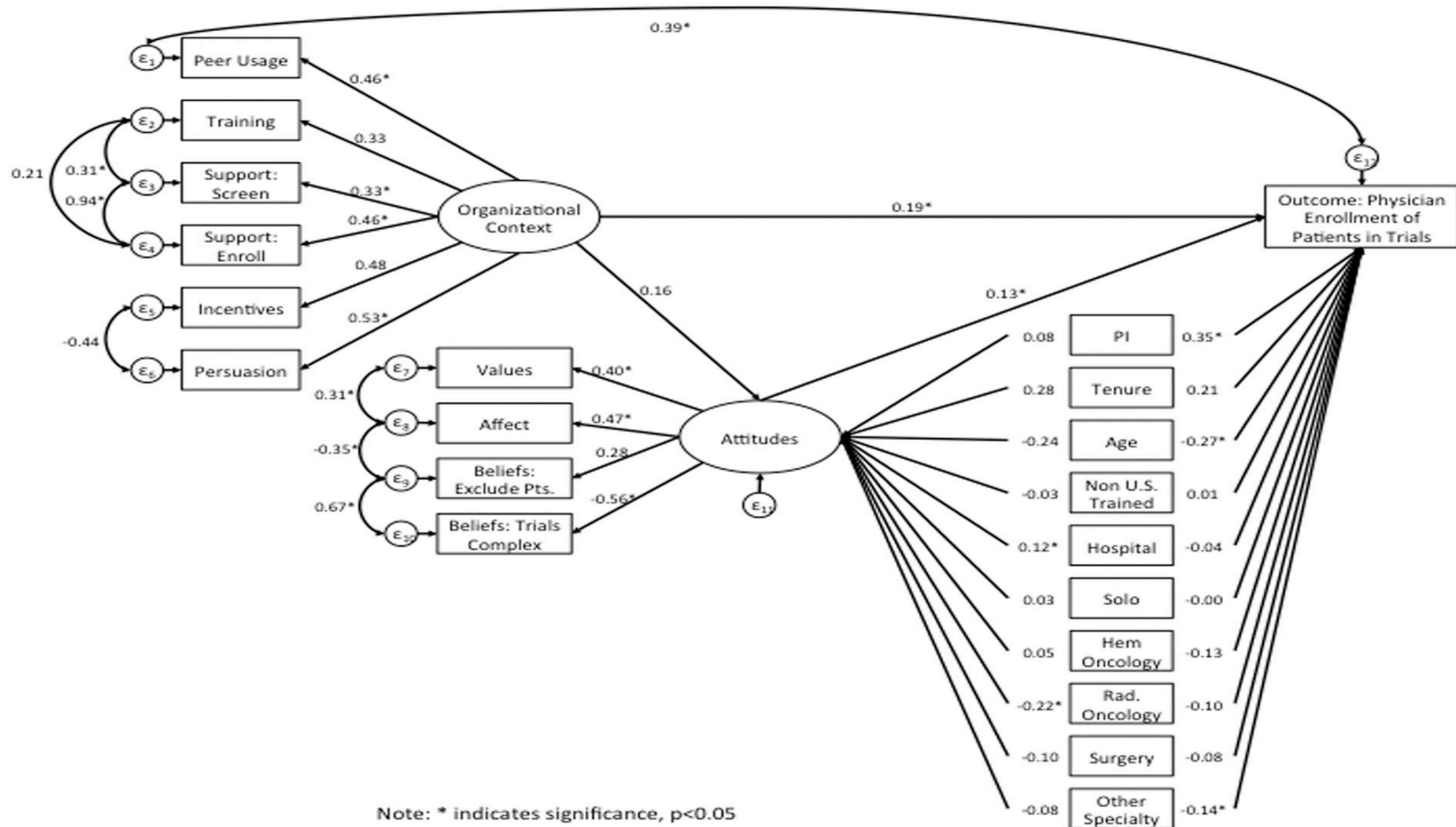
Model Tested



Data Sources

- 2011 CCOP Progress Report
- 2011 CCOP Administrators Survey
- 2011 CCOP Physician Survey
- 2012 AMA Physician Masterfile

Study Results



Study Results

Positive -	Organization	Peer pressure
		Support screen/enroll
		Accrual requirement
	Attitudes	Personal value
		Trial relevance
	Personal	PI
Negative -	Attitudes	Trial complexity
	Personal	Age
		non-oncology

Study Results-My Interpretation

- Hire good physicians
- Organization can't fix bad physicians
- Support physicians with research staff
- Incentivize physicians
- Educate physicians about studies
- Get physicians directly involved

Improving Physician Engagement



EHCCRP Initiatives

- Physician Knowledge
- Physician Recognition
- Patient/Community outreach
- Staff Support for MD
- Physician Involvement

Physician Knowledge

ESSENTIA HEALTH COMMUNITY CANCER RESEARCH PROGRAM

2016 FALL REPORT

A MESSAGE FROM THE PI

Welcome to the inaugural EHCCRP Quarterly Report. It was a great summer and I have to admit there were a few times when research wasn't my first priority. I guess it's time to get back to work. The EHCCRP (Essentia Health Community Cancer Research Program) was formed in response to our submission of an NCI Community Oncology Research Program (NCORP) grant. The NCORP program took the place of the prior CCOP program and is the primary source of funding that supports oncology research. EHCCRP represents one of only 34 sites across the country to receive this funding through the National Institutes of Health. Our goal in the name change was to really encompass the work we do as well as acknowledge that we had grown over the years from a research program predominantly based in Duluth to one that broadly stretched from Duluth to Brainerd to Fergus Falls and all the way to Fargo, as well as many points in between. We are now proud to offer our patients access to a broad array of clinical trials over a region that includes several states. The primary aim of the report is to inform our staff, our colleagues, and our communities about the work we are doing in oncology research. We want this report to be a positive addition to our program and welcome any comments, suggestions, or story ideas. Until next time...stay warm.



Dr. Bret Friday

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THE BREAST CANCER WEIGHT LOSS STUDY (BWEL)

Randomized Phase III Trial Evaluating the Role of Weight Loss in Adjuvant Treatment of Overweight and Obese Women with Early Breast Cancer (Alliance 011401)

As excess body weight continues to grow as a national health concern, more than 70% of women diagnosed with breast cancer in the United States are currently overweight or obese. And over the years, studies have demonstrated a significant and consistent relationship between obesity and poor prognosis in women with early stage breast cancer. But until now, no study has examined if weight loss could be an effective strategy to help women avoid breast cancer recurrence.

The Alliance for Oncology Clinical Trials group recently activated The Breast Cancer Weight Loss Study (BWEL) which will soon be available for enrollment at Essentia Health. The study's primary aim is to assess the impact of a weight loss intervention upon invasive disease free survival (IDFS) in overweight and obese women diagnosed with HER-2 negative, stage II and III breast cancer.

All participants (Arms 1 and 2) will be part of a 2-year health education intervention that routinely provides literature as well as access to webinars on topics of breast cancer and healthy lifestyles. Participants on Arm 2 will additionally be paired up with

See The Breast Cancer Weight Loss Study, Page 3

Production - BRET F. - FIRST HEMATOLOGY ONC - Hyperspace

Results

Epic Remind Me In Basket Chart Orders Only Telephone Call Refill Medication

Links

https://thesource.essentiahealth.org/Documents/OCT%20Booklet.pdf

Essentia Health Community Cancer Research Program

Clinical Trials Booklet

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Physician Recognition

Physician Enrollment

Month	April	May	June	July
Barnes M.D.				
Bachler-Prior M.D.				
Copper M.D.				
Dorland M.D.				
Friday M.D.	6			
Jays M.D.				
Kohbekus M.D.	2			
Reichman M.D.				



East Goal	7	7	7	7	7	7	7	7
Affiliate Goal	2	2	2	2	2	2	2	2
Actual Enrollment	5	4	7	1	16	2	9	9

Site Enrollment

Month	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March
Brainerd	-	-	-	-	-	-	-	-
Duluth	3	3	7	1	16	2	9	9
Fargo	1	-	-	-	-	-	-	-
Fergus Falls	1	1	-	-	-	-	-	-



Patient/Community Outreach



Essentia Health Cancer Research Milestones

Looking to the past as we embrace the future



1977
The **Duluth Clinic** is a founding member of North Central Cancer Treatment Group (NCCTG) and includes: James Krawak, MD, Robert Nibbrigheuse, MD, Thomas Elliott, MD

1983
The **Duluth Clinic** becomes a Community Clinical Oncology Program (CCOP), a National Cancer Institute (NCI) funded grant program designed to bring state-of-the-art clinical trials to the community.

1987
The NCCCOs begin to participate in prevention and cancer control trials in addition to treatment research.

1992
The **Duluth CCOP** enrolls 235 patients in the first large national prevention trial, called the National Surgical Breast and Bowel Project Breast Cancer Prevention Trial.

1993
The **Duluth CCOP** enrolls 234 patients in The Prostate Cancer Prevention Trial.

1998
FDA approves Trastuzumab (Herceptin) monoclonal antibody for Her2-overexpressing cancer and **Duluth Clinic** Cancer Center participates in the key study that led to this approval.

1999
The **Duluth CCOP** enrolls 124 patients in the STAR (Study of Tamoxifen and Raloxifene) trial which looked at reducing breast cancer incidence in postmenopausal women.

2001
The **Duluth CCOP** enrolls 143 patients in The Selenium and Vitamin E Cancer Prevention Trial (SELECT), which studied men at high-risk of developing prostate cancer.

2002
The **Duluth CCOP** participates in the pivotal study leading to the approval of Oxaliplatin in the use of colon cancer.

2006
The **Erick Peter Pearson Children's Cancer Center** becomes an affiliate of the **CI-Bar's** Oncology Group through the University of Minnesota and is able to offer pediatric cancer clinical trials.

2007
The **Duluth Clinic** Cancer Center is one of only 10 institutions in the country to receive honors from the American Society of Clinical Oncology (ASCO) recognizing commitment to improve cancer care through clinical research.

2010-11
Essentia Health Cancer Center in Brainerd, MN, and Fargo, ND, join the Duluth CCOP

2014
The National Cancer Institute (NCI) enrolls the CCOP and includes it with a new program: the NCI Community Oncology Research Program (NCORP). The **Essentia Health** Cancer Center is one of just 34 community sites nationwide to benefit from more than \$93 million in cancer research funding.

Cancer Survival
There have been notable improvements in survival rates for most cancer types, due to earlier detection and/or advances in treatment. (Cancer.org)

Essentia Health's 2014 Cancer Survival Rates (vs. 2010)

Cancer Type	2010	2014
Bladder	55%	58%
Breast	88%	90%
Colon	65%	68%
Esophagus	45%	48%
Head and Neck	50%	52%
Prostate	85%	88%
Rectum	60%	62%
Stomach	40%	42%

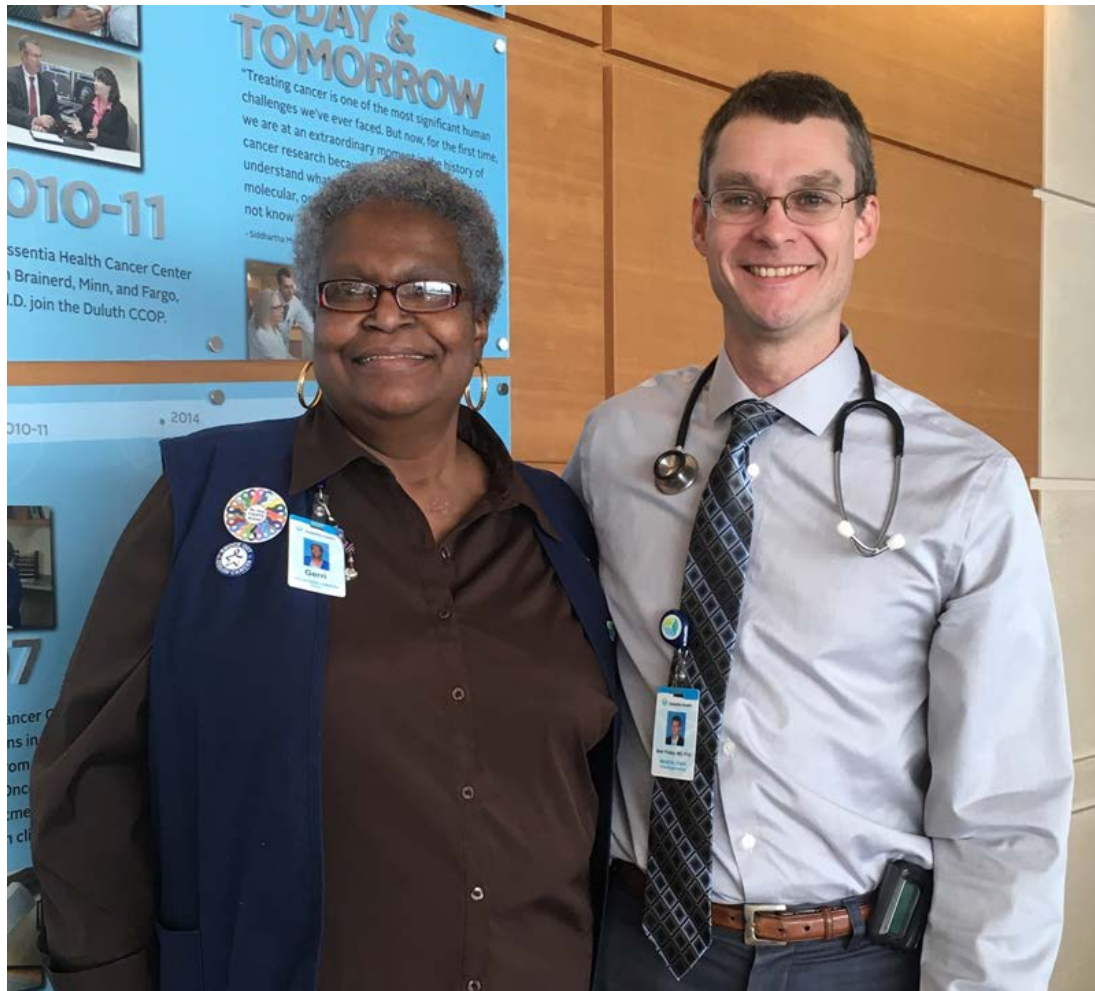
"A well-designed clinical trial is the best treatment for cancer. Together with our patients, we will continue to participate in research, because it's the right thing to do." — Ben Friden, MD, PhD, Thoracic/Oncologist



Essentia Health

Here with you

Patient/Community Outreach



Staff Support for MD

- Study staff screen all new patients
- Follow up orders placed by research team
- Outreach travel as needed
- Attend tumor boards

Physician Involvement

- Cancer Research Committee
- Investigator initiated project support
- Encourage meeting attendance
- Scientific Review

Conclusion

- Engagement is important
- Engagement level is not fixed
- No single solution

•Questions? Ideas?