CRN Connection

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The HMO CRN Cancer Research Network

The Cancer Research Network (CRN) is a collaboration of 11 non-profit HMOs plus three CRN-affiliated 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

On January 15 the President signed HR 6164 reauthorizing the National Institutes of Health (NIH). The provisions of this law may be of interest to CRN members.

It authorizes appropriations of $30.3 billion for fiscal 2007 and $32.8 billion for fiscal 2008, compared to the 2006 NIH budget of $28.5 billion. However, authorizing appropriations is not the same thing as appropriating. The "authorized" levels would only be achieved if Congress passes budgets and the President signs them. This does not appear to be likely for 2007.

Within 60 days of enactment, the secretary must establish a Scientific Management Review Board to advise officials about the organization of NIH. It must report recommendations at least once every seven years. The law requires the board to hold at least one specific hearing directed toward the scientific community and another toward the consumer and patient community.

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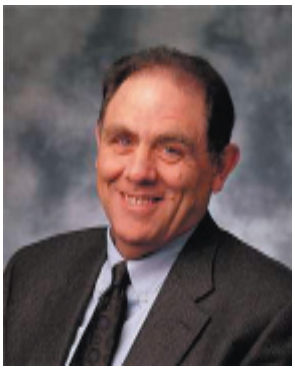
Ed's Corner of the World

News from the CRN PI



Happy New Year! Our CRN3 proposal ran into a review panel with some very negative members in a climate of deep concern about the NIH budget as a whole. As a result, we received an average score of 206, which puts us at some risk. Fortunately, we have very strong support among our colleagues at NCI who have agreed to propose a revised CRN3 funding plan to the NCI Executive Committee (EC) in February, who will make the final decision. Unfortunately, the plan will call for extensive budget cuts from our original proposal borne mostly by the projects included in the proposal. But if approved, the requested funding will enable us to continue to build CRN data and other infrastructure, develop new projects, accelerate our work on the diffusion of cancer care innovations and increase clinical trial enrollment, as well as allow the projects to get off the ground in some form. Steering Committee members, project PIs, and their teams are working hard to prepare materials to support the presentation to the EC. We are optimistic but not making any prognostications. We will keep you posted.

Ed

Personal Story: Cross Cultural Connection

Chris Johnson, CRN site PI for Henry Ford Health System in Detroit, spends her off time involved in her community and keeping in shape by running. For over 5 years she has chaired a charity Veteran's Day 5K Fun Run. The festive occasion includes a presentation of the colors, veteran guests of honor, a bagpiper, a soloist singing the Star-Spangled Banner and a group of local symphony musicians who play fanfares at the start and finish (the symphony is the charity).

Chris' son, also a runner, is now in the Peace Corps living with a family in Kyrgyzstan. Chris and her husband Bruce decided to return the favor by hosting an exchange student, Galym Tusupov, from Kazahkstan this school year. Galym was persuaded to join the high school cross country team and participate in runs with Chris.

Yes, he enjoyed the Borat movie!

Pictured here, from left to right: a friend, Chris Johnson, Galym Tusupov, Chris' nephew Doug

HMORN Obesity SIG

The HMORN Obesity Special Interest Group met in Boston in October, prior to the North American Association for the Study of Obesity (NAASO) annual meeting. This was the first meeting under new leadership from Nancy Sherwood (Health Partners) and Vic Stevens (KPNW), after years of dedicated service by Cheri Rolnick (HPRF). The Boston workshop provided an opportunity for members to discuss their vision for the future of the group, along with specific ideas for projects that would capitalize on the unique resources offered by the HMORN. Research interests cut across a variety of content areas with four general research interests identified at the Boston workshop: 1) connecting parent-child weight and weight-related data for observational and intervention studies; 2) medications (e.g. psychotropics) and weight change; 3) current obesity-related practices and policies (including obesity-related screening practices) across HMOs; and 4) bariatric surgery. Working groups for each of these content areas are being formed and leaders for each group will be identified. If anyone is interested in participating in the Obesity SIG, please contact Nancy Sherwood at nancy.e.sherwood@healthpartners.com. The next Obesity SIG meeting will be held at the HMORN meeting in Portland, on Tuesday March 20, 4:30-6:30 PM.

–Laura Coleman, PhD, RD (Marshfield)

News from NCI

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The law creates a "common fund" to finance research projects that involve more than just one of NIH's institutes or centers. It also creates an advisory council, known as the "Council of Councils," to review the trans-NIH proposals and make recommendations on how money in the reserve fund should be distributed to the centers. The law requires that a majority of the appropriate advisory council vote to recommend approval of a research proposal before it could be approved, instead of leaving the matter to the NIH director's discretion as before.

-Martin Brown, NCI

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 Leah Tuzzio, tuzzio.l@ghc.org.

CRN New Proposals Committee

Generating new research in cancer control effectiveness is a cornerstone of the Cancer Research Network (CRN). Important and innovative new projects are vital to the future of the CRN. Our population laboratory offers numerous research opportunities, however, developing and implementing multi-site research projects present unique challenges. To facilitate the success of new proposals, the New Proposals Committee was established by the CRN Steering Committee shortly after the CRN was initially funded.

New studies that wish to operate under the auspices of the CRN must be submitted to the New Proposals Committee for review prior to submission for funding. The review process is designed to minimize demands on the investigators and avoid unnecessary delays in grant submissions.

New proposals are reviewed using the following criteria:

- Consistency with the mission of the CRN
- Overlap with existing/ pending research projects
- Feasibility of scope of the project and experience of investigators
- Adequacy of the timeframe for submission
- Whether multiple sites are required or beneficial in order to address the study questions

Benefits of Review: The review process alerts investigators to potential barriers to working within the CRN environment. The investigator will be connected to appropriate resources for data collection and coordination, and will be linked with potential collaborators. Scientific review by the Committee and the NCI is offered as an option of the review process.

Members of the New Proposals Committee

Martin Brown, Ph.D.
Chief, Health Services and Economics Branch, NCI
Areas of research: Economic burden of cancer, cost of cancer treatment, cost-effectiveness analysis of cancer prevention, screening and treatment, dissemination of cancer control interventions, cancer health disparities.

George W. Divine, Ph.D, M.S.
Senior Research Biostatistician, Henry Ford Health System
Areas of research: Biostatistics, informatics, health services research, oncology.

Jerry Gurwitz, M.D.
Executive Director, Meyers Primary Care Institute
Fallon Community Health Plan, Fallon Clinic Foundation, University of Massachusetts Medical School
Area of research: Medication safety

Mark C. Hornbrook, Ph.D.
Senior Investigator, Chief Scientist, Center for Health Research
Kaiser Permanente Northwest
Areas of research: Healthcare cost, cost-effectiveness, and utilization; economic burden of cancer; health-related quality of life.

Lawrence H. Kushi, Sc.D.
Associate Director for Etiology and Prevention Research
Division of Research, Kaiser Permanente Northern California
Areas of research: Nutritional epidemiology, food, nutrition, and cancer prevention and prognosis.

Virginia P. Quinn, Ph.D., M.P.H.
Research Scientist II
Research & Evaluation, Kaiser Permanente Southern California
Areas of research: Tobacco policies/treatment, health behavior change, cancer prevention, screening, and treatment.

FeiFei Wei, Ph.D.
Senior Research Investigator / Biostatistician
Health Partners Research Foundation
Areas of research: Cancer, immunization, outcome research.

Larissa Nekhlyudov, M.D., M.P.H.
Assistant Professor / Acting Director of Cancer Research
Harvard Pilgrim Health Care, Harvard Medical School
Areas of research: Patient education and decision-making particularly in the area of breast cancer.

Multiplex Initiative Project

The Multiplex Initiative Project is a collaborative project between HMO Research Network (HMORN) members and the National Institutes of Health (NIH) through the National Human Genome Research Institute (NHGRI) and the National Cancer Institute (NCI).

Leaders in genome science and medicine have claimed that development of genetic tests for susceptibility to common diseases will revolutionize and personalize preventive medicine. This, along with the development of targeted treatments, has been one of the most exciting possibilities viewed as legacies and advancements since completion of the human genome sequencing projects in the US and in France. The CRN Multiplex supplement, now underway at Henry Ford Health System and Group Health Cooperative, is part of a larger program project at NHGRI.

Approximately a year ago, the HMORN NIH Roadmap project, the Coordinated Clinical Studies Network (CCSN), was approached by Dr. Colleen McBride and her colleagues at NHGRI and NCI to discuss ways in which they might find research partners to work with on a project to explore how individuals will respond to being offered multiplex genetic testing and test results for complex common diseases. In addition, Dr. McBride and her colleagues envisioned building ongoing research infrastructure where ancillary trans-disciplinary studies could utilize this infrastructure to answer other social and behavioral research questions about multiplex genetic testing. Based on the "revolutionary" prospects, genetic susceptibility tests for common diseases are now being marketed directly to consumers without established clinical utility or validity. Typically these tests do not offer consumers the kind of predictability that are associated with Mendelian gene markers like those used in amniocentesis, other prenatal genetic tests, or chronic diseases where a known single gene abnormality predicts high or even 100% risk. The typical relative risks or odds ratios for these newer genetic tests range from 1.3-2.0 or so.

How knowledge of either a "positive" result or a "negative" result might affect patient behavior, clinical care, or outcomes is completely unknown. The Multiplex project is designed to present a panel of susceptibility tests for common chronic illnesses (hence the phrase "multiplex genetic susceptibility testing") to populations of everyday patients and determine the effect these tests have on patients, on the care they receive and so forth.

The initial contract involves development of survey materials, recruitment of an ethnically and age diverse population, administration of surveys and follow-up of clinical events. This is part of the NHGRI program project and is being accomplished through the CRN. It is anticipated that this work will soon be expanded to accomplish three separate projects involving individual researchers from NHGRI and the HMORN in which specific aspects of the use and effects of multiplex susceptibility tests will be further explored.

A primary objective of the Multiplex initiative is to explore how individuals respond to being offered the Multiplex Genetic Tests for complex chronic diseases and how they respond to receiving their test results.

The second objective is to build an infrastructure through which future research participants can be offered the Multiplex Genetic Test protocol, and multiple ancillary trans-disciplinary research studies can then be built around this infrastructure to answer social and behavioral questions.

The HMORN can play an important role in determining best use and overall value of one of the late 20th century's most important advances - sequencing of the human genome.

– Janet Erro, Eric Larson, Rob Reid, and Cheryl Wiese (GH)

CRN Study of Ductal Carcinoma in Situ

The diagnosis of ductal carcinoma in situ (DCIS), a localized precursor of invasive breast cancer, has been rapidly increasing over the last several decades and currently represents 20% of all breast cancer diagnoses. Treatment for DCIS remains controversial. While patients treated with mastectomy have very low rates of breast cancer recurrence, approximately 10-20% of DCIS patients treated with breast-conserving surgery will have a recurrence within 5 years of their diagnosis, yet few prognostic factors have been identified. The goal of the CRN "Predictors of Recurrence after DCIS" study is to identify clinical and pathological factors that can be used to accurately identify DCIS patients at high and low risk of a recurrence. This study is led by Dr. Laurie Habel (KPNC) and also includes KPSC (Dr. Reina Haque),HPHC (Drs. Suzanne Fletcher and Larissa Nekhlyudov) and the Beth Israel Deaconess Medical Center (Drs. Stuart Schnitt and Laura Collins).

Cancer registries and electronic medical records were used to establish a cohort of patients diagnosed with DCIS from 1990-2001 and treated with breast conserving surgery in KPNC, KPSC and HPHC. We excluded patients over age 84 years at initial DCIS diagnosis, those with a prior history of breast cancer (in situ or invasive), and those with bilateral disease at diagnosis. Medical records were reviewed to identify subsequent breast cancer events and to obtain additional information on clinical and patient factors. A standardized histopathology review and testing for several tumor markers are currently underway. Gene expression analyses will begin soon. A total of 3072 eligible patients have been identified.

Preliminary results from this study have been presented. Dr. Larissa Nekhlyudov examined the rates of surveillance and diagnostic mammograms that occur following the completion of treatment. She also examined the rates of invasive procedures among these women. These findings were presented at last year's HMO Research Network Meeting in Boston, and at the Society of General Internal Medicine meeting in Los Angeles. A manuscript is underway. Dr. Laurie Habel examined whether recurrence rates among DCIS patients treated with breast-conserving surgery have been changing over time and the extent to which use of adjuvant radiotherapy and tamoxifen are associated with these changes. The results of these analyses were presented at the upcoming San Antonio Breast Cancer Conference in December 2006. Analyses relating to the histopathologic review are underway and preliminary analyses of some tumor markers (e.g. ER, PR, HER2) will begin shortly.

This CRN study includes the largest cohort of women with DCIS examined to date. The study has the potential to add important information about the natural history of DCIS, predictors of recurrence, and follow up after treatment. The combination of clinical and pathological features of this study is unique among the CRN studies.

–Larissa Nekhlyudov (HPHC) and Laurie Habel (KPNC)

Congratulations

to Chris Neslund-Dudas, MA (HFHS) on her Department of Defense Training Grant: Residential Segregation, Housing Status and Prostate Cancer in African American and White Men.

13th Annual HMO Research Network Conference Agenda
March 18-21, 2007 in Portland, OR
http://www.hmoresearchnetwork.org/

Sunday, March 18

Time	*Event*	*Room*
8am – 5pm	Ancillary Collaborative Meetings	TBD
3-5pm	HMO Research Network Governing Board Leadership Session	Glison
5-7pm	CCSN Steering Committee (Tentative)	Glison

Monday, March 19

Time	*Event*	*Room*
8-10am	Breast Cancer Treatment Effectiveness	Jantzen
8am-Noon	HMORN Governing Board	Timberline
9am-Noon	CRN DCIS	Lovejoy
10am-Noon	Diabetes Research Consortium	Overton
10:30am-Noon	CRN3 Health Literacy	Jantzen
Noon-3:30pm	CRN Steering Committee	Lovejoy
Noon-5:30pm	Molecular Epidemiology of Fatal Prostate Cancer Study	Jantzen
2:30-4:30pm	eGranting Experiences	Overton
3:30-5pm	caBIG and the HMORN	Pettygrove
3:30-5pm	Cardiovascular SIG	White Stag
5:30-6:30pm	Interactive Poster Session 1	East Salon
5:30-8pm	Welcome Dinner and Introduction of New Investigators	East Salon
7:30-8pm	Ancillary Collaborative Meetings	TBD

Tuesday March 20

Time	*Event*	*Room*
7:30-9am	CRN SDRC	White Stag
7:30-9am	CRN3 Cancer Prevention Index	Lovejoy
8-9:15am	Interactive Poster Session 2	St. Helens
9:30-10:30am	Plenary I	St. Helens
10:45am-12:15pm	Concurrent Sessions A1-A5	Various
12:30-2pm	Luncheon and Plenary II	St. Helens
2:30-4pm	Concurrent Sessions B1-B5	Various
4:15-5:30pm	EpicCare Research Interest Group	Glison
4:15-5:45pm	PGRN (Pharmacogenetics Research Network)	Pettygrove
4:30-6pm	CRN3 Investigator Development	Weyerhauser
4:30-6:30pm	Obesity SIG	Lovejoy
4:30-7pm	CRN3 Burden	Jantzen
4:30-7pm	Optimizing Healing in Healthcare	Overton
6-8 pm	CERT	Pettygrove
4-7pm	Ancillary Collaborative Meetings	TBD

Wednesday, March 21

Time	*Event*	*Room*
7:30-9:15am	Cardiovascular SIG Pharmacogenomics	Flanders
8-9:15am	Interactive Poster Session 3	St. Helens
9:30-10:30am	Plenary III	St. Helens
10:45am-12:15pm	Workshop W1 and Concurrent Sessions C1-C4	Various
12:30-2pm	Luncheon and Discussion	St. Helens
2:30-5pm	Workshops W1 (continued) and W2	Various