

CRN Connection

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In This Issue

- *CRN as a National Resource*
- *Personal Story: Strictly Ballroom*
- *Project Report: MENU*
- *CRN News & Milestones*
- *Project Profile: CanCORS*



See Story on Page 2



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

The 2005 update of the NCI Cancer Trends Report is now available (at: <http://progressreport.cancer.gov/>). The report contains short narratives, tables and graphs documenting population-based trends in preventive behaviors, early detection, diagnosis, treatment, survival, mortality and costs.

-Martin Brown, NCI

Ed's Corner of the World

News from the CRN PI

I'm pleased to report that the NCI Executive Committee approved the concept for our next 4-5 years of funding. We expect that the RFA will be released in March or April, and anticipate that it will be different than its predecessors.



We have received unambiguous messages that the NCI expects the CRN to become a "national resource." The Steering Committee is wrestling with what that means. I assure you that it won't mean providing unfettered access to our resources for anyone wanting it. But, it will likely include the following challenges:

- Align our research methods and data standardization efforts with NCI and NIH wide initiatives such as caBIG, <https://cabig.nci.nih.gov>.
- Increase access to our data and patients to outside investigators in a way that protects privacy and confidentiality AND advances, rather than threatens, the research programs of our own centers and investigators.
- Disseminate our research findings and resources so that they change cancer care in our health systems, and develop that as a national model for research translation.
- Increase our efforts to enroll patients in relevant clinical trials.

I am excited by these daunting challenges, because they should advance the field. But they also acknowledge the CRN's growing influence.



Shift_Perspective – The CRN and Changing Landscape

The current ad campaign by the car company Nissan goes like “Shift_Scale. Shift_Performance. Shift_Drive.” That same mindset could be applied to the CRN.

The emphasis we’ve placed on the Virtual Data Warehouse (VDW), and on generating more publications has heightened attention from NCI and the cancer community. Increasingly, “CRN” and “national resource” are being used in the same sentence. We’ve received eight different inquiries about collaboration since the new year began. So the time has come for us all to start thinking about what this means for our healthcare systems, our research, our infrastructure, and ourselves.

Delivery systems...

There is tremendous potential for the CRN to further leverage its position within healthcare delivery systems. This ranges from using the data generated by clinical encounters to study the quality of cancer control and prevention activities, to actually influencing what data are collected by the providers/systems. We’ve already been very active on the former, but have yet to tap into the latter. Consider the possibilities if the health plans were to begin standardized collection of family history data or chemo-therapy data. Should we begin to engage our HMOs’ clinical and informatics leaders in discussions?

Research...

Opportunities are knocking. The range of different types of studies the CRN could conduct is very likely

to expand, along with new collaborations. NCI has long envisioned the CRN as “a multi-potential research laboratory,” which could entail anything from expanding into different cancer sites, developing new preventive interventions, or prospectively testing new prediction algorithms to signal the end of life.

Individuals...

Every person involved in the CRN has a key role to play, and has already contributed to our success. At present, we have more opportunities than we have person-power. How can we work, individually and collectively, to augment our capacity and take advantage of these opportunities?

What about the Infrastructure?

If all goes as planned, The CRN3 application will be submitted this Summer. The VDW and utilities such as the cancer counter, will be prominent components. Though we don’t know whether the new Request for Applications (RFA) will again call for core projects, we’re operating on the premise that it will. Several projects have been identified from among the 26 concept proposals we received last summer, and the PI office is helping these project teams move forward. In the event that the RFA doesn’t specify core projects, we’ll still have a number of new proposals ready for R01 submission in 2006. Regardless of the composition of the RFA, it’s clear that our Infrastructure will need to grow to accommodate the growth in our scientific and data capabilities. And we know we cannot have these discussions without discussing the impact on our delivery systems.

-Sarah Greene, GHC

SO YOU THINK YOU CAN DANCE?



Well, Cheri Rolnick and husband, Art sure can. They have been dancing together for ten years, and competing for four years. Cheri Rolnick is a CRN Principal Investigator at Health Partners Research Foundation during the day, and a ballroom dancer at night. She steps out on the dance floor and shows what true ballroom dancing is all about --- beauty, grace and a good partner.

Gene Hart, CRN Data Manager, was vacationing in Italy this past summer, and as unbelievable as it may seem, he ran into Cheri and Art dancing on the rooftop of a restaurant in Rome! Gene states, *“it was the most incredible thing I have ever seen.”*

Thanks, Cheri for sharing your personal story with us! Good luck to you at your competition this month in Minneapolis.

-Maurleen Davidson, GHC

PROJECT REPORT:

Making Effective Nutrition Choices

The MENU Choices study is a multi-site, Web-based randomized intervention trial with the goal of increasing daily servings of fruit and vegetables. Contact with enrolled participants relies mainly on email throughout the intervention and 12-month follow-up period. We are comparing personalized or “tailored” messages with or without additional email counseling support, to generic “untailored” messages on changes in eating. This project builds on the growing body of research that finds regular consumption of fruits and vegetables to be associated with reduced risks of cancer, cardiovascular disease, stroke and diabetes, as well as some functional declines associated with aging. Research teams are recruiting a total of 2,500 participants from five sites (KPGA, KPCO, GHC, HPRF, and HFHS) in collaboration with the University of Michigan Center for Health Communications Research. Eligibility criteria include age (21–65 years), access to the Internet and weekly email use.

In Phase 1, we conducted focus groups, implemented an incentive and recruitment methods pilot study, and designed the intervention Web program to be used in Phase 2 (intervention and analysis). Focus groups, divided by gender and race/ethnicity groups and conducted in all five sites, provided helpful information which guided both recruitment strategies and web design and content. We learned that if a more colorful “theme” envelope was used in the mailed invitation, it

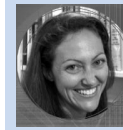
would be discarded as “junk mail” while a simple business-style envelope with usual HMO logo was more likely to be opened and contents read. Further focus group suggestions resulted in a Web site design that included less text and more interactive features and navigation buttons to allow interest-based exploration of materials. The incentive study, conducted at a single site (HFHS), aided in confirming participant interest in a Web-based diet change program, and in determining which of 24 incentive combinations would be most effective to encourage enrollment and retention. The best performing incentive group, that of a \$2 bill in the recruitment letter and promise of \$20 for completing the follow-up survey, resulted in the highest response rate with nearly equivalent enrollment rates from men and women.

To date, we have achieved our recruitment goals with an average 10% enrollment rate, ranging from 7 to 13% by site, which is much higher than traditional mass mailing response rates. Participants are responding well to invitations to complete the follow-up Web-based survey at three months, with well over 80% responding to a letter and email reminders. Research team members are looking forward to analysis of follow-up data to determine not only change in food choices, but rate of continuing participation in this “hands-off” and self-paced technological approach that encourages adult learning and behavior change.

- Gwen Alexander, HFHS

CRN NEWS & MILESTONES

▶ NEW PROMOTIONS:



Congratulations to Melissa Finucane, Kaiser Permanente-Hawaii, promoted to Investigator II. Melissa has been at CHR for four years.



Congratulations to Diana Buist, GHC, promoted to Associate Investigator at the Center for Health Studies. Diana is the PI on the HRT Diffusion Study, and is also involved in other CRN studies.

- ▶ The 2006 Scientific Meetings schedule has been updated and is posted on CRN Web site. Check out the “new” scientific meetings on the list: Center for Hospice, Palliative Care, and End-of-Life Studies at University of Florida (10/27-28/2006); San Antonio Breast Cancer Symposium (12/14-17/2006); American Society of Pre-ventive Oncology (2/26-28/2006)

11TH ANNUAL HMO

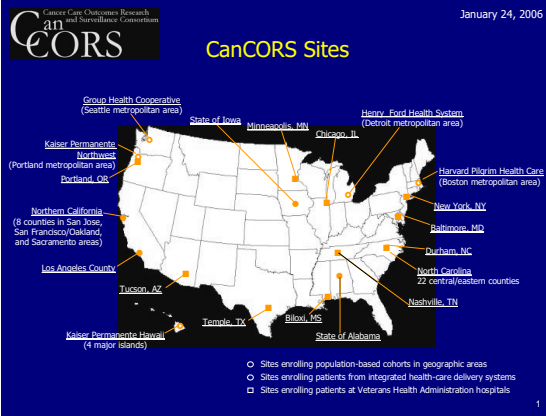
RESEARCH NETWORK

CONFERENCE

MAY 1 - 3, 2006

CAMBRIDGE, MA

HOPE TO SEE MANY OF YOU THERE!



PROJECT PROFILE: CanCORS

surveys conducted 12 months after diagnosis, medical record abstraction, surveys of physicians with key roles in the care of these patients, and surveys of caregivers of a sample of these cancer patients. Because most of the teams participating in

report on patients' preferences for aggressive cancer treatment, patients' use of complementary therapies, and specialties of providers making up the care "teams" for these patients, physician attitudes toward end-of-life discussions, and the experiences of individuals serving as caregivers for cancer patients. The broad scope of the topics touched on in these abstracts is an early indication of the potential power of such a rich data set in the hands of a large, talented, and multidisciplinary investigative team. To fully capitalize on the investment in Can-CORS, however, it's clear that longer follow-up of this unique patient cohort is needed. We are engaged in active discussions with the NCI about how to achieve that goal, and ideally link it with new initiatives building on insights gained in the first cycle of CanCORS.

-Jane Weeks and Dana Milne, DFCI

The Cancer Care Outcomes Research and Surveillance Consortium (CanCORS), funded by the National Cancer Institute (NCI) and the Department of Veterans Affairs, is a national research study on the quality and outcomes of care among patients newly diagnosed with lung or colorectal cancer. The study is organized as a consortium of 7 investigative teams/patient enrollment sites, including one team consisting of a mini-consortium of CRN sites (GHC, HPHC, KPNW, KPHI, and HFHS). The other teams are enrolling patients identified through regional registries in Northern California, Los Angeles county, North Carolina, Iowa, and Alabama, and in a network of VA hospitals. The primary goals of CanCORS include determining how patient, provider and health system factors affect patterns of cancer care and how treatments received are associated with cancer outcomes in community populations.

We are collecting extensive data from multiple sources for each of 10,000 enrolled subjects, including baseline patient surveys conducted approximately 4 months after diagnosis (or surveys of deceased patients' surrogates), follow-up

CanCORS are organized around registries rather than provider organizations, the study design and operational procedures are tailored to that setting rather than the HMO environment. As a result, the CRN sites faced special challenges in securing IRB approval, building the necessary data collection teams and infrastructure, and getting out into the field. But despite a slow start, the sites have done a wonderful job of recruiting and retaining patients, and we are nearly done with baseline enrollment. The focus is now shifting to completion of the follow-up and physician surveys, and to the launch of a very detailed medical record abstraction. Compared with the registry-based sites, which are struggling with accession of paper records from multiple physician's office and hospitals, the CRN sites are able to focus their efforts on high quality abstraction from complete and easily accessible electronic records.

Most importantly, we are finally in a position to begin analysis and reporting of study findings. Using data from the baseline patient survey, CanCORS investigators recently submitted a "panel" of 5 abstracts to Academy Health for possible presentation at the annual meeting in June. These papers

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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