

NCI Community Cancer Centers Program Pilot: 2007-2010

Questions and Answers

Key Points

- The NCI Community Cancer Centers Program (NCCCP) is a proposed national network of community cancer centers that will expand cancer research and deliver the latest, most advanced cancer care to a greater number of Americans in the communities where they live.
- The NCCCP is a three-year pilot program that will extend the reach of NCI research into more U.S. states, cities, and towns, including rural areas and inner cities, and will focus on 1) bringing more Americans into a system of high-quality cancer care, 2) increasing participation in clinical trials, and 3) reducing cancer healthcare disparities.
- NCI has selected 16 community hospitals in 14 states to participate in the pilot program. A successful pilot will lead to the nationwide launch of the NCCCP in 2010.
- Web site: <http://ncccp.cancer.gov>

Why is NCI conducting the NCI Community Cancer Centers Program pilot?

Evidence from a wide range of studies suggests that cancer patients diagnosed and treated in a setting of multi-specialty care and clinical research may live longer and have a better quality of life. The NCCCP pilot will offer more Americans access to research-based cancer care by affiliating with the hospitals and clinics where most cancer patients already receive care. The pilot will make it easier to receive high-quality cancer screening, prevention, treatment, and palliative care services. This is expected to improve treatment outcomes for more Americans.

Why is NCI expanding its programs into the community?

NCI estimates that 85 percent of cancer patients in the United States are diagnosed at hospitals in or near the communities in which they live. The other 15 percent are diagnosed at NCI-designated Cancer Centers, a network of 63 academic research institutions located in largely urban areas across the country. Many patients are not treated at the major cancer centers because of the distance from their homes, or for other personal or economic reasons. The NCCCP pilot will extend NCI programs into local communities, giving patients easier access to clinical research and advanced care.

What are the goals of the NCCCP pilot?

- 1) *Expand clinical trials.* At the pilot sites, patients will have access to the very latest cancer prevention and treatment advances through NCI-sponsored clinical trials. Pilot sites will provide a local point of entry to draw more patients into clinical trials and enable researchers to more rapidly develop and evaluate effective prevention and treatment strategies.
- 2) *Reduce cancer healthcare disparities.* A major focus of the NCCCP is to help reduce the cancer burden among underserved populations. The NCCCP will actively reach out to these communities, bringing more Americans into the system of care and helping NCI to better understand and address the root causes of disparities in healthcare.
- 3) *Collect, store, and share blood and tissue samples needed for research.* With access to a broader cross-section of patients who voluntarily provide tissue and blood samples, researchers will have a greater opportunity to study both normal and cancerous cells. The pilot will assess how NCI's guidelines for collection and storage of specimens can be applied nationwide to benefit the entire cancer research community.
- 4) *Explore the utility of a national database of electronic medical records.* The pilot will assess the ability of sites to link medical information, provided with patient consent, to NCI's electronic patient data repository, Cancer Biomedical Informatics Grid™ (caBIG™). Expanding the amount of patient data available to cancer researchers will greatly contribute to our knowledge and treatment of cancer.

How does the NCCCP pilot compare to other NCI community cancer initiatives?

The NCCCP shares many of the same goals as other NCI community cancer programs, including increasing access to clinical trials among underserved populations and reducing health disparities. The NCCCP is unique in that it will operate in community hospitals in geographically diverse areas where NCI can learn directly from the communities it serves.

What are the expected benefits to patients?

The sites will provide patients with comprehensive cancer screening, prevention, treatment, and palliative care. Patients diagnosed with cancer will receive medical, surgical, and radiation oncology services and will have access to NCI-sponsored clinical trials. In addition, NCI-trained patient navigators will assist patients in arranging financial support, scheduling transportation services, coordinating records transfers, and facilitating access to other services.

What are the expected benefits to participating hospitals and communities?

The pilot is expected to improve quality of care at the sites by enhancing clinical research expertise. In addition, the pilot sites will benefit from staff training in cancer management, stronger links to NCI-designated Cancer Centers, genetic and molecular testing capabilities, and outreach support to develop closer ties to underserved populations.

What are the qualifications of the pilot sites and how will they be evaluated?

The pilot sites are community hospital-based cancer centers that offer medical, surgical, and radiation oncology care; manage a patient volume of more than 1,000 new cancer cases each year; enroll patients in clinical trials; and take part in outreach to underserved populations. An independent committee will evaluate the pilot sites on an ongoing basis, and NCI will use recommendations to refine the program and open the way for a national network of community cancer centers in the future.

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The hospitals, their locations, and their cancer centers are:

- Billings Clinic, Billings, Mont. (Billings Clinic Cancer Center)
- Hartford Hospital, Hartford, Conn. (Helen & Harry Gray Cancer Center)
- St. Joseph's / Candler, Savannah, Ga. (Nancy N. and J.C. Lewis Cancer & Research Pavilion)
- Our Lady of the Lake Regional Medical Center, Baton Rouge, La. (Our Lady of the Lake Cancer Center and Mary Bird Perkins Cancer Center)
- Sanford USD Medical Center, Sioux Falls, S.D. (Sanford Cancer Center)
- Spartanburg Regional Hospital, Spartanburg, S.C. (Gibbs Regional Cancer Center)
- St. Joseph Hospital, Orange, Calif. (St. Joseph Hospital Cancer Center)
- Christiana Hospital, Newark, Del. (Helen F. Graham Cancer Center at Christiana Care)
- Ascension Health of St. Louis, Mo., for the following hospitals:
 - St. Vincent Indianapolis Hospital, Indianapolis, Ind. (St. Vincent Oncology Center)
 - Columbia St. Mary's, Milwaukee, Wisc. (Columbia St. Mary's Cancer Center)
 - Brackenridge Hospital, Austin, Texas (Shivers Center)
- Catholic Health Initiatives of Denver, Colo., for the following hospitals:
 - Penrose-St. Francis Health Services, Colorado Springs, Colo. (Penrose Cancer Center)
 - St. Joseph Medical Center, Towson, Md. (St. Joseph Cancer Institute)
 - A coordinated regional program in Nebraska sponsored by Good Samaritan Hospital in Kearney (Good Samaritan Cancer Center); St. Elizabeth Regional Medical Center in Lincoln (St. Elizabeth Cancer Center); and St. Francis Medical Center in Grand Island (St. Francis Cancer Treatment Center).