

NATIONAL CANCER INSTITUTE
COMMUNITY CANCER CENTERS PROGRAM
NCCCP

Pilot 2007-2010





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Director's Message

Introducing the NCI Community Cancer Centers Program Pilot

The National Cancer Institute leads the nation's efforts to discover better ways to prevent, diagnose, and treat cancer. In its labs in Bethesda, Maryland, and throughout its network of extramural scientists and 63 NCI-designated Cancer Centers, NCI carries out groundbreaking research and connects patients and their families to the highest caliber, state-of-the-art care. Yet we are acutely aware that the vast majority of people in our country are diagnosed and cared for in the communities where they live. Community hospitals and private practice oncologists provide outstanding healthcare for millions of Americans. NCI is committed to identifying ways to integrate the latest that science has to offer into this already exceptional community-based care.

NCI has launched the NCI Community Cancer Centers Program (NCCCP) precisely to examine how we can best provide access to the latest scientific advances in the community setting. During a three-year pilot phase, the NCCCP will develop and evaluate programs designed to determine the essential elements of effective community-based cancer care and to identify ways to facilitate broader engagement in cancer research.

An important goal is to study ways in which the community healthcare system can be electronically connected so that its patients can take part in the early phases of new drug development—an effort even more critical in this evolving period of highly personalized medicine.

The NCCCP pilot phase involves a network of sites representing a cross-section of this country's community hospitals and healthcare systems. The NCCCP will focus on minority and medically underserved populations and will investigate multidisciplinary ways to address disparities in cancer care. Through activities such as enhanced community outreach, patient assistance, and cancer screening and follow-up, the NCCCP sites will evaluate the effectiveness of these types of efforts to change the course of cancer for the people in these communities.

The NCCCP will also create a network of sites that will serve as a model for enabling cancer research through the greater inclusion of community-based practitioners. The network being developed through this pilot project may provide new options for the conduct of clinical trials and may speed the testing of new drugs and devices to combat cancer. Additionally, the NCCCP will examine the underpinnings of the future of cancer research. Through its efforts to expand and standardize the collection of blood and tissue samples and its focus on electronic medical records, the NCCCP will inform our efforts to address barriers that have hindered their widespread adoption.

With the success of the NCCCP pilot, we hope to expand the number of participating hospitals to reach an even broader range of communities in the future. And we will achieve ultimate success by the cancers prevented or diagnosed at their earliest stages, and by the number of lives saved.

Dr. John E. Niederhuber
Director, National Cancer Institute



The NCI Community Cancer Centers Program Pilot

The NCI Community Cancer Centers Program (NCCCCP) is a three-year pilot program to test the concept of a national network of community cancer centers to expand cancer research and deliver the latest, most advanced cancer care to a greater number of Americans in the communities in which they live. The NCCCCP extends the reach of NCI research into more U.S. states, cities, and towns, including rural areas and innercities.

The NCCCCP seeks to:

- Bring more Americans into a system of high-quality cancer care
- Increase participation in clinical trials
- Reduce cancer healthcare disparities
- Improve information sharing among community cancer centers

Creating the Next Rim of Cancer Research and Care

Studies suggest that cancer patients diagnosed and treated in a cancer center that conducts multidisciplinary care and clinical research may live longer and have a better quality of life. The NCCCCP pilot offers more Americans access to research-based cancer care by affiliating with the hospitals and clinics where most cancer patients already receive care.

- NCI estimates that 85 percent of Americans with cancer were initially diagnosed at community hospitals. Most patients also receive at least their first course of treatment there.



- Depending on the type and stage of cancer they have, or if their cancer recurs, these patients may seek treatment at some point at one of the 63 NCI-designated Cancer Centers. Still, many patients are not treated at these major cancer centers because of the distance from their homes, or for personal or economic reasons.

Significant advances in cancer treatment in recent years have made the concept of a community hospital-based cancer network possible. When the NCI-designated Cancer Centers were being established in the 1960s, there was a need for special care units in large hospitals to manage the side effects of the highly toxic chemotherapies of the day. Today, these treatments and the newer generation of immunotherapies and other regimens are less toxic, making it possible to administer more advanced care at community hospitals, often in an outpatient setting.

The NCCCP pilot extends NCI programs and services to more than a dozen new geographic areas, giving people – especially older, rural, innercity, and underserved individuals – easier access to clinical research and advanced cancer screening, early detection, treatment, and palliative care services.

“Community hospitals provide outstanding healthcare for millions of Americans. NCI is committed to integrating the latest that science has to offer into this already exceptional community-based care.”

*Dr. John E. Niederhuber
Director, National Cancer Institute*

Enhancing Quality Care and Research in the Community



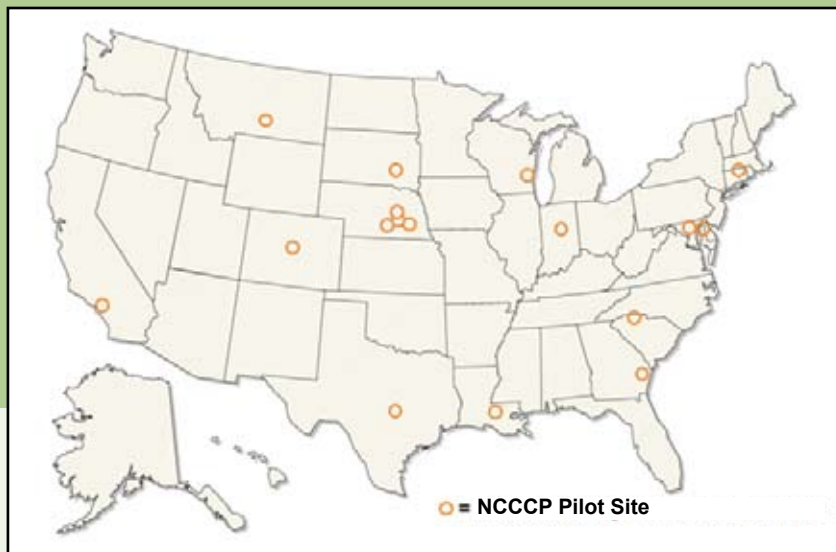
For Patients

The community cancer centers that are part of the NCCCP pilot already provide comprehensive cancer screening and prevention services, and medical, surgical, and radiation oncology services for patients with cancer. Through the pilot, patients can expect to have their care coordinated through a multidisciplinary planning group, receive assistance from patient navigators, and have more opportunities to join clinical trials for cancer prevention and treatment. Special focus will be placed on the psychosocial needs of patients and on enhancing services for cancer survivors.

For Pilot Institutions

Strengthening clinical research expertise is expected to enhance the quality of care offered at the NCCCP pilot sites. In addition, the pilot institutions will gain stronger links to NCI-designated Cancer Centers, enhanced genetic and molecular testing capabilities, staff training in cancer management, and outreach support to develop closer ties to underserved populations in their communities.

NCCCP Pilot Network of Community Cancer Centers



NCI has selected 16 community hospitals from around the country as NCCCP pilot sites. These sites are community hospital-based cancer centers that already offer a combination of medical, surgical, and radiation oncology care. They each administer more than 1,000 new cancer cases each year, support and accrue patients to cancer clinical trials, and actively reach out to uninsured and underinsured patients in their area. The sites are geographically dispersed to serve a broad cross-section of the U.S. population. The pilot community hospitals and their cancer centers are:

- Billings Clinic, Billings, Montana
Billings Clinic Cancer Center
- Hartford Hospital, Hartford, Connecticut
Helen & Harry Gray Cancer Center
- St. Joseph's / Candler, Savannah, Georgia
Nancy N. and J.C. Lewis Cancer & Research Pavilion
- Our Lady of the Lake Regional Medical Center, Baton Rouge, Louisiana
The Cancer Program of Our Lady of the Lake and Mary Bird Perkins
- Sanford USD Medical Center, Sioux Falls, South Dakota
Sanford Cancer Center
- Spartanburg Regional, Spartanburg, South Carolina
Gibbs Cancer Center

Community hospitals are the cornerstone of the American healthcare system. More community hospitals are adding specialty care, and satellite and remote clinics, enabling a diverse population of patients to receive quality medical care close to family and friends.

- St. Joseph Hospital, Orange, California
St. Joseph Hospital Cancer Center
- Christiana Hospital, Newark, Delaware
Helen F. Graham Cancer Center at Christiana Care
- Ascension Health, St. Louis, Missouri, for these hospitals:
 - ◆ St. Vincent Indianapolis Hospital, Indianapolis, Indiana
St. Vincent Oncology Center
 - ◆ Columbia St. Mary's, Milwaukee, Wisconsin
Columbia St. Mary's Cancer Center
 - ◆ Brackenridge Hospital, Austin, Texas
Shivers Center
- Catholic Health Initiatives, Denver, Colorado, for these hospitals:
 - ◆ Penrose-St. Francis Health Services, Colorado Springs, Colorado
Penrose Cancer Center
 - ◆ St. Joseph Medical Center, Towson, Maryland
St. Joseph Cancer Institute
 - ◆ A coordinated regional program in Nebraska
 - Good Samaritan Hospital, Kearney, Nebraska
Good Samaritan Cancer Center
 - St. Elizabeth Regional Medical Center, Lincoln, Nebraska
St. Elizabeth Cancer Center
 - St. Francis Medical Center, Grand Island, Nebraska
St. Francis Cancer Treatment Center



Goals of the NCCCP Pilot

Through the NCCCP pilot program, NCI will pursue four major goals:

1

Expand clinical trials. The pace of research in understanding cancer has accelerated in recent years, raising the need for an accessible, national cohort of cancer patients available to participate in clinical trials. However, only 3 percent of adults with cancer and an even lower rate of underserved patients do so. More people are not involved in clinical trials because they are not aware of them or trials may not be offered at their hospitals. Patients at the pilot sites will have access to the very latest cancer prevention and treatment advances through NCI-sponsored clinical trials. Making these trials available locally will draw more participants into trials and enable researchers to more rapidly develop and evaluate effective prevention and treatment strategies.

2

Reduce cancer healthcare disparities. Studies suggest that equal access to quality care could dramatically reduce cancer deaths in the United States. A major focus of the NCCCP is on improving access to care among underserved populations with unusually high cancer rates. The pilot sites already actively reach out to these communities and will build upon these initiatives to bring more Americans into the system of care. Understanding and addressing cancer health disparities' root causes is essential in NCI's aim to lessen the burden of cancer for all.





3

Provide patient data and blood and tissue samples needed for research. With access to a broad cross-section of cancer patients and healthy patients participating in prevention trials, researchers will have greater opportunity to study both cancerous and normal cells provided through tissue and blood samples. These biospecimens are important because they allow researchers to study how cancer gets started, grows, and spreads (metastasizes) in some people and what prevents or halts this process in others. The pilot will assess how NCI's guidelines for collecting and storing biospecimens can be applied nationwide to benefit the entire cancer research community.

4

Develop an electronic medical records database. Expanding the information available on people who have been screened for cancer, are at high-risk, are actively being treated, and are cancer survivors will greatly contribute to the knowledge and treatment of cancer. The pilot seeks to link this array of medical information, provided with patient consent, to NCI's electronic patient data repository, Cancer Biomedical Informatics Grid™ (caBIG™). Enhancing community hospitals' ability to create and use technology that works with caBIG™ could lead to a nationwide repository of patient information on cancer that will provide enormous benefits to cancer researchers.





Working Toward a National Network

The NCCCP pilot creates a network of community hospitals that will serve as a model for enhancing cancer research through the greater inclusion of community-based practitioners. Through the pilot, NCI seeks to answer several questions that will guide decision-making around the intended expansion of the NCCCP program at the end of the three-year pilot.

1. Can the NCCCP model of enhancing cancer research at the community level improve quality of care?
2. How can the benefits of a multidisciplinary model of cancer care best be demonstrated?
3. What components are needed to ensure a comprehensive approach to cancer care?
4. What methods are effective in increasing participation in clinical trials, especially among underserved and racial and ethnically diverse populations?
5. What approaches can help reduce cancer healthcare disparities?
6. How can community hospitals participate in NCI's electronic patient data bank and use electronic medical records?
7. How can NCI's biorepository guidelines be implemented in a community hospital-based cancer program?
8. How can a knowledge exchange network support the NCI and the NCCCP?

Evaluating the NCCCP Pilot

An independent committee of cancer program evaluation experts will assess the pilot on an ongoing basis and issue recommendations periodically and at the end of the pilot. NCI will use results of the pilot to refine the NCCCP and to identify factors to include in building a national network of community cancer centers across the country.



Community Hospitals: The First Place for Healthcare

Community hospitals are in many ways the cornerstone of the American healthcare system. With nearly 5,000 community hospitals in the United States, including 2,000 in rural areas, community hospitals play a vital role in not only caring for the sick, but for improving the overall health and quality of life of the community. Traditionally, community hospitals served as patients' primary source for disease prevention, screening and treatment, as well as emergency care, while more chronic or rare diseases were referred to academic medical centers. Over the last decade, advances in the treatment of many diseases, including cancer, have enabled community hospitals to provide patients the continuum of care, whereby patients can easily move among increasingly higher levels of service all in one place. With the acquisition of leading edge technology, and the recruitment of well-trained medical specialists, community hospitals now provide a sophisticated level of care, including advanced cancer treatment and access to clinical trials. More community hospitals are adding specialty care and satellite or remote clinics, enabling a diverse population of patients to receive quality medical care close to family and friends.

<http://ncccp.cancer.gov>



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NCCCP is a program of the National Cancer Institute