



## NCI Community Cancer Centers Program Program Overview – Hartford Hospital

- A. **Name and location of hospital: Hartford Hospital, 80 Seymour Street, Hartford, CT.**
- B. **Name of cancer center: Helen & Harry Gray Cancer Center**
- C. **Identify PI and key personnel with contact information (very brief bios) for each of the pilot focus areas:**

**PI - Andrew L. Salner, M.D.- FACR – [Asalner@harthosp.org](mailto:Asalner@harthosp.org) 860-545-2852**

Brown University - Sc.B. 1973, MD 1976. Residency-Internal medicine at Hartford Hospital 1976 - 1978, Fellowship in Radiation Oncology at the Joint Center for Radiation Therapy, Harvard med School 1978 - 1981. Staff- Beth Israel Hospital and Dana Farber Cancer Institute until 1982, 1982-pres- Director of Radiation Oncology at Hartford Hospital.

1991 –pres Hartford Hospital’s Cancer Program Director

Chair, Connecticut Cancer Partnership, the CDC recognized comprehensive cancer control planning and implementation entity in Connecticut 2005-present..

American Cancer Society –President of the Hartford Unit 1993-95, Connecticut Division 1995-7,

1st Chair of the newly merged New England Division 1997-9.

He serves on numerous local, regional, and national committees for the society.

Associate Clinical Professor of Radiology at the University of Connecticut School of Medicine.

- **Disparities**

**Susan Wright, AS, BS, MBA, [sswright@harthosp.org](mailto:sswright@harthosp.org) 860-545-5700.**

MBA, Health Care Mgmt. - Rensselaer Polytechnic Institute, Troy, NY

2000 to present: Cancer Program Information /Outreach Coordinator- Under director and in conjunction with Hartford Hospital’s Community Involvement/division of Business Development and Community Relations, coordinates multidisciplinary community outreach cancer screenings in community. The team includes technical staff, volunteers and physicians to provide mobile mammography and clinical breast exams, prostate, colon screening and lung cancer awareness information. Community organizations that participate with cancer education/screenings include faith-based, community health organizations, area shelters, senior centers and national healthcare organizations such as American Cancer Society, Leukemia & Lymphoma Society, Prostate Net, and unique collaborations with barbershops, Black Nurses Association, Urban League, and Alpha Kappa Psi.

- **Clinical Trials**

**Robert Siegel, MD [rsiegel@harthosp.org](mailto:rsiegel@harthosp.org) 860-545-3034**

1977-Lafayette College, Easton, Pa (AB) 1981-Columbia University (MD)

1981-1982 Intern Internal Med, Barnes Hosp, Wash U Sch Med, St. Louis, 1982-84-Res Int Med, Barnes Hospital

1984-87 Fellow in Med Onc, Dana-Farber Ca Inst, Boston; 1984-87 Clin Fellow in Med, Harvard Med Sch, Boston; 1985-Fellow in Hematology, Brigham & Women’s Hosp, Boston, Ma;; 1991-John C Leonard Fellowship, Hartford Hosp, Hartford, CT

Board Certification: 1984-Amer Bd of Internal Med; 1986-Amer Bd of Int Med (Hematology); 1987-Amer Bd of Int Med (Medical Onc)

Appt: 2002-Pres - Clinical Assoc Prof of Med, UConn ; 1990-pres - Staff MD, Dept of Med, Div of Med Onc, Hartford Hospital

Hartford Hospital Admin Appt: 1991-pres- Ca Center Advisory Bd; 1991-2001 - Senior Investigator, ECOG, 1992-pres - Therapeutics Committee; 1995-pres -Chairperson, Institutional Review Cmt, 1996-pres - Medical Director, Cancer Clinical Research Office; 1997-pres - Site Dir, Hematology/Oncology Fellowship; 2001-pres-Princ Investigator-CALGB; and 2002-pres - Exec Cmte, Dept of Medicine.

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- **IT**

**Pat Montanaro RN BSN MBA [pmontan@harthosp.org](mailto:pmontan@harthosp.org) 860-545-5069**

Pat Montanaro is Hartford Hospital's Director of Electronic Health Record Systems. Ms. Montanaro is a Registered Nurse with over 30 years of health care experience in roles ranging from direct patient care to clinical & information technology leadership. She is responsible for the implementation and support of automated patient care systems for Hartford Healthcare Corporation, and directed the implementation of Computerized Provider Order Entry and the Electronic Medication Administration Record. Her team's current focus is on the introduction of on-line evidence-based clinical documentation, and expansion of HHCC's electronic health record systems into the ambulatory care environment.

- **Biospecimens**

**Richard Cartun, PhD [rcartun@harthosp.org](mailto:rcartun@harthosp.org) 860-545-1596**

Richard W. Cartun is the Director of Immunopathology and Co-Director of Histology in the Department of Pathology & Laboratory Medicine at Hartford Hospital. He also serves as Assistant Director of Anatomic Pathology. Dr. Cartun received his Ph.D. (Pathobiology) from the University of Connecticut in 1990. His primary focus is on the identification and classification of human cancers using immunohistochemistry and molecular pathology techniques. In addition, he is an expert in the identification of infectious agents in histologically-processed tissues and cells. The author of numerous publications, Dr. Cartun also serves on the editorial boards for the *Journal of Histotechnology* and *The Journal of Applied Immunohistochemistry and Molecular Morphology*. He is one of the founding members of the Society for Applied Immunohistochemistry and has served on its Board since its inception in 1992.

- **Quality of Care**

**Andrew L. Salner, MD (See above)**

- **Survivorship**

**Andrew L. Salner, MD (See above)**

**D. Describe the model for medical staff for cancer center (e.g., employed, private practice, contracts, specialty company contract, combination)**

Most physicians providing cancer care at Hartford Hospital work in a private practice setting. There are 2 private practice hematology/medical oncology groups(8 and 5 MDs respectively) and 2 radiation oncology groups (8 and 1 MDs). Gynecologic Oncology (3 MDs) is fulltime hospital, and neurooncology is 1 fulltime MD. There is a large private practice multispecialty surgical group with expertise in surgical oncology, breast surgery, urooncology, colorectal cancer, thoracic oncology. There are numerous other private practice groups encompassing other oncology areas including ENT, neurosurgery, interventional and diagnostic radiology, pathology. There is general uniformity of support for Cancer Program activities, including excellent attendance at tumor boards and medical staff conferences including Cancer Committee, Cancer Advisory Committee, and Cancer HealthCare Team. Dr. Salner has had no difficulty in recruiting physicians for the process of strategic planning, or participating in Ad hoc committees for the purpose of operational or strategic issues.

Each of the relevant practices, including Oncology Associates; Connecticut Multispecialty Group-Hematology Oncology and Internal Medicine; Connecticut Surgical Group; Section of Gynecologic Oncology; NeuroOncology; and Hartford Radiation Oncology Associates, has strong practice leadership. These leaders respectively are Dr.Stacy Nerenstone, Dr.Stephen Firshein, Dr. Douglas Viets, Dr.Joel Sorosky, Dr. Alexandra Flowers, and Dr.Andrew Salner. They are committed to working in a leadership group to provide vision, oversight, and plans for care quality, growth and research. In addition all of these groups are activity involved in medical student, resident, and fellow teaching and education.

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### **E. Provide the number of physicians in the cancer program – note cancer program specific medical staff credentialing if applicable**

- Hematology/oncology 13 MDs and 2 APRNs
- Radiation Oncology 9 MDs
- Gynecologic Oncology 3 MDs and 1 APRN
- Neuro-Oncology 1 MD
- Surgical oncology 2 fellowship trained MDs
- Breast surgery 2 surgeons who limit their practice to this, 8 other surgeons who also practice breast surgery
- There are a host of radiologists (diagnostic and interventional), pathologists, general and specialty surgeons and others who work with cancer patients.

### **F. Describe multi-disciplinary care model**

Hartford Hospital has a long tradition of multi-disciplinary care where physicians, nurses, and others have worked together in meeting the individual needs of patients by developing individually tailored diagnostic, treatment and support plans. Because of the size of our organization and depth of staff, this has allowed for sub specialty expertise in oncology.

The Partnership for Breast Care was the first site specific model developed at Hartford Hospital in the Cancer Program. In this program, breast surgeons, plastic surgeons, radiation oncologists, medical oncologists, cancer geneticist, pathologists, radiologists, nurses, cancer research staff meets weekly to discuss challenging cases, develop consensus, and receive regular updates. The hospital has similarly developed a program in prostate cancer which includes urologists with expertise in robotic and open surgery, radiation oncologists with expertise in temporary and permanent seed implants, IMRT and IGRT, medical oncologists, pathologists, radiologists, cancer research staff, outreach staff, nurses, and others who meet regularly to discuss prostate cancer issues and organized plans of care. The collaboration fostered by these efforts results in open exchange with patients, family members and the treatment team about diagnostic and therapeutic options, their pros and cons, and patients are active members of this process. Nurses, dieticians, researchers, and support staff actively participate.

Gynecologic Oncology also embraces a multidisciplinary approach with excellent collaboration amongst gynecologic oncologists, radiation oncologists, medical oncologists, pathologists, radiologists, nurses, and others. All cases are discussed prospectively by the team. Multidisciplinary clinic space in the Gray Cancer Center fosters joint visits with the gynecologic oncologist, radiation oncologist, and medical oncologist, so that ongoing collaborative decisions can be made during the patient's treatment course.

The hospital is in the midst of formation of a Thoracic Oncology Program and has regular bi-weekly conference for thoracic neoplasms including thoracic surgeons, radiation oncologists, medical oncologists, radiologists, interventional radiologists, nuclear medicine physicians, pathologists, pulmonologists, nurses, cancer research staff, and others.

Neurooncology programmatic development has related to the special expertise of neurooncology, neurosurgery, neuro imaging and interventional radiology, radiation oncology, medical physics, and neurology to provide specialized care for this patient population. With the advent of stereotactic radiation modalities, this team can develop individualized plans for patients.

The hospital's long standing weekly tumor board is attended by 60-70 individuals including surgeons, radiation oncologists, medical oncologists, pathologists, radiologists, nurses. Cancer registrars, research nurses, students, residents, fellows, and others. The conference fosters active and lively exchange of

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challenging general surgery oncologic cases. We also have regular tumor boards for pediatric cancer, and lymphoma.

Physicians, nurses, social workers, dietitians, pastoral care, rehabilitation specialists, dentists, wound experts, pain specialists, pharmacists, psychologists, and others work collaboratively to ensure optimal patient outcomes and processes.

Multidisciplinary care is very much a hallmark of what our institution has stood for and is well engrained in our culture.

Hartford Hospital's Cancer Program recognizes the importance of supporting people who are affected by a cancer diagnosis. The Cancer Program has a multidisciplinary team committed to providing psychosocial support to cancer patients and their families. The team includes two oncology social workers, nutritionist, chaplain, and volunteers from the Integrative Medicine department. The newest member of the team will be the patient navigator. The navigator will collaborate with the oncologists, nurses, and all members of the psychosocial support team in addition to local agencies to provide holistic support to the patient's and their families.

The oncology social workers understand that there are many aspects of a person's life outside of cancer, and that cancer affects each person in a different way. The oncology social workers provide support in helping a patient/family cope with the physical and psychological challenges a cancer diagnosis and treatment may bring. That support may be in the form of individual or family counseling, and/or arranging for a family meeting with the medical team, at which people's care and treatment options may be discussed.

Other key areas of support are advocacy, education, financial assistance, information and referrals to community resources, including support groups. Food and Nutrition play a vital role in cancer treatment and care. The right eating choices can often control, prevent and in some incidences reverse adverse cancer or treatment side effects. The oncology Dietitian is available to patients and families to assist in the planning of a nutritionally optimal diet. The Dietitian works with patients and families on an ongoing basis to help maintain a higher quality of life. For some patients spiritual support can be as important or more important than cancer treatment. Chaplains who minister to people of all faith and background are available to patients who are seeking spiritual or religious support. An increase in stress and/or anxiety is a very common reaction for many cancer patients. The Reiki volunteers from the Integrative Medicine department teach relaxing and healing techniques to help patients cope with their diagnosis and treatment.

CHESS(Comprehensive Health Enhancement Support System) is a web based system of information and support designed at the University of Wisconsin-Madison, and utilized to reach patients with breast and prostate cancer. We have worked with Wisconsin and MD Anderson Cancer Center on various clinical trials related to Cancer Communications utilizing CHESS, and have offered it to our patients as appropriate.

### **Multi-disciplinary planning meetings**

The Partnership for Breast Care (PBC) at Hartford Hospital has a Board of Directors that provides program planning for the multi-disciplinary breast program. This group meets monthly to provide overall strategic guidance, input, and steering for all the PBC programs and initiatives and to ensure the mission is carried out. The medical director (Edward Cronin, MD, radiologist) and the PBC coordinator (Roxanne Rotondaro, MPH) run these meetings. The mission of the PBC is "To provide quality service to patients, referring physicians and the community in the screening, evaluation and treatment of breast disease by providing timely, integrated and coordinated care. To provide education on breast health to the community and health care professionals". The Board of Directors is comprised of breast surgeons, pathologists, radiologists, radiation and medical oncologists, administrators, primary care physicians, gynecologists, and the chair for the PBC Community Advisory Board. The Community Advisory Board is a group of volunteers who have been touched personally by breast cancer or are community activists. This advisory board acts on behalf of the PBC with outreach and fund raising activities and advises the PBC on issues important to individuals with breast cancer, problems or diseases.

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The programs and services provided by the PBC include mobile mammography; point of service for coordination of care, resources and referrals related to breast problems and breast cancer; community outreach and education; facilitate research by participating in proposal writing, identifying funding sources, and helping to carry out research; education for health care providers through the weekly breast tumor board, monthly educational didactic sessions and other forums such as symposiums; fundraising through grant writing, special events, and contact with foundations; data collection and reporting for all PBC patient contacts and mobile mammography. The PBC works collaboratively with the CDC breast and cervical cancer early detection program staff.

We have a monthly multidisciplinary health care team meeting to discuss quality improvement and process of care projects, widely attended by inpatient and outpatient staff. We have a quarterly cancer committee meeting which oversees our American college of Surgeons accreditation activities, audits our clinical outcomes and our cancer registry. We have a quarterly cancer strategic planning meeting with institutional leadership.

### **G. Provide a brief overview of community demographics**

Hartford is the capitol of Connecticut, and the state's third largest city with a census of approximately 125,000 people. Greater Hartford is also the largest metro area in the state of Connecticut, forty-fourth in the country, with a population of 1.18 million. The city itself is approximately 18% white, 38% black, 41% Hispanic. The median income for a city household is \$24,800 with 28.2% of families and 30.6% of the population below the poverty line. The City of Hartford is the ninth poorest city in the country. Paradoxically, Connecticut as a state has the highest per capita income in the United States. There are two other hospitals which serve the greater Hartford area, including St. Francis Hospital, also in the city of Hartford, and John Dempsey Hospital, in Farmington, Connecticut approximately 15 miles west of the city. Hartford Hospital is the largest of the three institutions. It is the only hospital in the region with a Level I Trauma Center, air ambulance, and transplant program. It therefore serves as a major referral center, community hospital, and major teaching hospital for the University of Connecticut, School of Medicine.

### **H. Describe the philosophy on community outreach and list five major activities to reach disparate populations – note if the organization participates in a formal and ongoing community coalition to address unmet health need**

Hartford Hospital is the region's oldest hospital, founded in 1854 in response to an industrial accident. It has been committed to serving the community ever since.

Hartford and the surrounding region has a large underserved population. More than two-thirds of Hartford residents are African-American or Hispanic. Data from the Connecticut Tumor registry, as well as from studies investigating the Hartford region itself, suggest that incidence and mortality data mirror national trends in these underserved populations- ie a higher incidence and mortality of prostate cancer amongst African American and West Indian men, and a higher mortality rate amongst African American women for breast cancer.

Our general approach to community health fairs and events is to provide a more comprehensive cancer awareness and screening program so that people do not feel that they need to come in separately for each body part. In addition, we like to provide services for both men and women so that couples will come in, providing mutual support for one another. Therefore, our events focus on the 4 major cancer sites- lung, colorectal, breast, and prostate. Our mobile mammography program in addition focuses on breast cancer screening, at locations where it goes, in partnership with community organizations and churches. Barbershop awareness events focus on prostate cancer.

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1. The Cancer Program has played in active role in community outreach for many years, providing a very active CDC and state of CT Department of Public Health Breast and Cervical Cancer Early Detection program(BCCEDP) since 1995. This project has also received 6 years of WISEWOMAN grant funding, and several AVON Foundation Breast Care Fund grant.
  
2. Recognizing the need to provide more accessible mammographic screening, the hospital approved the mobile mammography fundraising effort, devoting a substantial portion of the proceeds of its annual fundraising gala, the Black and Red Ball, to this cause. Many private donors and foundations participated in this effort. “Take the Time” mobile mammography program at Hartford Hospital was established in October of 2005 to provide screening mammograms. In the first year “Take the Time” provided 454 screening mammograms; 67% of women had insurance but were not regularly obtaining screening mammograms; and only 30% reported their race as white.
  
3. Hartford Hospital has provided free cancer awareness and screening at community and church based health fairs for many years. Included have been lung cancer awareness/prevention/tobacco cessation, colorectal cancer awareness/early detection with fecal occult blood testing, breast cancer awareness/early detection with clinical breast exams and mobile mammography, and prostate cancer awareness/early detection with PSA blood testing and digital rectal exams. Services are provided free of charge, other than mammography which is billed to the patient’s insurance, or provided free for those without insurance coverage. We participate in 6-8 such events annually, and provide public awareness messaging to make people aware of these opportunities.
  
4. Recognizing significant difficulty in reaching African American men, and their increased risk of and mortality from prostate cancer, the Cancer program partnered with Virgil Simons and the ProstateNet. The unique methodology of working with barbers in inner city shops, who provide credible lay health advice, was initiated. We have used this as a methodology for reaching urban African American men and their families and friends.
  
5. In 2004, Hartford Hospital was awarded a 2 year CDC special projects grant to develop new awareness information, grow its barbershop program in Hartford, and extend it to Bridgeport and New Haven. This is effectively and successfully being carried out now in collaboration with hospitals in those cities. This grant was made possible by the CDC funded comprehensive cancer control implementation funding to CT and its Connecticut Cancer partnership, a coalition of some 300 volunteers chaired by Dr. Salner devoted to comprehensive cancer control.

### **Public/Private Partnerships**

We have a large number of partnerships as listed in Appendix N. We have linkages with 3 federally Qualified Health Centers. We work with the City of Hartford, and the State of Connecticut for various outreach efforts. The City of Hartford has contracted with us to provide leadership in developing a city wide cancer control plan.

As a pilot for cancer screening outreach, the Helen & Harry Gray Cancer Center and the Partnership for Breast Care collaborated with community organizations in the two years prior to implementation of “Take the Time” mobile mammography at Hartford Hospital. In the first pilot year, at the community organizations health fairs, Hartford Hospital provided clinical breast exams, breast health education, and enrollment into the Connecticut Breast and Cervical Cancer Early Detection Program (CBCCEDP), as well as offering mammography appointments at Hartford Hospital. There were minimal women who signed up for appointments although many who were overdue for this screening. In the second pilot year, Hartford Hospital provided the same services but with a contracted mobile mammography service that provided mammograms on site in the comfortable and trusted community setting. The mobile service was very highly accepted by the patients; the mammography sessions were fully subscribed.

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### I. 2006 new cancer cases

<b>2006 Hartford Hospital Cancer Cases</b>			
<b>By Site Group</b>	<b>2006</b>	<b>By Site Group</b>	<b>2006</b>
<b>All Sites (Total)</b>	2667		
<b>All Sites (Analytic)</b>	2325		
Tongue	11	Melanoma of Skin	23
Salivary Glands, Major	3	Kaposi Sarcoma	0
Gum		Other Skin Ca	12
Floor or Mouth	4	Breast	518
Mouth, Other, & Nose	5	Cervix In Situ Ca	1
Tonsil	11	Cervix Uteri	12
Oropharynx		Corpus Uteri	63
Nasopharynx	1	Ovary	34
Hypopharynx	4	Vagina	1
Esophagus	25	Vulva	11
Stomach	39	Other Female Genital	1
Small Intestine	2	Prostate	399
Colon	130	Testis	18
Rectum & Rectosigmoid	59	Penis	1
Anus, Anal, Canall, Anorectum	5	Other Male Genital	
Liver	36	Bladder	108
Gallbladder	2	Kidney and Renal Pelvis	118
Bile Ducts	15	Ureter	7
Pancreas	61	Other Urinary	3
Retroperitoneum	1	Eye	2
Peritoneum, Omentum, Mesent	2	Brain	41
Other Digestive	3	Other Nervous System	4
Nasal Cavity, Sinus, Ear	4	Thyroid	51
Larynx	13	Other Endocrine	6
Lung/Bronchus-Small Cell	23	Hodgkin's Disease	14
Lung/Bronchus-Non Small Cell	217	Non-Hodgkin's Lymphoma	66
Pleura	4	Unknown or Ill-Defined	58
Leukemia	26		
Myeloma	10		
Other Hematopoetic	23		
Bone	1		
Other Soft Tissue	14		

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### J. 2006 patients on clinical trials

#### Summary 2: Information on Clinical Research Studies Helen & Harry Gray Cancer Center/Hartford Hospital Reporting Period: 1/1/2006 - 12/31/2006

Sponsor (NCI/Other)	Site	Title	Date Opened	Date Closed	Type (Behavioral, Therapeutic/Prevention)	Accrual 2006
* TAIHO	Breast	A Phase II Randomized Double-blinded Efficacy and Safety Study of Three Doses of TAS-108, Administered Orally in Postmenopausal Patients with Locally Advanced or Locally Recurrent Inoperable or Progressive Metastatic Breast Carcinoma Following Standard First or Second Line Endocrine Therapy (Quintiles/Taiho)	3/18/2004		Therapeutic	2
NSABP	Breast	NSABP B-36: A Clinical Trial of Adjuvant Therapy Comparing Six Cycles of 5-Fluorouracil, Epirubicin and Cyclophosphamide (FEC) to Four Cycles of Adriamycin and Cyclophosphamide (AC), With or Without Celecoxib, in Patients with Node-Negative Breast Cancer.	5/21/2004		Therapeutic	1
NSABP	Breast	NSABP B-38 A phase III Adjuvant Trial Comparing Three Chemotherapy Regimens in Women with Node-Positive Breast Cancer: Docetaxel/Doxorubicin/Cyclophosphamide (TAC); Dose-Dense (DD) Doxorubicin/Cyclophosphamide Followed by DD Paclitaxel (DD AC>P); DD AC Followed by DD Paclitaxel Plus Gemcitabine (DD AC >PG)	12/10/2004		Therapeutic	6
NSABP	Colon	A Phase III Clinical Trial Comparing Infusional 5-Fluorouracil (5-FU), Leucovorin, And Oxaliplatin (mFOLFOX6) Every Two Weeks With Bevacizumab To The Same Regimen Without Bevacizumab For The Treatment Of Patients With Resected Stages II And III Carcinoma Of The Colon. (C-08)	1/18/2005	3/28/2006	Therapeutic	2
NSABP	Breast	A Randomized Phase III Study of Conventional Whole Breast Irradiation (WBI) Versus Partial Breast Irradiation (PBI) for Women With Stage 0, I or II Breast Cancer. (NSABP B-39/RTOG 0413)	6/15/2005		Therapeutic	5
* IDERA	Renal	Protocol 2055-003 - A Phase 2, Multi-Center, Randomized, Open-Label Study of Two Dose Levels of IMOXine (TM) (HYB2055 for injection) in Patients with Metastatic or Locally Recurrent Clear Cell Renal Carcinoma	7/6/2005		Therapeutic	2
CALGB	Leukemia	A Phase II Study Of Fludarabine + Rituximab Induction Followed by Alemtuzumab (Campath-1H, NSC #715969, IND #10864) Consolidation in Untreated Patients with B-Cell Chronic Lymphocytic Leukemia, CALGB 10101	10/14/2005	12/15/2006	Therapeutic	1
* Pancreatic	Pancreatic	An Open-Label Phase 2 Trial of Talabostat and Gemcitabine In Patients with Stage IV Adenocarcinoma of the Pancreas (PTH-320)	11/28/2005		Therapeutic	3
GOG	Ovarian	GOG 218: A Phase III Trial of Carboplatin and Paclitaxel plus placebo versus Carboplatin and Paclitaxel Plus Concurrent Bevacizumab (RhuMab VEGF, NSC #704865, IND#7921) followed by placebo versus Carboplatin and Paclitaxel plus Concurrent and Extended Bevacizumab in Women with Newly Diagnosed, Previously Untreated Suboptimal Advanced Stage Epithelial Ovarian and Peritoneal Primary Cancer.	4/26/2006		Therapeutic	1
NSABP	Breast	B-35 A Clinical Trial Comparing Anastrozole with Tamoxifen in Postmenopausal Patients with Ductal Carcinoma In Situ (DCIS) Undergoing Lumpectomy with Radiation Therapy (NSABP)	3/10/2003	10/19/2006	Therapeutic	3
CALGB	Breast	Cyclophosphamide and Doxorubicin (CA 4 vs 6 cycles) versus Paclitaxel (4 vs 6 cycles) as Adjuvant Therapy for Breast Cancer in Women with 0-3 Positive Axillary Lymph Nodes: A 2x2 Factorial Phase III Randomized Study CALGB 40101	6/16/2003		Therapeutic	5
GOG	Ovarian	GOG 199: Prospective Study of Risk-Reducing Salpingo-Oophorectomy and Longitudinal CA-125 Screening Among Women at Increased Genetic Risk of Ovarian Cancer.	1/1/2004	11/01/06	Prevention	10
GOG	Ovarian	GOG 220: Pelvic Mass Study to Develop Serum Proteomic Profiles (signatures) for Epithelial Ovarian Cancer Diagnosis and Prognosis.	2/1/2006		Prevention	45



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GOG	Endometrial	GOG 210: A Molecular Staging Study of Endometrial Cancer.	3/15/2005		Therapeutic	2
CALGB	QOL	Quality of Life of African American Cancer Survivors.	11/15/2005	10/13/2006	Quality of Life	13
CALGB	Breast	JMA 17R: A Double-Blind Re-Randomization to Letrozole or Placebo for Women Completing Five Years of Adjuvant Letrozole in the JMA.17 Study	12/31/1998		Therapeutic	2
NIH	Breast	Center of Excellence in Cancer Communication: Cancer Communication Systems (CHESS)	2/24/04		Quality of Life	108
NINR/NIH	Breast & Prostate	Web-Based Support for Informal Caregivers in Cancer (CHESS)	1/31/05	8/31/06	Quality of Life	20
* Hartford Hospital	Breast & Prostate	Effects of Training on Utilization of CHESS	6/25/03		Quality of Life	10
<b>TOTAL</b>		<b>Total Trials 19</b>				<b>241</b>

\* Denotes non-NCI trials

### **K. Number of patients on clinical trials and % NCI-sponsored trials**

#### **Number of Patients on Active Clinical Trials and Accrual Rates**

Accrual Rate Calculation	Total Accrued	Number of New Cancer Cases	Total Percent Accrual	Percent Accrual NCI sponsored Trials
Period: 1/1/06 – 12/31/06	241	2,325	10.36%	9.63%

### **L. Describe the focus of linkages with NCI-designated cancer centers or other academic research institutions**

The Hartford Hospital Cancer Program has an affiliation with Dana Farber/Partners CancerCare, which focuses primarily on clinical trial participation. We are a member of CALGB and RTOG through this affiliation, and also have access to industry and investigator initiated Dana Farber, Brigham and Women's, and Massachusetts General Hospital trials. This affiliation also provides opportunities for participation in conferences either in person or by video conferencing. Dana Farber/partners physicians and staff come to Hartford periodically to participate in our conferences and tumor boards. This affiliation also allows for assistance with cancer program element development.

We have worked collaboratively with the Yale Cancer Center on several projects, including the Connecticut Cancer Partnership, a statewide clinical trials network, and other related issues.

We have a referral relationship with Dana Farber/Partners for consultation and treatment for patients with complex situations where the technology does not exist in Hartford-ie stem cell transplantation.

We have a referral relationship with Yale Cancer Center for consultation and treatment of selected complex patients such as cutaneous lymphoproliferative disorders, orthopedic oncology, hematologic stem cell transplants, and others.

We have a longstanding collaborative relationship with the University of Wisconsin related to CHESS, and have been an active research participant. We are a major collaborator in the NCI Communications Centers grant.

We have also collaborated with Memorial Sloan Kettering Cancer Center in referring selected patients with complex malignancies.

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Hartford Hospital's Research Program has over six hundred active research studies; its portfolio includes clinical trials, cooperative group trials under NSABP, GOG, ECOG, and CALGB, and a growing NIH grant portfolio. The hospital has an active FWA on file with OHRP, and adequate resources to conduct and monitor clinical trials.

We are a prime collaborator with the University of Wisconsin-Madison in their NCI funded Centers of Excellence in Cancer Communications Research (CECCR) using the Comprehensive Health Enhancement Support System (CHESS) which strives to improve the quality of life for cancer patients and their families, particularly those from underserved populations

### **M. Describe the status of electronic medical records at the hospital and cancer center**

Hartford Hospital is in the midst of implementing a fully automated electronic health record (EHR). At this point, over 75% of our medical record is electronic. We have fully implemented computerized physician order entry (CPOE) and the electronic medication administration record (e-MAR). All of our ancillary test results are stored electronically. Nursing and physician clinical documentation are being implemented in 2007 and 2008, at which point the medical record will be fully electronic.

Hartford Hospital uses the Eclipsys Sunrise Clinical Manager and Sunrise Record Manager products to support its EHR. These systems operate over a wired and wireless wide area network, allowing access to clinical information from any area of the Hospital. The EHR is also available over the Internet for authorized clinicians who are not in the Hospital, but who need access to clinical information to care for their patients.

The Cancer Center currently uses the EHR, as do all clinical services at Hartford Hospital. The two medical oncology groups utilize Aria and Allscripts respectively as EHRs.

Hartford Hospital works closely with its oncology group practices and is providing support for their efforts to implement office-based electronic medical record (EMR) systems. Our plan is to share electronic clinical information with the oncology practices so that all important patient information is available to all caregivers wherever it is needed.

Information Services at Hartford Hospital is responsible for integrating all clinical applications to ensure that information is correct and timely. Information Services staff work with the systems staff at our group practices to encourage the use of CCHIT approved applications. Our staff is very competent in integrating applications from a variety of vendors, using integration brokering technology.

Information Services is also responsible for ensuring that all state and federal regulations regarding patient privacy and clinical information security are observed.

We have integrated our Varian radiation oncology system into our wide area network so as to share patient information and speed reports and other clinical documentation to the EHR.

In addition to the work of our Information Services division, Hartford Hospital's Research organization has developed a number of applications that support our clinical research and trials. We have implemented patient registry systems for Oncology and a number of our other clinical services to support data collection and analysis for clinical trials and basic research.

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### **N. Describe the experience with biospecimen collection and banking**

The Department of Pathology and Laboratory Medicine at Hartford Hospital receives specimens fresh and in formalin and utilizes routine histology techniques for processing, embedding and sectioning to create slides for diagnostic pathologic interpretation. Glass slides and paraffin blocks are stored on campus in files for 25 years (the minimum legally required time is ten years). Formalin fixed tissue is stored in a specified room with special ventilation on mechanically rotating shelves for one month following the surgery. Over 40,000 specimens are received per year in surgical pathology and hematopathology.

There are no biospecimens processed at labs outside of the hospital and no current programs or relationships for biospecimen banking.

The Anatomic Pathology Laboratory is engaged a high level of triaging of tissue specimens for national research protocols, especially those for patient treatment. The laboratory currently has active immunohistochemical and molecular diagnostics laboratories that provide a spectrum of diagnostic tests applicable to oncology. Included in these are Urovision for bladder cancer and MSI (microsatellite instability) for colon cancer.

The Department of Pathology and Laboratory Medicine has an ACGME approved training program with 17 residents and fellows. There is an active clinical research program, with approximately thirty refereed publications per year. Members of the Department have extensive subspecialty interests that include GYN, GU, pulmonary, breast, hematopathology and neuropathology. The Department receives a large volume of cases for diagnostic consultation from regional institutions.