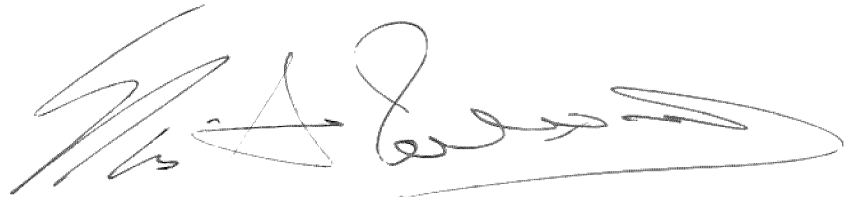


DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Cancer Institute

**Community Cancer Centers Program
Pilot 2007 – 2010**

A handwritten signature in black ink, appearing to read 'E. Zerhouni', with a long horizontal flourish extending to the right.

Elias A. Zerhouni, M.D.
Director, NIH

Community Cancer Centers Program Pilot 2007 – 2010

Introduction

In its report on the fiscal year (FY) 2007 budget for the Department of Health and Human Services, the House Committee on Appropriations stated the following:

The Committee commends NCI for its foresight in developing the community cancer centers program, which is a direct mechanism to translate the most promising advances in cancer treatment from major medical research institutions to community hospitals around the country. The Committee requests a report by September 30, 2007 regarding the feasibility of expanding this pilot program. (House Report No. 109-515, page 87)

The following report has been prepared by the National Cancer Institute, National Institutes of Health, Department of Health and Human Services in response to this request.

Background

The National Cancer Institute (NCI) leads the nation's efforts to discover better ways to prevent, diagnose, and treat cancer. In its laboratories, 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 cancer care.

The NCI Community Cancer Centers Program (NCCCP) 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 NCCCP extends the reach of NCI research and Cancer Centers into more U.S. states, cities, and towns, including rural areas and inner cities.

The NCCCP seeks to:

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

Creating the Next Rim of Cancer Research and Care

The NCCCP pilot offers more Americans access to research-based, coordinated multi-specialty cancer care by affiliating with the hospitals and clinics where most cancer patients already receive care.

The pilot will begin at eight free-standing community hospitals and eight hospitals operated by health care systems. The sites will be funded for a collective total of \$5 million per year. An NCI panel of experts and an independent group of outside experts will set milestones, monitor progress, and evaluate success of the three-year pilot and then issue recommendations for a full-fledged program.

- Billings Clinic, Billings, MT. (Billings Clinic Cancer Center)
- Hartford Hospital, Hartford, CT. (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, SD. (Sanford Cancer Center)
- Spartanburg Regional Hospital, Spartanburg, SC. (Gibbs Regional Cancer Center)
- St. Joseph Hospital, Orange, CA. (St. Joseph Hospital Cancer Center)
- Christiana Hospital, Newark, DE. (Helen F. Graham Cancer Center at Christiana Care)
- Ascension Health of St. Louis, MO., will operate sites at:
 - St. Vincent Indianapolis Hospital, Indianapolis, IN. (St. Vincent Oncology Center)
 - Columbia St. Mary's, Milwaukee, WI. (Columbia St. Mary's Cancer Center)
 - Brackenridge Hospital, Austin, TX (Shivers Center)
- Catholic Health Initiatives of Denver, CO., will operate sites at:
 - Penrose-St. Francis Health Services, Colorado Springs, CO. (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).

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 distance, 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, inner-city, and underserved individuals – easier access to clinical research and advanced cancer screening, early detection, treatment, and palliative care services.

Enhancing Quality Care and Research in the Community

The community cancer centers that are part of the 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 multi-disciplinary 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.

Strengthening clinical research expertise is also expected to enhance the quality of care offered at the NCCCP pilot sites. 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.

Goals

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

1. Provide local access to 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 urban and rural adults 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.

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 are 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 a national database of voluntarily-provided electronic medical records.

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 GridTM (caBIGTM). Enhancing community hospitals' ability to create and use technology that works with caBIGTM could lead to a nationwide repository of patient information on cancer that will provide enormous benefits to cancer researchers.

NCCCP Pilot Network

NCI has already extended this program beyond the original plan when it selected 16 community hospitals from around the country as NCCCP pilot sites—4 sites more than originally planned. Each participating hospital serves a decidedly diverse population of patients and their families. Representing every geographic region of the United States, the areas served by the pilot sites range from the inner cities of Baltimore, Milwaukee, and Hartford, to the vast frontier regions of Montana and Colorado, to the deep South, Midwest, and upper Plains states.

Each of the sites have remarkable records of community outreach programs that serve not only their immediate areas but communities well beyond, often through remote and mobile clinics and traveling medical staffs.

Each site has a community hospital-based cancer center that already offers a combination of medical, surgical, and radiation oncology care. Each one administers more than 1,000 new cancer cases each year, supports and accrues patients to clinical trials, and actively reaches out to uninsured and underinsured individuals. For more site details, see also <http://ncccp.cancer.gov/index.htm>.

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 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 three-year pilot. NCI will use results of the pilot to refine the program and to identify factors to include in modifying the program to build a national network of community cancer centers across the country. This program will achieve ultimate success by the cancers prevented or diagnosed at their earliest stages, and by the number of lives saved.