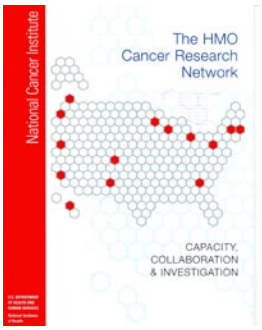
The Cancer Research Network
Connection

News from Ed, Larry and Mark

Update from the CRN Executive Committee



We hope you've all had a chance to see the NCI's brochure, "The HMO Cancer Research Network: Capacity, Collaboration & Investigation." It's better than we had hoped, and is apparently attracting considerable interest within the NCI and NCRR/CTSA communities. Copies are available in all CRN sites (as well as on our website as a PDF). A key word in the title is "collaboration". As Bob Croyle, Director of the NCI's Division of Cancer Control and Population Sciences says about the brochure in its Foreword: "it aims to serve as a 'user's guide' for potential collaborators." We should expect more inquiries from outside investigators, and look at it as an important opportunity to enhance our scientific program and resources, not a threat. We have established processes to screen and respond to these inquiries carefully. We will only benefit if we can establish more productive collaborations such as those with Boston University on the BOW project, Beth Israel-Deaconess Hospital on the DCIS project, and the Dana-Farber Cancer Institute on CanCORS.

-Ed Wagner (GHC), Larry Kushi (KPNC), Mark Hornbrook (KPNW)

News from NCI

Report from NCI's CRN Program Director

Comings and Goings…I am very sad to announce that, after 22 years of outstanding service, Arnie Potosky will be leaving NCI in August. Many members of CRN know Arnie through his leadership of CanCORS, but Arnie has also been instrumental in developing such other milestone NCI resources and programs as SEER-Medicare and the Prostate Cancer Outcomes Study. The good news is that Arnie will be taking a very exciting academic research position at Georgetown University. I'm definitely giving him a copy of "The HMO Cancer Research Network: Capacity, Collaboration & Investigation." Who knows…you may be hearing from him in his new capacity.

I am also pleased to let you know that Muin Khoury has recently

Continued on Page 4

In This Issue

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The Cancer Research Network (CRN) is a collaboration of 13 non-profit HMOs plus one CRN-affiliated HMO committed to the conduct of high-quality, public domain research in cancer control. The CRN is a project of NCI and AHRQ.

Call for Proposals: CRN Pilot Projects & Activities

The Cancer Research Network invites the submission of proposals for pilot projects and activities that address issues relevant to enhancing research on cancer prevention, early detection, treatment, long-term care and post-diagnosis monitoring in the context of health care delivery systems.

All projects must:

- involve at least one CRN site
- have the potential to lead to a fundable proposal involving two or more CRN sites (e.g., an R01, R21, K-award or alternative funding, including funding from foundations or other non-federal sources)

Who can apply?

All investigators from within the 14 CRN sites, regardless of involvement with the CRN, are eligible to submit proposals. However, if the Principal Investigator of the proposal is not at one of the CRN sites, there must be a CRN Co-investigator. The CRN pilot project budget year is May 1, 2009 – April 30, 2010.

2008-2009 Application Schedule

By September 15..... Abstracts due at PI Office. Email Leah Tuzzio, tuzzio.l@ghc.org.

By October 20..... Full applications & budgets due at PI Office. Email Leah Tuzzio, tuzzio.l@ghc.org.

By November 17..... Applications are reviewed

By December 10..... Steering Committee selects applicants

By January..... Notification of selection

By ~ May..... Funding to be awarded (after NCI reviews and approves)

Application materials are available on the password-protected CRN website. Contact Leah Tuzzio for questions: tuzzio.l@ghc.org

Funding Criteria

Applications will be judged by the following criteria, in order of importance:

1. Potential for generating a fundable grant
2. Involvement of a junior investigator
3. The project leverages unique features of the CRN and HMO setting
4. Scientific value for the dollar
5. Priority will be given to new investigators, investigators with a new strategic focus and new collaborations

The topics that are encouraged, although not required, include the **CRN's Research Themes:**

- Data Resources and Infrastructure
- Enhancing Cancer Communication and Decision-making
- Health Care Delivery, Quality, Costs, and Outcomes
- Health Insurance Benefit Design and Patterns of Care Utilization
- Cancer Epidemiology, Prevention, and Health Promotion
- Psychosocial Factors and Burden of Cancer
- Research Translation and Patterns of Screening, Treatment, and Care
- Building Capacity to Support Emerging Areas of Cancer Control Research

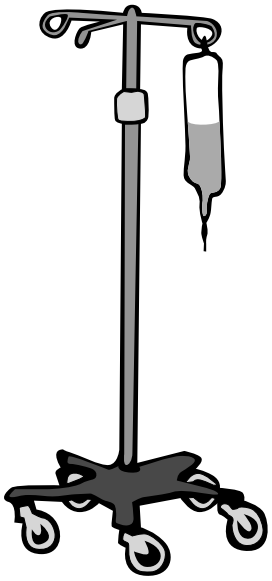
To read more about the CRN's research themes, see pages 6-7 of the NCI's CRN brochure:

http://crn.cancer.gov/publications/capacity_collaboration_investigation.pdf

Intraperitoneal Chemotherapy for Ovarian Cancer
Is it making a splash in CRN health plans?

In January 2006, the NCI released a clinical announcement recommending intraperitoneal (IP) chemotherapy in combination with intravenous (IV) chemotherapy for the treatment of advanced stage ovarian cancer. Though this was a new recommendation by NCI, IP chemotherapy has been around since the 1970s (Dedrick et al., 1978). But IP treatment never became standard of care because of potential for severe side effects and complexity of administration. Almost 30 years later, a randomized trial (Armstrong et al., 2006) of 415 women with stage III ovarian cancer showed that survival was statistically significantly better among women receiving IP + IV compared to IV alone, leading to the NCI clinical announcement. Whether this announcement would lead to a wide diffusion of IP chemotherapy was to be determined.

Intraperitoneal chemotherapy: *chemotherapy delivered through a catheter inserted directly into the abdomen.*



GOALS

The goal of our study was to evaluate the diffusion of IP chemotherapy for ovarian cancer patients among eight CRN sites before and after the NCI clinical announcement. Using the VDW, we identified 1,183 women diagnosed with ovarian cancer between January 1, 2004 and June 30, 2006. Using Current Procedure Terminology codes available in the VDW, we assessed the administration of IV and/or IP chemotherapy treatment through June 30, 2006.

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RESULTS

Our results showed minimal diffusion of IP chemotherapy, with only four women receiving the treatment according to VDW data. These results are not surprising. The most likely explanation is that we only allotted six months between the release of the NCI announcement and the ascertainment of IP treatment. Prior studies have found a delay in the uptake of proven treatments. It is also possible that IP chemotherapy was not adopted because of the side effects and low patient tolerance for this aggressive treatment.

LESSONS LEARNED

We learned a lot about extracting chemotherapy data from the VDW and have used this as an opportunity to validate the VDW for accuracy of chemotherapy data (manuscript in progress). However, the question of whether IP chemotherapy has made a comeback still remains. Future studies may examine the diffusion of IP chemotherapy in the years following the release of the NCI announcement. The CRN is an ideal setting for diffusion studies using VDW data, which may prove to be a more accurate and cost-effective source for chemotherapy data than available in other settings. However, these studies should only be conducted with adequate funding and personnel as automated data may still be ridden with complexity and coding variations.

"The CRN is an ideal setting for diffusion studies using VDW data..."

- Erin Bowles, Leah Tuzzio (GHC)
Larissa Nekhlyudov (HPHC)

What's New with the VDW?

What happens when the VOC assembles ***20*** programmers and ***16*** investigators, representing ***14*** CRN sites and ***1*** affiliated university?

7 VDW Content Area Expert Groups are formed!

The mission of the expert groups: To create a data quality improvement plan for each content area.

If you attended the 2008 HMORN conference in Minneapolis, you probably saw the posters describing each VDW content area, and wanted to know more about the genius minds behind the posters.

Each group is co-led by an investigator and an analyst with expertise in the data area:

Census: Chyke Doubeni (MPCI) and Roy Pardee (GHC)

Enrollment & Demographics: Mark Hornbrook (KPNW) and Roy Pardee (GHC)

Lab: Marsha Raebel and Gwyn Saylor (KPCO)

Pharmacy: Jeff Brown and Kristen Moore (HPHC)

Tumor: Lois Lamerato and Karen Wells (HFHS)

Utilization: Terry Field (MPCI) and Don Bachman (KPNW)

Vital Signs: Nancy Sherwood and Amy Butani (HPRF)

Virtual Data Warehouse (VDW): *a series of dataset standards and automated processes that allow SAS programs written at one HMO Research Network (HMORN) site to be run against other VDW sites quickly and with a minimum of site-specific customization.*

VDW Operations Committee (VOC): *a group of HMORN investigators and analysts, headed by Jeff Brown (HPHC), and charged with ensuring a stable VDW environment, including maintenance, updates and enhancements.*

News From NCI

Continued from Page 1

joined NCI as a Senior Consultant in the Division of Cancer Control and Population Sciences. Muin is working with NCI on a 40% detail. He continues to serve as Director of the National Office of Public Health Genomics at the Centers for Disease Control and Prevention. Among his other activities, Muin has initiated an NCI interest group in Public Health Genomics that will meet monthly. Muin has already interacted with the CRN interest group on family history and I hope and expect that his interaction with CRN will continue to grow and develop.

-Martin Brown (NCI)

CRN News & Milestones

Congratulations! The **Breast Cancer in Older Women** (BOW) project team will have the opportunity to continue conducting **strong science and robust productivity** with their new grant award.

The 2008 CRN Pilot Fund Program awarded a fifth pilot to **Alanna Kulchak Rahm, MS** (KPCO) to study **media coverage and direct-to consumer advertising of genetic tests.** Congrats!

The CRN's **cancer counter** now includes 2006 data! https://www.kpchr.org/crn2/apps/ACancerCounter/ACancerCounter.aspx

Several upcoming meetings

September 5-7: American Society of Clinical Oncology (Washington, DC)

September 15-18: Epic's User Group (Madison, WI)

September 18-19: NCI, CRN Steering Committee & Academic Liaison Committee semi-annual (Rockville, MD)

October 19-22: Society for Medical Decision Making (Philadelphia, PA)

November 5-8: American Evaluation Association (Denver, CO)

Why Do We Evaluate the CRN, Anyway?

Embarking on a New Evaluation Strategy

Earlier this year, over 200 of you received an invitation to participate in the CRN's annual evaluation. This survey has been a staple of the CRN since its beginnings in 1998, as it was a requirement in NCI's original Request for Applications. Evaluating the productivity of large NCI program projects is a growing area, as evidenced by activities in other NCI consortia such as the Transdisciplinary Tobacco Use Research Consortium, and Centers of Excellence in Cancer Communications Research.

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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 & Collaborations Committee.

Contributors. . . . . .Erin Bowles, Martin Brown, Ann Geiger, Sarah Greene, Mark Hornbrook, Larry Kushi, Sherry Lee Lauf, Larissa Nekhlyudov, Leah Tuzzio, Ed Wagner

Oversight. . . . . Martin Brown, Terry Field, Wendy McLaughlin, Deb Ritzwoller, Cheri Rolnick, Leah Tuzzio, Ed Wagner, Robin Yabroff

Editor. . . . . Sarah McDonald

A June 2008 issue of JNCI also included an interesting article on criteria for evaluating the success of large cohort studies. The authors point out that traditional measures of research productivity (number of publications, journal impact factor, frequency of articles being cited), while useful, do not capture other important markers of productivity, such as "the pace at which new collaborative transdisciplinary projects are developed…; the speed of implementing the Centers; [and] cumulative changes in the collaborative behaviors and values of participants in the Centers…"

Coincident with CRN3, our Evaluation Core embarked on a new evaluation strategy this time around. This year's survey incorporated an adapted version of a tool developed by the Center for the Advancement of Collaborative Strategies in Health, called the **Partnership Self-Assessment Tool**. The questions explore different facets of partnership effectiveness, such as synergy, leadership, efficiency and administration.

"...synergy, leadership, efficiency and administration..."

Along with these new questions, we retained survey items which have been part of our Evaluation from the get-go: one group of items assesses the impact of the CRN at the health plan, research center, and individual level; other items allow respondents to rate the effectiveness of specific projects or interest groups they're involved in. Preserving these items from year to year provides an important barometer for how we're doing, and shows us areas we can target for improvement.

We're gratified to report that we achieved a 60% response rate for this year's survey. While this is lower than what we'd attained in previous years, we recognize that everyone is balancing many competing priorities, and appreciate that 110 of you took time to respond.

The results will be furnished to the Steering Committee and individual project and interest group leaders in September. The overall concept of the CRN evaluation, including how we've applied the results over the past years, will also be presented at the American Evaluation Association's annual meeting in November.

Your ideas and suggestions for how we can continue to fine-tune the CRN Evaluation are always welcome. Feel free to email either of the "CRN Sarahs": Sarah Greene, Evaluation Core Director, greene.sm@ghc.org, or Sarah McDonald, Administrative Coordinator, mcdonald.sj@ghc.org.

-Sarah Greene (GHC)

Is Stroke a Late Effect of Chemotherapy?

VDW Provides Sole Data Source for Multi-site Study Team

Scientists and staff from Group Health, Henry Ford, and Kaiser Permanente Colorado and Northern California are nearing the completion of this collaborative project with the Wake Forest University School of Medicine and preparing several manuscripts. This project and preliminary results were presented earlier this year at meetings of the American Society of Preventive Oncology, HMO Research Network, and Biennial Cancer Survivorship Research Conference.

Based on an unexpected finding of an association between chemotherapy and stroke from a Kaiser Permanente Southern California study, our aim was to determine whether chemotherapy is associated with an increased risk of stroke among bladder, female breast, colorectal, Hodgkin's lymphoma, adult leukemia, multiple myeloma, non-Hodgkin's lymphoma, and ovarian cancer patients. A secondary goal was to explore the capacity of the Virtual Data Warehouse (VDW) to support such studies as a sole data source. VDW data used included cancer registry, enrollment, utilization, and pharmacy. Data were stripped of identifiers and dates at each site before being combined into an analytic database.

The first analysis focuses on whether stroke is associated with chemotherapy after treatment has ended, defined as one year after cancer diagnosis. Among 37,355 eligible individuals included in a multivariable model adjusting for demographic, tumor, treatment, and medical history factors, chemotherapy for any cancer was not associated with stroke. There was a trend toward an association between chemotherapy and stroke among hematologic but not solid tumors. Individuals who had chemotherapy also were younger at the time of their first post-cancer stroke, and individuals with a prior history of stroke were much more likely to have a stroke.

A second analysis focuses on strokes that occur while patients are being treated or shortly thereafter, defined as within a year from cancer diagnosis. The results of analyses completed thus far generally are similar to the results for strokes after treatment has ended.

We also are preparing a manuscript describing our approach for creating a common program run at all four sites, as well as the steps involved in obtaining IRB approval. We found that the programming process resulted in high quality data fairly rapidly. IRB requirements varied by site but generally were quite manageable.

-Ann Geiger (Wake Forest)

Fine Art & Financial Acumen

Many of you know Sherry Lee Lauf as a grant manager in the CRN PI's office, working on pre- and post-award administration and contract review and negotiation. But did you know that Sherry is a painter? She earned her BFA at the University of Washington (UW) while managing grants at the Center for Health Studies. Sherry took a sabbatical from her financial career to focus on her painting through the UW Studio Art Program, located in the 17th century Palazzo Pio in Rome, Italy. Some examples of Sherry's portraits, still lifes and landscapes, including a sketch (left) from Italy, are included throughout this issue.

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