

The Cancer Research Network Connection

Executive Committee Corner

One of the CRN's many achievements in our 10th year is the award of a \$1.5 million Administrative Supplement, *Building a Pharmacovigilance Population-Based Laboratory*. This 20-month, 8-CRN-site project aims to strengthen collaborations among four multi-center efforts: the AHRQ-funded HMORN Center for Education and Research in Therapeutics (CERTs), the NHLBI-funded Cardiovascular Research Network (CVRN), the HMORN Pharmacogenomics Special Interest Group, and the CRN. The project's major goal is to create a population research laboratory to conduct pharmacoepidemiologic and pharmacogenomic studies. A specific focus on the cardiotoxicity of systemic agents used to treat invasive breast cancer facilitates this goal. Through this grant, we'll have developed our knowledge base and a proof of principle to develop research in several CRN thematic areas, including, "Data Resources and Infrastructure", "Cancer Epidemiology, Prevention, and Health Promotion," and "Building Capacity to Support Emerging Areas of Cancer Control Research."

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

News from NCI

Report from NCI's CRN Program Director

I attended the American Public Health Association meeting earlier this week. Unfortunately, cancer-related sessions at this meeting were sparse and hard to find. The good news is that a new APHA Cancer Forum was organized at the meeting. About 60 people were in attendance at the forum organizing meeting, and Electra Paskett of the University of Ohio was elected forum chairperson. The goals of the forum are to create a focus on cancer as a public health issue within the APHA, to engage existing and new members active in cancer prevention and control activities ranging from education, practice, policy, research, and surveillance, and to enable cross-disciplinary interaction that integrates public health principles, engages researchers and practitioners, and advances population-level knowledge and practice relevant to cancer prevention and control, from basic science to population science. A major priority of the forum will be to ensure that there is a more coherent presence for cancer related public health research at the 2009 APHA meeting. To learn more about the APHA cancer forum and/or become a member, visit: <http://www.apha.org/membergroups/forums/>

-Martin Brown (NCI)

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The CRN Connection won a 2008 MarCom Gold Award from the Association of Marketing & Communication Professionals!



The Cancer Research Network (CRN) is a collaboration of 14 non-profit HMOs committed to the conduct of high-quality, public domain research in cancer control. The CRN is a project of NCI and AHRQ.

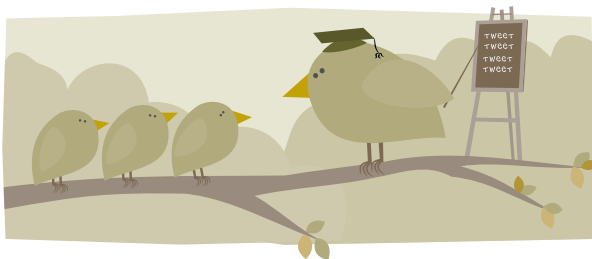
CRN Scholar Program Begins Second Round

The CRN Scholar Program helps junior investigators in the Network achieve two important milestones to becoming successful, independent investigators: being PI on a successful R01 grant or an equivalent, and being first author on an original research paper reporting on research led by the investigator and published in a peer reviewed journal.

The Scholar Program, directed by Bob and Suzanne Fletcher, offers intensive one-on-one mentoring to provide ongoing, in-depth feedback on each CRN Scholar's proposals or papers, bi-monthly group conference calls and a one-day meeting in conjunction with the annual HMORN meeting, to build interaction and collaboration among junior investigators. The first round of the CRN Scholar Program, with 14 investigators, began September, 2007, and will end May, 2009. A new round of the Program will begin in the summer of 2009.

To be eligible, each applicant should:

1. Meet the operational definition of junior investigator (having not yet achieved at least one investigator milestone, as outlined above).
2. Designate a local mentor at your site who will meet with you regularly to review your progress and help you navigate local procedures for research, etc.



3. Be nominated by your CRN site PI.

It is important to be able to devote appropriate time for participation in the CRN Scholars Program. Current Scholars estimate it takes 15 – 20% of their time.

Interested junior investigators can talk with current CRN Scholars (see sidebar) to get their perspectives on the Program.

Application materials and procedures will be available soon! Check for announcements on NCI's public CRN website: <http://crn.cancer.gov/> and on the password-protected CRN Portal, at: <https://appliedresearch.cancer.gov/crnportal/>. CRN site PIs and HMO research center directors will announce the Call for Applications locally.

If you have questions about applying to the CRN Scholar Program, please contact Jane Colagiovanni at Jane_Colagiovanni@harvardpilgrim.org

For additional perspectives and information about the Program, feel free to contact the Fletchers: Suzanne_Fletcher@hms.harvard.edu or Robert_Fletcher@hms.harvard.edu.

-Jane Colagiovanni, Robert and Suzanne Fletcher (HPHC)

2007-2009 Scholars by CRN site

Geisinger Health System

James B. Jones, MBA, PhD candidate
jbjones@geisinger.edu

Nirav Shah, MD, MPH
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Harvard Pilgrim Health Care

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HealthPartners

Robin Whitebird, PhD, MSW
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Henry Ford Health System

Andrea Cassidy-Bushrow, PhD, MPH
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KP Hawaii

Andrew Williams, PhD
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KP Northern California

Maryam. Asgari, M.D, MPH
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KP Northwest

Carmit. McMullen, PhD
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KP Southern California

Reina Haque, PhD, MPH
Reina.Haque@kp.org

Lovelace Clinic Foundation

Scott Robinson, MPH, PhD candidate
Scott@lcfresearch.org

Marshfield Clinic

Laura Coleman, PhD, RD
coleman.laura@mcrf.mfldclin.edu

Robert Greenlee, PhD, MPH
Greenlee.robert@mcrf.mfldclin.edu

Meyers Primary Care Institute

Chyke A. Doubeni, MD, MPH
Chyke.Doubeni@umassmed.edu

To view full Scholar profiles, see the December 2007 CRN Connection: http://www.crn.cancer.gov/dissemination/newsletters/V8_15_Dec2007.pdf

Operationalizing the CRN Research Themes

Translating Ideas into Action

During the month of September 2008, small teams of CRN staff and advisors developed work plans to operationalize the CRN research themes. Facilitators from each workgroup presented the work plans to the Steering and Academic Liaison Committees and NCI staff during the semi-annual September meeting in D.C. Five major action items emerged as they relate to the research themes:

1 *Networking, making connections, and sharing knowledge*

To increase awareness and use of the research themes, the workgroups suggested the CRN, all its committees and scientific interest groups look for opportunities to elucidate and promote each research theme through: new research proposals, publications, development of tools, orientation of new CRN staff, and a directory of researchers and research interests by site to encourage collaboration.

2 *Study methods and design*

To improve CRN science, the workgroups suggested that we emphasize the development and standardization of measures and methods, as well as conduct systematic reviews, evaluations, and efficacy and effectiveness studies related to the research themes.

3 *Data and IT tools*

To improve the CRN's data and IT tool set, the workgroups suggested that we expand variables, domains and VDW capabilities related to the themes, and conduct more studies using the VDW and IT tools.

4 *Biorepository*

To develop a biorepository and conduct pharmacogenomic research, the workgroups suggested to assess the availability, quality and quantity of biospecimens, learning from others' experience, and learning about policy issues on this topic.

5 *Health plans and business concepts*

The workgroups suggested working more closely with our health plan leadership to gain important input and to enhance infrastructure. They suggested looking at the availability of health plan data, conducting studies that are focused on health plan decisions and benefit design, and working with the health plan leadership to assure that important data such as lab and imaging results are in digital format.

The thematic workgroups suggested various research topics consistent with the CRN research themes. The study topics included assessing clinician-patient relationships, care teams, behavior and psychosocial



issues, the care continuum and patients' care experience, patient decision making, health risk and communication, and studying the child and adolescent population.

To accomplish these actions, investigators and the Steering, Publications, New Proposals, Communications and Collaborations and VDW Operations Committees, and new and current Scientific Interest Groups will need to parse the work to activate the CRN's research themes.

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Concept Systems, Inc. (the company that helped the CRN develop its research themes) will be presenting the mapping process as part of a multi-paper session on **Using Concept Mapping for Research Priority Setting and Participatory Evaluation** at the American Evaluation Association (AEA) conference, November 5-8, 2008 in Denver, CO.

For conference details, including a searchable program, visit: <http://www.eval.org/eval2008/>

CRN Authorship and the NIH Public Access Policy

Most NIH-funded investigators are aware that the **NIH Public Access Policy is now in effect**. This legislation requires that all journal articles reporting on NIH-funded research be deposited into the National Library of Medicine's online archive, PubMed Central, **within 12 months of publication**.

To facilitate submission of articles to PubMed Central (PMC), NIH developed the NIH Manuscript Submission (NIHMS) system:

<http://www.nihms.nih.gov/>.

The NIH provides detailed online instructions at:

<http://publicaccess.nih.gov/>.

These instructions include essential procedures such as copyright and a list of journals which automatically submit to PMC.

When your CRN-funded papers are accepted for publication, here is what you need to know about submitting them to NIHMS:

1. Authors (or someone in their organization, e.g., an assistant or a librarian) log on to the NIHMS to submit a copy of the accepted peer-reviewed manuscript and associated files (e.g., Microsoft Word document and figures).
2. If CRN funding supported the manuscript, the author enters grant # **U19CA079689** into the NIHMS system.
3. NIHMS will inform the author that Ed Wagner is the PI of the CRN grant and as such, he must approve the submission

and affirm that copyright allows deposit to PMC. Don't be alarmed! See Step 4, below.

4. Simply inform Sarah McDonald at the CRN PI Office (mcdonald.sj@ghc.org) that you submitted a manuscript to NIHMS and send her copies of the files you submitted, so she can track the approval process.
5. The NIHMS will convert the deposited files into a standard PMC format, and will email the formatted manuscript to Ed to make any necessary corrections and approve its release.
6. The NIHMS automatically sends the article to PubMed



Central for public posting after the delay period specified during submission. Congratulations! The results of your research are published in a peer-reviewed journal and are available to the public.

Some journals will submit manuscripts to PMC on behalf of their authors. When this happens, authors still have to provide the associated award information, and review and approve the article. The NIHMS will contact them by email to do so.

-Sarah McDonald,
Ginny Scobba (GH)

Recent CRN-related Publications

- McClure JB, Divine G, Alexander G, Tolsma D, Rolnick SJ, Stopponi M, Richards J, Johnson C.. A comparison of smokers' and non-smokers' fruit and vegetable intake and relevant psychosocial factors. *Behav Med* (In press.)
- Boudreau DM, Koehler E, Rulyak SJ, Haneuse S, Harrison R, Mandelson MT. Cardiovascular medication use and colorectal cancer risk. *Cancer Epidemiol Biomarkers Prev*. Epub ahead of print 2008 Oct 28. PMID: 18957524
- Geiger, AM, Strom, SS, Demark-Wahnefried W, Buist DSM. Strategies to maximize the competitiveness of cancer survivorship grant applications: a report from the American Society of Preventive Oncology's Survivorship Interest Group. *Cancer Epidemiol Biomarkers Prev* Oct 2008;17 2899-2900. PMID: 18843036
- Boudreau DM, Yu O, Buist DS, Miglioretti DL. Statin use and prostate cancer risk in a large population-based setting. *Cancer Causes Control*. Sep 2008;19(7):767-774. PMID: 18322813
- Vogt, TM. Improving CRC Screening Requires Innovative Approaches: Can Electronic Medical Records Help? *Am J Prev Med* 2008 Sep 1. 35:317-8. PMID: 18692747

CRN News & Milestones

A new CRN site PI is on the scene! On October 1, 2008, **Andrew E. Williams, PhD** became the CRN's site PI at Kaiser Permanent Center for Health Research-Hawaii. Andrew is a participant in the 2008-2009 CRN Scholar Program as well as in several CRN studies, workgroups and SIGs. His research interests include end-of-life care, decision-making, and health services.

Rachel Novotny, PhD, KP Hawaii's outgoing site PI, will continue to collaborate with

CRN investigators in her roles as Professor of Nutrition and member of the Cancer Research Center at the University of Hawaii.

Many thanks to Rachel for her leadership and support, and a very warm welcome to Andrew!

A few great investigators have joined the CRN family: **Kenneth Adams, PhD** and **Lila Rutten, PhD** (HealthPartners) and **Heather Feigelson, PhD** (KP Colorado.)

In other news, the 2nd round of the **CRN3 Pilot Fund Program** is off to a great start – 20 pilot proposals are under review. Selections will be announced in January 2009!



The CRN's **Academic Liaison Committee (ALC)** welcomes two new members:

Arnold L. Potosky, PhD

Director of Health Services Research, Cancer Control Program Lombardi Cancer Center and Georgetown University Medical Center
Research interests: Practice patterns, quality of care, effectiveness, health disparities

Anthony L. Back, MD

Professor of Medicine
Adjunct Associate Professor of Medical History and Ethics
University of Washington, Fred Hutchinson Cancer Research Center and Seattle Cancer Care Alliance
Research interests: Communication between doctors and patients, palliative care, integrative medicine

Many thanks to our two departing ALC members for so generously sharing their support and expertise over the past several years:

Noel Weiss, MD, DrPh (University of Washington)

C. Tracy Orleans, PhD (Robert Wood Johnson Foundation)

Upcoming meetings

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

Feb. 3-6: AACR's – Science of Cancer Health Disparities (Carefree, AZ)

Mar. 16-18: Biospecimen Research Network Symposium: Advancing Cancer Research through Biospecimen Science (Bethesda, MD)

Apr. 26-29: HMO Research Network Annual Conference (Danville, PA). Submit abstracts by Dec. 15 2008, online at <http://hmoresearchnetwork.org/>

The CRN PI Office is hosting a **monthly webinar series on Informatics topics** of interest to CRN investigators and colleagues. Please join us every 4th Monday from 1-2 pm Pacific. Upcoming topics:

Nov. 24: Vaccine Safety Datalink Model and Process

Jan. 26: Access-based Local Counters

To join the invitation list, contact Sarah McDonald: mcdonald.sj@ghc.org

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.

Editor: Sarah McDonald

Please send comments or suggestions on this newsletter to Sarah McDonald, mcdonald.sj@ghc.org.

CRN Site Profile:

Marshfield Clinic Research Foundation

Marshfield Clinic Research Foundation (MCRF), the research division of Marshfield Clinic, became a CRN affiliate in March 2006 and a full CRN3 member in 2007.

Health Care System

Marshfield is a city of 20,000 people located in central Wisconsin. Marshfield Clinic, founded in 1916, is a 740-physician multi-specialty clinic system, providing care to 350,000 unique patients per year at 43 locations and several affiliated hospitals. The Clinic's mixed model HMO, Security Health Plan, has 150,000 members.

Research Capacity

MCRF was formed in 1959 and has 25 full time scientists and 180 physician investigators working in 5 research centers: rural health, biomedical informatics, human genetics, clinical research, and epidemiology. Cancer research at MCRF includes many clinical trials, the Community Clinical Oncology Program, the PLCO and NLST cancer screening trials, the Personalized Medicine DNA biobank, and work in cancer etiology, tumor genetics, and cancer care research.

CRN Research Staff

Marshfield involvement in CRN activities has been growing. Investigators have submitted or collaborated on several CRN3 pilot proposals, in both rounds 1 and 2. Site PI **Bob**

Greenlee, PhD, MPH is an epidemiologist pursuing interests in cancer surveillance, early detection, and care and outcomes research through the CRN and other collaborations. He is current chair of the CRN publications committee and a member of the epidemiology theme working group.

Laura Coleman, PhD, RD provides site PI backup, and is active in the obesity SIG. Bob and Laura are in the first cohort of CRN Scholars.

Cathy McCarty, PhD, MPH is a genetic epidemiologist active in the pharmacogenetics SIG and the recently funded



From L to R, bottom: Laura Coleman, Cathy McCarty, Peggy Peissig; middle: Paul Hitz, Jordon Ott, Nick Berger; top: Bob Greenlee, John Schmelzer, Jeremy McCauley, Adedayo Onitilo



Marshfield Clinic Service Area

pharmacovigilance supplement. **Adedayo Onitilo**, MD, MSCR is an oncologist interested in a wide range of patient-centered cancer research, and has been involved in several multi-center CRN project development efforts. **John Schmelzer**, PhD is a health economist also active in the cardiovascular research network. Data Manager **Jeremy McCauley**, after constructing and supporting our VDW from the beginning, is transitioning to a more advisory role, while **Paul Hitz** will tackle most CRN programming in the future. Jeremy and Paul are active in multiple VDW Quality Working Groups. **Nick Berger** and **Peggy Peissig** from the Biomedical Informatics center provide oversight for research data management, and **Jordon Ott** provides CRN project management support in her role as Epidemiology Center manager.

-Bob Greenlee (MCRF)

www.marshfieldclinic.org/research