

The Cancer Research Network Connection

News from Ed, Larry, and Mark

Update from the CRN Executive Committee

We were impressed by the 20 proposals we received for the CRN developmental pilot fund program. They addressed a wide variety of important topics in cancer research, including several new areas of research for the CRN. The Steering Committee selected four proposals for funding in May 2009:

Development of a Model for Predicting Prostate Cancer (PI: Deanna Cross, MCRF)

Childhood, Adolescent and Young Adult Cancer Survivors (PI: Sarah Greene, GH)

Medical Radiation Induced Cancers (PI: Diana Miglioretti, GH)

Preventing Errors in the Home Care of Children with Cancer (PI: Kathleen Walsh, UMass)

These projects represent six of the eight CRN Research Themes and involve investigators from several CRN sites and academic institutions including University of California San Francisco, Wake Forest University and Emory University. They also expand CRN activities into areas in which we have not been involved.

The Steering Committee assigned mentors to each of the proposals and expects that most if not all will develop into funded studies, contributing to knowledge and understanding of cancer and improving the care of cancer patients in our communities.

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

News from NCI

Update from CRN's Program Director

News on Peer Review

As you have probably heard, dramatic changes are being made in the format of grant applications and in the evaluation and scoring process. To learn more about this, go to: <http://enhancing-peer-review.nih.gov>

Colorectal Cancer Risk Model

Our NCI colleagues Andrew Freedman and Rachel Ballard-Barbash, and others, have just published two articles on a newly developed and validated tool for colorectal cancer risk prediction. The tool is potentially useful for

designing research intervention studies and for counseling. The citations are:

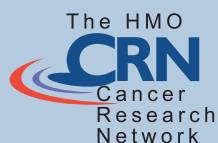
Freedman AN et al., Colorectal cancer risk prediction tool for white men and women without known susceptibility. *J Clin Oncol.* 2008 Dec 29 [Epub ahead of print].

Yikyung P, et al. Validation of a colorectal cancer risk prediction model among white patients age 50 years and older. *J Clin Oncol.* 2008 Dec 29 [Epub ahead of print].

-Martin Brown (NCI)



Bon Voyage to Wendy McLaughlin, former Program Analyst at NCI. She's off to Rwanda on a CDC detail. We'll miss her!



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.

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CRN Scholar Profiles

The CRN Scholar Program kicked off in September 2007 with 14 new investigators representing 11 CRN sites and multiple areas of research. All participants have made significant progress toward their goals. In this issue, we hear from two current Scholars who had grants awarded during the course of the program.

Andrea Cassidy-Bushrow, PhD, Epidemiologist

Center for Health Services Research, Henry Ford Health System, Detroit MI

Project: Race, Treatment and Cardiovascular Health: A Study of Men with Prostate Cancer (Dept. of Defense)

Q: How did the Scholar Program help you in developing your grant proposal?

A: The idea for my grant proposal grew out of one-on-one telephone mentoring sessions with Dr. Robert Fletcher, my CRN Scholar mentor, and in-person mentoring sessions with Dr. Benjamin Rybicki, my local mentor at Henry Ford Health System. I was able to take a broad concept of studying the interface of cancer and cardiovascular disease and develop it into a specific study



question looking at racial differences in cardiovascular outcomes among men treated for prostate cancer. Over the course of several months, Dr. Fletcher, Dr. Rybicki and I together continued to meet by phone, and this iterative process was essential for helping me develop a strong scientific proposal and to improve my own grantsmanship skills. Finally, the CRN Scholars acted as a mock study session group for my proposal a few weeks before the deadline. The feedback I received on my proposal during this session helped me transform my proposal into a fundable study.

Q: What other benefits have you experienced as a CRN Scholar?

A: The semimonthly CRN Scholar conference calls have provided an opportunity to really get to know investigators at nearly every CRN site, and to learn about the strengths and research interests across the network. Each of us CRN Scholars has unique backgrounds and areas of expertise, and I have learned something new from each participant in the program. The program allowed us to focus on elements of research that are often overlooked as part of our traditional training programs – such things as study management, making the most

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Carmit McMullen, PhD, Medical Anthropologist and Ethnographer

The Center for Health Research, Kaiser Permanente Northwest, Portland OR

Project: Intestinal Ostomies and Informal Caregiving for Colorectal Cancer Survivors (NCI)

Q: How did the Scholar Program help you in developing your grant proposal?

A: Bob Fletcher read over my proposal and the reviewers' comments from the first submission. He helped with both the big picture (why does this study matter?) and the details of methodology and clarity in writing. He also coached me on finding a new cancer survivor population to study (bladder cancer survivors) and reaching out to a new colleague (a urologic oncologist), and gave me lots of help reviewing the grant text. The Scholars dedicated an entire conference call to writing preliminary studies sections on grants and they



used my draft section as an example. I got constructive suggestions from that meeting that made a difficult section of the proposal much more intelligible at the end.

Q: What other benefits have you experienced as a CRN Scholar?

A: The Scholar program teaches you everything they don't teach you in graduate school about being a research investigator. From the conference calls and meetings, I've learned about how the NIH process works, how to prioritize the many short- and long-term tasks that we need to accomplish as researchers, and what kinds of research other CRN colleagues are doing. And I've benefited from having Bob "in my corner," coaching me on everything from framing my research agenda to

managing my current projects.

Q: How is the HMO research environment uniquely suited for your work?

A: It's a great place to work as a medical anthropologist. I conduct ethnographic and qualitative research with both patients and providers. Working for an HMO, I have easy access to both "tribes" for interviews and fieldwork, and can get involved in many different types of research. Since coming to TCHR in 2002, I have done ethnography in an ICU and with an open-heart surgery team; shadowed and interviewed clinicians in hospitals and primary care clinics around the country; and interviewed cancer survivors, people learning how to read as adults, and African-Americans going to a senior

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Andrea Cassidy-Bushrow

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of conference calls and meetings, and balancing a research portfolio. I encourage any early-career investigator thinking about applying to the CRN Scholar program to do so.

Q: How is the HMO research environment uniquely suited for your work?

A: The HMORN is ideally suited for my goals as a health disparities researcher. We have the opportunity to tackle research questions about racial differences in health and health care that reflect the population on a larger scale than any single site could study in isolation. Because of the expertise in the network, new investigators like me can collaborate with and learn from successful research teams, which leads to a greater chance of long-term successful research projects.

Q: What's next in your life?
A: I'm looking forward to starting my DOD study and am continuing to develop study ideas that may complement or extend the project. On a personal front, my husband and I are looking forward to the birth of our first child in April!

Carmit McMullen

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center to socialize. All the while, I have learned how to talk about ethnography and qualitative research with people who are not familiar with those methods, and I have learned how to fit my skill-set so that I can contribute to multidisciplinary health services research teams. My job is never boring, even though I conduct my fieldwork at home and not in the exotic locations that anthropologists are known to inhabit.

15th Annual HMO Research Network Conference

APRIL 26-29, 2009

Geisinger Center
for Health Research Danville, PA



Poster and Presenter Information:

Tracey W. Wolfe, MHA
twwolfe@geisinger.edu

Phone: 570.214.9391 Fax: 570.214.9451

For Registration and Questions:

Jeanne and Patty, JBS & Associates

Phone: 949.497.3673 Fax: 949.497.2623

HOSTED BY:

GEISINGER Health System

CONFERENCE CHAIR:

Walter F. "Buzz" Stewart, PhD

Draft Schedule of CRN Meetings at HMORN Conference

Sunday April 26

8am-3pm: Cancer Communication
Research Center

12-2pm: SES Pilot Study & Racial
Disparities SIG

3-5pm: Patient-Centered
Communication SIG

5-7pm: Funded CRN3 Pilot Studies

8-10pm: CRN Executive Committee
(closed meeting)

Monday April 27

8-11am: CRN Steering Committee
(closed meeting)

9:30-11am: Obesity SIG

8-10pm: VDW Implementation

Tuesday, April 28

7-8am: Pharmacovigilance Study

7-8am: Health Literacy - Oral Study

5:30-6:30pm: Family History SIG

5:30-7pm: Radiation-Induced
Cancers Pilot Study

Wednesday April 29

6-9pm: CRN Scholars dinner

Thursday April 30

8am-2pm: CRN Scholars

Check online for updates:

<http://www.hmoresearchnetwork.org>

Q: What's next in your life?

A: I am about to start ethnographic observations with families of frail, long-term colorectal cancer survivors with ostomies. I feel privileged to be allowed to spend time with these people, who are struggling in many aspects of their lives. It is always an enriching experience to do this type of work, and I hope the stories I gather will generate important lessons for cancer survivorship care.

The next round of the CRN Scholar Program begins **summer 2009**. Applications are due **March 31, 2009**.

For applications and instructions, visit NCI's public CRN website:

<http://www.crn.cancer.gov/highlights/scholars.html>

CRN members can view the Investigator Development folder on the password-protected CRN Portal:

<https://appliedresearch.cancer.gov/crnportal/crn-committees-and-cores/investigator-development/>

The CRN Publications Committee

Promoting high quality scholarship, tracking scientific output and reviewing papers for the Cancer Research Network

With the growing scientific productivity of the CRN, it seems an appropriate time to revisit the processes and procedures for review and approval of CRN-related manuscripts. The CRN publications policy designates a Publications Committee, charged with 1) promoting high quality scholarship, 2) tracking scientific output in the network, and 3) formal review of “all papers from the CRN research program.” The most recent formal CRN publication policy (January 2005) can be found on the CRN Portal, <https://appliedresearch.cancer.gov/crnportal/> in the Publications folder under Committees and Cores. Also in that folder is the “Information for Authors” document, which includes a timeline of CRN site membership, and boilerplate language that authors can use to describe or acknowledge the CRN, as required.

Understanding the Review Process

CRN-related manuscripts can be submitted for review to Sarah McDonald at mcdonald.sj@ghc.org. The Committee will return its approval decision within 10 business days following submission. The CRN publications policy specifies the primary criteria for manuscript approval (see figure next page). Scientific considerations are limited to the presence of serious or major scientific flaws in study design or data interpretation. Often, reviews of approved manuscripts may include comments or suggestions from the committee that the author can incorporate on a voluntary basis.

Members of the CRN Publications Committee

Bob Greenlee (Chair), Marshfield Clinic Research Foundation

Sarah Greene and Ed Wagner, Group Health

Russ Glasgow, Kaiser Permanente Colorado

Marianne Ulcickas Yood, Yale University/Henry Ford Health System

Martin Brown and Robin Yabroff, National Cancer Institute

Staff coordinator: Sarah McDonald, Group Health

After approval, the Committee will check in periodically with authors in order to monitor and track CRN manuscripts accurately. Authors are asked to provide the name of the target journal when a publication is submitted for CRN review, and are also asked for quarterly updates on accepted/published papers.

Determining whether a written work is a “CRN manuscript”

As the impact of the CRN and its assets broadens over time, and since much of the network’s research extends beyond its core studies, a challenge is determining whether a written work is a ‘CRN manuscript’ and should be reviewed by the CRN Publications Committee. The CRN publications policy comments briefly on the issue:

The long-term viability of the CRN is dependent on its ability to demonstrate its impact, including those studies not funded under the core award. PIs of separately funded grants that include a CRN component accept and acknowledge their responsibility to inform the CRN PI Office of their publications...from studies in which the CRN is involved...

This policy language still leaves some room for interpretation as to whether a study has a “CRN component.” At a past meeting, the Publications Committee proposed the following guidance to help

authors reach this decision.

More obvious factors that require CRN review include:

- The study was partly or solely funded through the CRN, whether through direct or supplemental funds
- The study made use of CRN staff, data, or resources
- The authors plan to otherwise mention or acknowledge the CRN in the manuscript

Other more broadly inclusive factors for authors to consider are whether:

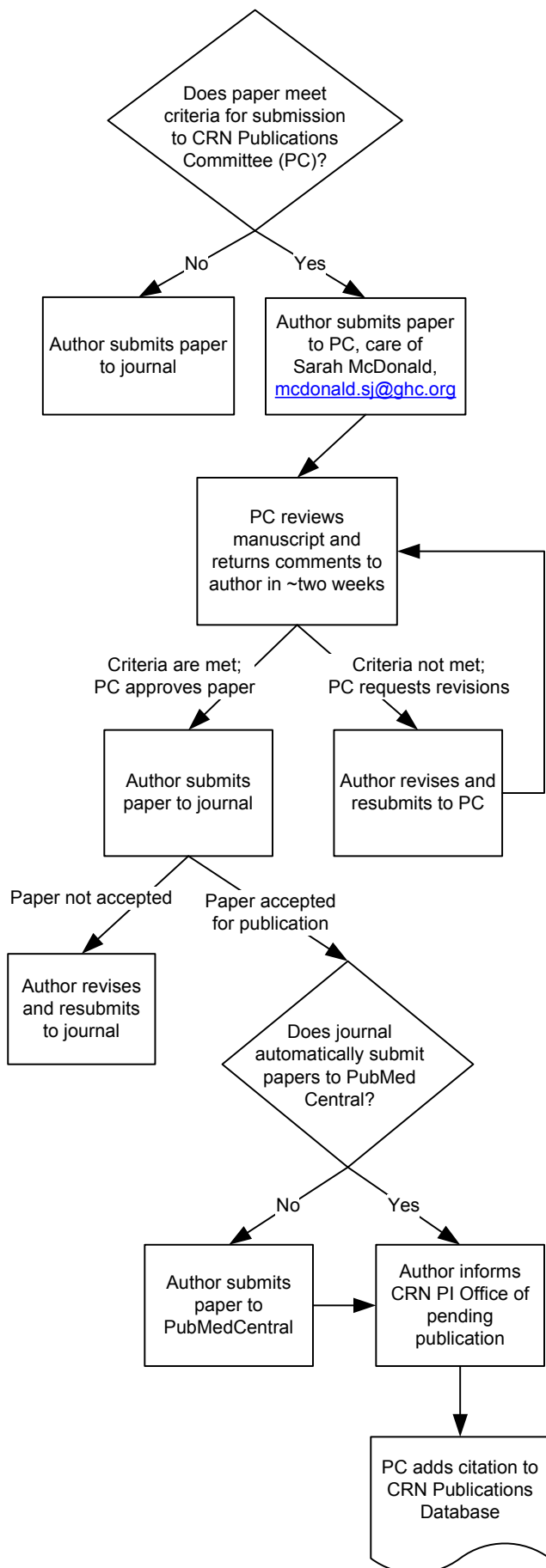
- The study resulted from a collaboration that was generated in the CRN and reflects the spirit of the CRN mission
- The study would not have occurred in absence of the CRN
- One or more members of the writing team felt supported by the CRN

In the event that one of these latter factors holds, the Committee leaves it to the author’s best judgment whether to label it a CRN publication, but thoughtful consideration of the role of the network is requested.

Finally, it is possible for published papers that did not have to go through CRN review to still be counted as a CRN paper following publication. The Committee encourages authors to consider the above factors in making this decision and to contact the Committee for further discussion if interested.

-Bob Greenlee (MCRF)

CRN Paper Review Process



CRN Publications Committee Review Criteria

- ✓ The Project PI has approved the paper
- ✓ Each health plan name and research center name appear according to the site PI's preference
- ✓ Identity of individual health plans is masked in presentation of outcome data
- ✓ Clear affiliation with the CRN is acknowledged and adequately described
- ✓ No conflicts with other CRN papers or writing groups
- ✓ No serious or major scientific flaws in study design or data interpretation

Recent CRN-related papers, by project

Medications and Colorectal Cancer Risk

Cardiovascular medication use and risk for colorectal cancer. Boudreau DM, et al. *Cancer Epidemiol Biomarkers Prev.* 2008 Nov;17(11):3076-80.

Statins and Risk of Site-Specific Cancers

Statin use and female reproductive organ cancer risk in a large population-based setting. Yu O, et al. *Cancer Causes Control.* 2008 Nov 30 [Epub ahead of print].

HMOs Investigating Tobacco

Effectiveness of the 5-As Tobacco Cessation Treatments in Nine HMOs. Quinn VP, et al. *J Gen Intern Med.* 2008 Dec 13. [Epub ahead of print]

Patterns of Preventive Services Utilization of Cancer Survivors

Predictors of Perceived Accessibility of Cigarettes among Youth: A Prospective Cohort Study. Doubeni, CA et al. *Am J Prev Med.* 2009 Jan 20 [Epub ahead of print].

Do Acute and Chronic Illness Trump Preventive Care? A Case Study of Breast and Colorectal Cancer Screening

Influence of Primary Care Use on Delivery of Colorectal Cancer Screening. Fenton JJ, et al. *Cancer Epidemiol Biomarkers Prev.* 2009 Feb 3 [Epub ahead of print].

Clinical and Pathologic Features of Ductal Carcinoma in Situ

Nekhlyudov L, et al. Surveillance for recurrences after Ductal Carcinoma in Situ among women treated with breast conserving surgery. In press at *J Clin Oncol.*

The CRN CCRC

*A New Center of Excellence
is Born*

The Institute for Health Research of Kaiser Permanente, Colorado, is pleased to announce the establishment of the CRN Cancer Communication Research Center (CCRC). This is one of five Centers of Excellence funded by NCI, and ours was the only new proposal that was funded. The other four grantees were part of the first funding cycle in 2003. The CCRC extends the CRN science in new ways, studying healthcare team-based approaches to communication about cancer; the reduction of patient uncertainty and anxiety; strategies for improving physician-patient communication about cancer; how organizational aspects of our healthcare systems affect communication quality, and the application of dissemination science to evidence-based practices. The strength of the CRN infrastructure, both interpersonally and technologically, was key to this award. Our new center will play a role in further integrating CRN institutions, and in helping the other NCI CECCR Centers to best replicate and spread their cancer communication innovations.

The CRN CCRC is holding an open session at the HMORN Conference in Danville, PA, on Sunday April 26, 8am-2pm. For details, contact Sarah Madrid, Center Coordinator, sarah.madrid@kp.org. Hope to see you there!

-Sarah Madrid, Jim Dearing
and Russ Glasgow (KPCO)

CCRC Components

R01 Projects

- Effective Communication for Preventing and Responding to Oncology Adverse Events (PI: Kathy Mazor, UMass)
- Testing an Optimal Model of Patient-Centered Cancer Care (PI: Ed Wagner, Group Health)

Development Projects

- Colorectal Cancer Screening Health Communication, Health Literacy, and Acculturation for Latinos in a Managed Care Organization (PI: Bridget Gaglio, KPCO)
- Improving Physician-Parent Communication to Reduce Home Medication Errors and Improve Adherence in Children (PI: Kathleen Walsh, UMass)

Shared Resources Cores

- Discovery Core, to identify, document, and assess organizational efforts to improve communication related to cancer care (Core leader: Jim Dearing, KPCO)
- Dissemination Core, to maximize the relevance of CRN CCRC activities to clinical practice (Core leader: Russ Glasgow, KPCO)

More on patient-centered communications...



A new CRN Scientific Interest Group (SIG) has formed! Kathy Mazor (UMass/Meyers) and Neeraj Arora (NCI) are assembling a group of people to discuss shared research interests in **Patient-Centered Communication in Cancer Care**. The SIG has scheduled a meeting during the HMORN conference. For more information, contact Kathy Mazor, kathleen.mazor@umassmed.edu or Neeraj Arora, aroran@mail.nih.gov. To join the email list, contact Laura Sacoccio, sacla01@fallon-clinic.com.

Kudos!

The MENU project team's abstract "A Randomized Clinical Trial Evaluating Online Interventions to Improve Fruit and Vegetable Consumption" was selected as **one of the top 17 abstracts** for the 33rd Annual Meeting of the American Society of Preventive Oncology, March 8-10, 2009 in Tampa, FL.

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