

The Cancer Research Network Connection

News from Ed, Larry, and Mark

Update from the CRN Executive Committee

A major goal of the CRN is to increase its collaborations and linkages with researchers from outside organizations such as comprehensive cancer centers, other academic institutions and the NIH.

In the past year, the CRN PI Office has received about 10 inquiries from researchers at academic research centers, the NIH, and a cancer center to collaborate on a research proposal with the CRN. Several more researchers from non-CRN organizations have also joined the CRN's Scientific Interest Groups (SIGs), which continue to stimulate discussions about special topics and the development of new proposals and publications. The CRN follows a general process, outlined on

our public Web site, to review inquiries to collaborate and develop research relationships. We believe that a successful collaboration involves sharing ideas, aligning with CRN priority areas of research, and developing innovative research proposals and manuscripts. In the past year, new research partnerships have submitted about 6 grant proposals that are either under review or have received a funding decision. The topics have included an evaluation of behavioral interventions, an epidemiology study of cancer outcomes, health economics and obesity, an assessment of surgical quality, and an epidemiology study of rare tumors.

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

News from NCI

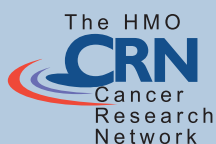
Update on the funding process for comparative effectiveness research grants

Earlier this year, NCI issued several solicitations for comparative effectiveness research (CER) through the mechanisms of Challenge and Grand Opportunity (GO) grants. There were several CRN-affiliated applications in both of these categories. Final funding decisions have now been announced and the CRN did exceptionally well in this highly competitive process. Funded grants are listed on page 6 of this issue.

As the lead Program Director at NCI for CER grants, I am very excited about this prospect, but it also represents a major challenge because of the particular reporting

requirements of ARRA funding. In particular, I hope to establish robust mechanisms of communication and collaboration between all CER grantees so that investigators can benefit from synergisms in research resources and expertise, especially between grants that are clearly complementary in terms of data resources, topic areas or methodology. Along with other NCI Program Directors who will be responsible for this portfolio, I hope to be developing these mechanisms in the near future. I look forward to working with CRN investigators in this exciting new phase of research.

-Martin Brown (NCI)



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.

In this issue ...

New cohort of CRN Scholars ... page 2

Recent findings of CRN studies ... page 4

Getting to know Robin Yabroff ... page 4

Meyers Primary Care Institute ... page 5

CRN News and Milestones ... page 6

CRN ARRA awards ... page 6

Meet the CRN Scholars!

14 investigators representing 12 CRN sites were selected to participate in the second cohort of the CRN Scholar Program. The Scholar Program is a 20-month training activity that aims to help junior investigators develop research independence. Robert and Suzanne Fletcher (HPHC) are the program's co-directors.

Kenneth F. Adams, PhD

CRN Site: HealthPartners Research Foundation

Local Mentor: Brian Martinson, PhD

Topic: Effectiveness of colorectal cancer screening. Specifically, 1) Does screening colonoscopy prevent colorectal cancer mortality? 2) What is the appropriate interval for re-screening patients based on the findings of the initial colonoscopy? 3) Can the current risk stratification factors be improved by considering lifestyle factors such as tobacco use and body mass?



Jessica Chubak, PhD, MHBL

CRN Site: Group Health Research Institute

Local Mentor: Diana Buist, PhD, MPH

Topic: Clinical cancer prevention, cancer survivorship and the intersection between the two; preventing mortality, recurrence, late effects of treatment, and adverse impacts on function and quality of life.



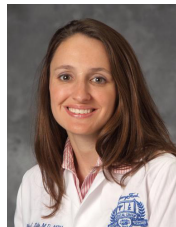
Melody Eide, MD, MPH

CRN Site: Henry Ford Health System

Local Mentor: Christine Cole Johnson, PhD, MPH

Topic: Dermato-epidemiology, skin cancer outcomes; health care policy; and other skin cancer besides melanoma.

Specific project interests include: 1) melanoma screening trial and 2) CRN NMSC ascertainment proposal.



Heather S. Feigelson, PhD, MPH

CRN Site: Kaiser Permanente Colorado

Local Mentor: John Steiner, MD, MPH

Topic: Genetic susceptibility to breast and prostate cancer, including both candidate-gene and genome-wide association studies; influence of overweight and obesity on breast cancer risk; cancer survivorship; and the lifestyle and genetic factors that predict long-term survival (and conversely, recurrence).



Katie M. Heinrich, PhD

CRN Site: Kaiser Permanente Hawaii

Academic site: University of Hawaii at Manoa

Local Mentor: Thomas Vogt, MD, MPH

Topic: Physical activity and nutrition for health promotion and prevention; the relationship between the built environment, health, and obesity; the relationship between disabilities, weight status, physical activity, and general health status; health disparities; GIS as a health research tool; physician's recommendations for physical activity and nutrition by disease status; the application of health-related analyses to neighborhood areas.



Corinna Koebnick, PhD

CRN Site: Kaiser Permanente Southern California

Local Mentor: Virginia P. Quinn, PhD

Topic: Obesity with a focus on childhood obesity and adverse health outcomes associated with obesity, including increased risk for cancer in adulthood.



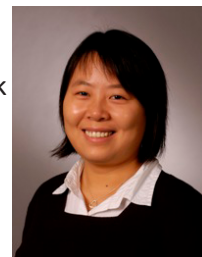
Lingling Li, PhD

CRN Site: Harvard Pilgrim Health Care Institute

Academic site: Harvard University

Local Mentor: Martin Kulldorff, PhD

Topic: Statistical methods developed within the framework of causal inference; developing new analytic approaches for comparative effectiveness and safety research using large automated medical databases; applying statistical methods in various medical and health research areas including cancer research, comparative effectiveness research, and drug/vaccine safety research.



Nangel Lindberg, PhD

CRN Site: Kaiser Permanente Northwest

Local Mentor: Victor J. Stevens, PhD

Topic: Behavioral change; culture; working with cancer patients and high-risk populations in the areas of improvement of quality of life and adherence to screening recommendations.



Wondering what's going on with the first cohort of CRN Scholars? See page 4...

Pamela J. Mink, PhD
CRN Site: Kaiser Permanente Georgia

Academic site: Emory University
Local Mentor: Douglas Roblin, PhD
Topic: Cancer etiology, particularly the roles of “modifiable” factors, including diet, physical activity and obesity, and exogenous hormones (e.g., menopausal hormone therapy) in breast, ovarian, endometrial and colorectal cancer in women; factors that may explain observed associations between increasing body mass and certain cancers; cancer health disparities.



Christine M. Neslund-Dudas, PhD
CRN Site: Henry Ford Health System
Local Mentor: Benjamin Rybicki, PhD

Topic: Racial disparities in prostate cancer incidence and aggressiveness of disease; residential segregation as a fundamental cause of worse outcomes in African Americans; socially constructed differences in environmental exposures experienced by African American and white families; aging and studies of comorbid disease.



Adedayo A. Onitilo, MD
CRN Site: Marshfield Clinic Research Foundation

Local Mentor: William Hocking, MD
Topic: Mechanisms underlying patient response to chemotherapy and clinical outcomes; defining biological markers to assess response and/or disease status in patients with a cancer diagnosis; cancer-related epidemiological studies;



Scholar Fun Facts

- 4=** Number of Scholars who completed initial training outside the US (Corrina, Borsika, Jessica, Adedayo)
- 3=** Number of Scholars employed at university affiliated with a CRN site (Katie H., Pam, Lingling)
Number of Scholars who are vegetarian (Jessica, Lingling, Diane)
- 2=** Number of Scholars who keep rabbits in their backyard (Kenneth, Diane)

characterization of tumor expression markers and their significance during various stages of disease.

Borsika Rabin, PhD, PharmD, MPH
CRN Site: Kaiser Permanente Colorado
Local Mentor: James Dearing, PhD

Topic: Primary research interest is defined by two major areas: cancer prevention and care, and research on dissemination and implementation. Working to improve patient-centered communication and coordination along the spectrum of cancer prevention and treatment provided in the CRN sites, in the role of Research Coordinator for the CRN Cancer Communication Research Center.



Diane Smelser, PhD
CRN Site: Geisinger Health System
Local Mentor: David Carey, PhD

Topic: To translate molecular and population-based research into clinically applicable treatments or interventions. Goal is collaboration with clinicians and multidisciplinary investigators to design and carry out optimal studies to identify the genetic variants that



are associated with complex diseases, determine the population impact of these variants, and hopefully find a way to intervene, as well as research aimed at utilizing pharmacogenomics to personalize treatment, such as chemotherapy.

Kathleen (Katie) E. Walsh, MD, MSc
CRN Site: Meyers Primary Care Institute

Academic site: University Of Massachusetts Medical School
Local Mentor: Terry Field, DSc
Topic: Identification of how errors in home medication use happen and interventions targeting these failures. Specifically, 1) Describe home medication errors in children with cancer taking chemotherapy at home.; 2) Conduct parent-provider focus groups using a failure modes and effects analysis to identify factors associated with home medication errors in children with cancer; 3) Use parent-provider focus groups to identify interventions that may prevent home medication errors in children with cancer.



- Jane Colagiovanni (HPHC) and the CRN Scholars

Recent Findings from CRN Scientists

The **MENU study** team reported in the August 2009 *Journal of Medical Internet Research* that among people invited to participate in the MENU study, those who enrolled were more likely to be older and live in census tracts associated with higher socioeconomic status. The authors concluded that additional research is needed to understand methods for disseminating Internet interventions to socioeconomically diverse populations.

Focus groups provided key insights and tactics that informed the CRN's **MENU study**, an online educational intervention that evaluated ways to improve fruit and vegetable consumption. The authors noted in the April 2009 *Patient Education and Counseling* that Web-based programs like MENU can offer information without time or geographic constraints, and that the capacity for tailoring and tracking progress makes them a valuable addition in the arsenal of efforts to promote healthy behaviors.

The CRN's **DCIS study** team reported in the May 2009 *Journal of Clinical Oncology* that surveillance mammography after breast-conserving surgery (BCS) among insured women with ductal carcinoma in situ (DCIS) often did not occur yearly and declined over time after treatment. Characteristics that predict mammographic surveillance after BCS were not previously examined. The study team reported that patients and providers must remain vigilant about surveillance after BCS.

Conventional methods that control for confounding do not control for unmeasured factors. The **BOW study** team reported in the May 2009 *Journal of Clinical Epidemiology* that, while propensity scores and instrumental variable analysis methods can be useful under specific situations, no adjustment method fully resolves confounding by indication in observational studies.

The likelihood of adults having completed an Advance Directive (AD) in a large Midwestern managed care organization increases with age. Results from a survey regarding end-of-life care wishes were reported in the March 2009 *American Journal of Managed Care*. The study team suggested that patients are receptive to physician-initiated discussions of ADs. The inspiration for this project came in part from work done on the CRN study about end of life care for ovarian cancer patients.

- Leah Tuzzio (GH)

Accomplishments of Our First Round of CRN Scholars

The first cohort of CRN Scholars entered the program in summer of 2007 and finished in spring of 2009. They were remarkably productive during the 22-month program, working on 56 grants (22 as PI), and submitting 39 grant proposals. Scholars have 95 peer-reviewed papers on original research published or accepted, and 18 under review. One Scholar's research, on cigarette smoking in teens, was written up in the *New York Times*. Two completed PhDs and three were promoted. Two Scholars are now CRN site PIs and two are CVRN site PIs. In the last CRN annual evaluation, Scholars reported that they most appreciated discussions of their own grant applications, advice on successful careers, and the opportunity to network with other Scholars and senior members of the CRN.

Getting to Know Robin Yabroff

Many CRN members are familiar with Robin Yabroff, an epidemiologist in the Health Services and Economics Branch of the NCI. She works closely with Martin Brown, NCI's CRN Program Director. Her research interests are related to the economic burden of cancer, particularly in aspects of patient time and lost productivity. She recently served as a guest editor for a *Medical Care* journal supplement about health care costing that was co-sponsored by the NCI, AHRQ, and the VA. She is an associate editor for the *Journal of the National Cancer Institute* and a member of the editorial board of the *Journal of Cancer Survivorship*:



Research and Practice. Prior to joining the NCI in 2002, she was on the faculty of the Lombardi Cancer Center of Georgetown University. She received her PhD in epidemiology from the School of Public Health at Johns Hopkins University and an MBA from the University of Rochester.

Robin is an enthusiastic cyclist, amateur bird-watcher, has a fascination with shoes, and spends much of her free time on the eastern shore of Maryland. Robin and her husband are currently training for their first century (100 mile!) bicycle ride in October.

- Leah Tuzzio (GH), Robin Yabroff (NCI)

Three Partners, Multidimensional Research: Meyers Primary Care Institute

The Meyers Primary Care Institute (MPCI) was established in 1996 as a joint venture and partnership of Fallon Community Health Plan, Fallon Clinic, and the University of Massachusetts Medical School. The mission of the Institute is to improve the health of populations and communities through innovative research and educational initiatives. We are located in Worcester, a working class city in central Massachusetts that is proud to be the site where the birth control pill and the happy face were both originated.



Fallon Community Health Plan was founded in 1977 and provides a wide variety of plan options including the first Medicare risk product and a Medicaid plan that was the top rated plan in the country in 2008 (NCQA).

Fallon Clinic, founded in 1929, is a multi-specialty group practice of 250 physicians closely aligned with Fallon Community Health Plan. Fallon Clinic uses the EPICcare electronic medical record and collaborates with MPCI in a series of AHRQ-funded studies employing the electronic medical record as a tool for improving medication

prescribing and monitoring. Fallon Community Health Plan and Fallon Clinic serve as our “laboratory”; we integrate their data to construct the local virtual data warehouse.

MPCI investigators are members of the faculty of the University of Massachusetts Medical School including familiar CRN faces such as our executive director, Jerry Gurwitz, the CRN site PI Terry Field, leader of a current CRN project Kathleen Mazor, and two recipients of CRN pilot project funds Chyke Doubeni and Katie Walsh (both CRN scholars, as well). We are also closely aligned with other departments and divisions of the medical school, including the Division of Geriatric Medicine (led by Dr. Gurwitz) and the Department of Quantitative Health Sciences, newly initiated under the direction of Catarina Kiefe, Jeroan Allison, Thomas Houston, and John Ware. Many population health researchers from the departments of Medicine, Family Medicine and Community Health, and Pediatrics are members of the MPCI faculty.

MPCI research has focused on a variety of issues including patient safety,

chronic medical conditions such as diabetes, cancer, heart disease, and arthritis, disparities in healthcare by age, race and socioeconomic status, doctor-patient communications, and pharmacoepidemiology. Our work places a particular emphasis on special populations including the elderly, pregnant women, and children.

Members of MPCI’s faculty are actively involved in every aspect of the educational efforts of the medical school, from curriculum design to course management. In concert with the medical school’s recently developed doctoral program in Clinical and Population Health Research, MPCI is mentoring a number of students, including PhD and MD-PhD candidates, as they perform their thesis research.

In addition to the CRN, MPCI also participates in the HMORN CERT and the CVRN. These associations provide us with opportunities to expand our research agenda and to collaborate closely with colleagues and friends across the HMORN.

- Terry Field (MPCI)



Meyers staff celebrating at the 2009 annual dinner

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.

Oversight Martin Brown, Alyssa Grauman, Reina Haque, Terry Field, Deb Ritzwoller, Cheri Rolnick, Leah Tuzzio, Nirav Shah, Ed Wagner, Robin Yabroff

Editor.....Sarah McDonald

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

CRN News and Milestones

CRN Racial Disparities (SIG)

The CRN's Racial Disparities Scientific Interest Group (SIG) was established in July 2009. It will foster collaborative multi-site research projects about improving the delivery of cancer prevention and treatment services to racial minorities and those from low socioeconomic backgrounds. This SIG will have subgroups on specific scientific areas such as data, access to care, communication and health literacy, intervention studies, and treatment issues. The SIG is led by Terry Field and Chyke Doubeni (MPCI.) To subscribe to the listserv, visit <http://www.crn.cancer.gov> and search for SIGs.

CRN Portal upgrade

On August 21, the CRN Web Portal was upgraded to the latest version of Plone, the Portal's content management software. Portal users can continue to log in and navigate as they have done in the past and should expect enhancements to the user experience, including improved speed. CRN Site Portal Administrators attended a training

on Aug. 24. The recorded Webinar is available at <https://appliedresearch.cancer.gov/crnportal/> in the Web Site Orientation section.

High scores for HMOs

The July 2009 issue of *Consumer Reports* featured results of a survey on readers' satisfaction with their managed care plans. Thirty-five HMOs were rated, of which eight are CRN members. All eight were listed in the top 13. The list was led by Group Health, Health Alliance Plan of Michigan, and Kaiser Permanente Northern California in 1st, 2nd, and 3rd place, respectively. Survey

respondents rated their HMOs on care from doctors, choice of doctors, access to care and to doctors, billing, Web site and online service, phone customer service, and overall satisfaction.

New names for familiar faces

On July 1, 2009, the Department of Ambulatory Care and Prevention became the **Department of Population Medicine (DPM)**. This new name more accurately reflects the department's core mission. DPM resides within the Harvard Pilgrim Health Care Institute, an affiliate of Harvard Medical School, and is an appointing department of Harvard Medical School.

Health plan affiliated with CRN	Overall satisfaction (of 100; 80=very satisfied on average)
Group Health	85
Health Alliance Plan	84
KP Northern California	84
Harvard Pilgrim Health Care	83
KP Northwest	83
KP Southern California	82
HealthPartners	82
KP Colorado	81

On September 8, 2009, the Group Health Center for Health Studies changed its name to **Group Health Research Institute (GHRI)**. The name change is intended to build a stronger identity for the research institute—one that better reflects its function (research) and its relationship to Group Health, an integrated health care delivery system.

CRN Proposals Selected for ARRA Funding

Challenge grants:

- Natural Language Processing for Cancer Research Network Surveillance Studies (PI David Carrell, GH)
- Cost Effectiveness of Hormonal Therapy for Clinically Localized Prostate Cancer (PI Stephen Van Den Eeden, KPNC)
- Improving Breast Cancer Surgery Through a Collaborative Surgery Database (PI Larry McCahill, UVT)

GO grants:

- Building CER Capacity: Aligning CRN, CMS and State Resources to Map Cancer Care (PIs Jane Weeks, DFCl and Debra Ritzwoller, KPNC)
- SEARCH: Cancer Screening Effectiveness and Research in Community-based Healthcare (PIs Diana Buist, GH and Chyke Doubeni, MPCI)
- Comparative Effectiveness in Genomic and Personalized Medicine for Colon Cancer (PI Katrina Goddard, KPNW)

Administrative supplements:

- Medical Care Burden of Cancer: System and Data Issues (PI Mark Hornbrook, KPNW)

Successful IRB streamlining

The Childhood, Adolescent and Young Adult Cancer Survivors (CAYACS) study team has successfully executed the "HMORN facilitated IRB" process (see article in the February 2008 CRN Connection, available at <http://crn.cancer.gov>). This three-site pilot study developed an institutional agreement in which KPNC ceded review authority to the Group Health IRB. The IRB at Wake Forest University, however, required its own application and review (which was expected.) The facilitated approval process took about 10 days to complete. PI Sarah Greene wrote the application on April 27, submitted it for pre-review on April 30, and received approval on May 11.