

Radiation Research Program Division of Cancer Treatment and Diagnosis

Cancer Disparity Research Partnership (CDRP) Program

Rosemary Wong, PhD

Program Director

ASTRO Program Expert Committee Meeting November 1, 2010

HUMAN SERVICES

of Health





CDRP Program Highlights

- June 6, 2010 → Coastal Carolina Radiation Oncology (CCRO) receives ASCO 2010 Clinical Trials Participation Award
- June 18, 2010 → NOVA Research Co. submits Final U56 CDRP Evaluation Report to NCI
- June 30, 2010 → RRP sends CDRP PIs, EAC and Experts
 Final U56 CDRP Evaluation Report
- August 1, 2010 → U54 grantees issued year 2 awards
- Sept. 7, 2010 → NOVA Research Co. awarded 4-year
 U54 CDRP Evaluation contract
- Oct. 6, 2010 → RCRH partners with SD Dept. of Health to receive CDC grant for Patient Navigation project

U.S. DEPARTMENT
OF HEALTH AND
HUMAN SERVICES

CDRP Program Reminders

- Nov. 1, 2010 → ASTRO-NCI Diversity Symposium and Reception at 5:30PM at Aqua Room 313
- Nov. 30, 2010 → U56 Final Progress Report due to NCI from UPMC McKeesport, 21st Century
 Oncology and New Hanover Regional Medical Center
- Jan. 13-16, 2011 → <u>NO CDRP PSC</u> meeting at RTOG; may schedule a teleconference call in March 2011
- June 1, 2011 → U54 Annual Progress Report due to NCI
- June 16-19, 2011 → CDRP PSC meeting at RTOG in Philadelphia where PI present program update

U.S. DEPARTMENT
OF HEALTH AND
HUMAN SERVICES

CDRP U56 Accomplishments – # Trials Open

TABLE 2 - NUMBER OF CLINICAL TRIALS OPEN PER FISCAL YEAR (AS OF SEPTEMBER 30, 2009)

Grantee Sites	Number of Clinical Trials Open per Fiscal Year (%)								
	FY04	FY05	FY06	FY07	FY08	FY09			
Rapid City	48 (75)	52 (63)	76 (55)	98 (48)	101 (42)	94 (40)			
Laredo	4 (6)	5 (6)	5 (4)	N/A	N/A	N/A			
Centinela Freeman	0 (0)	5 (6)	6 (4)	3 (1)	63 (2)	4 (2)			
New Hanover	5 (8)	9 (11)	11 (8)	5 (2)	7 (3)	7 (3)			
Singing River	0 (0)	1 (1)	20 (15)	40 (20)	39 (16)	61 (26)			
UPMC McKeesport	7 (11)	10 (12)	19 (14)	57 (28)	89 (37)	69 (29)			
Tota ^{þ,c,a}	64 (100)	82 (100)	137 (100)	203 (100°)	242 (100)	235 (100)			

N/A = Not applicable; Laredo's CDRP grant was relinquished in 2007.

After closure of the radiation oncology center in January 2008, no new trials were open until August 2008 (see sections 3.3.2 and 3.7.2 for a description of events).

Trials opened in a given year that remained active (i.e., open to patient accrual) in subsequent years were counted each year they remained open.

- Data do not include clinical trials that were opened for follow-up only.
- Column percents do not total 100% due to rounding.

** 9 months 2010 data only

2010 U54 Data**

89 - 91

4 - 6

12 - 14

50

48 - 52

206-211

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Types of Clinical Trials Open by CDRP Site

TABLE 3 - TYPES OF CLINICAL TRIALS OPENED BY SITES (AS OF SEPTEMBER 30, 2009)

Grantee Sites	PI- Initiated	Mentor- Initiated	RTOG	Other Cooperative Groups	Pharmaceutical/ Industry	Total (%)
Rapid City	8	1	30	174 (2 R; 22 CR; 118 M/S; 32 CC/P)	1	214 (47)
Laredo	1	1	2	3 (2 CC/P; 1 UNK)	1	8 (2)
Centinela Freeman	0	0	5	1 (1 UNK)	2	8 (2)
New Hanover	1	1	9	7 (7 R/CR)	0	18 (4)
Singing River	0	0	20	63 (5 R/CR; 58 M/S*)	7	90 (20)
UPMC McKeesport	11 ^c	0	22	53 (1 R, 11 CR, 41 M/S)	28	114 (25)
Total	2113	3 4	₈₈ 46	₃₀₁ 131	₃₉ 14	452 (100° <mark>?</mark>

Trial Category for Other Cooperative Groups: R = radiation only; CR = combined chemoradiation; M/S = medical and/or surgical; CC/P = cancer control and/or prevention; UNK = unknown category of trial.

2010 U54 Data**

89 - 91

4 - 6

12 - 14

50

48 - 52

206-211

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Some medical/surgical oncology trials (n=15) opened at this site are also considered cancer control/prevention trials.

These patients are enrolled on UPMC PI-initiated trials via the University of Pittsburgh Cancer Institute (UPCI).

Column percents do not total 100% due to rounding.

^{** 9} months 2010 data only

U56 Yearly Accrual by CT Types

TABLE 7 – CUMULATIVE NUMBER OF PATIENTS ACCRUED IN EACH TYPE OF CLINICAL TRIAL, BY FISCAL YEAR (AS OF SEPTEMBER 30, 2009)

Type of Clinical Trial	FY03	FY04	FY05	FY06	FY07	FY08	FY09	Tota	ıl (%)
PI-Initiated	0	1	44	78	78	38	62	301	(18)
Mentor-Initiated	0	0	0	0	0	0	160	160	(10)
RTOG	10	7	17	26	34	24	50	168	(10)
Other Cooperative Groups ^b	271	349	39	75	84	98	82	998	(60)
Radiation Only	1	0	4	20	9	0	3	37	(4)
Radiation/Combined Treatment	65	9	14	24	19	13	14	158	(16)
Medical/Surgical	140	25	24	27	55	79	57	407	(41)
Cancer Control/Prevention	75	316°	6	9	10	11	14	441	(44)
Pharmaceutical/Industry	0	0	5	1	8	6	31	51	(3)
Total	281ª	357	105	180	204	166	385	1,678	(100°)

Rapid City had approximately 33 active clinical protocols opened during FY03 in which they accrued 281 patients onto the STAR trial and cooperative group trials (RTOG and NCCTG) (n=281).

U.S. DEPARTMENT
OF HEALTH AND
HUMAN SERVICES

National Institutes of Health

2010 U54 Data**

9

13

18

66

--

- -

- -

- -

49

155

** 9 months 2010 data only

Rapid City data include patients who were enrolled onto both RTOG and other cooperative group trials. The database structure at this site did not allow segregating
the different trial categories (e.g., radiation only, medical/surgical) by only cooperative group trials.

Includes Laredo's accruals to NCI prevention trials, STAR (n=9) and SABOR (300).

Column percents do not total 100% due to rounding.

Accrual to Types of Clinical Trials

TABLE 6 - CUMULATIVE NUMBER OF PATIENTS ACCRUED AT EACH SITE BY TYPE OF CDRP CLINICAL TRIAL (AS OF SEPTEMBER 30, 2009)

<u>2010</u>	
U54 Data*	*

42

72 28

13

155

Grantee Sites	PI- Initiated	Mentor- Initiated	RTOG	Other Cooperative Groups	Pharmaceutical / Industry	Total (%)
Rapid City	252	154	45	482	0	933a (56)
Laredo	0	0	6	313⁴	3	322 (19)
Centinela Freeman	0	0	17	16	30	634 (4)
New Hanover	39	6	50	23	0	118 (7)
Singing River	0	0	18	106	6	1304 (8)
UPMC McKeesport	10°	0	32	58	12	112' (7)
Total	301 9	₁₆₀ 13	₁₆₈ 18	998 66	51 49	1,678º (100º)

Rapid City accrued 927 patients; 6 patients were on more than one clinical trial and were counted twice. Data includes CDRP prior accrual onto the STAR and cooperative group trials (RTOG and NCCTG) (n= 281).

** 9 months 2010 data only

18/155 = 11.6% RTOG

66/155 = 42.6% Coop. Group

U.S. DEPARTMENT
OF HEALTH AND
HUMAN SERVICES

Includes accruals on prevention trials, STAR (n=9) and SABOR (n=300).

Centinela Freeman accrued 60 patients; 3 patients were on two different types of trials and were counted twice.

Singing River accrued 107 patients; about 20 patients were on two to four different types of clinical trials and were counted every time they participated in a trial.

[•]These patients were enrolled on UPMC PI-initiated trials via the University of Pittsburgh Cancer Institute (UPCI).

¹ UPMC McKeesport accrued 110 patients, 2 patients were on two different types of trials and were counted twice.

[•] This total includes about 30 patients that were counted more than once because they participated in more than one clinical trial. The total number of unduplicated patients accrued was 1,644 (see Table 5).

Column and row percents do not total 100% due to rounding.

Total Patients Accrued by Race

TABLE 5 − CUMULATIVE NUMBER OF PATIENTS ACCRUED TO CLINICAL TRIALS BY RACE/ETHNICITY FOR ALL SITES (AS OF SEPTEMBER 30, 2009)

Total Number of Patients Accrued to Race/Ethnicity CDRP Clinical Trials (%) American Indian/Alaska Native 138 (8) Asian 2 (0)Native Hawaiian or Pacific Islander (0)Non-Hispanic Black or African American 100 (6)Non-Hispanic White 1.071 (65)Hispanic/Latino 331 (20)Unknown (0)Total # (100°) 1.644

2010 U54 Data**

2

1

0

17

130

0

0

150

** 9 months 2010 data only

20/150 = <u>13.3%</u> U54 minority accrual rate

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Includes patient accruals to clinical trials opened prior to CDRP: Laredo's accruals to SABOR (n-300) and STAR trials (n = 9) and Rapid City accruals to STAR
and cooperative group trials (RTOG and NCCTG) (n=281).

Column percents do not total 100% due to rounding.

^{# 572/1644 = &}lt;u>34.8%</u> U56 minority accrual rate

Eligibility Rates for Screened Pts

TABLE 8 - NUMBER OF PATIENTS SCREENED (SCR) AND ELIGIBLE (ELIG) FOR CANCER CLINICAL TRIALS, BY FISCAL YEAR (As of September 30, 2009) *U54 Data – 9 months

Grantee Sites	Patients Screened (FY07Q4 - FY09)	Patients Eligible (FY07Q4 - FY09)	Eligibility Rate ^b (%)	
Rapid City	1,601 57	9 457 94	29 16	
Centinela Freeman	28 0	28	100° 0	
New Hanover	228 25	84 116	37 45	
Singing River	982 28	7 166 ⁴⁷	17 16	
UPMC McKeesport	637 20	5 ₈₄ 13	130 6	
Total	3,476 ^{1,3}	819 270	24 20	

Data were not available for Laredo.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Eligibility rate is based on the number of patients eligible divided by the number of patients screened.

Centinela Freeman did not screen all patients.

Only includes data on the UPMC McKeesport site out of a total of five participating hospital at this CDRP site.

Accrual Rates for Eligible Pts

#

TABLE 10 -PATIENT CLINICAL TRIAL ACCRUAL RATES BY SITE (AS OF SEPTEMBER 30, 2009)

Grantee Sites ^a	Eligible Patients (FY07Q4 - FY09)		Patients Acc (FY07Q4 - F)		Patient Accrual Rateb (%)	
Rapid City	457	94	343	42	75	45
Centinela Freeman	28	0	28	0	100	0
New Hanover	84	116	74	72	88	62
Singing River	166	47	87	23	52	49
UPMC McKeesport	84	13	68	3	81°	23
Total	819	270	600	140	73	52

Data were not available for Laredo.

U.S. DEPARTMENT
OF HEALTH AND
HUMAN SERVICES

Accrual rate is based on the number of patients enrolled onto clinical trials divided by the number of patients eligible for clinical trials.

Only includes data on the UPMC McKeesport site out of five participating UPMC hospital sites.

U56 Planning Phase Findings

U56 Phase Identified:

- -- Eligibility barriers: shortage of trials, restrictive enrollment criteria; co-morbidities; advanced stage of disease; etc.
- -- Accrual barriers: insurance, performance status, age, transportationstandard treatment preference; etc.

Therefore, new strategies and disparity appropriate protocols must be designed for minority/underserved populations

U56 Planning Phase (2002 - 2009)

U54 Implementation Phase (2009 - 2013)

- Establish clinical research infrastructure at community hospitals
- Create community educational and outreach program
- Establish individual patient navigation program to address minority and underserved population needs
- Use Telesynergy® to facilitate mentoring, training and collaborations
- Increase presentations and publications on various aspects and components of CDRP program
- CDRP heightened awareness of cancer disparities in RTOG and establish annual NCI ASTRO Diversity Symposium

- Limited Competition RFA issued October 2008
- Five applications rec'd 12/08, reviewed 3/09
- Awards made August/September 2009

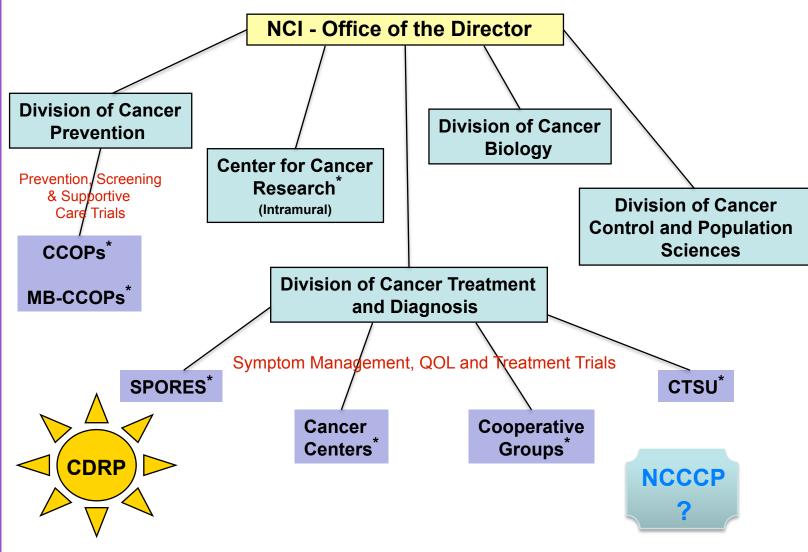
Goals:



- Expand minority/underserved patient accrual into <u>all</u> types of NCI clinical trials
- Develop strategies to address U56 identified barriers to accrual
- Disseminate best practices via publications and presentations at national meetings
- Continue efforts toward future program sustainability by securing non-NIH funding

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

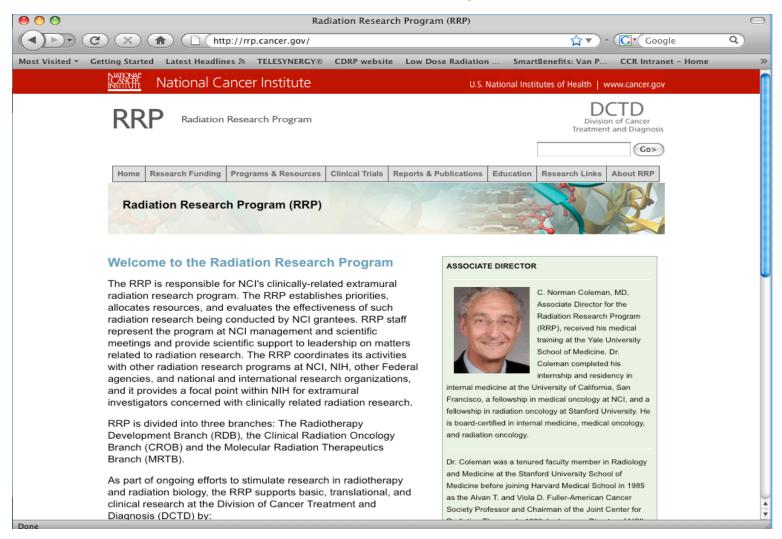
CDRP grantees will require new home after pilot program ends in 2013



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Updated Radiation Research Program Website

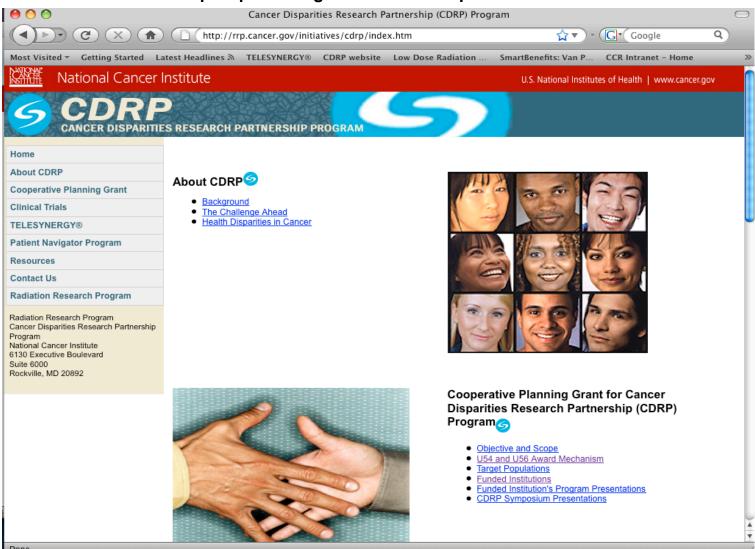
(http://rrp.cancer.gov)



U.S. DEPARTMENT
OF HEALTH AND
HUMAN SERVICES

CDRP Website Within RRP Website

http://rrp.cancer.gov/initiatives/cdrp/index.htm



U.S. DEPARTMENT
OF HEALTH AND
HUMAN SERVICES