Dr. Sanya A. Springfield  
Director, Center to Reduce Cancer Health Disparities  
July 16, 2007
Overcoming Cancer Health Disparities (CHD)

• Moving Research Forward

...by Addressing the Causes of Cancer Health Disparities

With support from NCI, scientists are learning about why some population groups have higher cancer incidence and mortality rates than others. For example, we know that many evidenced-based interventions, including cancer screening, are not adequately reaching all populations. Other research shows that, in addition to uneven access to cancer care interventions, there may be a genetic component to some cancer health disparities.

...and Progress in Pursuit of our Goal

* The Nation’s Investment in Cancer Research: Plan and Budget Proposed FY08
HD Research Funding by Division
FY 2006

- OCTR-CTB: $23,437 (9%)
- OD-OC: $21,434 (8%)
- OD-OESI: $1,594 (1%)
- CCR: $15,822 (6%)
- CRCHD: $28,093 (11%)
- DCCPS: $82,158 (33%)
- DCTD: $35,200 (14%)
- DCP: $7,894 (3%)
- DCEG: $5,270 (2%)
- CRCHD: $28,093 (11%)
- DCB: $125 (0%)
- OCTR-CMBB: $33,891 (13%)
- OCTR: $1,041 (0%)
- OD-OESI: $1,594 (1%)
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- DCB: $125 (0%)
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Key NCI CHD Strategies

- CHD Integration/Implementation ($I^2$) Team
- New Center to Reduce Cancer Health Disparities (CRCHD)
- GMaP
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<th>Start Date</th>
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<td>Portfolio Analysis</td>
<td>Present Portfolio Analysis</td>
<td>Updated Portfolio Analysis</td>
<td>Present FY05 FY06 Plan Progress</td>
<td>and FY05 Annual Report</td>
<td>FY07 Plan</td>
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<td>Lung Cancer Program</td>
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<td>Health Disparities</td>
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<td>and FY05 Annual Report</td>
<td>FY07 Plan</td>
<td>Present Phase 1 Plan</td>
<td>Portfolio Analysis</td>
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**Imaging**

- Present Phase 1 Plan
- Portfolio Analysis
- Updated Portfolio Analysis

**Bioinformatics**

- Present Phase 1 Plan
- Portfolio Analysis
- Develop Plan
- Updated Portfolio Analysis

**Lung**

- Present Phase 1 Plan
- Portfolio Analysis
- Develop Plan
- Updated Portfolio Analysis

**Lung Cancer Program**

- Health Disparities
HD I² Team Members

- **July**
  - EC approved formation of HD I² Team
  - NCI Director selected HD I² Chair/Co-chair

- **Aug - Sept**
  - DOC nominated staff for I² Team
  - I² Chair nominated I² Team
  - NCI Director selected I² Team

- **Sept – July**
  - Integration Phase

- Co-Chairs -
  - Sanya Springfield CRCHD
  - Michaele Christian (DCTD)*
  - Hector Aguila (CRCHD)
  - Michelle Bennett (CCR)
  - Gail Bryant (DEA)
  - Ken Chu (CRCHD)
  - John Cole (DCB)
  - Lenora Johnson (OCE)
  - Latonya Kittles (OCE)
  - Anna Levy (OSPA)
  - Worta McCaskill-Stevens (DCP)
  - Linda Morris Brown (DCEG)
  - Henry Rodriguez (OTIR)
  - Samir Sauma (OSPA)
  - Shobha Srinivasan (DCCPS)
  - Ted Trimble (DCTD)
  - Devi Vembu (OCTR/CCB)

*Disclaimer: The asterisk (*) next to Michaele Christian’s name indicates her role as a Co-Chair due to her previous membership in the HD I² Team.

Advisory Subcommittee to the Executive Committee
Phase 1: Integration
- Review CHD recommendations, portfolio and investments
- Identify gaps and prioritize
- Develop “Resource Plan” for EC approval

Phase 2: Implementation
- Community participates in execution of the projects from the Resource Plan-
  - funding opportunities: RFAs, PAs
- Focus on performance accountability
What is Cancer Health Disparities Research*?

- Basic, clinical or population-based research that explicitly focuses on cancers that are more serious or more prevalent in racial/ethnic minorities and other underserved populations and advances the development of the cancer research continuum for these cancers.

Examples:
- Triple negative breast cancers in young African American women
- Lung cancer risk and prognosis in African Americans
- IRF-1 studies, breast cancer, obesity and African American and Hispanic women
- Non 16/18 HPV mutations and Native Americans

* NCI I² CHD Team definition, 2006-DRAFT
Eliminate Cancer Health Disparities

- Narrow the gap between cancer research and practice.
- Integrate the elimination of cancer health disparities into all NCI initiatives and programs.
- Ensure that the entire U.S. population receives the full range of information, services, and high-quality care from prevention to screening, diagnosis, treatment, survivorship, and end of life.
- Ensure that NCI’s Cancer Centers, which form an important foundation for NCI’s research activities, adequately address cancer health disparities throughout their research and care delivery activities.
- Ensure the NCI’s clinical research portfolio has substantial representation from underrepresented populations to enable insights into the causes of health disparities and effective extrapolation of research results to the entire population.
I² Cross-Cutting Objectives

• Emphasize education as critical factors in eliminating cancer health disparities.

• Establish and support the development of effective and mutually beneficial collaborations and partnerships that serve to expand resources, broaden our capacity for message delivery, and create greater integration and diversity for training initiatives and further scientific endeavors.

• Develop metrics to evaluate the effectiveness and accountability of projects and initiatives that address cancer health disparities.

• Communicate the scope of cancer health disparities to vulnerable populations, researchers, and providers.

• Develop the workforce by recruiting, retaining and promoting investigators from minority and underserved populations.
Key NCI CHD Strategies

- CHD Integration/Implementation (I²) Team
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- GMaP
MISSION

• Strengthen NCI’s cancer health disparities portfolio in basic, clinical, translational and community-based participatory research

• Lead NCI’s efforts in the training of students and investigators from diverse populations that will be part of the next generation of competitive researchers in cancer and cancer health disparities
Disparities Research Branch

- Community-Based Program
  - Community Network Program
  - Patient Navigator Research Program
    - U01

- Investigator-Initiated Programs
  - R21, R03
  - R13
  - P01, R01

- Minority Institution/Cancer Center Partnership
  - P20, U56, U54
Community Networks Program

Goal is to significantly improve access to and utilization of beneficial cancer interventions in the community through education, research and training among racial/ethnic minorities and underserved populations

- Cancers:
  - breast
  - cervical
  - colorectal
  - prostate

- Populations:
  - African American
  - Hispanic/Latino
  - American Indians/Alaska Natives
  - Pacific Islanders
  - Asian
  - Underserved populations
Using trained, culturally competent health care workers as patient navigators to decrease the time between a cancer-related abnormal finding, definitive diagnosis and delivery of quality standard cancer care.
MI/CCP Partnership Model

**MSI**
- Education
- Minority Training
- Community Trust and Participation

**CC**
- Cancer Research Expertise
- State-of-the-Art Cancer Facilities
- State-of-the-Art Cancer Treatments

- Build research capacity and training at MSIs
- Create stable, long-term collaborations between MSIs and CCs in research, training, career development, and outreach
- Improve effectiveness of CC research, education and outreach for underserved populations
- Export successful approaches for addressing disparities to all CCs and other key networks and consortiums
High School
- Research Supplements

Undergrad
- Supplements to the CURE:
  - Cancer Center Grant: P30

Predoctoral
- NRSA:T32
- Cancer Education Grant: R25T
- Fellowships: F31

Postdoctoral
- Clinical Oncology Training Grants: K12
- Career Awards: K01, K08, K23

Junior Investigator
- Transition Career: K22
- SPORE: P50
- Cancer Center: P30 MD/POR
- CURE: P30 MD/POR
- CRC Grant: P50
External Collaborations
Public/Private Partnerships

American Cancer Society
Patient Navigation Training

AACR-Susan G. Komen for the Cure
National Health Disparities Meeting

ASCO CHD Career Development Award

Glaxo Smith-Kline Fellowship

NSF Specialized Training Programs

CRCHD
Cancer Health Disparities Research and Training

I² Team

NCRR
NCMHD
CDC

OCTR
SPORES Cancer Centers

DCTD
CTWG

DCP
ER-Negative

DCB
R03/R21

DCEG
Miss. Delta HPV Vaccine

DCCPS

CCR/
Frederick

Diversity Training

I² Team

NCRR
NCMHD
CDC
CRCHD Tools & Resources

• CRCHD Web site

• CRCHD Cancer Disparities E-Bulletin

• Brochures
  – CRCHD, CNP, PNRP
  – CURE, MI/CCP

• Special Populations Network (SPN) Monograph in CANCER
  – http://www3.interscience.wiley.com/cgi-bin/jissue/113386997
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Cancer Health Disparities
Geographic Management Program (GMaP)

A regional strategy to build critical “hubs” for support and efficient management of cancer health disparities research, training, and infrastructure programs.

• GOAL
  – Advance the science of cancer health disparities in these regions
  – Achieve measurable reductions in cancer health disparities in these regions
Researcher Benefits

• Better integrated and stronger CHD research, training and core programs across regions
• Joint regional health disparities workshops to facilitate communication/disseminations
• Integration of GMaP members into regional and community planning and decision-making processes for sustainability of CHD efforts.
Federal Partner Benefits

- Increased leveraging of CHD research dollars
- More efficient program management:
  - Joint site visits,
  - Standardized site visit reports,
  - Regional advisory committees
- Joint concept development for new funding opportunities
- Common metrics and evaluation of CHD
GMaP

Cancer Health Disparities Regional “Hub”

Community-Based Research
e.g., CNP, CPHHD

Basic Research
e.g., MI/CCP, EXPORT Cancer Centers

Clinical Research
e.g., MB/CCOP, CDRP, PNRP,

Training
e.g., MI/CCP, CURE RCMI

Core Services

Prevention | Early Detection | Diagnosis | Treatment | Survival/Quality of Life | End of Life Care

Overcoming Cancer Health Disparities
GMaP Core Services

• Clinical Trials

• Bioinformatics/Information Technology
  – caBIG Tools
    • caTissue Banking Software
    • NCI Medical Imaging Repository
    • REMBRANDT Repository for Molecular Data

• Minority Biospecimens/Biobanking
  – Guidelines
  – Informed Consent

• Communication/Dissemination
  – CIS
  – On-Line Community

• Evaluation

• Recruitment (faculty, postdocs)
GMaP Pilot Area Planning Meetings

• Next Steps:
  – Review and analyze the regional research and training portfolio for health disparities activities
  – Identify External Regional Coordinating Committee
  – Define core services and areas of focus
  – Develop GMaP Regional Funding Opportunities (Supplements)
Looking Ahead...

Convene CHD Think Tanks to develop CRCHD strategic plan for reducing and eliminating cancer health disparities

- CHD Researchers/Community Practitioners
  - Cancer Center Researchers
  - SPORE Researchers