FROM THE CO-CHAIRS
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Our focus in this issue of the Newsletter is on the NCI Community Oncology Research Program (NCORP), funded through the Division of Cancer Prevention (DCP), led by Worta McCaskill-Stevens, MD, MS. The grant that funds activities in this Program, both therapeutic and prevention/screening/symptom management, was recently recompeted, and we are delighted to report successful funding of the ECOG-ACRIN NCORP Research Base, where we received a priority score of 29, comfortably in the top half of successful applications. We recognize the NCORP sites that received funding under this mechanism, and in particular celebrate the addition of four new NCORP sites, three of which claim ECOG-ACRIN membership. This is a healthy development, and occurs at a time in which we as a group are re-assessing how best to engage community physicians and their research staff in all aspects of our ECOG-ACRIN research.

Many community oncologists participate in EA trials outside of the NCORP structure, and we want to encourage the voice of the community to be heard from all sources. To that end, we are developing a different structure for the Community Cancer Committee, led by new chair Matthias Weiss, MD of ThedaCare in Wisconsin. We will provide additional perspective on planned activities in upcoming issues. There are important questions that lend themselves to community participation. For example, how do the results of our trials, conducted as they are in highly committed academic centers and community practices, compare to results that would be obtained in a real-world setting, in which treatment decisions need to be made independently of restrictions such as eligibility criteria, or dose modifications that might not quite fit the clinical scenario? Can we avail of data analysis that might prompt interpretation of the existing trials using differently sourced control groups? Should successful trials be followed by the equivalent of phase IV registry studies to better understand the overall contribution of an advance?

This last question fits in the Cancer Care Delivery Research (CCDR) Program, headed by Ruth Carlos, MD of the University of Michigan. At the recent NCORP Annual Meeting in Bethesda, this area of research was highlighted as a high priority for future studies by Ann Geiger, PhD, MPH of the Division of Cancer Control & Population Sciences (DCCPS). Ann pointed out that 18 CCDR trials are currently open, and that this field has accrued almost 10,000 patients in the last five years. She articulated the goal “that the NCORP should be the premier laboratory for CCDR trials,” and that funding has increased every year to a projected $20 million in 2019. We encourage participation of interested members in the CCDR Committee Session at our Fall 2019 Group Meeting in Fort Lauderdale this October, where opportunities to discuss priorities and trials will define our activities in this important area.

Accessing clinical data to assess efficacy and impact is of course a challenge of our information-rich age. We want to remind you that the First Robert L. Comis, MD Translational Science Symposium – taking place at the Fall Group Meeting on Thursday, October 24 from 12:00 to 3:30 pm, and open to all attendees – will address this issue: how do we extract meaningful data from the medical record for these purposes? Larry Shulman, MD from Penn (who directs the National Cancer Database) and Neal Meropol, MD from Flatiron Health will both address this issue, and the several research opportunities it provides. In addition, other data-rich sources of information, and their use, will be presented. Among them, a field that has several active projects underway in EA is radiomics, the analysis of data contained in imaging studies (CT, MRI) that may not be visible with the naked eye. As an introduction to this field, and to whet appetites for this opportunity, Despina Kontos, PhD has provided a primer in this issue. Despina heads the Radiomics Committee, and is an enthusiastic collaborator in these clinical studies.