Institution Spotlight: John H. Stroger, Jr. Hospital of Cook County (SHCC) Minority Underserved NCI Community Oncology Program (MU-NCORP)

By Thomas E. Lad, MD

Together with my colleague Urjeet Patel, MD, I lead the John H. Stroger, Jr. Hospital of Cook County (SHCC) Minority Underserved NCI Community Oncology Program (MU-NCORP). SHCC is the safety net hospital for uninsured patients in Chicago, Illinois and the surrounding suburbs. The program was established in 2002, initially as a Minority-Based Community Clinical Oncology Program (MBCCOP) and subsequently as a MU NCORP since 2014. SHCC remains one of the only single-site NCORP organizations with no affiliates or sub-affiliates. The program has received over $17 million in support for clinical research from the National Cancer Institute (NCI) during this time. In August 2019, the NCI renewed funding in the amount of $5 million over six years. This funding continues to support the research follow-up care for over 2,100 patients currently enrolled in clinical trials and cancer care delivery studies; credit for 582 accruals was given to ECOG-ACRIN Cancer Research Group (EA). SHCC is one of the highest accruing sites to the TRACER study, contributing 148 patients and crediting EA.

Members of the SHCC team have participated in several ECOG-ACRIN committees which include: Cancer Care Delivery Research, Health Disparities, Healthy Equity, NCORP Community Advisory, Cancer Control and Survivorship, Patient-Reported Outcomes, and Clinical Research Associates Core Committee. Our Physician Assistant/Clinical Research Associate, Wendy Rogowski, and I have both served as auditors for ECOG-ACRIN member audits.

SHCC is also heavily involved in protocol development and support at ECOG-ACRIN. Erika Radeke, MPS, the SHCC MU NCORP Administrator, and Ashlesha Patel, MD, MPH are chairs of the ECOG-ACRIN study E1Q11: Engendering Reproductive Health in Oncologic Survivorship (EROS) which is currently open and accruing. The study has reached 54% of its accrual goal of 668 females between the ages of 15 and 55. I participated in the study design and development of EAQ161CD2, a biomarker testing survey to assess the level of precision medicine practice in the community. Additionally, I provide scientific direction and mentorship activities concerning new study implementation involving minority and underserved populations to the EA Health Equity Committee. I also contribute insight, advice, and thoughts regarding feasibility and interest during concept development to the Community Advisory Committee.

Further, in collaboration with Northwestern University and Wake Forest University, our team participated in the planning and development of a concept proposal to ECOG-ACRIN titled Preparatory work for evaluation of a PROMIS-based and eHealth-Enhanced Psychosocial Distress Screening and Monitoring in Oncology Settings to Improve Care and PROs and Reduce Health Disparities. However, this concept did not transition to a full protocol.

Lastly, our contributions to clinical trial accrual have led to continuous renewal of SHCC’s accreditation through the American College of Surgeons’ Commission on Cancer (CoC). Our research activity has met CoC standards with commendations at each review since 2002.