

# **2<sup>nd</sup> Annual Healthy Together: Cancer Community Stakeholder Retreat**

Hosted by the University of Cincinnati Cancer Center Office of  
Community Outreach & Engagement (COE)



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# From last year to now...

- Attend events across the Catchment area -> attended events in Clermont, Montgomery, Kenton, and Campbell counties
- Use data to identify areas to serve -> implemented greater use of the CA dashboard
- Partner with nonprofits and community organizations -> expanded our partnerships in the past year by 50%
- Events targeting specific cancers -> hosted "Strong Men, Strong Futures" in September (prostate cancer event)
- Identify resources needed by communities and survivors -> worked with the CAB and Liaisons to create additional flyers
- Meet people where they are -> strengthened our partnership with the 513Relief Bus and other mobile units

# NCI Designation

What, Why, Who, How?

**Davendra Sohal, MD, MPH, FASCO**

Director, Division of Hematology and Oncology  
Associate Director for Clinical Research, UCCC



# What is NCI Designation?

- A certification and funding for cutting-edge cancer “work”:
  - Cancer research (lab, clinical, population)
  - Cancer treatment (multidisciplinary care, clinical trials)
  - Cancer prevention (screening, healthy living)
  - Cancer education (from K to 12 to beyond)
- Community outreach (educating the catchment area community about all the above)

# Why NCI Designation?

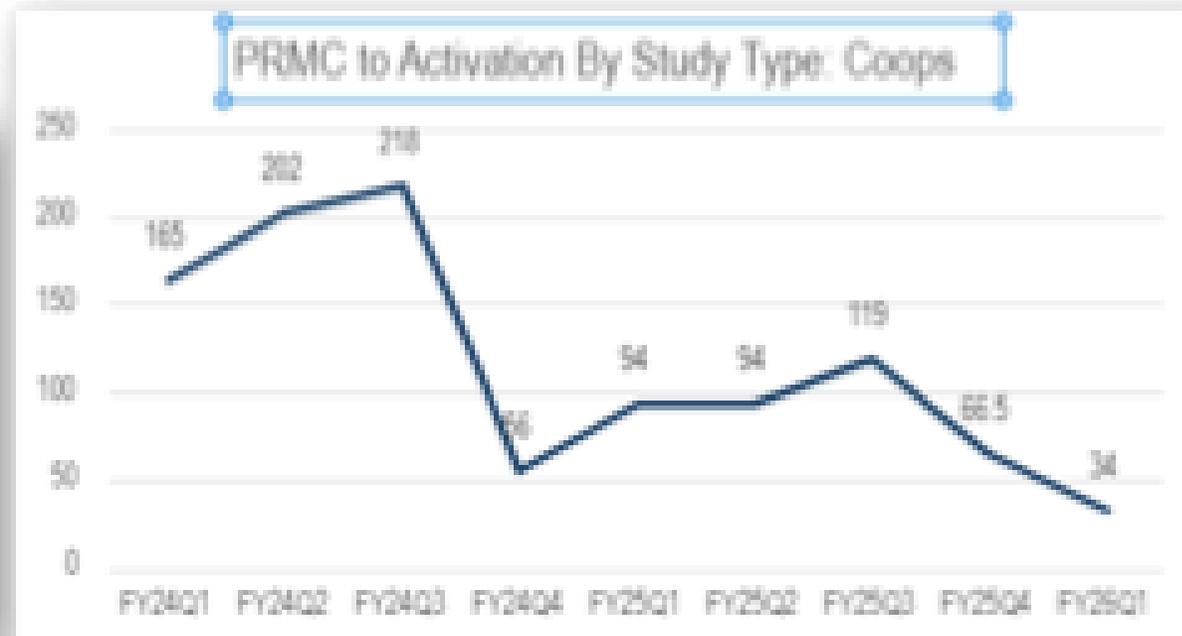
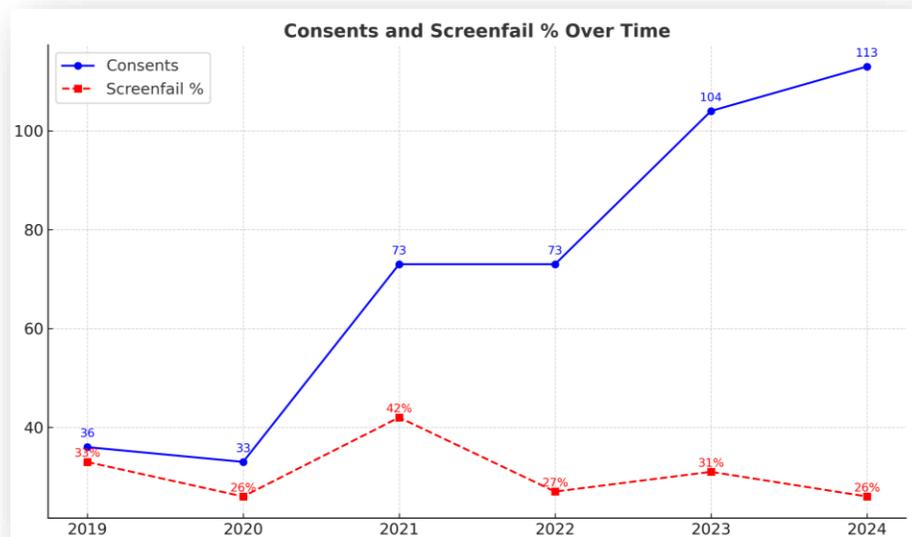
- Elevates the entire community
  - Less cancer (prevention, screening)
  - Better outcomes (cutting-edge treatments, trials)
  - Education (training, research)
  - Jobs (in all the above)
  - Overall health improvement (ripple effects)

# Who Gets us NCI Designation?

- Everybody!
  - My Example

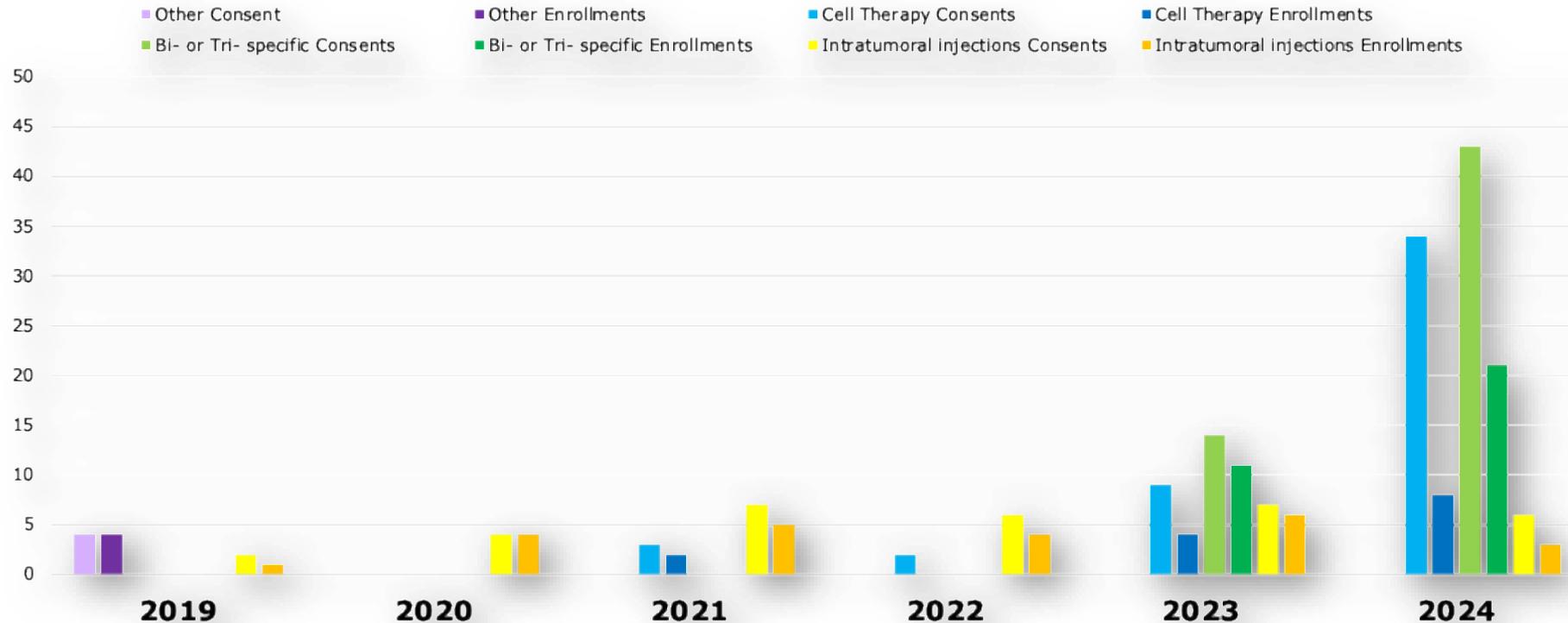
# How do we get NCI Designation?

- Example: Clinical Trials – Quantity Metrics



# How do we get NCI Designation?

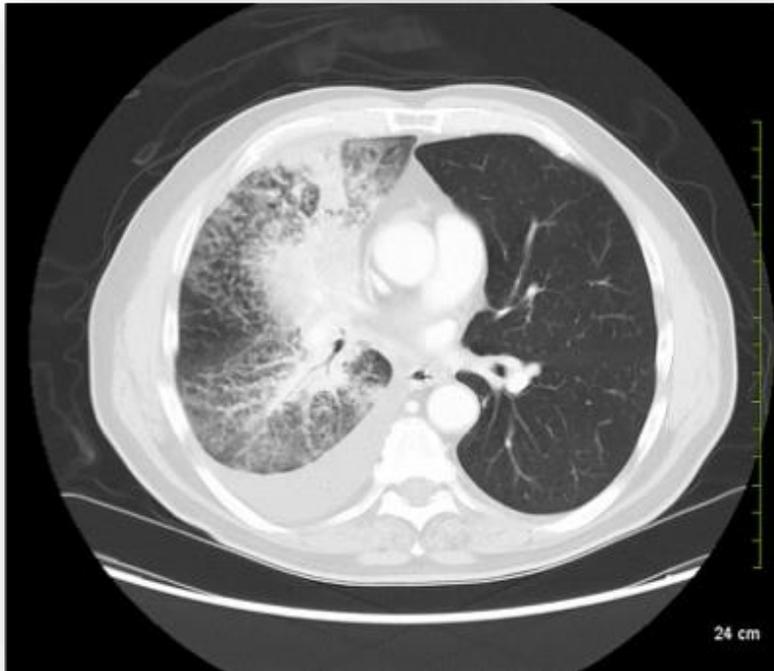
- Example: Clinical Trials – Quality Increase



# How do we get NCI Designation?

- Example: Clinical Trials – Direct Impact

8/13/2020

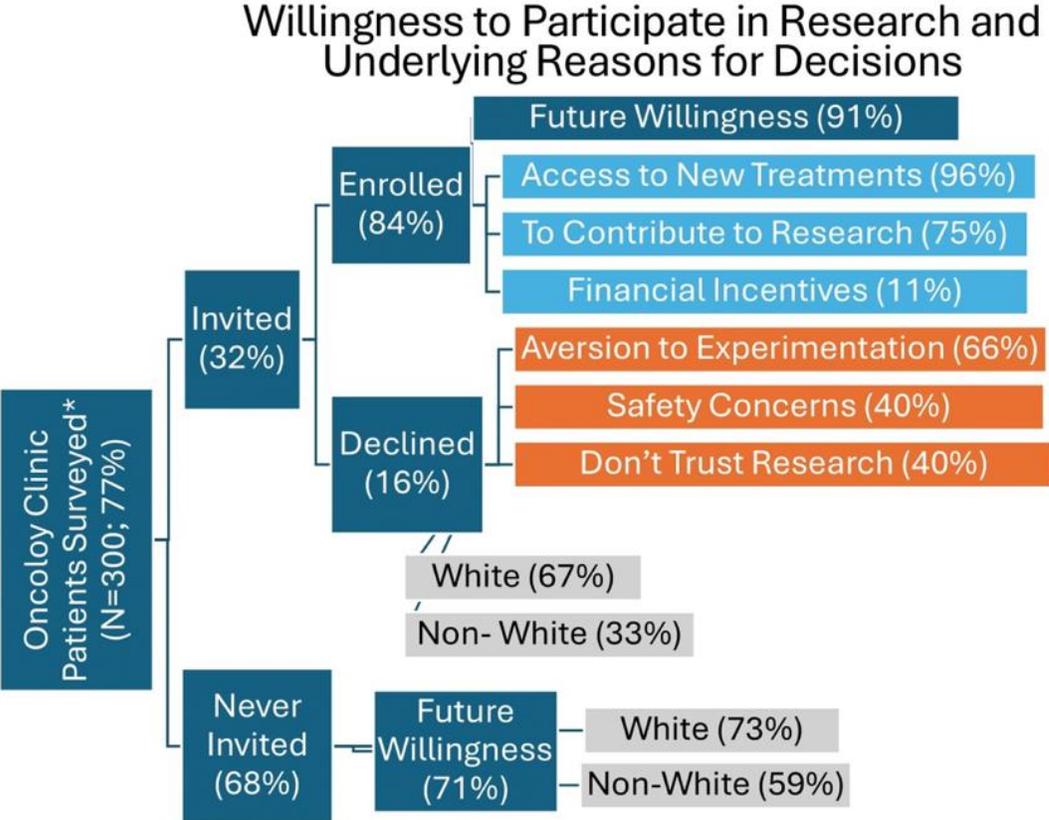


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# How do we get NCI Designation?

- Example: Clinical Trials – Removing Barriers



# University of Cincinnati Cancer Center Priorities

**Melinda Butsch Kovacic, MPH, PhD**

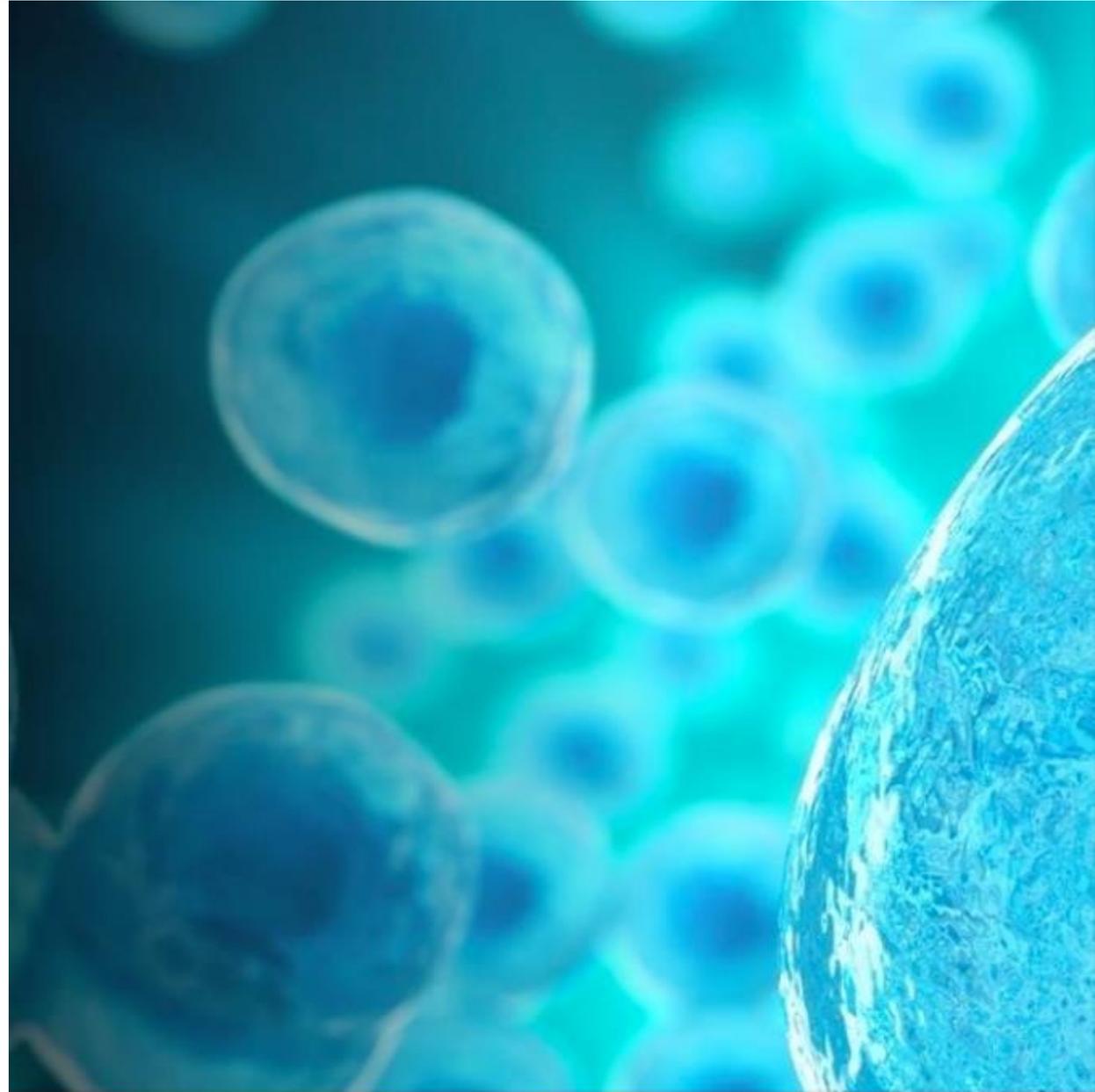
*Associate Director for Community Outreach & Engagement*

*University of Cincinnati Cancer Center*



# What is Cancer?

Cancer is *abnormal, uncontrolled cell growth.*

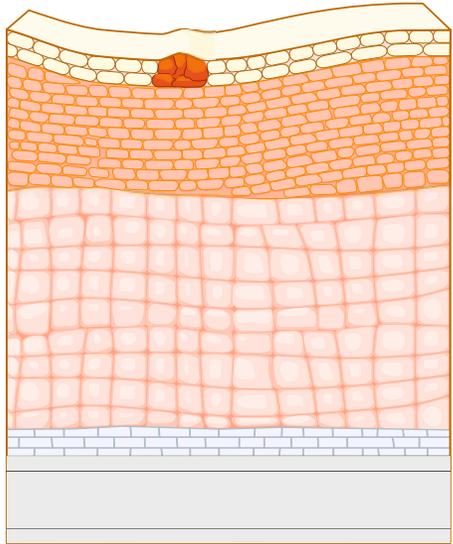


# Cancer Screening



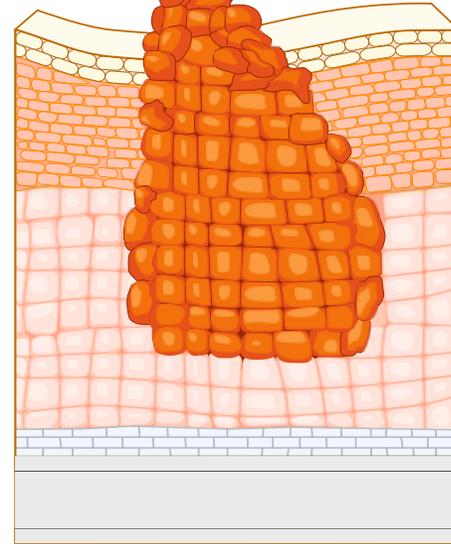
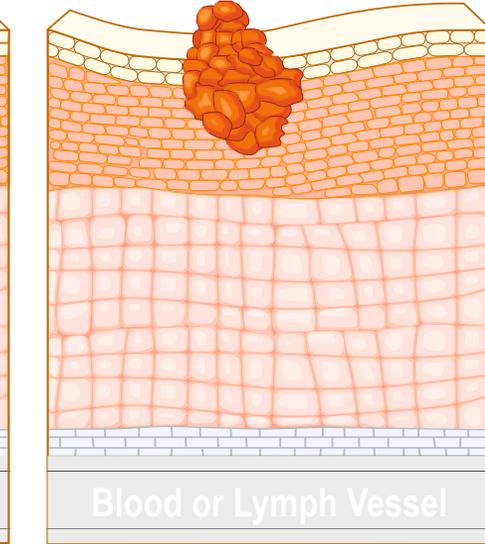
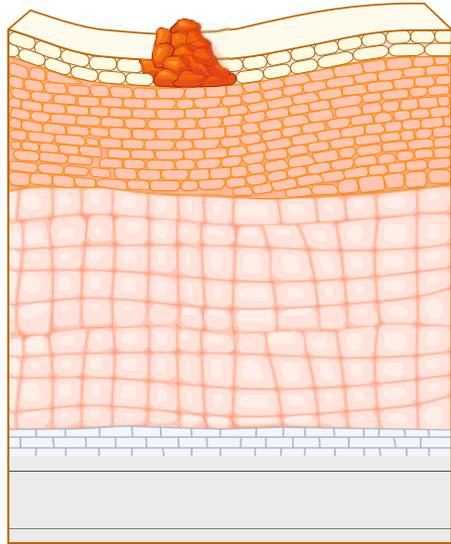
*Timely recommended **cancer screenings** are one of the best ways to reduce the risk, for some cancer types.*

# Finding Cancer in Its Early Stages Improves the Chance of a Cure



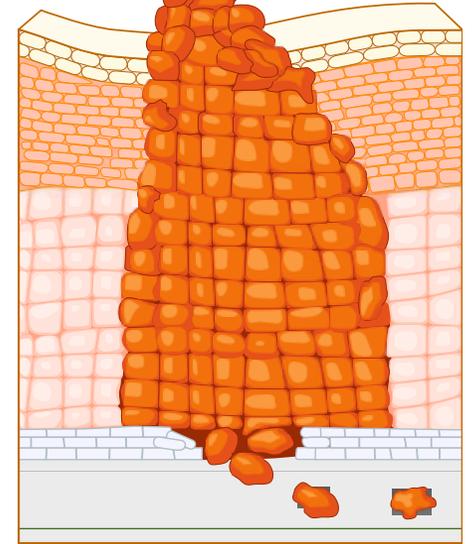
**Stage 0**

*Abnormal cells are present but have not spread to nearby tissue.*



**Stage 1, Stage 2, and Stage 3**

*Cancer is present. The higher the number, the larger the cancer tumor and the more it has spread into nearby tissues.*



**Stage IV**

*The cancer has spread to distant parts of the body.*

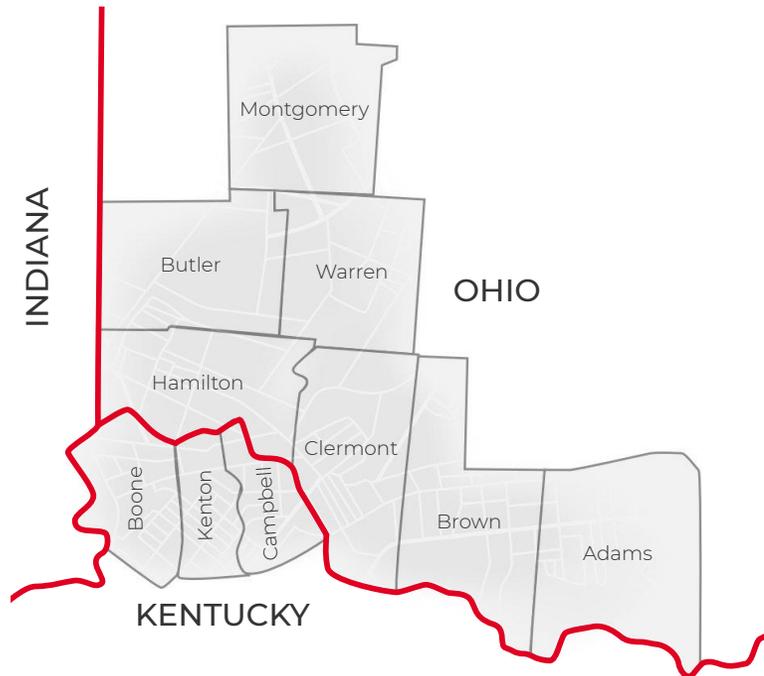


**Cancer** *is the*  
**2<sup>nd</sup> Leading Cause of Death**  
*in Ohio, causing 20% of deaths*

# Cancer in the Cincinnati Region

**10** COUNTIES  
**2.7M** CATCHMENT AREA POPULATION

5-Year UCCC 5-Year Age-Adjusted Cancer Incidence & Mortality Rate per 100,000 (2018-2022)



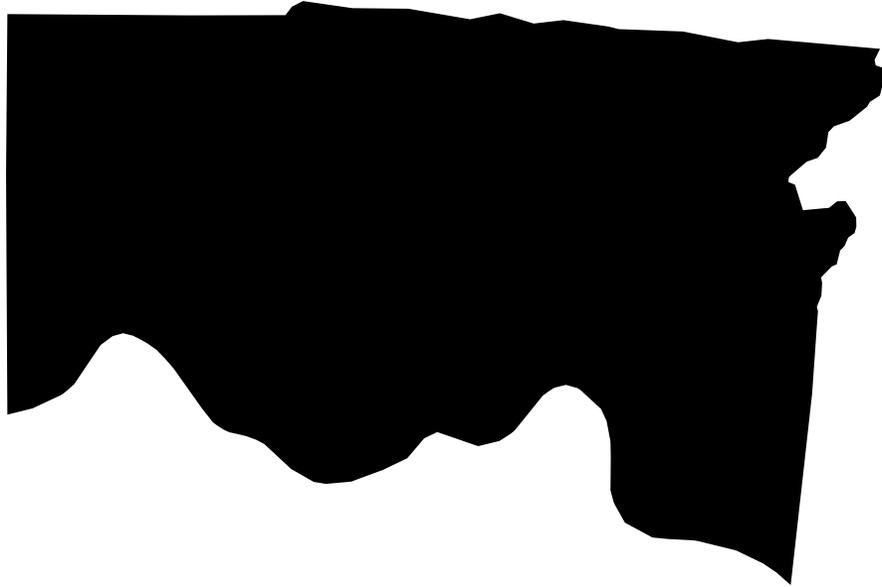
Cancers	Incidence	Mortality
All Cancers Combined	451.6	158.4
Breast (Female)	137.0	20.3
Prostate (Male)	110.9	19.3
Lung and Bronchus	74.5	40.8
Colon & Rectum	42.4	13.8
Melanoma of the Skin	31.2	2.4
Uterine Corpus (Female)	30.2	5.6
Kidney & Renal pelvis	20.8	4.2
Urinary Bladder	15.9	4.6
Leukemia	15.0	5.9
Pancreas	13.7	11.7
Oral Cavity & Pharynx	13.3	2.6
Thyroid	10.5	0.5
Liver & Intrahepatic Bile Duct	8.1	6.2
Esophagus	6.0	4.5

The University of Cincinnati Cancer Center (UCCC) examines cancer rates and outcomes in seven counties in Southwest Ohio and three in Northern Kentucky.

Data sourced from the NCI State Cancer Profiles

\* Indicated higher than the US Age-Adjusted cancer Incidence and/or Mortality

# Cancer in Hamilton County



## OVERALL CANCER RATES

**Cancer Incidence:** 472.0 per 100,000

**Cancer Mortality:** 163.6 per 100,000

*5 Year Estimate Catchment County Population (2018 – 2022)*

## BREAST CANCER RATES

**Cancer Incidence:** 141.7 per 100,000

**Cancer Mortality:** 20.4 per 100,000

*5 Year Estimate Catchment County Population (2018 – 2022)*

**Per 100,000 People, Breast Cancer Incidence and Mortality are Higher in Hamilton County than in Ohio (133, 20.2) or the US (129.9, 19.3)**

## TOP CANCERS IN HAMILTON COUNTY

- ✓ Breast Cancer
- ✓ Lung Cancer
- ✓ Prostate Cancer
- ✓ Colorectal Cancer
- ✓ Skin Melanoma

## PRIORITY MODIFIABLE RISK FACTORS

- ✓ Cancer Screening Rates
- ✓ Tobacco Use (Smoking/Vaping/Chewing)
- ✓ Obesity & Physical Inactivity

# Cancer Rates by Race/Ethnic Group in Hamilton County

## CDC State of Cancer 2018-2022

<b>Ethnicity/ Racial Group</b>	<b>Cancer</b>	<b>Incidence</b>	<b>Mortality</b>
<b>White</b>	<i>Breast</i>	141.0	18.0
	<i>Prostate</i>	106.9	18.4
	<i>Lung</i>	63.0	38.2
	<i>Colon</i>	38.1	13.0
<b>Black</b>	<i>Breast</i>	137.0	29.0
	<i>Prostate</i>	154.7	31.6
	<i>Lung</i>	77.9	42.6
	<i>Colon</i>	39.3	17.4
<b>Hispanic</b>	<i>Breast</i>	49.2	-
	<i>Prostate</i>	72.1	-
	<i>Lung</i>	25.5	-
	<i>Colon</i>	-	-

# Modifiable Risk Factors – Tobacco Use and Obesity

## Major Cancer Risk Factors

Indicator	Race/Ethnicity	UCCC	OH	KY	US
<b>Current Smoking</b>	<i>All races/ ethnicities</i>	<b>17%</b>	21%	24%	16%
	<i>Non-Hispanic White</i>	<b>17%</b>	20%	23%	16%
	<i>Black/African American</i>	<b>21%</b>	25%	26%	17%
	<i>Hispanic/Latinx</i>	<b>17%</b>	20%	23%	12%
<b>Obesity</b>	<i>All races/ ethnicities</i>	<b>38%</b>	35%	37%	31%
	<i>Non-Hispanic White</i>	<b>37%</b>	34%	36%	30%
	<i>Black/African American</i>	<b>44%</b>	42%	43%	40%
	<i>Hispanic/Latinx</i>	<b>37%</b>	39%	32%	34%

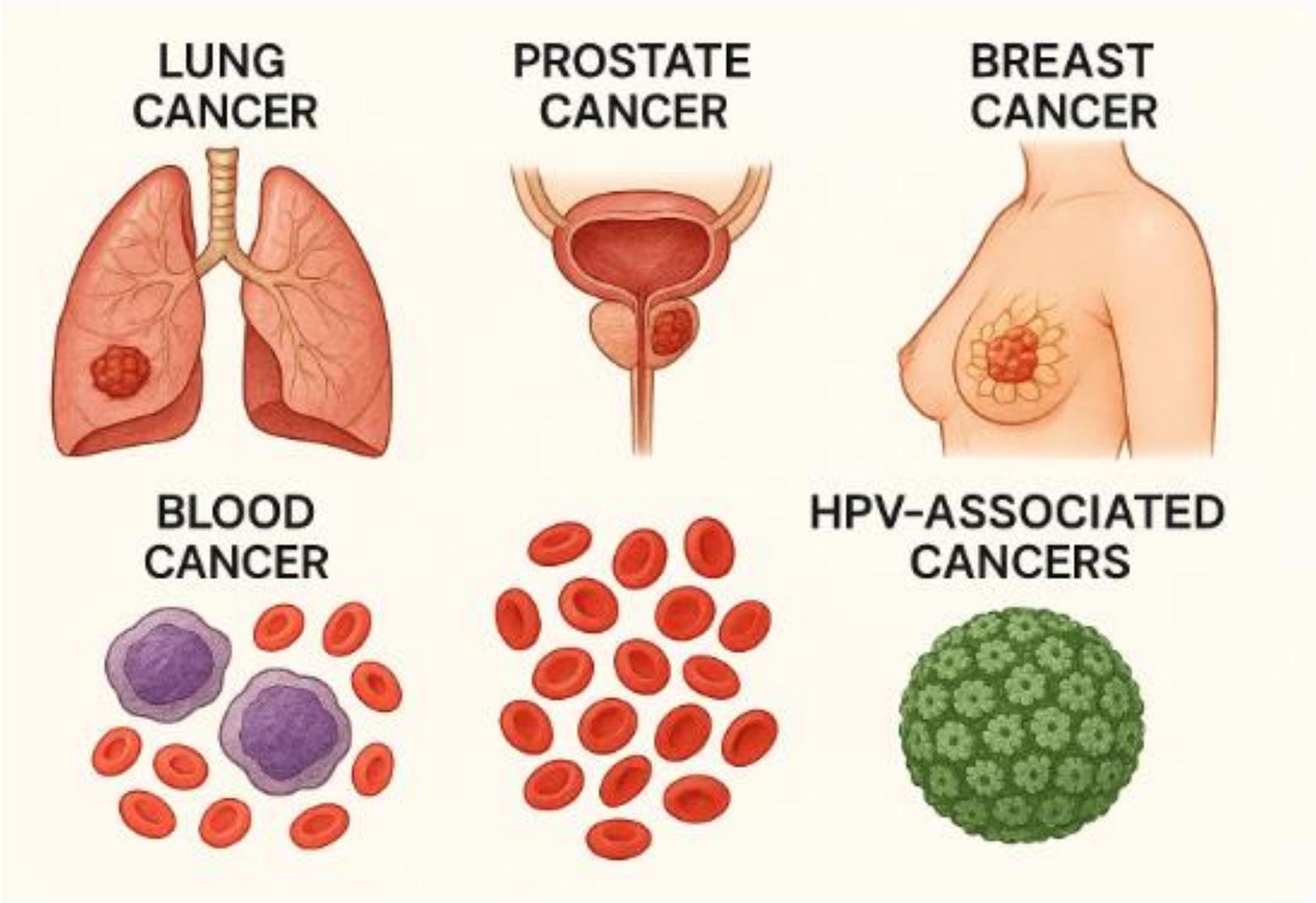


# Screening Rates

## Cancer Screening Rates

Indicator	Race/Ethnicity	UCCC	OH	KY	US
<b>Mammogram Screening</b>	<i>All races/ ethnicities</i>	<b>73%</b>	78%	76%	78%
	<i>Non-Hispanic White</i>	<b>73%</b>	78%	77%	78%
	<i>Black/African American</i>	<b>80%</b>	85%	83%	84%
	<i>Hispanic/Latinx</i>	<b>NA</b>	NA	NA	79%
<b>Colorectal Cancer Screening</b>	<i>All races/ ethnicities</i>	<b>74%</b>	70%	65%	69%
	<i>Non-Hispanic White</i>	<b>75%</b>	70%	66%	72%
	<i>Black/African American</i>	<b>71%</b>	74%	63%	70%
	<i>Hispanic/Latinx</i>	<b>56%</b>	58%	40%	55%
<b>Cervical Cancer Screening</b>	<i>All races/ ethnicities</i>	<b>82%</b>	75%	81%	80%
	<i>Non-Hispanic White</i>	<b>82%</b>	73%	81%	81%
	<i>Black/African American</i>	<b>84%</b>	84%	87%	85%
	<i>Hispanic/Latinx</i>	<b>NA</b>	NA	NA	80%

# Our Cancer Center's Priority Cancer Types for 2025-2026



# Priority Risk Factors and Unique Populations to Target for 2025-2026



## TOBACCO USE

Tobacco use increases cancer risk.



## OBESITY

Excess weight is linked to several cancers.



## PHYSICAL INACTIVITY

Move more to lower cancer risk.



## CANCER SCREENINGS IN URBAN MINORITY/UNDERSERVED COMMUNITIES



## MENTAL HEALTH AND SUPPORTIVE SERVICES FOR CANCER SURVIVORS



# The Aims of the Office of COE: Bi-directional Communication with Community

## Aim 1

### Assess, Monitor & Inform

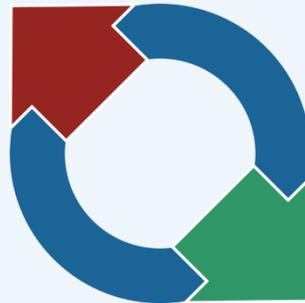
*Assess and monitor cancer burden in the catchment area to inform research and community outreach efforts.*



## Aim 2

### Engage & Educate

*Provide outreach and education to populations at risk for cancer through direct activities and partnerships with community organizations.*



## Aim 3

### Impact Research & Policy

*Encourage research and public policies that diminish cancer health disparities and increase access to research, screening and high-quality care.*



### Impact Defined:

*Our work together must be practice, paradigm, or policy-shifting for the unique people living in the communities we serve.*

# Who Is Leading the Effort?

*The Community Outreach & Engagement (COE) Team works to establish and strengthen community partnerships throughout the region by connecting members of the community and community organizations directly to researchers and clinicians at the Cancer Center.*



*Access to education and live saving cancer screenings*



*Access to innovation and high-quality care*

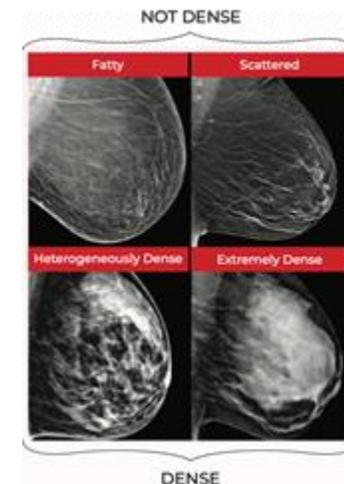


# Some of the things the COE team is doing...

- *Facilitate two-way communication between the Cancer Center and our local communities*
  - *Bring together the community and Cancer Center members for dialogue*
  - *Our CAB can give researchers feedback and research support*
  - *We celebrate engagement via P.R.A.I.S.E Awards*
- *Encourages the Cancer Center's members and the community to advocate*
  - *Advocate for and highlight cancer-relevant state & US policies*



Healthy Together: Cancer Community Stakeholder Retreat



OH HB371



# What Next? Partner with Us!



## Partner with us to help the community learn about cancer risk factors and get recommended cancer screenings

- *Sign Up for University of Cincinnati Cancer Center emails to get educational content delivered to your inbox; check out our COE website & dashboard.*
- *Ask about our Community Speakers Network and our Health Champions Program to get cancer experts to discuss cancer at your health events or outreach volunteers to provide education and free cancer screenings at your health events*
- *Participate in our future Cancer Needs Assessment by organizing a listening event or leveraging your listserv to invite participation in our online survey.*



## Support Research

- *Learn more about, advocate for and support cancer research done at the Cancer Center and beyond by sharing its value to the community.*
- *Invite us to come discuss hesitations with research participation with your group or organization in your safe and low-pressure setting.*



# Cancer Center Community Advisory Board (CAB)

Jill Settlemyre, Community Advisory Board Member, University of Cincinnati Cancer Center;  
Executive Director, Cancer Family Care

Steve Sunderland, Co-Chair, Community Advisory Board, University of Cincinnati Cancer Center;  
Founder/Director, Cancer Justice Network and Coalition for Health Justice

# The CAB's Purpose

- To collaborate, advise, and guide the Cancer Center's community cancer education, screening, and research efforts to reduce the burden of cancer in its *10-county service area*
- To assist in communicating the community's needs to the Cancer Center's members so that they may better understand and serve our communities through their outreach and research efforts
- To directly partner and facilitate partnerships with the Cancer Center in reducing the suffering and mortality associated with cancer.



**10** COUNTIES **2.68M** CATCHMENT AREA POPULATION



# CAB Membership

- Started with 6 members to plan the CAB; developed its charter in October 2023 – February 2024
- Expanded to 9 members of cancer-relevant organizations
- Some are cancer survivors or caregivers of survivors
- Currently, not all counties are represented, so additional members will need to be added



*Casey Faber\**

*Jill Settlemeire\**

*Asha Rone\**

*Courthney Calvin\**

*Jada Davis\**

*Steve Sunderland\**

*Collen Murray*

*Herschel Chalk*

*Artemio Castro*

*American Cancer Society*

*Cancer Family Care*

*Cancer Support Community*

*Cincinnati Health Dept.*

*Cancer Justice Network*

*Coalition for Health Justice*

*Paddling for Cancer Awareness*

*Community Advocate*

*Reach Out Lakota*



# CAB Agenda in Year 1

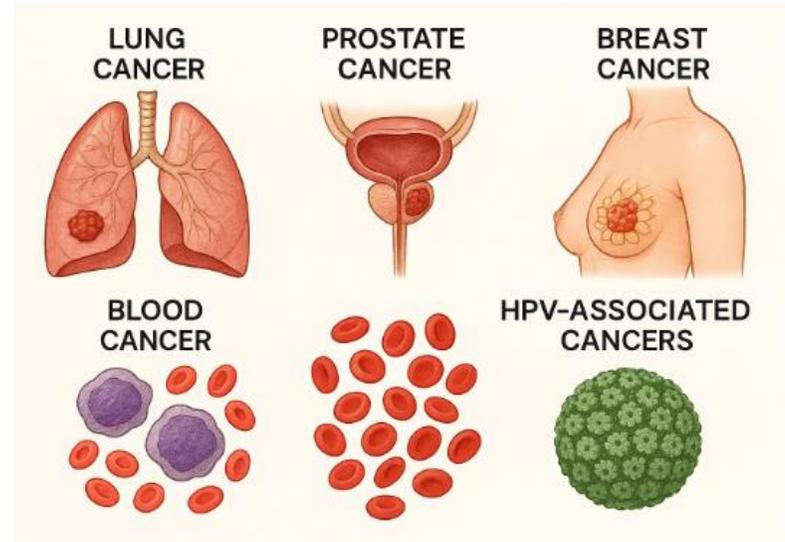
1. Help set the Cancer Center's priorities
2. Learn about research at the Cancer Center so that, with time, we can better inform research being done by its members
3. Influence and plan community outreach for priority cancers together



# How We Advocated for Cancer Center's Priority Cancer Types

**Cancers that are too common in our region, some with notable disparities!**

- *Lung cancer*
- *Prostate cancer*
- *Breast cancer*
- *Colorectal cancer*



**Those in which the Cancer Center has unique expertise to remedy!**

- *Blood cancers (leukemia, lymphoma)*
- *HPV-associated cancers (cervical, head & neck cancers)*



# Also Selected Risk Factors and Unique Populations to Target

- *Tobacco use (smoke/vape/chew)*
- *Obesity*
- *Physical Inactivity*



**TOBACCO USE**  
Tobacco use increases cancer risk.



**OBESITY**  
Excess weight is linked to several cancers.



**PHYSICAL INACTIVITY**  
Move more to lower cancer risk.

- *Cancer screenings in urban minority/underserved communities*
- *Mental health and supportive services for cancer survivors*



# In the last year, the CAB has met with researchers

- ✓ Given feedback about colonoscopy preparation materials – *I Zandvakili, MD*
- ✓ Provided insights into barriers for colon cancer screening for survivors in the onco-primary clinic - *M Ericksen, MD*
- ✓ Applauded community HPV-self testing protocol in partnership with 513 Relief Bus – *L Pinder, MD*
- ✓ Learned about clinical trials; shared what we wanted to know about research/trials – *E Curren, MD*
- ✓ Heard about laboratory leukemia studies and their potential community impact – *A Volk, PhD*
- ✓ Introduced to a novel bacterial metabolite that contributes to the expansion of pre-leukemic cells – *D Starczynowski, PhD*
- ✓ Completed CCTST's CIRTification Training (a community-friendly research ethics training) – *J Wijesooriya, T Adams*



# CAB Members have written letters of support

- ✓ *Kharofa/Takiar PCORI grant on the use of vitamin E in **head & neck** cancer survivors to prevent osteoradionecrosis (CAB member- Jill Settlemyre) – unfunded*
- ✓ *Georg Weber METAVivor 2024 Exploratory Research Award entitled **Anti-breast** cancer metastasis chemotherapy with a novel drug combination (CAB member – Colleen Murray) - unfunded*
- ✓ *Georg Weber - CCTST Pilot Translational Research & Innovative Core Grant entitled “An Innovative Approach to **Pancreatic** Cancer Precision Medicine (CAB member - Jada Davis) – pending review*



# Other ways we can inform research in the future

- Inspire new research directions based on community need.
- Frame research questions that are socially relevant, and identify biological mechanisms tied to disparities or environmental exposures that should be examined.
- Ensure that discoveries are locally translatable.
- Translate complex findings into accessible language through community friendly reports, marketing, etc.
- Support the development of public-facing educational materials for use in outreach and research.
- Directly impact local communities by identifying partnerships for outreach and collaborative research.





# 2025 Strong Men, Strong Futures



# Future / Planned Activities



- CAB retreat to better learn the strengths of each member's organization.
- Talk with a CAB Panel from Case Western Cancer Center to better understand the potential roles of our CAB.
- Tour the Cancer Center's laboratories so CAB members can speak directly about the facilities.
- Plan for a 10-county cancer-focused Needs Assessment to be done in partnership with community organizations.
- Continue to discuss research protocols, grant ideas, etc., with researchers.
- Plan outreach events and support community engagement funding applications for future outreach efforts



Thank you for listening – Questions?



# CAB: Perceptions of Progress and Hopes for the Future



# **UC Cancer Center POPULATION SCIENCES & CANCER CONTROL**

**LEEYA F. PINDER, MD, MPH**

**Interim Associate Director**

University of Cincinnati Cancer Center

THE FRAMEWORK

# THE CANCER CONTROL CONTINUUM

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A unified roadmap for integrating research at every stage of care—from molecular discovery to community policy.

# WHICH RESEARCH STUDIES WOULD YOU DO?

PID \_\_\_\_\_

Assuming you are eligible for ALL studies, would you consider doing? Check Green for YES, Yellow for MAYBE, or Red for NO.



## STUDY 1

**QUESTION:** IS RADON EXPOSURE FROM POWER PLANTS ASSOCIATED WITH INCIDENCES OF CANCER?

**METHOD:** COMPLETE SURVEY AND INTERVIEW, PROVIDE BLOOD SAMPLES

**SUBJECT GROUP:** PEOPLE LIVING NEAR A POWER PLANT



## STUDY 2

**QUESTION:** DOES A VIRTUAL "REDUCING YOUR RISK" PROGRAM IMPROVE AWARENESS OF THE RISKS OF SECOND PRIMARY CANCERS AND ENCOURAGE PRIMARY CARE?

**METHOD:** ATTEND PROGRAM, COMPLETE SURVEY AND PARTICIPATE IN A FOCUS GROUP DISCUSSION

**SUBJECT GROUP:** CANCER SURVIVORS



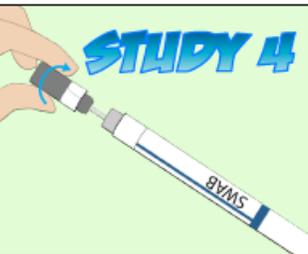
## STUDY 3



**QUESTION:** DOES VITAMIN E PREVENT GUM DISEASE IN THOSE RECEIVING RADIOTHERAPY FOR HEAD AND NECK CANCER? DO THE EFFECTS VARY BY GENETICS?

**METHOD:** TAKE PRESCRIBED DOSES OF VITAMIN E, PROVIDE SPIT SAMPLES FOR DNA TESTING

**SUBJECT GROUP:** HEAD AND NECK CANCER PATIENTS



## STUDY 4

**QUESTION:** IS AN HPV SELF-SWAB TEST TO SCREEN FOR CERVICAL CANCER WELL-RECEIVED IN COMMUNITY SETTINGS?

**METHOD:** TAKE A SELF-SWAB SCREENING TEST, COMPLETE SURVEY AND INTERVIEW

**SUBJECT GROUP:** LOCAL WOMEN/PEOPLE WITH CERVIX

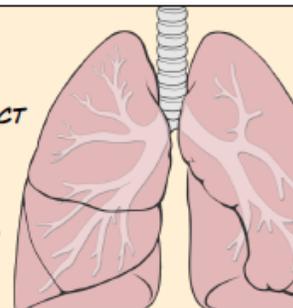


## STUDY 5

**QUESTION:** HOW DO PHYSICIAN-PATIENT RELATIONSHIPS IMPACT PEOPLE'S DECISIONS TO HAVE LUNG CANCER SURGERY?

**METHOD:** COMPLETE SURVEY AND INTERVIEW

**SUBJECT GROUP:** PATIENTS WHO HAVE BEEN RECOMMENDED FOR SURGERY FOR STAGE 1 LUNG CANCER



## STUDY 6

**QUESTION:** DOES ADMINISTERING TWO FDA-APPROVED LEUKEMIA DRUGS TOGETHER (INSTEAD OF SEPARATELY) PREVENT CANCER RECURRENCE?

**METHOD:** RECEIVE TREATMENT WITH PRESCRIBED DRUGS, BE MONITORED FOR LEUKEMIA FOR FIVE YEARS

**SUBJECT GROUP:** LEUKEMIA PATIENTS

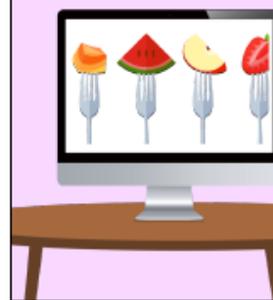


## STUDY 7

**QUESTION:** DO PATIENTS JOIN IN RESEARCH STUDIES WHEN INVITED? WHY OR WHY NOT?

**METHOD:** COMPLETE SURVEY

**SUBJECT GROUP:** PATIENTS VISITING AN ONCOLOGY CLINIC



## STUDY 8

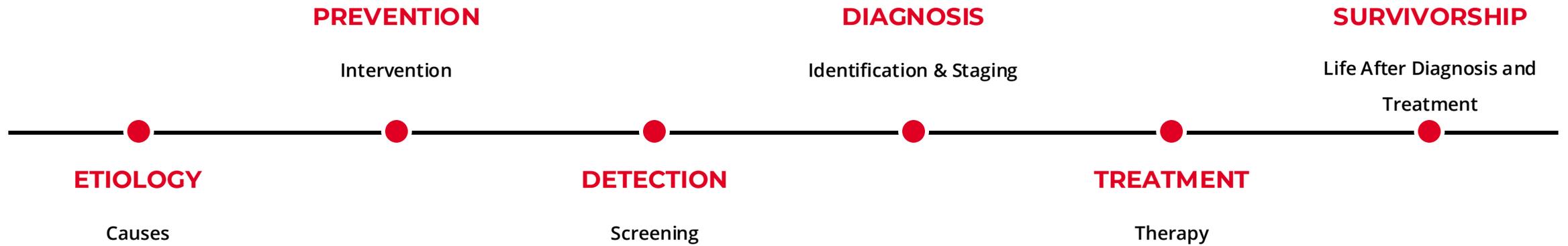
**QUESTION:** DOES AN ONLINE NUTRITION AND EXERCISE PLAN BENEFIT WOMEN WITH BREAST CANCER?

**METHOD:** ATTEND WEEKLY EDUCATIONAL SESSIONS, COMPLETE ASSIGNMENTS, AND WEAR FITBIT TO MEASURE ACTIVITY

**SUBJECT GROUP:** WOMEN WITH BREAST CANCER

# MAPPING THE JOURNEY

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*Research opportunities exist at every transition point.*

# Etiology & Prevention

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## **Etiology**

Understanding genetic factors, environmental interactions, and the molecular biology of cancer cells to identify root causes.



## **Lifestyle**

Modifiable risk factors including diet, physical activity, and tobacco cessation. Addressing the behavior-biology link.



## **Policy**

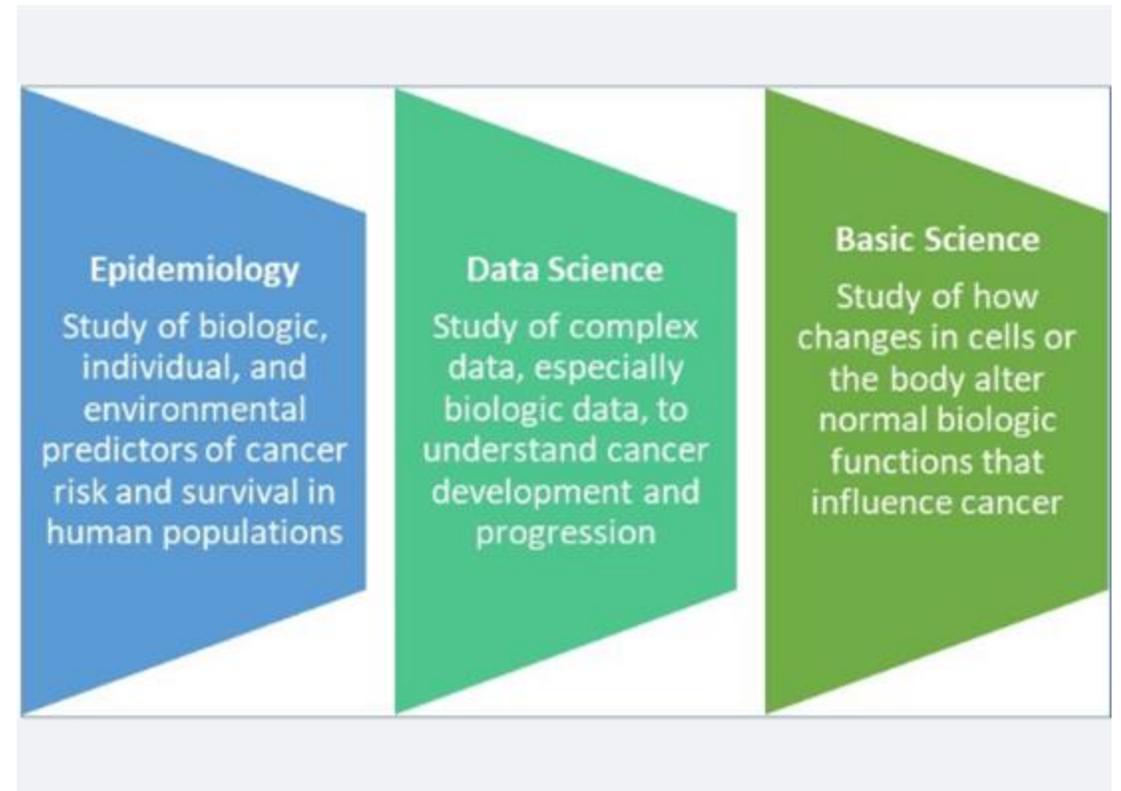
How institutional, state, and national policies influence risk environments and population health outcomes.

# ETIOLOGY & PRIMARY PREVENTION

## UNDERSTANDING ROOT CAUSES

Population science allows us to move beyond basic associations to understand *how* specific local factors drive cancer risk.

-  **Molecular Epidemiology:** Investigating Gene-Environment interactions within our 10-county catchment area.
-  **Modifiable Risk Factors:** Identifying specific local drivers—such as air quality and diet—to inform targeted interventions.
-  **Precision Prevention:** Tailoring behavioral interventions to high-risk subgroups rather than generic public health messaging.



# EARLY DETECTION: HPV & SELF-COLLECTION

## COMMUNITY RESEARCH: IMPACT-513

### HPV Self-Collection on Mobile Units

Leveraging the *Hamilton County 513Relief Bus* to bring screening directly to underserved neighborhoods.

#### Addressing Barriers:

- ✓ **Privacy:** Self-collection removes exam discomfort.
- ✓ **Access:** Eliminates clinical space constraints.
- ✓ **Trust:** Navigators bridge the provider gap.



# EARLY DETECTION: LUNG CANCER

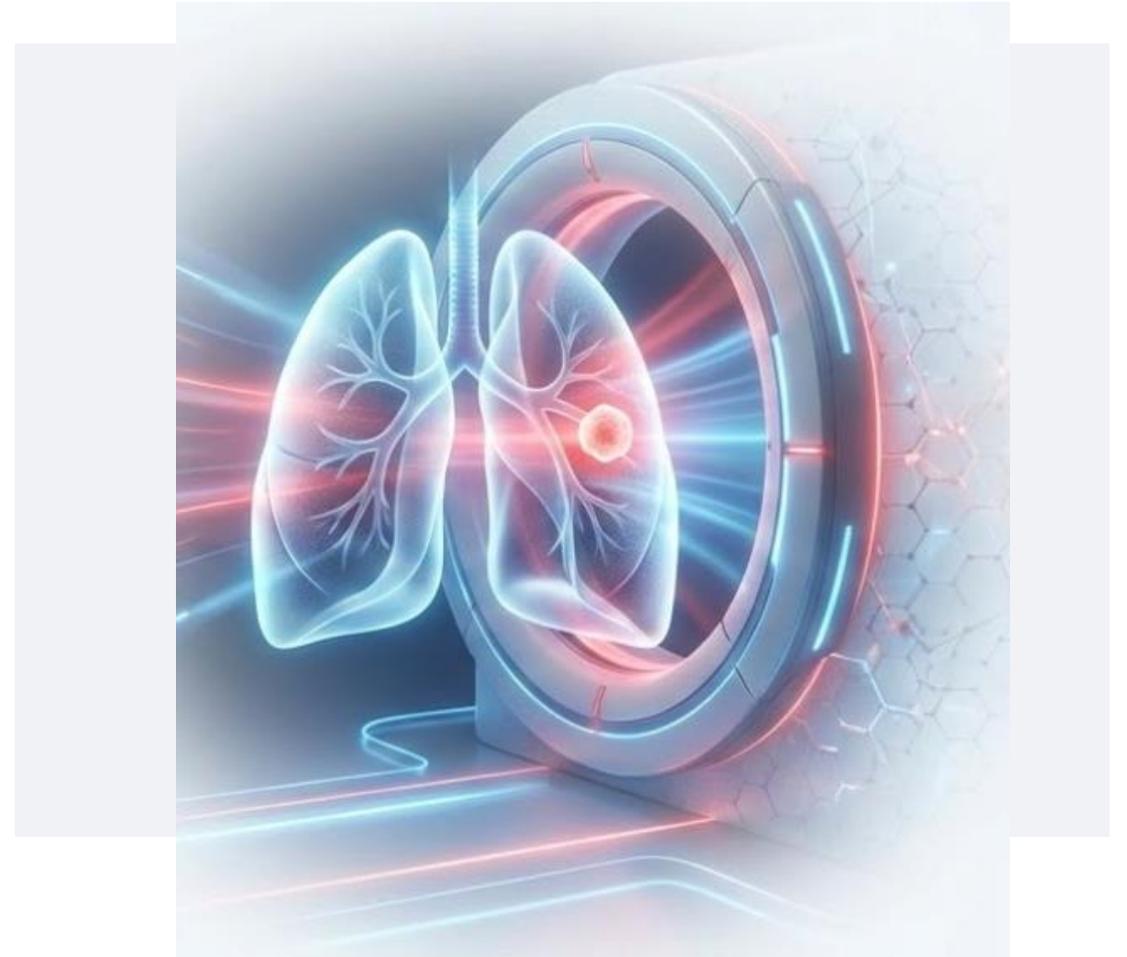
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## FOCUS: LOW-DOSE CT (LDCT)

Shifting the paradigm from late-stage diagnosis to early intervention using targeted lung screening.

### Key Barriers to Implementation:

- > **Stigma:** Guilt and fear associated with smoking history.
- > **Logistics:** Transportation to imaging centers.
- > **Policy:** Insurance coverage and provider referral patterns.



# TREATMENT & SURVIVORSHIP RESEARCH

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## OPTIMIZING QUALITY OF LIFE

Research in this phase focuses on balancing curative efficacy with minimizing long-term toxicity and managing symptoms.

### 1. Treatment Research

**Cardio-Oncology:** Investigating mechanisms to prevent cardiotoxicity from chemotherapy and radiation, ensuring heart health persists after cancer cure.

### 2. Survivorship Research

**Integrative Oncology (Osher Center):** Evaluating non-pharmacologic interventions—like acupuncture and nutrition—to manage neuropathy, anxiety, and fatigue.



# FROM RESEARCH TO POLICY & PRACTICE

## TRANSLATING DISCOVERY TO CARE

Research across the continuum generates the evidence required to change laws, reimbursement models, and clinical standards.

-  **Evidence Guidelines:** Trial data updates NCCN & USPSTF screening recommendations.
-  **Policy & Insurance:** Evidence drives insurance mandates (e.g., covering LDCT for smokers).
-  **Clinical Practice:** New standards (like self-collection) are adopted into routine workflow.



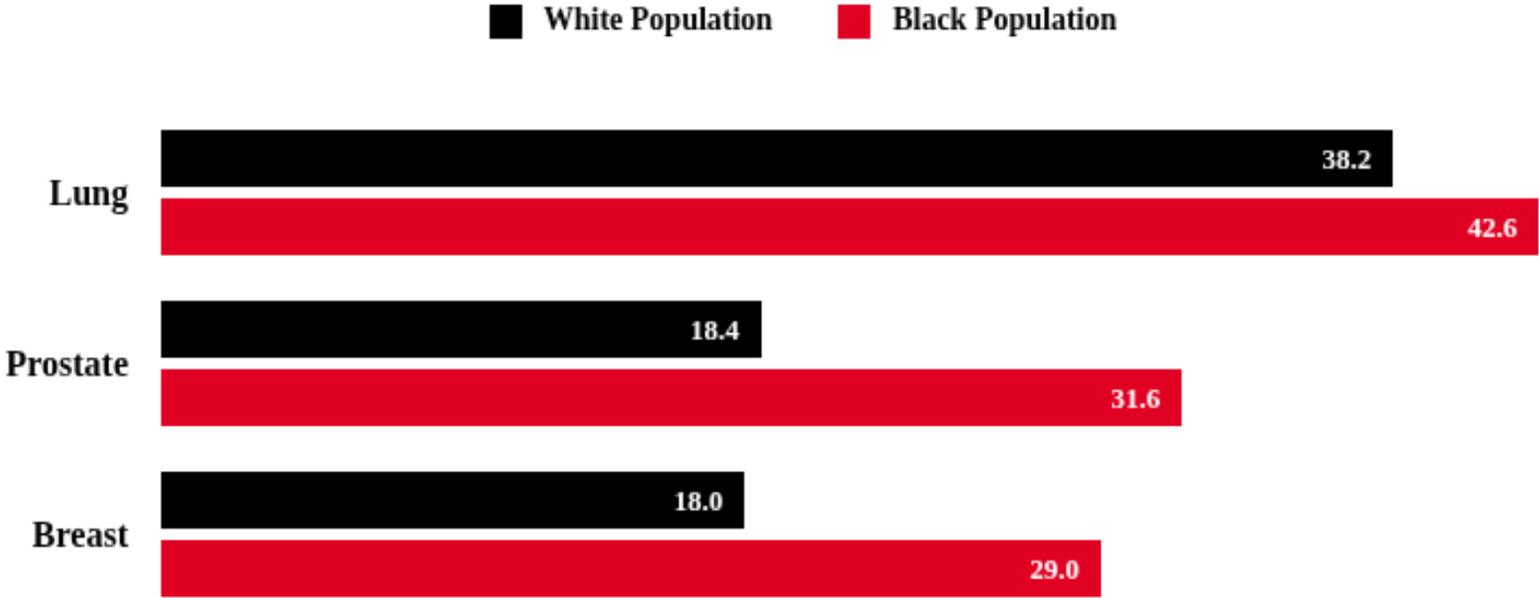
THE CRITICAL GAP

# HEALTH EQUITY & DISPARITIES

Addressing the disproportionate burden of cancer driven by social, environmental, and economic disadvantages.

# LOCAL MORTALITY DISPARITIES

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Data: Hamilton County Mortality Rate per 100,000 (CDC State of Cancer)

# WHO WE SERVE: OUR CATCHMENT

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**10**

COUNTIES SERVED

**2.68M**

TOTAL POPULATION

**14%**

AFRICAN AMERICAN

*"We are responsible for addressing the cancer burden across these counties regardless of where they receive care."*

# STRATEGIC PRIORITIES

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## TOBACCO CONTROL

### IMPLEMENTATION SCIENCE

Researching the integration of cessation programs into routine primary care workflows.



## OBESITY & ACTIVITY

### CBPR

Community-Based Participatory Research to design culturally tailored fitness interventions.



## URBAN SCREENING

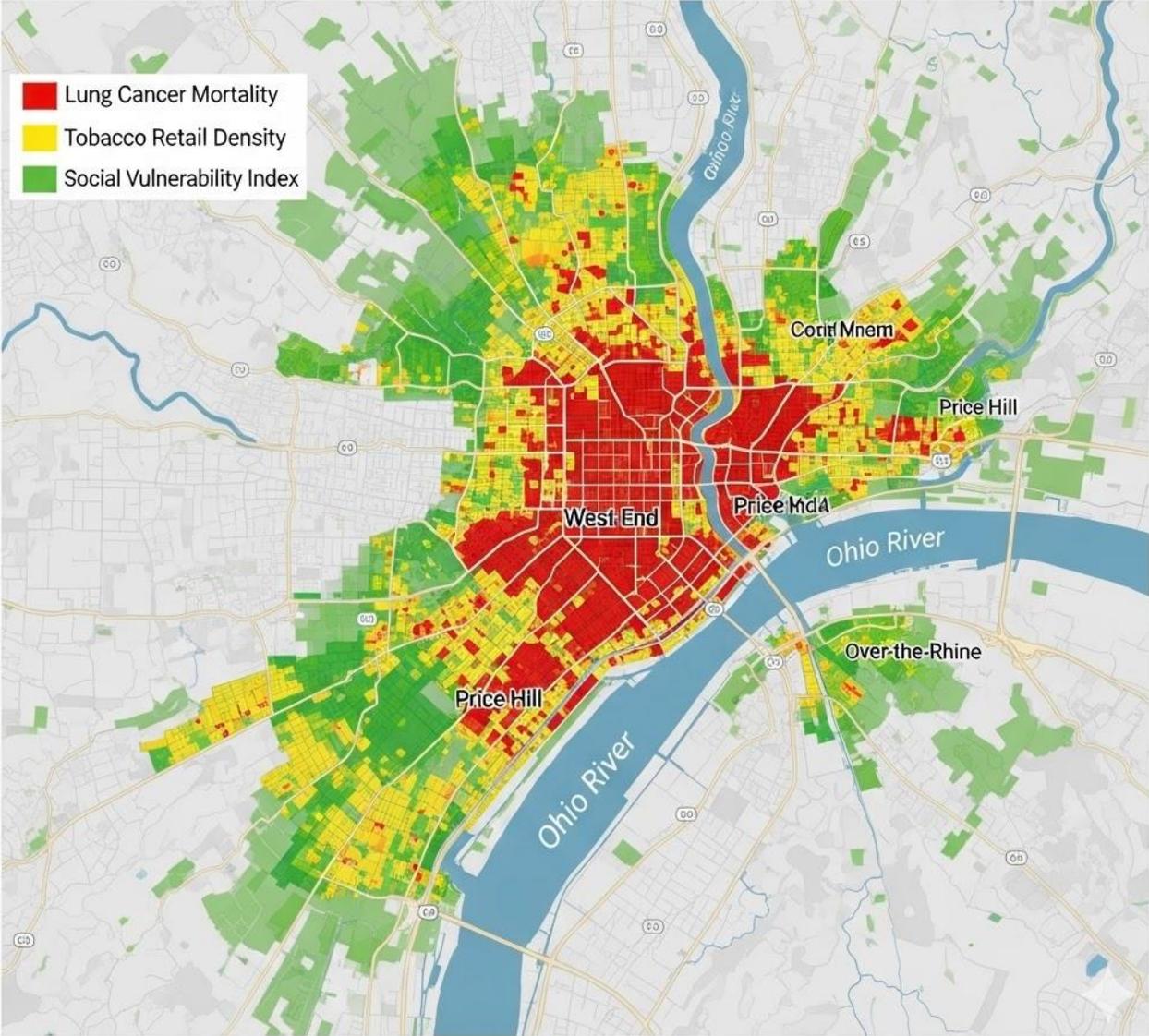
### GEOSPATIAL ANALYTICS

Using neighborhood mapping data to target mobile screening units to high-risk census tracts.

# STRATEGIC PRIORITIES

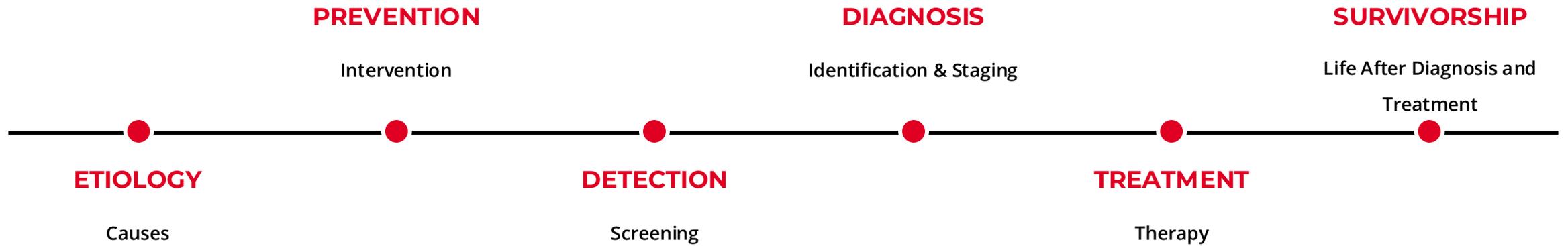
In partnership with our communities, we are creating neighborhood maps to tailor interventions to unique needs.

Public Health Risk Assessment:  
Cincinnati, Ohio



# MAPPING THE JOURNEY

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*Research opportunities exist at every transition point.*

# A Closer Look at Cancer Clinical Trials

## **Emily Curran, MD**

Medical Director, Clinical Trials Office;  
Senior Advisor, University of Cincinnati Cancer Center,  
Associate Professor, College of Medicine, University of Cincinnati

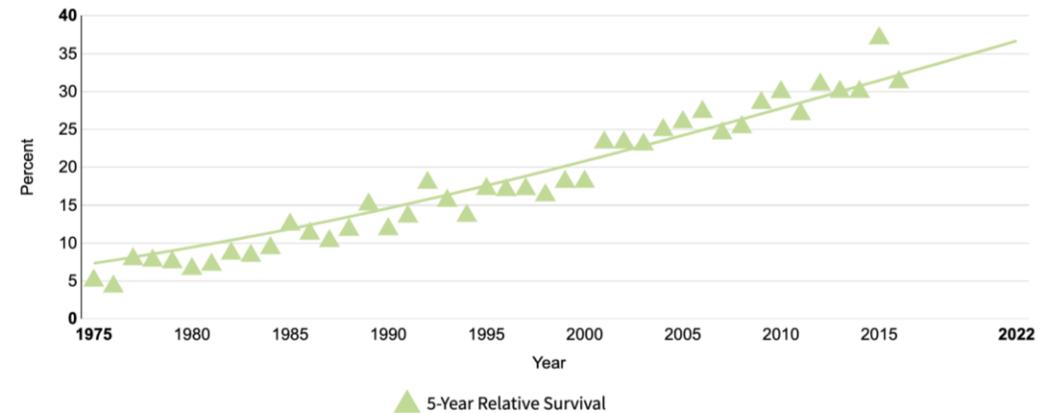
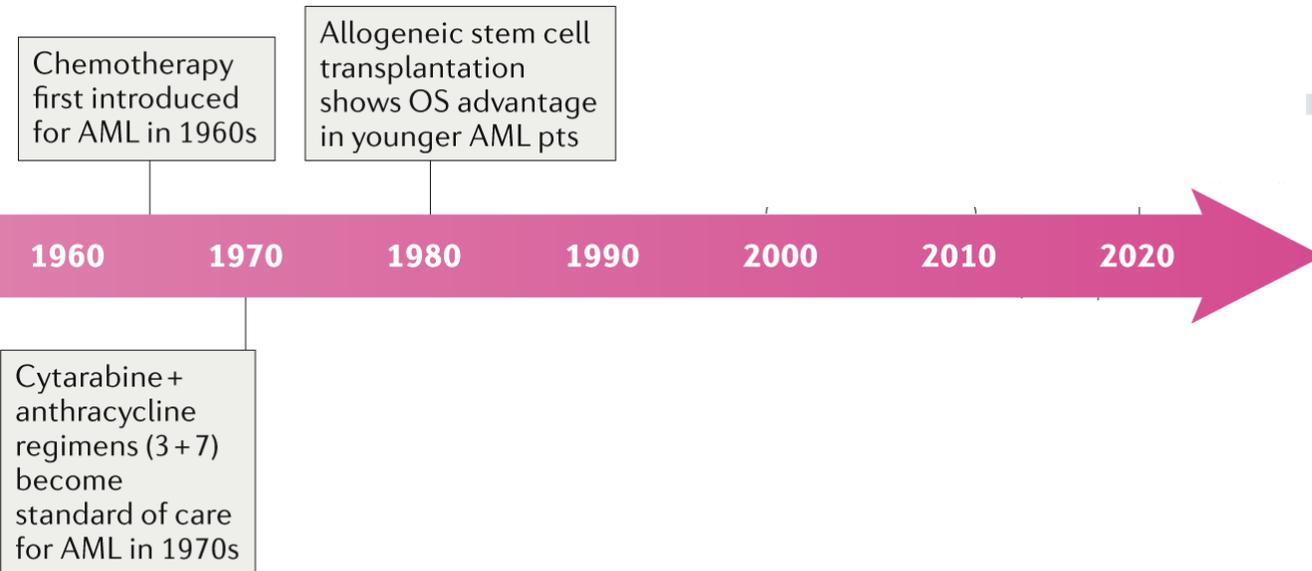
# Acute Myeloid Leukemia



5-Year  
Relative Survival

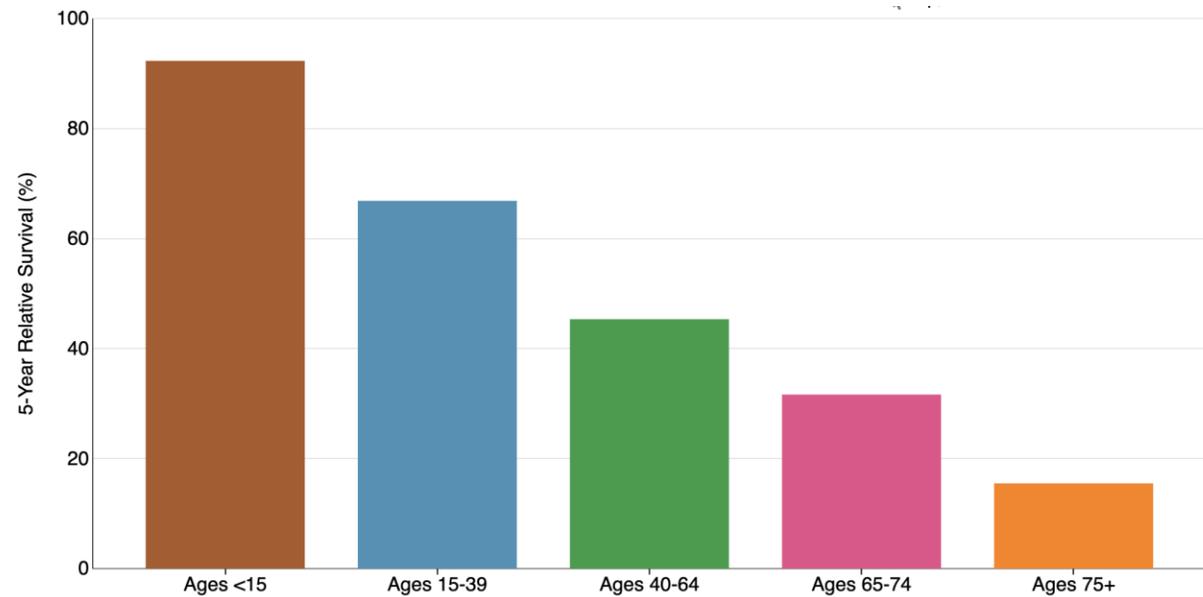
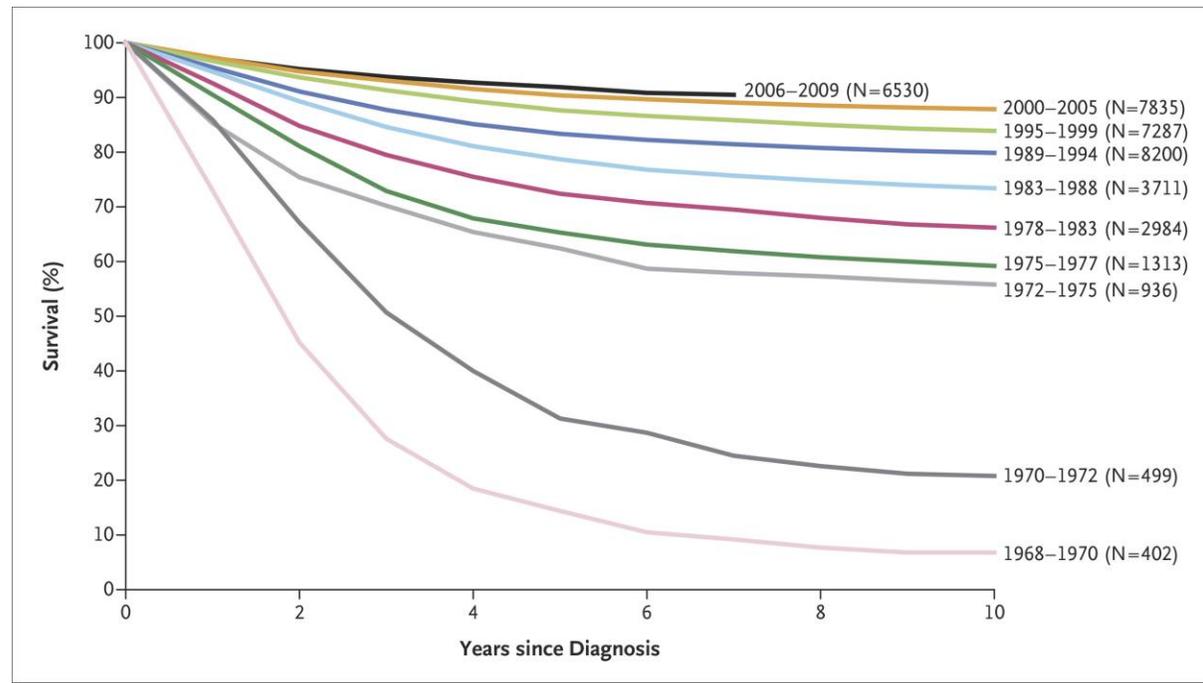
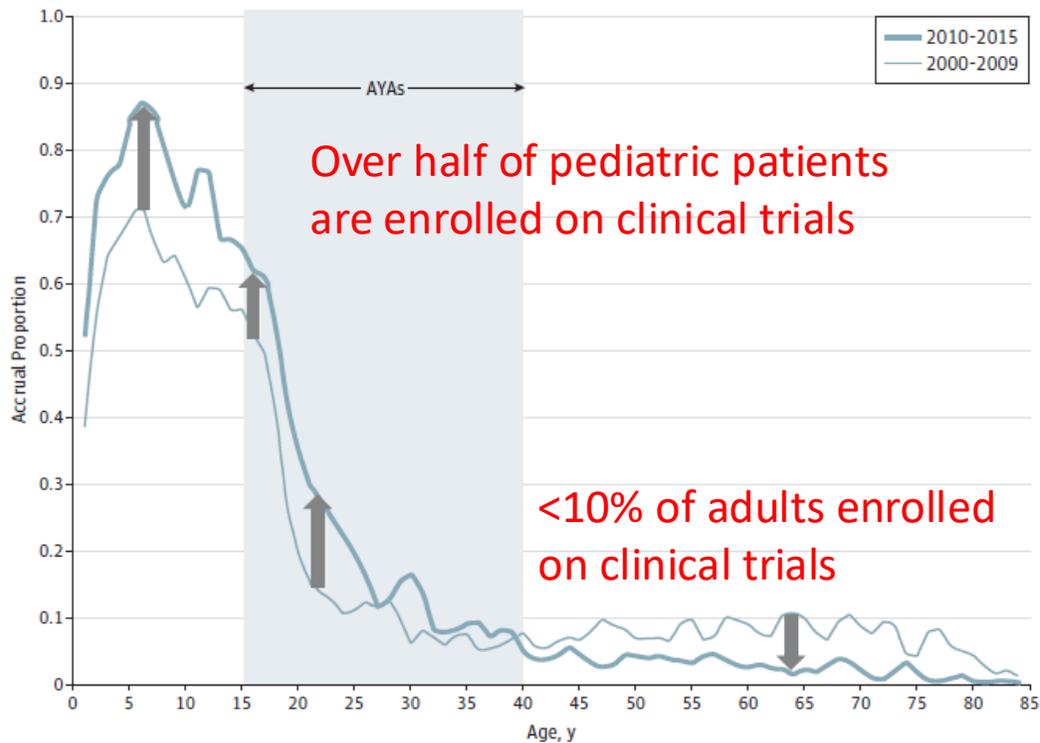
**31.9%**

Based on data from SEER 22 (Excluding IL/MA) 2014–2020. Gray figures represent those who have died from acute myeloid leukemia. Green figures represent those who have survived 5 years or more.



SEER 8 5-Year Relative Survival Percent from 1975–2016, All Races, Both Sexes. Modeled trend lines were calculated from the underlying rates using the [Joinpoint Survival Model Software](#).

# Acute Lymphoblastic Leukemia



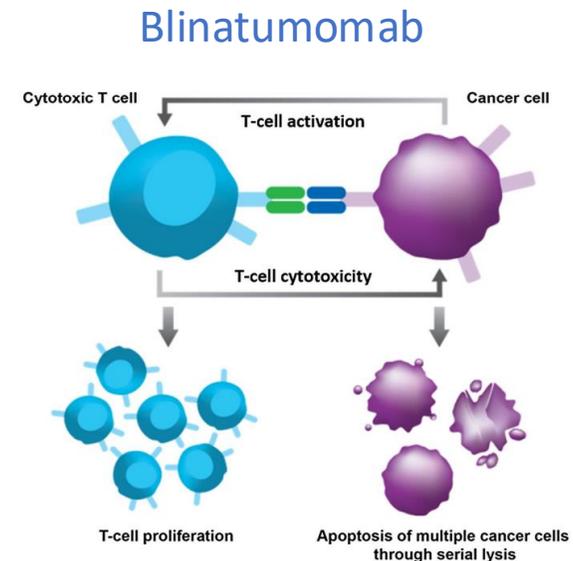
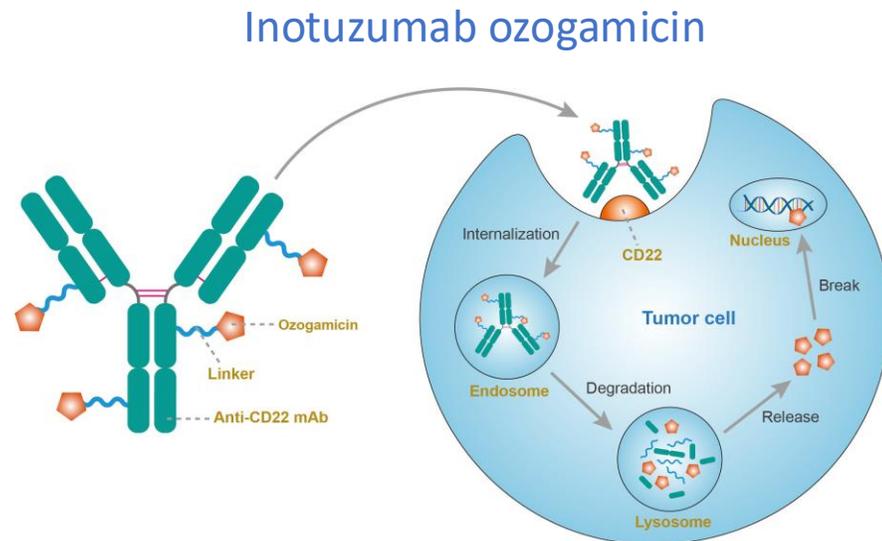
# My patient

- 79 year-old man with dizziness and lightheadedness
- Found to have low blood counts
- Diagnosed with Acute Lymphoblastic Leukemia
- Options for treatment and prognosis?



# My patient

- Options for treatment:
  - Chemotherapy (standard treatment)
    - High early death (10–20%)
    - 5 year survival 15-20%
  - Clinical trial - “Chemo-free” approach



# Clinical Research

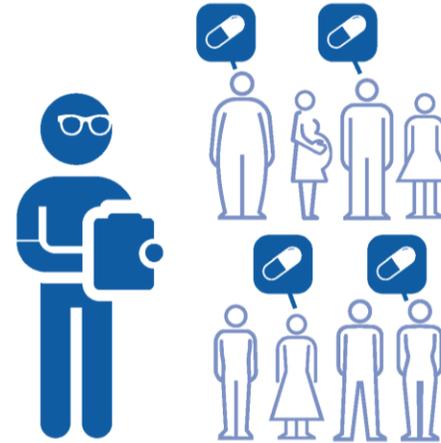
## Observational study



In **observational studies**, researchers **do not assign** participants to an intervention. If there is an intervention, participants were already using it as part of their regular health care or daily life.

- Retrospective *OR*
- Prospective
- QoL, surveys, chart review

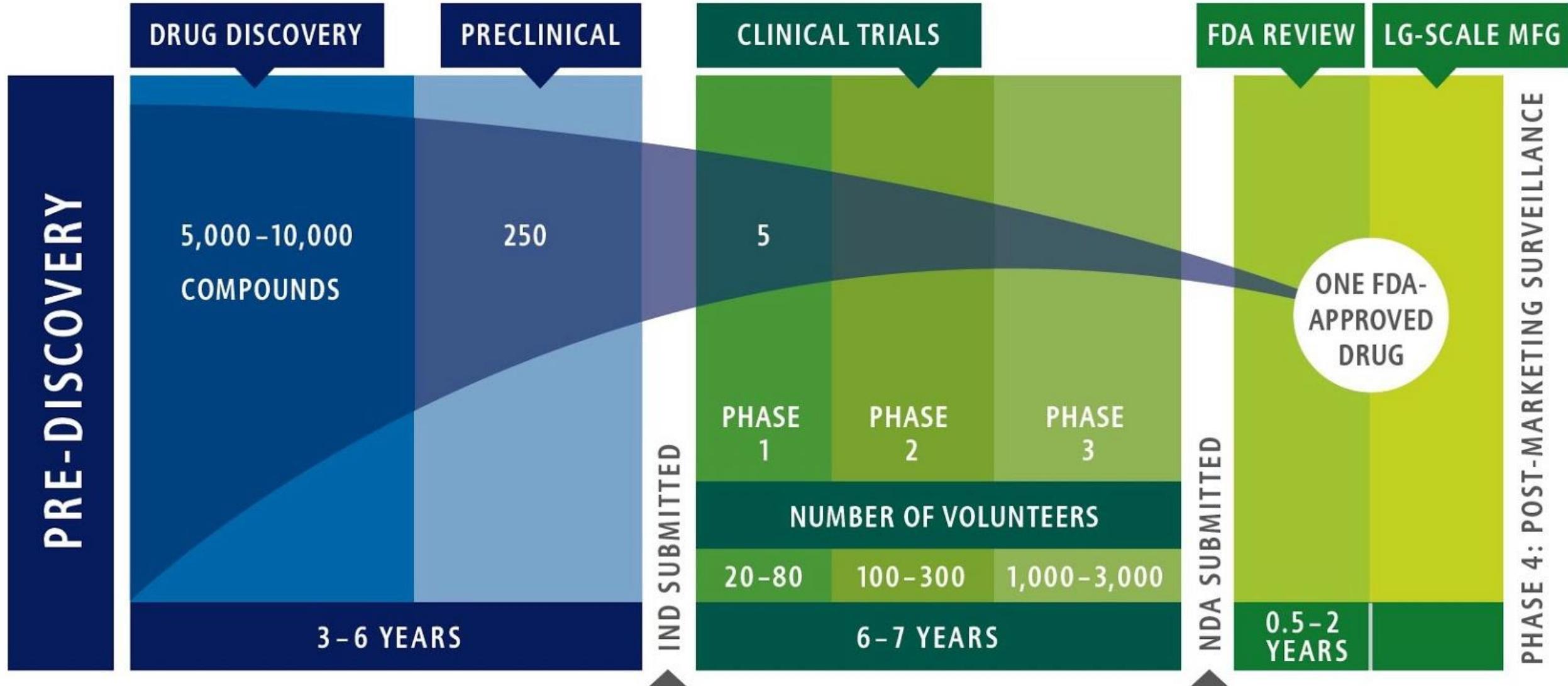
## Clinical trial



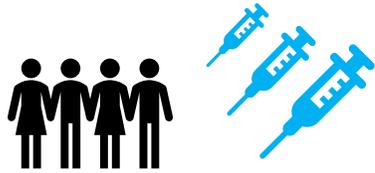
In **clinical trials**, researchers do **assign participants** to one or more interventions. Sometimes, researchers randomly assign participants to interventions.

- Treatment
  - Medication
  - Device
- Non-treatment
  - Screening, Diagnostic, etc.

# “Phases” of Therapeutic Cancer Clinical trials

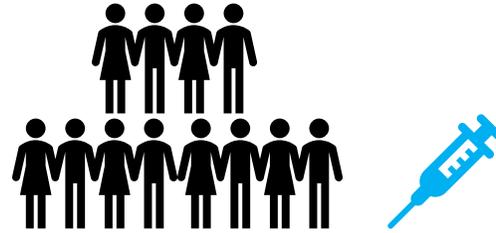


# “Phases” of Therapeutic Cancer Clinical trials



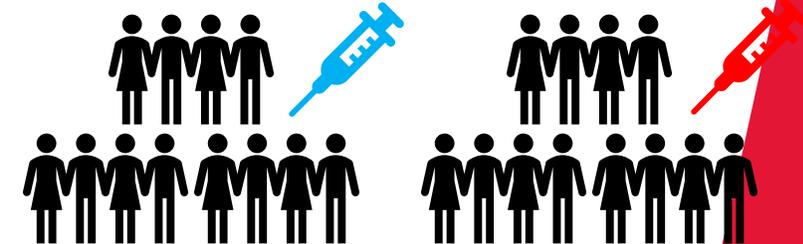
Phase I: Is it safe?

- Smaller studies (20 - 80 people)
- Everyone gets same treatment
- May get different doses/amounts
- Look at what the side effects of treatment



Phase II: Does it work?

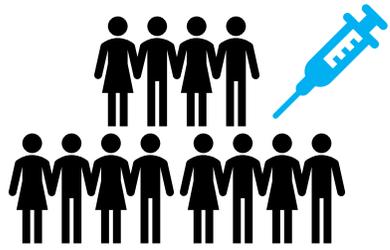
- 20-100+ people
- Usually everyone gets same treatment
- Look at whether treatment works and side effects



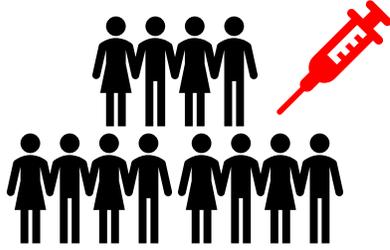
Phase III: Does it work better than existing treatments?

- 100s-1000s
- Typically randomized (flip of coin) between different treatments
- Compare whether one treatment is better than another
- **MAY INCLUDE PLACEBO IN ADDITION TO STANDARD TREATMENT (but not always!)**

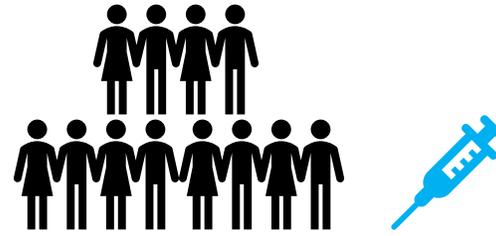
# “Phases” of Therapeutic Cancer Clinical trials



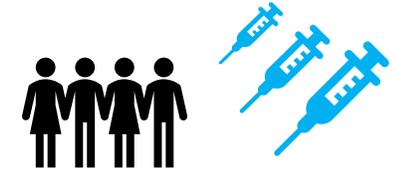
Phase III: Does it work better than existing treatments?



Phase II: Does it work?



Phase I: Is it safe?



Diagnosis/  
Multiple  
treatment  
options



Limited  
treatment  
options

# Sources of Therapeutic Cancer Clinical Trials

## Cooperative Groups

## Industry Sponsored

## Investigator Initiated

**NRG**  
ONCOLOGY

Advancing Research. Improving Lives.™



**ECOG-ACRIN**  
cancer research group

**SWOG** | CANCER  
RESEARCH  
NETWORK



Experimental Therapeutics Clinical Trials Network



Countries by colour

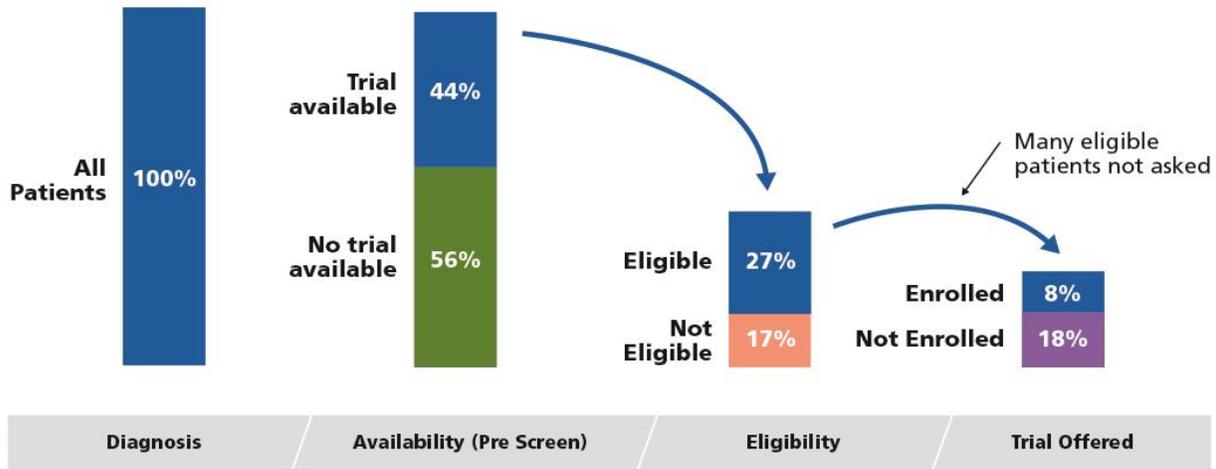
- USA
- Switzerland
- UK
- Japan
- China

Created by Nicolas Schmitz - Senior Market Analyst



UNIVERSITY OF CINCINNATI **CANCER CENTER**

# Challenges in enrolling on Clinical Trials



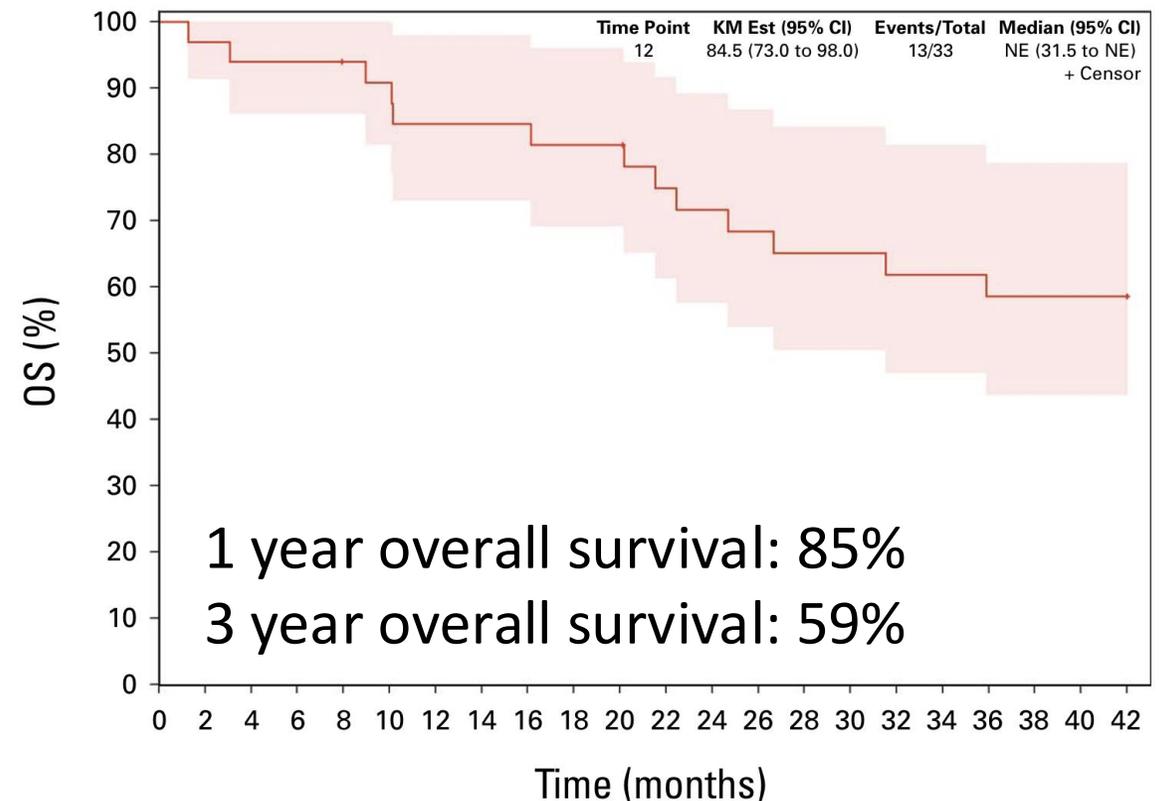
## PATIENT-REPORTED REASONS FOR DECLINING TRIALS

STUDY	Rank of Response			
	1ST	2ND	3RD	4TH
<b>Cancer Patients</b>				
Meropol, (2007) [72]	<b>Fear of side effects</b> "I fear side effects that might come with treatment on a clinical trial"	<b>Control</b> "I am uncomfortable with being randomly assigned (for example, a coin toss) to a treatment"	<b>Control</b> "I fear receiving a placebo (for example a sugar pill) on a clinical trial."	<b>Logistics</b> "I would be unable to fulfill trial requirements due to logistical barriers such as transportation."
Unger, (2013) [30]	<b>Control</b> "Random treatment, and protocol would determine care"	"Did not want treatment"	<b>Fear of side effects</b> "Treatment side effects"	"No personal benefit"
Lara, (2001) [139]	<b>Control</b> "Desire for other treatment"	<b>Logistics</b> "Distance from clinic"	"Unknown"	<b>Costs</b> "Insurance denial"
Klabunde, (1999) [111]	"Concerns about experimentation"	"Unspecified"	<b>Costs</b> "Concern about cost" and "Insurance refusal"	<b>Fear of side effects</b> "Concerns about toxicity"
Zaleta, (2017) [206] (Minorities)	<b>Control</b> "Feeling uncomfortable with being randomly assigned to a treatment"	<b>Control</b> "Fearing receiving a placebo"	<b>Fear of side effects</b> "Fearing side effects that may come with treatment."	<b>Costs</b> "Believing that health insurance would not cover a clinical trial."
Javid, (2012) [34]	<b>Control</b> "Did not like that protocol dictated treatment"	<b>Fear of side effects</b> "Concerned that offered treatment had too many side effects"	Lack of personal benefit "Did not want treatment offered on clinical trial"	<b>Logistics</b> "Test and procedures and getting to/from required too much effort"

# Back to our patient...

- Enrolled on A041703 Clinical trial
- Went into remission with treatment
- Doing well 5 years later!
- Clinical trial results:
  - 33 patients enrolled
  - Median age: 71 (range 60-84)
  - 52% 70+ years of age

## A041703 Trial results



# Roundtable Options (3 cycles, 45 min each)

- 1) **The Value of Community Partnerships for Research** —Community Implementation Studies of HPV Self-Testing on the 513 Relief Bus
- 2) **How Community Needs Inform Research** — Proposed Prostate & Colorectal Cancer Screening Studies
- 3) **The Value of Research Data Registries to Support Cancer Survivorship Activities**— The Oncology Primary Care Registry
- 4) **Research to Understand and Decrease Hesitancy in Clinical Trial Participation** — Observations in Clinical Trials Office
- 5) **The Value of Hospital Data to Inform Research** — Electronic Medical Record Lung Cancer Screening Study
- 6) **Engaging Community Scientists to Encourage Research Participation** — The Vallas Invisibles Study / Breast Cancer Health Champions Program
- 7) **The Impact of Advocacy** — Tools of the American Cancer Society Cancer Action Network (ACS CAN)