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Research in the "Pride of the Prairie"

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The Decatur Memorial Hospital (DMH) Cancer Care Institute in Decatur, Ill., has reason to be proud. Its program was rated in the top 14 percent of all CCOP research grant applicants that were submitted in 1990 and received a first place award for outstanding performance and quality at the September 1992 M.D. Anderson Clinical Trials Meeting. In the past year, 110 patients were accrued to research studies, with more than 460 enrolled since its inception in 1986—impressive figures for a small community hospital.

Through the federally funded Community Clinical Oncology Program (CCOP), the DMH Cancer Care Institute maintains

affiliation with several research bases, including the Southwest Oncology Group, the National Surgical Adjuvant Breast and Bowel Project, the M.D. Anderson Tumor Institute, and the Illinois Cancer Center. The DMH Cancer Care Institute has been an NCI-funded CCOP (the Central Illinois CCOP) since 1987. A five-year grant expires at the end of 1994, so administrators are already starting the initial re-write for another NCI-funded grant.

Oncology research is expensive. Administrators within the institution's research program have taken a strategy of looking for alternative funding to NCI-funded grants, which cover just 40 to 50 percent of the operational budget for CCOP activities. Through ACCC's

Collaborative Research Group (CRG), for example, the hospital participates in clinical trials sponsored by pharmaceutical companies. Such involvement helps to offset costs and enables the hospital to continue to promote and develop its research program.

DMH's cancer program has grown in the community and the region because of its ability to bring cancer research into the local setting. The research component of its oncology program is notable because of a creative consortium arrangement of its CCOP. The consortium is composed of the DMH Cancer Care Institute and Memorial Medical Center in Springfield, 40 miles away, along with medical oncology private practices and indi-

The cancer program at Decatur Memorial Hospital has been in existence for more than 20 years and has grown into a 16 component, multidisciplinary comprehensive program. The Cancer Care Institute serves as a primary and secondary referral center within a 15 county area of central Illinois. It offers both state-of-the-art diag-

nostic and treatment services, which include radiation oncology, medical oncology, a dedicated oncology unit, home care, and hospice.

VITAL STATISTICS

- Total institution bed size: 360
- Dedicated cancer unit beds: 20
- New cancer patients who are

seen each year: 860

- Annual number of patients on NCI-approved protocols: 110
- Community served: 100,000, with a service area of 238,000

SOCIAL SUPPORT SERVICES

- *Cancer Resource Information*, a monthly flier containing a compilation of all current community programs and services
- "I Can Cope," an education program; "CanSurmount," a visitation program; and "Appearing Your Best," a program dealing with improving physical appearance during cancer treatment, which are all American Cancer Society programs facilitated by the Cancer Care Institute
- A breast cancer support group
- No-cost van service for ambulatory patients within a 30-mile radius of the hospital (donated by the DMH Auxiliary)
- Grief recovery programs at DMH Hospice



vidual physician investigators from both cities.

The three medical oncologists on staff (Drs. James L. Wade, III, Larry W. Holder, and Benjamin T. Esparaz) are 'circuit riders,' according to hospital Vice President Dale Colee, M.B.A. The Cancer Care Institute's oncologists travel a large geographic area, as far as 75 miles, several times weekly. They are able to offer investigational treatment options to patients in these outlying communities. "Those areas otherwise medically underserved are well served because of DMH's CCOP research," said Colee.

DMH's medical oncologists look at research as a way in which they can contend with the immediate stresses of patient management, according to Colee. "When you're involved in cancer treatment, many times patients don't survive. Through clinical trials, the oncologists can participate in the discovery of improved therapy that does indeed save lives," he said.

Participation in CCOP has put DMH on line with new developments, according to James L. Wade, III, M.D., principal investigator. "We became the first hospital in downstate Illinois to use Taxol," he said.

"From the patient's perspective, the CCOP program puts us just behind the cutting edge of medicine," said Wade. "And that is about as close as you can get to a breakthrough in the laboratory. Without CCOP we would be five or six years behind the cutting edge of laboratory research."

A CASE IN POINT: THE BCPT

"One reason DMH has been able to accrue large numbers of patients is its strategy of targeting specific populations for cancer control studies, particularly the Breast Cancer Prevention Trial (BCPT)," said

Cancer Program Administrator Virginia R. Shafter, R.N., B.S.N. The DMH Cancer Care Institute is among the 119 sites across the United States that will be testing new treatments in the prevention of breast cancer in women of high risk.

DMH targeted specific populations of women and minorities rather than taking the strategy of just advertising globally in the community. Each month DMH systematically mails information to specific populations, for example, relatives of breast cancer patients, women who have participated in breast cancer screening, and senior citizen groups.

"From this narrow focus," said Shafter, "we have expanded to women's professional groups and other community groups. We simply don't have the financial or personnel resources to handle a huge promotion and response. So, at the beginning of the trial, we planned to contact these groups methodically and consistently. It has worked well for us. We are actually accruing more patients now than we did at the beginning."

In addition, DMH works closely with the Decatur Community Health Improvement Center (CHIC), a clinic that services the medically underserved population. The clinic is another source of potential BCPT study participants.

"We have learned a lot about recruitment from the BCPT," said Shafter. "We're now applying many of the same concepts to populations of men for the Prostate Cancer Prevention Trial. In addition, we have expanded physician participation to involve a group of urologists who have never been involved as CCOP investigators. We anticipate increased involvement of community physicians to assure our successful participation in future cancer control trials."

SMALL COMMUNITY, LARGE SERVICES

"Being in Decatur, the 'Pride of the Prairie,' we are happy to offer patients access to clinical trials in our small community rather than requiring patients to travel to Chicago or St. Louis," said Program Administrator Virginia R. Shafter.

Yet for some patients who may be eligible for a protocol, cost remains a barrier. DMH's fundraising efforts have helped to overcome this obstacle. Fundraising is through a partnership of the Decatur Memorial Foundation and the Susan G. Komen Breast Cancer Foundation RACE for The Cure. In 1992 more than 1,800 women participated in the race, with 200 volunteers and generous corporate and business underwriting. More than \$55,000 was raised. In addition to funding the mammography screening program for medically underserved women, the proceeds helped pay for testing associated with the BCPT. In addition, the names of the women who participate in the race are targeted as a potential source for possible interest in the BCPT.

As important as cancer research is to the program, it is just one facet of the comprehensive multidisciplinary program. Diagnostic and treatment services include medical and radiation oncology, a dedicated oncology unit, home care, hospice, and even a head/neck/cranial base surgery clinic. The Cancer Care Institute's radiation oncology department sees about 50 patients each day. In addition, there is extensive community outreach and a strong commitment to public education and screening and early detection. "Being a small hospital in a community of 100,000 in the heart of the prairie is not an obstacle to providing a comprehensive, state-of-the-art cancer program for our community," concluded Shafter. ■