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The Future of CCOPs Matters Too

When I joined the cancer care team at Saint Joseph's Hospital of Atlanta (SJHA) in 1987, we had just been awarded a CCOP grant. Over the past twelve years we have been joined by seven community-based hospitals to form the Atlanta Regional Community Clinical Oncology Program (ARCCOP).* Every member of the ARCCOP has committed to provide the staff, space, and the administrative oversight necessary to run the program. We have learned a lot together and have shared our successes, challenges, and barriers in implementing a clinical trials program with NCI.

Our successes include exemplary data management audits, significant accruals of patients to treatment and prevention trials, excellent protocol implementation standards, and successful renewal of four consecutive CCOP grants. Challenges remain in recruiting and retaining committed oncology research nurses, data management staff, and secretaries who are the glue in the entire process. Solutions to formidable barriers such as patients' discomfort with research and randomization, limited eligibility criteria, and myriad data forms and procedural steps for each cooperative group are constantly sought.

The financial expense incurred by participating CCOP community hospitals is significant. From 1987 to 1996, NCI support accounted for approximately 30 to 60 percent of the actual costs to the grantee institution, let alone the affiliate hospitals. Slowly, NCI funding has increased, due in large part to the advocacy efforts of Leslie Ford, M.D., associate director of the Early Detection and Community Oncology Program within the Division of Cancer Prevention at NCI, and ACCC's constant attention to this issue.

Last year NCI Director Richard Klausner, M.D., undertook an extensive assessment of the national research effort. ACCC leadership met with him and several NCI staff members to discuss cancer research in the context of community-based programs. During the meeting—just one of several in-depth reviews conducted—the aforementioned successes, challenges, and barriers were discussed in detail. NCI's goal of creating a more user-friendly and accessible program was consistent with ACCC's agenda. We came away from the meeting with a sense of accomplishment, having heard that CCOPs were recognized and valued as an important component of the NCI's multifaceted approach to cancer research.

The results of NCI's review were recently published in "Clinical Trials–a Blueprint for the Future." I was eager to read it, since many of ACCC's suggestions had been acknowledged as reasonable, logical, and possible...but I didn't find CCOPs mentioned anywhere. There is a vague reference to CCOPs on page 4 as "part of the structure through which [cooperative] group activities take place." I kept searching for some acknowledgement of the CCOPs' fifteen-year history of managing clinical trials in community settings.

Many of the ideas proposed in the Blueprint are quite impressive, such as expert disease panels, partnerships with payers and industry, and an informatics infrastructure. However, there is also a strong message about staying the course with the cooperative groups. Research will be opened to all comers, regardless of the restrictions, policies, and procedures under which CCOPs have been asked to operate since the program's inception. Furthermore, the changes outlined in the Blueprint affect Phase III trials, the mainstay of CCOPs. The absence of any reference to CCOPs raises questions about the program's future or its relegation to prevention-only trials.

How would I explain to my administrator that after twelve years of committing operating dollars to offset significant funding deficits, the program I defended and advocated for has gone away? It is possible that a simple explanation could quell my anxieties. In fact, I have called the number provided by NCI with questions about the document. To date, I have been unsuccessful in reaching someone who can explain the absence of CCOP language. But I'm still trying.

I recognize there are many branches within NCI, and that perhaps one branch's strategic plan is separate from another's. However, since we in the community rely on NCI experts to be the voice for cancer care, I wonder if that voice could be an inclusive one, representative of all our efforts to achieve the same goal—finding a cure for cancer. If an NCI document bears the name "A Blueprint for the Future," it seems only right to acknowledge what has worked well in the past and offer some guidance to those of us in the community about the future of our hospitals' investment in cancer research.

*Members include Northside Hospital, Wellstar Kennestone Hospital, Wellstar Cobb Hospital, Piedmont Hospital, Southern Regional Medical Center, South Fulton Medical Center, and Dekalb Medical Center.

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