

## STATE AFFILIATE GRANT RECIPIENTS

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2008-2009

### **Denali Oncology Group (Alaska)**

#### *Interactive Website Development*

Establish a website of cancer related resource information for Alaskans. To increase the awareness of the society through an interactive, centralized website, and creating an on-line member database for the state of Alaska that will increase membership and volunteerism.

The Denali Oncology Group website will be easy to update. The website will also be used to add a web-based database to allow members access to their information 24/7 and it will be automatically backed up on an off-site server. We believe this website will serve as a marketing tool for current and perspective members.

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### **Georgia Society of Clinical Oncology**

#### *Assessment of Organizational Resources and Constituents for Formation of a Cancer Navigators' Association In Georgia as an Affiliate of GASCO*

The Georgia Society of Clinical Oncology (GASCO) in collaboration with the Georgia Cancer Coalition (GCC) proposes a project to identify the existing resources available in the State of Georgia which are providing cancer patient navigation services. The individuals and/or program directors for these services will then be invited to an education and organizational meeting to take place by the end of the second quarter of 2009 to assess the need for a Cancer Patient Navigator's Association in Georgia. It is GASCO's and GCC's intent to provide initial financial and personnel support for this effort and to seek matching funds from other organizations to sustain the entity as an independent association or an affiliate of GASCO

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### **Maryland/DC Society of Clinical Oncology**

#### *Project Collaborate*

MDCSCO has experienced rapid growth, having more than tripled its membership in the last two years. A major factor in MDCSCO's growth has been its increased visibility through its Web site, online directory, newsletter, and new membership promotional materials.

MDCSCO could be more effective, however, if it could broaden the scope of its Web presence by developing a Group Site (often referred to as a Social Network). This new addition, appended to the existing site would provide opportunities for collaboration among MDCSCO members. Specifically, the site can offer a shared calendar for posting oncology related events (including CME programs), as well as provide a means for sharing information on clinical trials, research findings, and other topics of interest.

For oncologists with shared interests, the Group Site will allow for file sharing and online collaboration. Discussion forums can be coupled with e-mail to allow maximum personalization and control of data flow – important for busy oncologists.

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### **New York State Society of Medical Oncology & Hematology**

#### *Out Reach Program - Meeting the Needs of the Practicing Oncologist in 2009*

NYSSMOH proposes to develop and promote an outreach project that will focus on current and ongoing issues related to the organizations specific geographic area. Our outreach program will begin by dividing our localities into three sections: 1. Bronx, Brooklyn and Manhattan 2. Queens, Long Island and Staten Island 3. Rockland County and Westchester County. Each locality will have focus group meetings led by a board member.

Quality questionnaires will be developed and distributed, and available on our website prior to the meetings. Areas of focus may include:

- A. Identifying oncology/hematology practice issues that adversely affect patient access to cancer care with emphasis on their geographical areas.
- B. Encouraging clinical research in the fight against cancer.
- C. Facilitating the development and use of new cancer management techniques in the community.
- D. Increasing the effectiveness of representation on behalf of its members.
- E. Promoting communication between oncologists/hematologists in the State of New York.
- F. Ways in which NYSSMOH can restructure its focus to provide meaningful support.

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## **Northern New England Clinical Oncology Society**

### *Clinical Trials Barrier Study*

A distinct minority of cancer patients participate in clinical trials. Many factors have been identified that serve as barriers to trial participation. Most published information related to these barriers originates from academic centers or CCOP funded programs. Little has been published on the role of financial costs in the patient's decision to participate in a trial. As healthcare costs climb, high deductible and co pay insurance products are more prevalent. Although federal and state laws support coverage of quality trials, the language in the legislation is often vague leaving patients vulnerable to considerable monetary liability from trial participation. It has been our perception that cost may contribute to some individuals' decision to forego trial participation.

We have developed a protocol to assess the reasons that patients decline or are unable to participate in clinical trials. The survey will be mailed to patients in four community based oncology practices in Northern New England (all NNECOS member institutions) with established clinical trial programs. The practices provide a cross-section of geographic, economic, and clinical trial infrastructure conditions. The survey instrument is simple and includes a distinct question addressing the influence of costs on the patient's decision to participate in a trial. The Clinical Trials Barrier Study (CTBS) has been developed exclusively by community oncologists. The survey instrument will be issued to a consecutive sample of eligible patients over 1 year. Eligible patients include all new oncology patients (whether they discuss trials with their physician or not) and established patients who discuss trials with research staff and decline participation. The trial includes a specific protocol designed to standardize ascertainment of data. The development of the research and the participation by the community practices will serve as a model for regional collaboration in cancer research. We are hopeful that data obtained from this study can be used to devise targeted strategies to ameliorate barriers to trial participation that exist in the community oncology practice setting.