

# National Cancer Institute

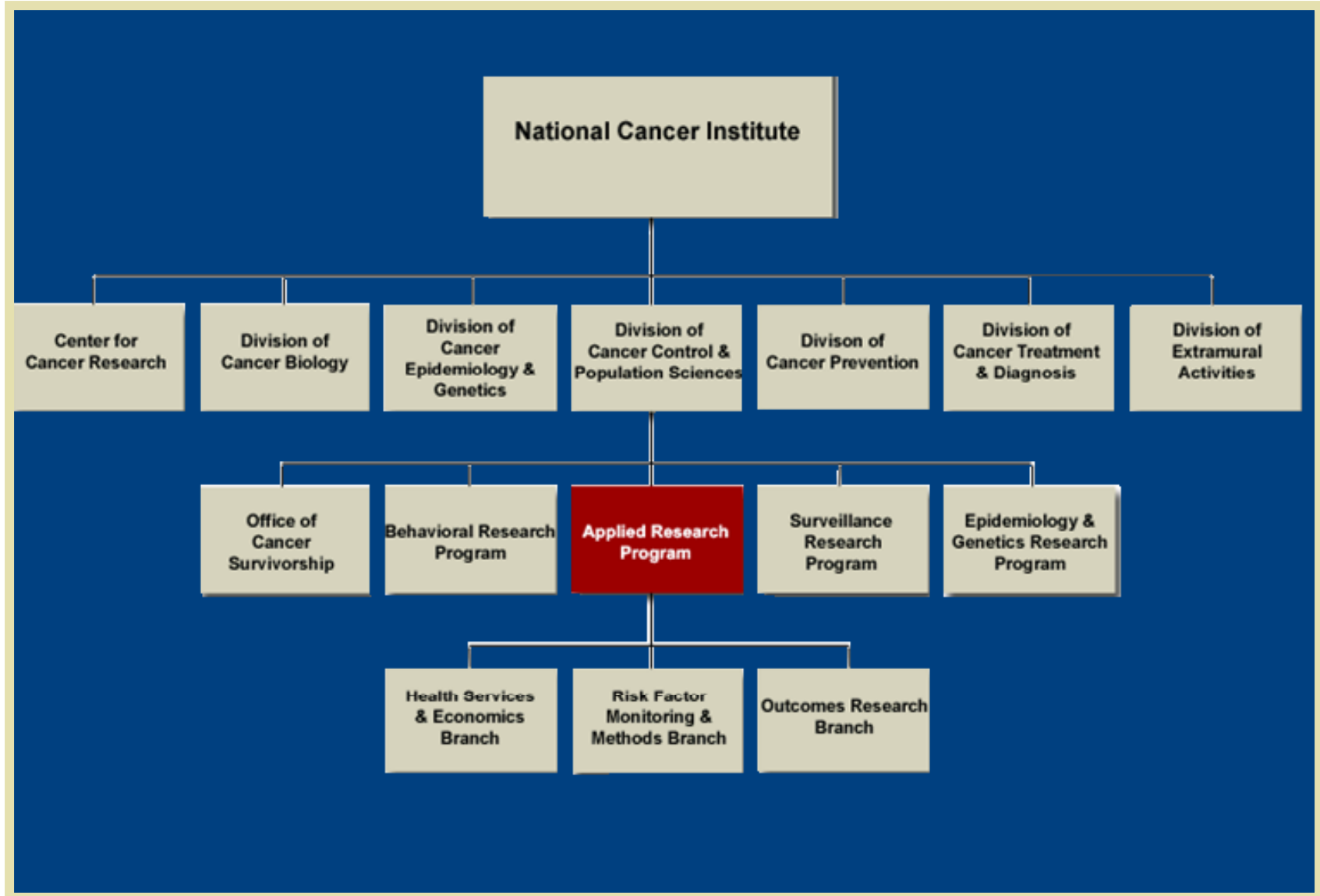
Wendy McLaughlin, MSW, MPA

*Public Health Advisor*

Applied Research Program (ARP)  
Division of Cancer Control and Population Sciences (DCCPS)  
National Cancer Institute (NCI)

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<http://appliedresearch.cancer.gov>



# Forces Influencing Cancer Control

- Shifting population demographics
- Relevance to multiple chronic diseases
- Improved genetic and environmental data
- Multi-level evaluation from individual to family, health care system, community, and society

# Changing Landscape of Cancer Care

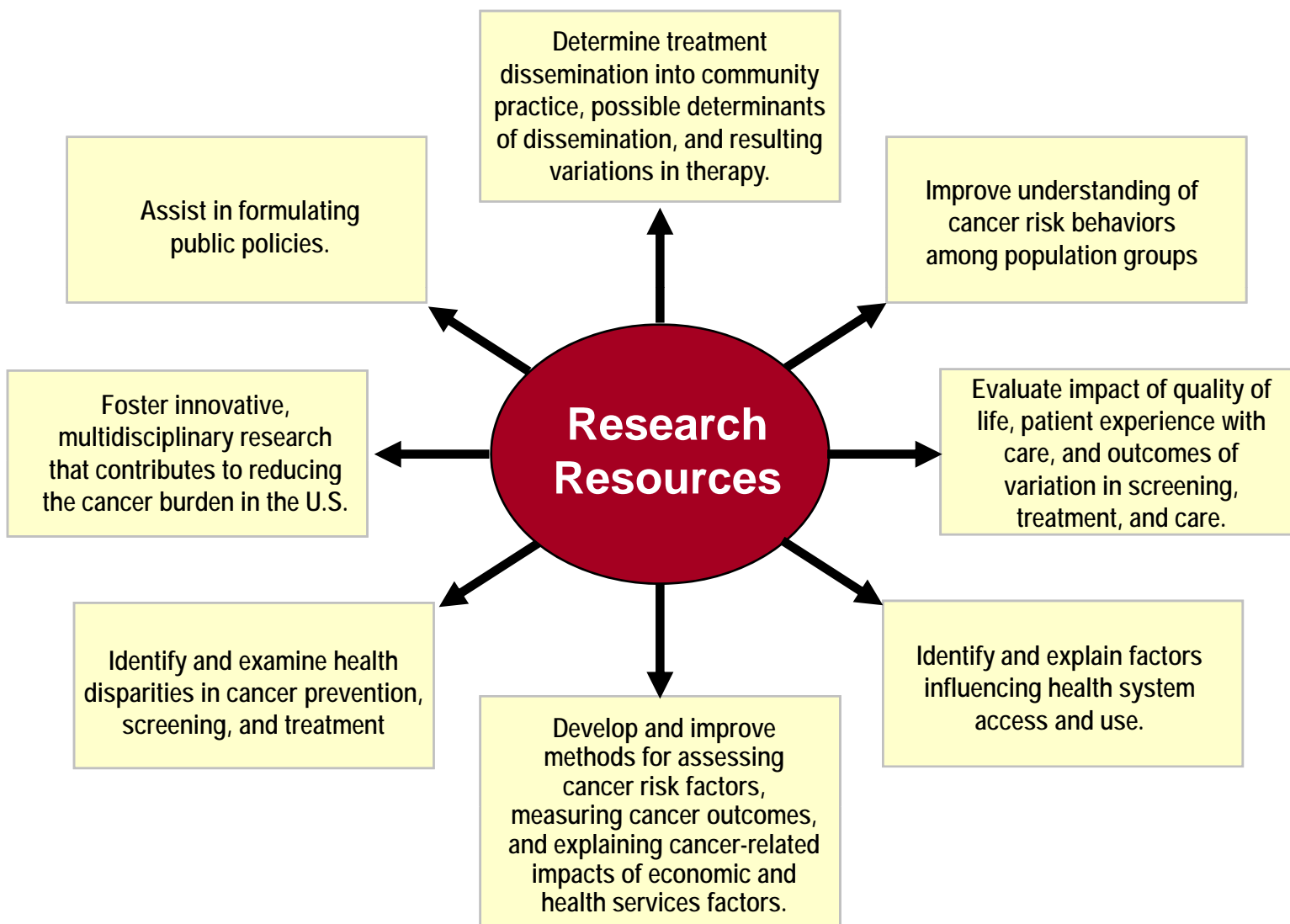
- Extended survival of cancer patients and concern about quality of life
- Aging and better health in older age of the population
- Advances in molecular medicine
- Adoption of EHRs for research and care management
- Recognition of the role of systems in improving care

# Examples of Priority Research Topics



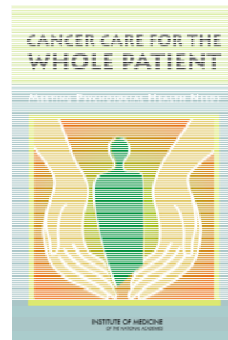
<http://appliedresearch.cancer.gov/areas>

# Uses of NCI Research Resources



# Research Priorities Relevant to Social Work Research

In accordance with the 2007 IOM report *“Cancer Care for the Whole Patient: Meeting Psychosocial Health Needs”*



- Facilitating effective communication between patients and care providers
- Influencing standards of cancer care
- Evaluating approaches to efficient provision of psychosocial health care



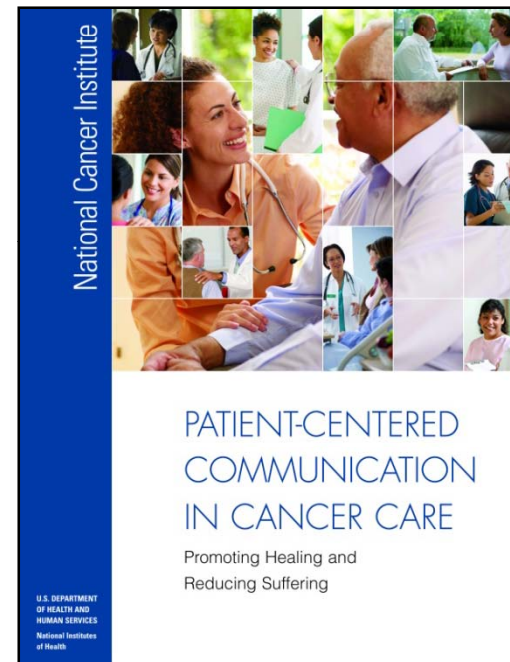
# Patient-Centered Care and Communication

- Patient-centeredness emphasizes care for the whole patient
- Two key attributes:
  1. Providing **ongoing support** to meet patient needs (medical and psychosocial) as best as possible
  2. Incorporating the **patient's perspective** and experience in care planning and delivery
- NCI supports research focused on facilitating the measurement, monitoring, and improvement of patient-centered cancer care with an aim to minimize the cancer burden

# NCI Patient-Centered Communication Monograph

## Highlights:

- Conceptualization of patient-centered communication (PCC) into six key functions
- Discussion of mediators and moderators of the link between communication and patient health outcomes
- Identification of priorities for future research



Epstein R.M., & Street R.L., Jr. (2007). *Patient-centered communication in cancer care: promoting healing and reducing suffering*. Bethesda, MD: National Cancer Institute, NIH Publication No. 07-6225.



# Improving Measurement of Patient-Centered Outcomes

- Patient Reported Outcomes Measurement Information Systems (PROMIS)

<http://www.NIHpromis.org>

- Will improve the assessment of self-reported symptoms and other health-related quality of life domains (e.g. physical function, social well-being) across many chronic diseases
- Goal is to develop publicly available, adaptable and sustainable Internet-based system that will:
  - Administer individually “tailored” questionnaires to measure patient reported health outcomes

Visit <http://outcomes.cancer.gov/areas/pcc/communication/>

The screenshot shows a Microsoft Internet Explorer browser window with the title "Patient-centered Care & Communication - Microsoft Internet Explorer". The address bar contains the URL "http://outcomes.cancer.gov/areas/pcc/". The page header features the National Cancer Institute logo and the text "National Cancer Institute U.S. National Institutes of Health | www.cancer.gov". The main content area is titled "Outcomes Research" and "Cancer Control and Population Sciences". A navigation menu includes "Tools", "Surveys & Studies", "Areas of Research", "Research Networks", "Publications", and "About". The main heading is "Patient-centered Care & Communication". The text describes patient-centeredness as a critical indicator of high-quality health care delivery. A search box is located on the right. The left sidebar contains a "Patient-centered Care & Communication: Introduction" section with links to "Patient-centered Communication Research", "PCC Monograph", "PCC Symposium", "Advancing Research Methodology for Measuring & Monitoring PCC in Cancer Care", "Assessment of Patients' Experience of Cancer Care (APECC) Study", and "Experiences of Care & Health Outcomes of Survivors of non-Hodgkin's Lymphoma (ECHOS-NHL) Study". The main content area includes a paragraph about patient-centeredness, a paragraph about the Outcomes Research Branch (ORB), and a list of ORB-supported research topics: "Patient-centered Communication Research" (with sub-links to "Patient-Centered Communication in Cancer Care: Promoting Healing and Reducing Suffering Monograph", "Patient-centered Communication in Cancer Care Symposium", and "Advancing Research Methodology for Measuring & Monitoring Patient-centered Communication in Cancer Care"), "Assessment of Patients' Experience of Cancer Care (APECC) Study", and "Experiences of Care and Health Outcomes of Survivors of non-Hodgkin's Lymphoma (ECHOS-NHL) Study". The Windows taskbar at the bottom shows the Start button, several open applications (Gmail, Transportation, Patient-cente..., Arora\_QCCC08, PCCRFA\_ORBb..., Hesse, Claremo...), and the system tray with the time 4:19 PM.



# Additional Research Resources

- Surveys and Studies: Insights into Behavior, Care, Services, and Outcomes
- Tools for Researchers: Facilitating Investigator Innovation
- Training Opportunities



# Surveys and Studies

- **National Health Interview Survey (NHIS) Cancer Control Topical Module (CCTM)** <http://appliedresearch.cancer.gov/surveys/nhis>
  - Annual health survey of ~41,000 U.S. households
  - Covers tobacco use, other risk factors, and cancer screening history
- **National Health and Nutrition Examination Survey (NHANES)** <http://riskfactor.cancer.gov/studies/nhanes>
  - Uses a nationally representative sample of ~5,000 individuals / year
  - NCI is collaborating on web tutorial to instruct prospective analysts
- **Tobacco Use Supplement to the Current Population Survey (TUS-CPS)** <http://riskfactor.cancer.gov/studies/tus-cps>
  - NCI-sponsored survey of tobacco use: a key source of national and state level data on tobacco use history, patterns, and attitudes
  - Uses a large, nationally representative sample of about 240,000



# Surveys and Studies

- California Health Interview Survey (CHIS)  
<http://appliedresearch.cancer.gov/surveys/chis>
  - Biennial health surveys (2001 - 2007) of ~55,000
  - Covers physical and mental health status, prevalence and management of chronic diseases, diet and exercise, cancer screening, family history
- Surveillance, Epidemiology and End Results (SEER)-  
Medicare Data Linkage  
<http://healthservices.cancer.gov/seermedicare>
  - Provides unique population-based data for epidemiologic and health services research- linked with Medicare claims data



# Tools for Researchers

- **Diet History Questionnaire (DHQ)**

<http://riskfactor.cancer.gov/DHQ>

- Food frequency questionnaire consisting of 124 items
- Data can be analyzed with the Diet\*Calc software developed by NCI
- Available in a machine-readable paper-and-pencil version and a web-based version

- **Glycemic Index Values Database**

<http://riskfactor.cancer.gov/tools/glycemic/>

- Provides glycemic index values for individual foods consumed by adults and queried on DHQ or other FFQs

- **Short Dietary Assessment Instruments**

<http://riskfactor.cancer.gov/diet/screeners/>

- Used to assess intake of fruits and vegetables, percent energy from fat, and/or fiber
- Useful when assessment of total diet is not required nor feasible



# Tools for Researchers

- **Usual Dietary Intakes**

<http://riskfactor.cancer.gov/diet/usualintakes>

- Improved method of estimating long-term average, or usual, dietary intakes of foods and nutrients, which builds on strengths of 24-hour recalls and can employ food frequency questionnaires when applicable

- **Dietary Assessment in Pregnant Women and Children**

<http://riskfactor.cancer.gov/tools/children>

- Detailed literature review focused on dietary and supplement intake assessment methodology in age groups targeted by National Children's Study

- **Dietary Assessment Calibration / Validation Register**

<http://appliedresearch.cancer.gov/cgi-bin/dacv/index.pl>

- Database of studies and publications that compare dietary intake estimates from two or more dietary assessment methods



## Tools for Researchers

- **Questionnaire Design and Testing Tools**

- <http://appliedresearch.cancer.gov/areas/cognitive/guides.html>

- Detailed guide on applying questionnaire design principles

- **Translated Questionnaires**

- Diet History Questionnaire (Spanish)

- <http://riskfactor.cancer.gov/DHQ/forms>

- TUS-CPS (Spanish, Chinese, Khmer, Korean, and Vietnamese)

- <http://riskfactor.cancer.gov/studies/tus-cps/translation>

- California Health Interview Survey (Spanish, Chinese, Khmer, Korean, and Vietnamese) <http://www.chis.ucla.edu>

- **Cancer Risk Prediction Resources**

- [http://riskfactor.cancer.gov/cancer\\_risk\\_prediction](http://riskfactor.cancer.gov/cancer_risk_prediction)

- Provides resources to clinicians and researchers who are developing new and improving existing models for cancer risk.



# Fellowships

- **Cancer Prevention Fellowship**


<http://www3.cancer.gov/prevention/pob/fellowship>

- Trains individuals from a variety of health professions and biomedical science disciplines to become leaders in the field of cancer prevention and control
- Participants receive MPH degree through program; requires a Doctorate degree

- **Cancer Research Training Award (CRTA) Fellowship**

<http://appliedresearch.cancer.gov/positions>


- 1-2 year position
- Requires minimum of a Masters degree



# Program Announcements: Health Services and Economics

- The Effect of Racial and Ethnic Discrimination / Bias on Health Care Delivery
  - Improve measurement of discrimination through improved instrumentation, data collection, and analytical techniques
  - Reduce prevalence of disparities through interventions
- Cancer Surveillance Using Health Claims-Based Data System
  - Encourage research using health claims data for surveillance
- Research on the Economics of Diet, Activity, and Energy Balance
  - Enhance state-of-the-science on the causes of obesity and inform decision making on effective interventions for reducing obesity rate
- Research on Improving Health Care for Obese Patients
  - Determine barriers to optimal health care for obese patients and test innovations or modifications in care delivery to improve health outcomes for obese patients independent of weight loss

<http://appliedresearch.cancer.gov/funding/pa.html>



# Program Announcements: Risk Factor Monitoring and Methods

- Development, Application, and Evaluation of Prediction Models for Cancer Risk and Prognosis
  - Improve existing models for cancer risk and prognosis by developing innovative research projects that use existing data to develop new models for cancer risk and prognosis
- Understanding the Effects of Emerging Cellular, Molecular, and Genomic Technologies on Cancer Health Care Delivery
  - Improve understanding of access, quality, and costs associated with use of cellular, molecular, and genetic technologies across cancer continuum
- Diet & Physical Activity Assessment
  - Improve existing instruments that seek to measure dietary intake and physical activity within diverse populations over time
  - Develop or refine new technologies for measurement of dietary intake or physical activity

<http://appliedresearch.cancer.gov/funding/pa.html>



# Program Announcements: Outcomes Research

- Methodology and Measurement in the Behavioral and Social Sciences
  - Improve quality and scientific power of data collected in the behavioral and social sciences, relevant to the missions of the participating NIH Institutes and Centers

<http://appliedresearch.cancer.gov/funding/pa.html>