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Background

Georgia, the largest state east of the Mississippi River, is characterized by a higher incidence of cancer than neighboring states and has substantial minority populations. Cancer care is provided primarily in unlinked practices and cancer centers.

Clinical trials have been available historically in the greater Atlanta area where roughly half of the state's population resides. There was no NCI-designated cancer center in Georgia until 2009.

The mission of Georgia CORE is to enhance the quality of cancer care in Georgia through research and education. The organization was established in 2003 to address two of the state's most glaring weaknesses – a deficit of clinical trials and limited capacity to conduct research – by orchestrating collaboration among community oncologists and academic researchers.

Operating support for Georgia CORE is provided by the Georgia Cancer Coalition (GCC) with a portion of the state's tobacco settlement funds and by the Georgia Society of Clinical Oncology (GASCO)¹.

Objectives

- Expand access to clinical trials for all Georgians
- Orchestrate multi-disciplinary research collaboration
- Increase availability of, access and accrual to clinical trials
- Use technology to promote clinical trials, exchange information and improve research efficiency

Methods

Engaged Georgia's leading clinicians and scientists in collaborative clinical research through an independent, non profit organization.

Established a Board of Directors representative of all oncologic specialties, academic centers and geographic regions of the state. Maintained 60% membership from community oncologists and 40% membership from outside greater Atlanta.

Created a multi-disciplinary, statewide Research Network connected by Master Clinical Research Agreements to facilitate activation of clinical trials.

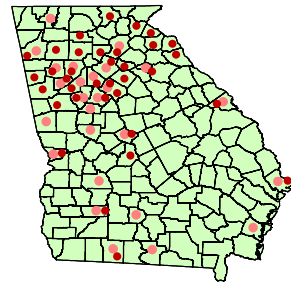
Provided training and web-based tools to enhance the distribution and capacity of research sites.

Maintained a public, searchable database of all clinical trials – GeorgiaCancerTrials.org – with profiles of oncologists/investigators.

Network Development

The CORE Research Network mirrors the distribution of American College of Surgeons (ACOS) Commission on Cancer (CoC) Accredited Institutions in Georgia (Figure 1)².

Figure 1: Distribution of ACOS CoC Accredited Institutions and Georgia CORE Research Network Members



Legend	
● CORE Research Network Sites	57 Sites
● ACOS CoC Institutions	46 Sites
● ACOS CoC Institutions	31 Sites

Growth of CORE Research Network

The CORE Research Network membership increased 459% between 2006 and 2009, from 46 to 211 (Figure 2). Nearly 40% of oncologists in Georgia are members. The CORE Research Network is comprised of 57 contracted sites. In 2009, 26% of those sites activated CORE-Sponsored trials (Figure 3).

Figure 2: Comparison of CORE Research Network Membership, 2006-2009

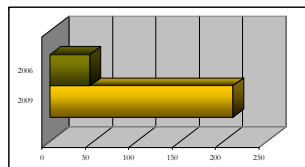
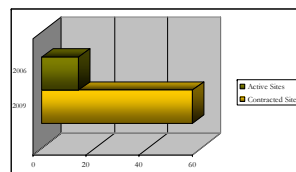


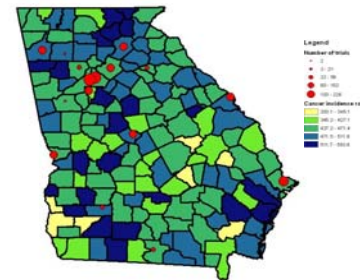
Figure 3: 2009 CORE Research Network Site Participation in CORE Sponsored Clinical Trials



Expanded Access and Accrual

GeorgiaCancerTrials.org, a unique searchable database, profiles 265 adult cancer trials and 60 pediatric cancer trials. Analysis revealed that 42% of adult cancer trials are located outside of the greater-Atlanta area, where 46% of the population resides (Figure 4)⁴.

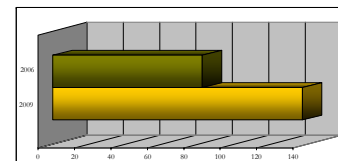
Figure 4: Distribution of Adult Cancer Clinical Trials (2010) and Cancer Incidence Rates (2002-2006)⁵ in Georgia by County



Statewide Accrual to Cancer Clinical Trials		
2005	Institute of Medicine ⁶	<2%
2006	ACOS CoC Institutions / National Cancer Database ⁷	6.7%
2007	ACOS CoC Institutions / National Cancer Database ⁷	7.16%
2008	ACOS CoC Institutions / National Cancer Database ⁷	7.51%

Analysis showed that 52% of all trials were in four major cancer types (breast, colorectal, lung and prostate), which accounted for 53% of cancer deaths⁸. There was a 67% increase in trials in the four major cancer types from 2006 to 2009 (Figure 5).

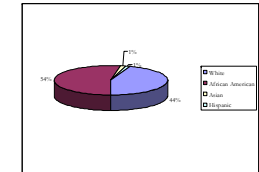
Figure 5: Number of Cancer Clinical Trials in Georgia for the Major Cancer Types 2006 and 2009



Minority Accrual

In 2008/09 Georgia CORE sponsored two Phase II investigator-initiated breast cancer trials. Cumulative minority accrual accounted for 56% (Figure 6) of total accrual^{9,10}.

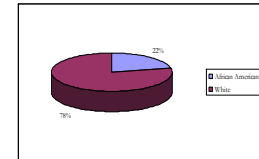
Figure 6: Accrual in CORE Sponsored Investigator-Initiated Breast Trials by Race/Ethnicity



⁹Randomized Phase II Trial of Sequential Docetaxel Followed by Capecitabine Versus Concomitant, Dose-Dense Docetaxel/Capecitabine as an Induction Therapy for Early Stage Breast Cancer
¹⁰Phase II Neoadjuvant Trial of Trastuzumab in Combination With Dose-Dense ABI-007 (Abraxane)TM Followed by Vinorelbine for HER2 Overexpressing Early Stage Breast Cancer

In 2009, Georgia CORE became a member of the National Cancer Institute's Gynecologic Oncology Group. Minority accrual accounted for 22% of patients accrued to the 22 Georgia CORE GOG Consortium's trials in 2009 (Figure 7).

Figure 7: Accrual in Georgia CORE GOG Consortium 2009 by Race/Ethnicity



Conclusion

Georgia's network of community and academic oncologists has increased access to clinical trials statewide, conducted cooperative group and phase II trials, activated trials in geographically dispersed sites and accrued a significant percentage of minority patients to its investigator initiated and cooperative group trials.

References and Acknowledgements

- ¹Georgia Center for Oncology Research and Education. 2010. www.georgiacore.org.
- ²American College of Surgeons Commission on Cancer. 2010. www.facs.org.
- ³Georgia Cancer Morbidity and Mortality Data (2002-2006). Georgia Department of Human Resources, Division of Public Health, Georgia Comprehensive Cancer Registry.
- ⁴Census 2009 Population Estimates. American Factfinder. www.census.gov.
- ⁵Institute of Medicine. Assessing the Quality of Cancer Care: An Approach to Measurement in Georgia. Washington, DC: National Academies Press. 2005; 184.
- ⁶American College of Surgeons Commission on Cancer and the National Cancer Database. 2010.
- ⁷Singh S, Bayally AR, McNamara C, Redding K, Thompson SK, Wall K. Georgia Cancer Data Report, 2005. Georgia Department of Human Resources, Division of Public Health, Chronic Disease, Injury, and Environmental Epidemiology Section, and the American Cancer Society, Southeast Division, February, 2006. Publication Number: DPH06/007HW.

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