Seminars in Oncology Nursing, Vol 30, No 1 (February), 2014: pp 38-43

Nursing Contributions in Community Clinical Oncology Research Programs

Kathy Klinger, Cesar Figueras, Kathleen M. Beney, Jane M. Armer, and Sharon Levy

Objectives: *To describe the Community Clinical Oncology Programs (CCOPs), identify the roles and functions of CCOP nurses in clinical trials, and discuss the future contributions of nurses in the National Cancer Institute (NCI) Community Oncology Research Program.*

Data Sources: *Research and review articles, Web sites, and government reports.*

Conclusion: *The contribution of nurses in the community clinical research setting has not been defined or quantified; however, examination of the literature reveals substantial contributions from nurses in the conduct and dissemination of oncology research.*

Implications for Nursing Practice: *Nurses outside of academic settings must be as well versed in new research as those in large institutions. Education on clinical trials and oncology research is necessary in the treatment and care of cancer patients. Experienced community-based nurses are essential to the success of the NCI Community Oncology Research Program.*

Kathy Klinger, MSN, ANP-BC, GNP, AOCN: *Nurse Practitioner, Hematology Oncology Associates of Central New York, Syracuse, NY*. Cesar Figueras, BSN, RN: *Oncology Research Coordinator, Michigan Cancer Research Consortium, CCOP, Ann Arbor, MI*. Kathleen M. Beney, MS, RTT-NPS: *Clinical Research Director, Hematology Oncology Associates of Central New York, Syracuse, NY*. Jane M. Armer, PhD, RN, FAAN: *Professor Sinclair School of Nursing, University of Missouri, Columbia, MO*. Sharon Levy, BSN, RN: *Administrative Director, Clinical Research Management Office, Georgetown University Medical Center, Washington, DC*.

Alliance for Clinical Trials in Oncology is supported by NCI grant CA31946. The content of this manuscript is solely the responsibility of the authors and does not necessarily represent the official views of the National Cancer Institute.

Address correspondence to Kathy Klinger, MSN, ANP-BC, GNP, AOCN, Hematology Oncology Associates of CNY, 5008 Brittonfield Pkwy, East Syracuse, NY 13057. e-mail: kklinger@hoacny.com

0749-2081/3001-$36.00/0.
http://dx.doi.org/10.1016/j.soncn.2013.12.007

KEY WORDS: *Community Clinical Oncology Programs (CCOP), nurse, research, NCORP, clinical trials*

THE National Institutes of Health has long focused on the need for basic science and clinical research to be disseminated to community practice: the process of "bench to bedside." Minasian et al[1] describe the distance between academic medical centers and the community oncologist as the discovery–delivery gap. Community Clinical Oncology Programs (CCOPs) have been a means through which research originating in cooperative clinical trial groups is carried out in the community setting. (The role of nursing collaboration within the larger cooperative group setting is described elsewhere in this issue). The community oncology setting is a significant area of nursing practice, and nurses play a vital role in managing patients involved in research studies outside of academic centers participating in cooperative groups. See definitions in Table 1.[2,3]

HISTORY OF COMMUNITY ONCOLOGY PROGRAMS

The National Cancer Institute (NCI) was established in 1937 by an act of Congress as an independent research institute, and later made a division of the National Institutes of Health in 1944. Cooperative groups such as Cancer and Leukemia Group B (CALGB) were conceived in the early 1950s and formalized in 1955 when Dr. Sidney Farber, Mary Lasker, and others proposed a method to increase support for studies of chemotherapy and cancer.[3,4] Early cooperative groups consisted of large academic research institutions, but by 1974 it was recognized that 85% of all cancer patients were being treated by community oncology practitioners.[5] Many community physicians had been trained at academic centers, but were unable to offer the clinical trials developed at academic centers to patients in the community setting. In 1978, the Cooperative Group Outreach Program was started to address this shift in cancer care, and, by 1982, the National Cancer Advisory Board gave final approval to the Community Clinical Oncology Program (CCOP).[5] Within the context of community-based populations, the NCI recognized the need to reach minority groups and focused on the development of Minority-Based CCOPs (MB-CCOPs) in 1990. Today, there are CCOPs in 36 states and Puerto Rico, supported by approximately 3,400 physicians and 780 performance sites. CCOP organizations are integral to the overall structure of cancer research programs (Fig. 1).[6]

The CCOP program is funded by NCI grants and is limited to oncology centers that have met high standards of excellence in conducting cancer clinical trials. The numbers of open trials vary from site to site, but CCOPs often have as many as 120 available trials at any given time. Administrative oversight of data quality, patient safety, and pharmacy compliance at CCOP sites is handled by a rigorous audit program. CCOP nurses have been an integral contributor to protocol application and patient care, adding to the viability of the community research setting.

CCOP ACCOMPLISHMENTS

Sufficient accrual is a driving force in producing valid research results and is a concern of

TABLE 1.
Definitions and Acronyms

Community Clinical Oncology Program (CCOP) is a single community organization or a consortium of community hospitals and/or private practices spanning one or several states. These sites enroll patients onto National Cancer Institute (NCI)-approved cancer prevention and control clinical trials, as well as cancer treatment trials. Each CCOP affiliates with several Research Bases to have access to a choice of studies. CCOPs are required to accrue more than 100 participants per year. In total, there are 49 currently-funded CCOPs.

Minority-Based Community Clinical Oncology Program (MB-CCOP) meets the same requirements as the CCOPs, but must also have a population that is at least 30% minority or underserved. Academic institutions are permitted to be MB-CCOPs. There are 17 currently- funded MB-CCOPs.

CCOP Research Base (RB-CCOP) is a Cooperative Group or NCI-designated Cancer Center that designs, develops, and conducts cancer prevention and control clinical trials. Cooperative Group CCOP Research Bases also provide cancer treatment clinical trials. There are currently 13 research bases.[2]

NCI Community Oncology Research Program (NCORP) is the newly-approved program expanding upon the success of the Community Clinical Oncology Program (CCOP Network (including its Minority-Based CCOPs, adding elements of the NCI Community Cancer Centers Program (NCCCP), and creating a network for cancer care delivery research. Both the CCOP Network and NCCCP are being replaced by this new program.

Source: Data above presented in the June 24, 2013, Board of Scientific Advisor meeting to discuss the formation of the NCI Community Oncology Research Program (NCORP). Available at http://ccop.cancer.gov/news-events/news/20130625.[3]