



THE CANCER PREVENTION AND CONTROL RESEARCH NETWORK

The Cancer Prevention and Control Research Network (CPCRN) is a national network of academic, public health, and community partners who work together to reduce the burden of cancer, especially among those disproportionately affected. The CPCRN was initiated in October 2002, with funding from the Centers for Disease Control and Prevention (CDC) and the National Cancer Institute (NCI) as part of their efforts to more effectively translate research into practice. It is a thematic research network of the Prevention Research Centers (PRCs) (<http://www.cdc.gov/prc>), which is the CDC flagship program for preventing and controlling chronic diseases. **The mission of CPCRN is to accelerate the adoption of evidence-based cancer prevention and control in communities**, which we are doing through increased understanding of the dissemination and implementation process. Network members are actively engaged in enhancing large-scale efforts to reach underserved populations and reduce their burden of cancer, while also deepening our understanding of the predictable processes that achieve that end. Sites undertake cross-site projects, described on next page, that pursue the overall objective of extending our knowledge base of translation processes, measures and outcomes for evidence-based cancer control activities and develop partnerships with major national systems and networks. Having a network with broad geographic reach and strong relationships among investigators allows us to achieve more than any individual center could achieve on its own. Currently, 223 members participate, including 24 physicians and 124 individuals with doctoral degrees.

CPCRN MEMBERS

1. **Case Western Reserve University (PI: Susan Flocke, PhD)**
2. **Oregon Health & Science University (PI's: Thomas Becker, MD, PhD, Jackie Shannon, PhD, Kerri Winters-Stone, PhD)**
3. **University of Iowa (PI: Sue Curry, PhD)**
4. **University of Kentucky (PI: Robin Vanderpool, DrPH)**
5. **University of North Carolina at Chapel Hill (PI: Jennifer Leeman, DrPH)
(also serves as the network's coordinating center, PI: Stephanie Wheeler, PhD)**
6. **University of Pennsylvania (PI: Karen Glanz, PhD)**
7. **University of South Carolina at Columbia (PI: Daniela Friedman, PhD)**
8. **University of Washington at Seattle (PI: Peggy Hannon, PhD, MPH)**

CPCRN FUNDING

CPCRN investigators have successfully worked with other CPCRN sites to seek research funding, which is called multi-center funding. Sites have also sought funding for their own center. Since 2009, CPCRN has received over \$31 million in multi-center grant funding; most of this is due to collaborations started within CPCRN. Total research funding (single center + multi-center funding) since 2009 is over \$149 million.

Signature Projects

FEDERALLY QUALIFIED HEALTH CENTERS (FQHC)

The overall aim of CPCR's Federally Qualified Health Centers (FQHC) Project is to collaborate with community health centers and state and national associations representing FQHCs to strengthen and evaluate existing CRC screening initiatives at the patient, clinic, and community level in order to increase CRC screening rates among the populations served by FQHCs and primary care associations. As FQHCs embark on efforts to implement evidence-based interventions related to CRC screening, there is a critical need to disseminate what is known about effective multi-level interventions and what is known about effective implementation strategies. The FQHC Workgroup is collaborating with stakeholder groups (community health centers and primary care associations) to: 1) assess current CRC screening efforts, 2) help FQHCs systematically select, combine, and implement CRC screening interventions in a way that maximizes impact, and 3) support the evaluation of multi-level interventions. These activities will help advance the national goal of screening 80% of the eligible population for CRC by 2018.

HUMAN PAPILLOMAVIRUS (HPV) VACCINATION

Despite the advent of a safe and effective vaccine to prevent HPV infection and related diseases, uptake of the 3-dose HPV vaccine remains well-below national goals. The goal of this workgroup is to contribute to the science and evidence-base supporting innovative community-clinical linkages to increase HPV vaccination initiation and completion among adolescents and young adults. Research activities address key recommendations from the President's Cancer Panel for improving HPV vaccination rates, including reducing missed clinical opportunities to recommend and administer the HPV vaccine; increasing parents', caregivers', and adolescents' acceptance of the HPV vaccine; and maximizing access to HPV vaccination services. Through applied prevention research, the HPV vaccination workgroup aims to accelerate the implementation of evidence-based cancer control through the systematic identification and dissemination of best practices, community/clinical stakeholders and vaccine champions, and community-clinical linkages needed to increase HPV vaccination rates among different populations in varying community settings.

Workgroup Projects

CDC CANCER SCREENING PROGRAMS

The Centers for Disease Control and Prevention (CDC) supports two nationwide cancer screening programs, the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) and the Colorectal Cancer Control Program (CRCCP). Both NBCCEDP and CRCCP provide free or low-cost screening services to low-income and un/underinsured clients who meet Program eligibility requirements (e.g. age, insurance status, household income, etc.). The CPCRN has collaborated with CDC since 2010 to measure CRCCP grantees' use of evidence-based interventions (EBIs) to promote colorectal cancer screening. The next step in this research is to extend our study to the organizations that partner with NBCCEDP/CRCCP to promote and deliver cancer screening services locally, with an eye toward developing and pilot-testing interventions to increase and support partner organizations' EBI use in their local communities.

CERVICAL CANCER SCREENING

Recent studies indicate that adherence to new (2009, 2012) Cervical Cancer Screening guidelines is low and patients and providers are reluctant to lengthen screening intervals. This workgroup has proposed to identify and evaluate methods to increase implementation of new and emerging guidelines – at the patient, provider, practice/organizational and policy levels. Specific aims include evaluating approaches and methods de-escalation as well as increase adherence to guidelines, examining the current state of practice and key determinants, and developing a multi-level intervention.

IMPLEMENTING EVIDENCE INTO ACTION

Community coalitions, departments of public health, and other community-based organizations under-use evidence-based interventions (EBIs), in part because community leaders and program planners often lack the knowledge, skills, and/or motivation to select, adapt, implement, and evaluate EBIs. CPCRN developed a 7-module curriculum designed increase their capacity in this area, but they may also need in-depth training on specific EBIs and ongoing support to implement and sustain them. Other CPCRN Centers and Workgroups are developing strategies to support practitioners' implementation of specific EBIs (e.g., HPV vaccination, cancer screening, obesity prevention, and tobacco control EBIs). This group will develop an approach combining CPCRN's 7 module training curriculum with EBI-specific implementation support strategies, comparing the effectiveness of distance versus in-person versus hybrid modes of delivery in a community grants program to support efforts to address the most pressing cancer-related needs in those communities.

MODELING EVIDENCE-BASED INTERVENTION (EBI) IMPACT

The overall aim of the workgroup is to inform cancer screening-focused intervention planning, practice-level change, improvement at the health system-level, and policy at the state and national level by integrating best available evidence into decision support models and using these models to conduct virtual comparative effectiveness research. Using models, this workgroup seeks to simulate and compare the impact of alternate "what if" scenarios on screening rates in a given year and over time, the percent of subpopulations up-to-date with routine screening, cancer incidence, cancer stage at diagnosis, cancer deaths and/or life-years lost due to cancer. The outcomes of focus in a given study and populations simulated are determined by motivating questions and stakeholder perspective considered. This workgroup is interested in supporting increased cancer screening overall, as well as addressing observed disparities. The intention is to replicate projects across states increasing the ability to test the generalizability of results and learn about the effect of context on CRC screening recommendations. Future work has spurred in both NC and OR, and, over time, the expectation is that work can grow within these and other states.

TOBACCO/LUNG CANCER SCREENING

This cross-CPCRN center initiative aims to understand barriers and facilitators faced by community health centers related to implementing both: 1) tobacco assessment and cessation assistance/referral (USPSTF grade A recommendation); and 2) low dose computed tomographic (LDCT) scan for lung cancer screening (the USPSTF grade B recommendation). The first steps are to develop a survey to assess current practices, resources and potential barriers to these preventive services.