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 and implementation of evidence-based cancer prevention and control strategies in communities, enhance large-scale efforts to reach underserved populations and reduce their burden of cancer, and deepen our understanding of the predictable processes that achieve that end.** Sites undertake cross-site projects, described on the 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. Since 2014, when the current grant cycle started, CPCRN investigators have been awarded over $29 million in external grant funding, authored 134 publications, and given 68 presentations on their research.

CPCRN MEMBERS

1. **Case Western Reserve University (PI: Susan Flocke, PhD)**
2. **Oregon Health & Science University (PIs: Thomas Becker, MD, PhD, Jackie Shannon, PhD, Kerri Winters-Stone, PhD)**
3. **University of Iowa (PI: Natoshia Askelson, PhD)**
4. **University of Kentucky (PI: Robin Vanderpool, DrPH)**
5. **University of North Carolina at Chapel Hill (PIs: Stephanie Wheeler, PhD, Jennifer Leeman, DrPH)**
   (also serves as the network's coordinating center,)
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)**

FEDERALLY QUALIFIED HEALTH CENTERS (FQHC)

The overall aim of CPCRN'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.

HUMAN PAPILLOMAVIRUS (HPV) VACCINATION

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.

CDC CANCER SCREENING PROGRAMS

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

This workgroup has proposed to identify and evaluate methods to increase implementation of new and emerging cervical cancer screening 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

CPCRN developed a 7-module curriculum designed to increase community-based organizations' capacity to select, adapt, implement, and evaluate EBIs, but they may also need in-depth training on specific EBIs and ongoing support to implement and sustain them. 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.

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).