

CPCRN Steering Committee Meeting Minutes

March 10, 2020 2:00 - 3:00 PM ET

Roll Call:

Colorado SPH – Betsy Risendal

Emory – Cam Escoffery, Christine Agnone

New York University-CUNY – Chau Trinh-Shevrin, Simona Kwon, Julie Kranick, Victoria Foster, Victoria Ngo

U. Arizona - Cyndi Thomson

U. Iowa – Natoshia Askelson, Heidi Haines, Rima Afifi

UNC-Chapel Hill – Jennifer Leeman, Catherine Rohweder, Mary Wangen

U. South Carolina - Daniela Friedman, James Hébert, Jan Eberth

U. Washington-Seattle - Linda Ko

CDC - Arica White, Mary White, Sue Sabatino

NCI - David Chambers

UNC Coordinating Center - Stephanie Wheeler, Becky Lee, Rebecca Williams

All documents from this meeting are located in the CPCRN Steering Committee Google Drive folder (link).

Agenda Item and Presenter	Comments, Notes, and Discussions	Decisions and Action Items
Affiliate Member Application Review (Wheeler)	-Review of Affiliate Member Applications: • Sarah Birken, Wake Forest University (as of Summer 2020) ○ Sponsor: Jennifer Leeman ○ Applicant Info: Member of CPCRN for two years; co- led OTIS Workgroup ○ Application Status: Accepted • Jean Edward, University of Kentucky ○ Sponsor: Jan Eberth ○ Applicant Info: College of Nursing at UK; previous member of CPCRN; participated in Rural Cancer Workgroup; has volunteered to take the lead on an upcoming paper that the Workgroup outlined as an	

Affiliate Member
Application Review
Continued
(Wheeler)

- interest paper, utilizing qual interviews collected during CPCRN4
- Application Status: Accepted
- Karen Glanz & Jade Avelis, University of Pennsylvania
 - Sponsor: Stephanie
 Wheeler
 - o Applicant Info: Glanz served as PI, and Avelis as PD of UP in CPCRN4; co-led Multiple Cancers Workgroup; continuing to work on the analysis from the Workgroup's systematic lit review and the pubs that will come from that work; interested in broader engagement as new Workgroups form in CPCRN5
 - Application Status: Accepted
- Jackie Shannon & Paige Farris, Oregon Health & Science University
 - o Sponsor: Natoshia Askelson
 - Applicant Info: Shannon served as PI, and Farris as PD of OHSU in CPCRN4; working on several HPV projects with current investigators; would like to continue with their involvement in the Rural Workgroup
 - Application Status: Accepted
- Prajakta Adsul, University of New Mexico
 - Sponsor: Stephanie
 Wheeler & David Chambers
 - Applicant Info: Previous NCI cancer prevention fellow; interested in Implementation

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Affiliate Member Application Review Continued (Wheeler)	Science (heavily involved with NCI IS Consortium planning), rural health, and cancer prevention; would like to be involved in the OTIS and QUISTA Workgroups; Application Status: Accepted -The seven new affiliate members will be added to the CPCRN directory, experts page, and on Workgroup communications -Other individuals interested in applying to be a CPCRN affiliate must complete a short application that describes their intended level of involvement, and must have a sponsor from within one of the Network collaborating centers	
Workgroup Interest Group Updates and Discussion (Friedman/Escoffery, Trinh-Shevrin, Ngo)	 CPCRN Scholars (<i>Friedman, Escoffery</i>) Held their first call to discuss next steps around developing some communication for outreach to those who may be interested in being scholars Started on a draft of common components for the academic track; sent to a core group from the Workgroup Interest Group who were interested in looking at that Recognize that scholars will include a wide variety of individuals—students, practitioners, etc.—so best to work on one track at a time Health Equity & Social Determinants of Health (<i>Trinh-Shevrin</i>) Held first meeting at the end of February; attendees represented four collaborating centers, the Coordinating Center, and the CDC Robust discussion about frameworks that are being utilized 	-Friedman/ Escoffery will share the draft for the academic track components with the broader Interest Group on the second call next Monday -Thomson will contact Ngo following distribution of Cancer Survivorship Interest Group surveys to inform about potential member interests in the realm of mental/ psychosocial health, and explore possible

- across the Collaborating Centers with respect to health equity, social determinants of health, and CBPR; identified commonalities across centers' work, both in their PRCs and CPCRN
- Identified several good case examples of best practices around community outreach, needs engagement, cancer disparities, and health equity
- Some workgroup members were unable to join the call; decided to develop a survey to more systematically capture all Workgroup member perspectives, and better gauge guiding principles that could be elucidated or articulated around health equity and cancer disparities
- Questions emerged:
 - o If we develop a set of guiding principles, what does that mean with respect to commitment at the national level from a Network perspective, and at the local, CPCRN level in terms of what we're asking each of the centers to do?
 - Or perhaps, if the focus is less about adhering to the principles, are there particular measures around health equity, for ex, that we can use to assess collective and individual impact at the end of CPCRN5?
- Options for Next Steps:
 - Survey collaborating centers about common frameworks and approaches, and identify case examples, and disseminate those findings
 - Raise questions to the Steering Committee about a

collaborations with the Mental Health Interest Group

- -Ngo and other lead(s) of Mental Health Interest Group will create a survey to gauge what is already being studied in this Network in terms of psychological and psychosocial measures and interventions
- -Steering Committee members are encouraged to attend as many of the Workgroup Interest Group calls as possible to help find opportunities to identify synergies across the Workgroups (i.e. Health Behavior. Survivorship, Mental Health. and others) in order to formalize them most effectively for the Network
- -The QUISTA Workgroup Interest Group will be sending out various surveys to Network members

- potentially higher level of commitment in terms of eval frameworks and indicators of health equity and how to apply them
- Inquire with the Steering Committee about how to develop the guiding principles and eval indicators in terms of health equity-should they gauge centers' willingness to do this as a Workgroup, or should the Steering Committee serve as more of an advisory body to ensure that the work of all of the Workgroups is thinking about health equity and cancer disparities, and integrating it into their work
 - If they went the advisory board route, would the Steering Committee's role be to help inform the strategic plan, help inform the eval plan, or to serve as technical assistance for other Workgroups that are emerging around health equity?

in the coming weeks, so members should keep an eye out

-The Coordinating Center will aid Workgroup Interest Groups in programming and coordinating survey distribution

Health Equity & Social Determinants of Health Interest Group Discussion:

- [Trinh-Shevrin]: What do others think about formalizing this as a Workgroup?
 - [Friedman]: Really like the idea that these topics are at the top of people's minds when it comes to the rest of the Workgroups, too. I wonder if this is more of an overarching group or task

- force? Or, it could be a Workgroup, but could be framed so that pieces of it connect with other Workgroups, like the Scholars Interest group is proposing.
- [Escoffery]: In terms of an end product, is it more guidance around doing research from a health equity lens, guidance around how people are currently measuring mapping social determinants of health in our current work? At the Kickoff Mtg, I heard that perhaps it could be a lens that, as we summarize activities for the year, a health equity perspective could be gleaned from the annual progress report.
 - o [Trinh-Shevrin]: One possible deliverable would be, if we choose to survey about frameworks that are being utilized across centers, to create a matrix. Then, from there, identify common themes or health equity principles that would also include tackling social/ structural determinants of health in terms of the quiding principles. And then also, sharing case examples of how those frameworks are being operationalized. Other groups outside of CPCRN may benefit from having a manuscript that guides them through the process of applying health equity principles to cancer disparities research.
- [Wheeler]: There is no expectation that Workgroups have a particular duration; flexibility is important.

This topic has been part of the DNA of CPCRN for a long time. and we do need to be more explicit about that commitment, in terms of monitoring it more formally in the progress report and including it in the strategic plan. I also love the idea of having guiding principles, and would like to see them reflected in the policies and procedures document as well. From my perspective, this is great; whether we call this an advisory body or Workgroup is less important as long as we have a dedicated group focusing on this.

- [Risendal]: One thought is that a member from each Workgroup participates in this Workgroup, or vice versa. This could be a good strategy for ensuring optimum coordination and participation.
 - [Wheeler]: I agree that that would be optimal. And then, as you develop recommendations for inclusion and Network-wide materials (i.e. progress report, strategic plan, policies & procedures, etc.), the Coordinating Center will help with dissemination and ensuring the entire Network is aware of the recommendations in place.

-Mental Health (Ngo)

- Held first meeting on February 28th; had three centers represented: NYU-CUNY; Colorado SPH; and Emory
- Explored possible deliverables; shared interest emerged in doing a broad scan of what's happening in the psycho-oncological space

- Thinking about doing a lit review on existing psychological interventions to inform the work of all involved members' in their areas of interest
- CUNY is already leading a systematic review on mental health interventions for Asian Americans with cancer, so they offered to take the lead in that realm; all others welcome to contribute as well
- Discussed the idea of scanning the current Network to see what psychological measures are already included across investigators' work, in order to identify common areas to leverage the work of the Workgroup. Brainstormed how to put all of these findings together to map out the interventions, studies, investigators, and centers that are working in this space, as well as how to turn it into an academic product (e.g. directory of sorts for others to access)

Mental Health Discussion:

- [Ngo]: How much overlap is there with the Survivorship Interest Group? And is there any interest in merging the two efforts around wellness and mental health?
 - (Thomson]: We've been working on two things: selecting a working definition of 'Cancer Survivorship;' and collecting areas where people would like to move the group forward based on areas of interest/expertise. On that list are mental and psychosocial health. The Coordinating Center will be

- sending out a survey to the Survivorship Interest Group, so we'll have a better understanding of the top priorities in the short run.
- [Wheeler]: Vicki [Ngo], it sounded like you were primarily describing psychosocial interventions in the context of cancer survivorship. Is that correct?
 - [Ngo]: Yeah, we're thinking broadly at this point; we're open to whatever is going to be most interesting to those who are involved, and would be most useful for the whole Network.
 - (Wheeler]: Most of the work that I'm aware of seems to be in treatment and survivorship, and we have a lot of Network expertise in that realm. It could make a lot of sense to merge these two Interest Groups, and there's also the option that we've commonly used in the past in which a single Workgroup is structured to have multiple subgroups, so that's certainly a possibility.
- [Hébert]: There are also some interesting intersection points with the Health Behavior Interest Group. I wouldn't rule out thinking about primary prevention, either—there's really powerful literature on that; looking at the effect of diet on cancer incidence, for example; it doesn't have to be limited to survivorship, although that seems like a natural place to go with it.
- [Ngo]: Is there already a directory of the studies that have been implemented through CPCRN, and the measures used, and/or specific

Workgroup Interest Group Updates and Discussion Continued (Friedman/Escoffery, Trinh-Shevrin, Ngo)	information that they included about individuals involved? This would save us some time when writing the survey to be sent out. • [Wheeler]: We do have information about all of the existing Workgroups and the types of products that they've been working on, as well as about Workgroup membership over time. Rebecca Williams is the goto person for this, as she has access to all of the pertinent data on that. However, we don't have a formula for collecting measures of psychosocial outcomes/interventions that have been studied; we haven't gotten to that level of specificity. • [Leeman]: The survey that our the QUISTA Interest Group is developing is trying to get more at the research members are doing as opposed to their expertise. If we're thinking about consolidating surveys across Workgroup Interest Groups when reaching out to the larger Network, we should be mindful of making sure we're asking the same things of members. • [Wheeler]: If it doesn't make sense to consolidate surveys, that will not be mandatory, but in the event that Workgroup Interest Groups see fit to do so, that is an option.	-Contact the
Approval Process, Timeline, and Best Practices (Wheeler)	members who are ready to formalize their ideas and Interest Groups into	Contact the Coordinating Center with any

Workgroup Charter, Approval Process, Timeline, and Best Practices Continued (Wheeler)	Workgroups, to complete a Workgroup Charter at this time -Upon completing the Workgroup Charter, Interest Groups should submit it to the Coordinating Center to be discussed on future Steering Committee calls	questions or concerns pertaining to the Workgroup Interest Group formalization process
	-Interest Group representatives will be asked to give a short presentation about what their charter entails, and the Steering Committee will then have an opportunity for questions and discussion	
	-Core project work may inform cross- center Workgroups, but the Workgroups really do need to be a collaborative product	
	-With guidance from federal agency partners and Steering Committee cochairs, the deadline for the initial set of Workgroups to be submitted is June 2 nd; these will be reviewed on the June 9th Steering Committee call. Workgroup Interest Groups may submit before the deadline to start the process earlier if they are ready to do so before that date.	
	-Wheeler sent an email before the meeting with guidelines for Workgroup best practices (i.e. file sharing, web conferencing, communication, etc.), as well as a Workgroup Charter Template for use by members who will be submitting on behalf of their Interest Groups	
Next Steps in Network Strengths Exercise (Wheeler)	-The Coordinating Center gathered all of the Network feedback in response to the initial draft of areas of expertise	-The Coordinating Center will send out the final list of content,
	-Escoffery and Friedman consolidated the feedback into a new set of topics that the Coordinating Center will include in the strength-mapping exercise.	methodological, and partnership areas of expertise Network-wide via Qualtrics survey
	-Wheeler presented members with finalized list of content, methodological,	

Next Steps in Network Strengths Exercise Continued (Wheeler)	and partnership areas of expertise; no objections from Steering Committee	
CPCRN5 Kickoff Meeting Evaluation Summary (Friedman/Escoffery)	-Feedback and Ratings from the CPCRN5 Kickoff Meeting:	

CPCRN5 Kickoff Meeting Evaluation Summary (Friedman/Escoffery	Suggestions for future meetings: Most preferred January versus a later data (i.e. May) because of Memorial Day and other holidays Future discussions will be held to narrow down options for location/timing for the next Annual Meeting	
Federal Agency Partners' Corner (CDC, NCI)	 CDC [A. White] Nothing to report NCI [Chambers] In light of COVID-19, NCI is prepared to stay up-to-date on the latest information in terms of how the pandemic is progressing, and is beginning to think about how best to move forward with work on a primarily virtual platform [Eberth]: Several of us are planning to attend the Cancer Disparities Symposium that's being held on April 16-17th at NCI. Has a decision been made about that? [Chambers]: We're only looking at 30 days out at the moment, but various conferences are beginning to move to other formats, so we're trying to rally and figure that out at the moment. We will likely know in the next week or so. 	
Miscellaneous (Wheeler)	-In response to the Novel Coronavirus (COVID-19), the 44th Annual ASPO Meeting, scheduled for March 22-24, 2020 in Tucson, AZ is moving to a virtual format; a CPCRN social will not be held	