



CPCRN Steering Committee Meeting Minutes

April 14, 2020
2:00 - 3:00 PM ET

Roll Call:

Colorado SPH – Betsy Risendal, Andi Dwyer
 Emory – Cam Escoffery, Christine Agnone
 New York University-CUNY – Chau Trinh-Shevrin, Simona Kwon, Julie Kranick
 U. Arizona – Cyndi Thomson
 U. Iowa – Natoshia Askelson, Heidi Haines, Rima Afifi
 UNC-Chapel Hill – Jennifer Leeman, Alison Brenner, Catherine Rohweder, Mary Wangen
 U. South Carolina – Daniela Friedman, James Hébert
 U. Washington-Seattle –Thuy Vu, Linda Ko
 CDC – Arica White, Mary White
 NCI – Robin Vanderpool, Cindy Vinson, David Chambers
 UNC Coordinating Center – Stephanie Wheeler, Becky Lee, Rebecca Williams, Alexa Young

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
Check-In: COVID-19 and Working from Home (<i>Wheeler</i>)	<ul style="list-style-type: none"> -Thoughts are with investigators who have been hit particularly hard by COVID-19. Thank you for the work you are doing for CPCRN and to more generally promote public health. -On funder call, discussed the extent to which COVID-19 may be affecting various timelines and ability to complete tasks as intended. -The Coordinating Center is interested in learning more about investigators' possible need for extension or critical work-related requests in light of the current circumstances -CDC is documenting the impact of COVID-19 on the work of their grantees; would like to hear from investigators as soon as possible, ahead of reports being submitted. 	<ul style="list-style-type: none"> -Contact the Coordinating Center for support or requests in response to the COVID-19 pandemic -Investigators interested in sharing how their work has been impacted by COVID-19 are encouraged to share with A. White at the CDC to be included in reports from their division

<p>Check In: COVID-19 and Working from Home <i>Continued</i> (Wheeler)</p>	<p>-Many funding opportunities currently being released from the NIH, including several from the NCI, specifically, allowing for new investigations related to the COVID-19</p> <ul style="list-style-type: none"> • [Chambers]: <i>The goal of the NCI notices was to offer up a broad opportunity for researchers to conduct work of interest to them; the notice reflects a bunch of different mechanisms. We're wanting to get a sense of how existing projects are being affected.</i> • [Wheeler]: <i>Are any groups potentially interested in applying for these or other research opportunities, or would any groups be interested in collaborating with other centers? And are there ways the Coordinating Center could support that?</i> <ul style="list-style-type: none"> ○ [Trinh-Shevrin]: <i>Our health care system in NY has been impacted substantially since early March, so we're in the middle of launching a number of studies, including doing work with UW, and have worked with the Gates Foundation to launch a major randomized control trial to test antimalarial drugs. There certainly are ways to think about leveraging those opportunities with respect to the notices from the NIH. For those who might be interested in working together on a COVID-related opportunity, maybe the coordinating center could help us to convene around that via an interest call, thinking about access to access to care, telehealth, and social determinants of health.</i> • [Friedman]: <i>Do other universities have rapid, internal turnaround applications for COVID-related research? If there are some, even if they're not necessarily cancer-focused, we could take those concepts or aims and make them more specific to CPCRN. Maybe</i> 	<p>-If investigators see opportunities to utilize one of the NCI notices which link to the overarching competitive administrative supplement announcements at the NIH, let Chambers and Vinson know how they can be of help.</p> <p>-Contact Trinh-Shevrin to express interest in collaborating with NYU-CUNY on COVID-19-related research opportunities</p> <p>-Thomson will share the UA Center for Aging and Immunobiology's recent paper on aging and COVID-19 prognosis</p> <p>-The Coordinating Center will reach out to gauge interest and availability to schedule a call to discuss potential collaborating opportunities related to COVID-19</p>
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<p>Check In: COVID-19 and Working from Home <i>Continued</i> (Wheeler)</p>	<p><i>bring them to the interest call if they seem relevant.</i></p> <ul style="list-style-type: none"> • [Risendal]: <i>Is there interest in some kind of Network response to highlight that many of the same factors that are being discussed around COVID-19 disparities are those that we address and can be applied to cancer screening? Also, in thinking about our Network focus on implementation science (IS), since there's an artificial pause right now on screening programs, is there a way to think about the restart in a way that could generate important evidence about the efficacy of different approaches and programs (e.g. comparing FIT to pop management, etc.)?</i> <ul style="list-style-type: none"> ○ [Wheeler]: <i>There's definitely room for translating what we've been learning in cancer IS to this context. That's another topic we can discuss on an interest call.</i> • [Trinh-Shevrin]: <i>I think there are also a number of things to think about with regard to social distancing and what it means for in-person engagement; both in terms of engaging communities and recruiting individuals into clinical trials, as well as in thinking about how to implement best practices around cancer prevention, screening, and control now that the dynamics have shifted with social distancing. How do we move toward virtual platforms in lieu of in-person experiences and interactions? There might be lessons we could learn from rural health about telehealth and other ways to engage with communities that are more isolated by geographic distance.</i> <ul style="list-style-type: none"> ○ [Hébert]: <i>Social distancing is particularly hard on certain communities, and it's amplifying preexisting disparities. COVID-19 has importance for cancer with regard to things like common risk factors (e.g. the same things that make someone</i> 	
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<p>Check In: COVID-19 and Working from Home <i>Continued</i> (Wheeler)</p>	<p><i>immuno-compromised also increase the likelihood of getting cancer), and then thinking about screening—how many of those are not going to get done because of COVID?</i></p> <ul style="list-style-type: none"> • [Thomson]: <i>The Colorectal Cancer (CRC) Alliance has done some analysis on the impact of delayed screening and how many lives will be lost. We might be able to reach out to them and partner if there's a good fit. And in response to Hébert, looking at special populations is really important. The [Arizona] Center for Aging and Immunobiology put out a paper on why aging is such a critical factor influencing COVID prognosis. I think we need to work on a parallel doc that talks about aging and cancer.</i> • [Williams]: <i>Given all of the programs and work that our members have contributed to over the years about increasing cancer screening, I wonder if some kind of economic analysis could be done as a result of those programs. The analysis could look at the cancers prevented that wouldn't have otherwise been detected, and the economic, and morbidity and mortality costs of not having those screenings happening now.</i> <ul style="list-style-type: none"> ○ [Wheeler]: <i>That sounds like it might be related to what the CRC Alliance is starting to put together, in terms of projecting differences in CRC-related outcomes. We have some expertise in the Network to do that kind of model to estimate the cost.</i> 	
<p>Investigator Areas of Expertise Survey (Wheeler)</p>	<p>-Wheeler distributed email invitations to complete the Network-wide investigator areas of expertise survey; the survey deadline is Friday, April 17th.</p> <p>-All members in the directory for CPCR5 (134 investigators) were sent the survey; the</p>	<p>-The Coordinating Center will extend the Investigator Areas of Expertise Survey until the end of the month of April</p>

<p>Investigator Areas of Expertise Survey <i>Continued (Wheeler)</i></p>	<p>Coordinating Center has received 62 responses thus far.</p> <p>-Questions/Comments:</p> <ul style="list-style-type: none"> • [Trinh-Shevrin]: <i>The NYU-CUNY group has been slower to respond as some of the investigators are working on COVID-19-related issues. Is there flexibility on the deadline?</i> <ul style="list-style-type: none"> ○ [Wheeler]: <i>We can extend the deadline to the end of the month [of April] for everyone.</i> <p>-The responses from the survey will be included in members' profiles on the website, and will also go into the strength-mapping Kumu resource on the website.</p>	<p>-Investigators should contact the Coordinating Center if any problems or questions arise as they are completing the survey</p> <p>-Members who have yet to submit the survey will receive an email reminder from the Coordinating Center shortly</p>
<p>Affiliate Member Application Review <i>(Wheeler)</i></p>	<p>Erika Trapl, Case Western Reserve University</p> <ul style="list-style-type: none"> • Sponsors: <i>Wheeler</i> • Applicant Info: <i>Trapl was the PI of the CWRU collaborating center from CPCR4; interested in being involved in the Health Behavior and Social Determinants of Health Workgroups</i> • Affiliate Status: Approved <p>Shoba Ramanadhan, Harvard University</p> <ul style="list-style-type: none"> • Sponsors: <i>Wheeler</i> • Applicant Info: <i>Contacted CPCR4 with interest in becoming involved due to shared interest in implementation science; has not been part of the Network prior; has expertise in implementation science and community outreach and engagement; interested in engaging in work related to disparities and equity</i> • Affiliate Status: Approved 	
<p>Interest Group Updates and Discussion <i>(Leeman/Rohweder, Afifi, Thomson)</i></p>	<p>QUISTA [Leeman, Rohweder]</p> <ul style="list-style-type: none"> • QUISTA is preparing to launch a survey for each of the Collaborating Centers to respond to <ul style="list-style-type: none"> ○ Trying to do an environmental scan with CPCR4 centers, with specific interest in studies or projects with an aim to build delivery system capacity to 	<p>-QUISTA Workgroup co-chairs will send the Phase 1 Qualtrics survey to Collaborating Center PIs later this week, and will send the Phase 2 survey</p>

<p>Interest Group Updates and Discussion <i>Continued</i> (Leeman/Rohweder, Afifi, Thomson)</p>	<p>implement EBIs around CPC; interested in doing this in two phases:</p> <ul style="list-style-type: none"> ▪ Phase 1: asking PIs to identify up to five research studies or projects that they or their center co-Is are doing (i.e. work funded by CPRN, starting in cycle 5 [Sep 2019], or any related CPC research and service projects ▪ Phase 2: will send out a second survey to PDs and Co-Is to complete information about their projects <ul style="list-style-type: none"> ○ The goal is to identify where there is depth in the Network that the Workgroup can build upon for moving the research focus forward <p>Health Behaviors [Afifi]</p> <ul style="list-style-type: none"> • Except for Colorado, have had at least one member from each CPRN Collaborating Center attend the two meetings held thus far <ul style="list-style-type: none"> ○ Got to know each other and understand one another's interests and thoughts about possible directions to take the Workgroup; interest expressed in tobacco, poly-substance use, physical activity, diet, stress, etc • Would like to put together a conceptual framework, starting with the inner relationships among the aforementioned behaviors; starting with the synergistic health behaviors that all interact with each other to influence cancer outcomes to the right, and to the left, thinking about the determinants that are influential in behavior change to begin with (including ecological determinants and their levels and settings, and the fundamental social cause determinants) 	<p>to PDs and Co-Is in two weeks; each group of respondents will have two weeks to respond (should take approximately six minutes to complete the respective surveys)</p> <p>-Contact Thomson and the Coordinating Center to express interest in joining the survivorship Workgroup; still plenty of time to get involved</p>
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<p>Interest Group Updates and Discussion <i>Continued</i> (Leeman/Rohweder, Afifi, Thomson)</p>	<ul style="list-style-type: none"> ○ Have a draft of that conceptual model completed; it's unique from others that exist, given its focus on intersectionality ● Next steps involve developing an outline of a white paper, starting with a lit review to learn about the conceptual models that already exist, and gauge how they may inform that gap that the Workgroup seeks to fill in health behavior research; once complete, intend to use the model to guide the Workgroup toward potential interventions across different points of the model, as well as guide the work to consider research questions supported by case studies of work that members have already done. <p>Survivorship [Thomson]</p> <ul style="list-style-type: none"> ● Held a discussion around definition of survivorship to guide the focus of the Workgroup; decided to work with the NCI Office of Cancer Survivorship definition ● Completed an interest survey with a great response rate (29/32 members) ● The Cancer Control Coalition (CCC) will be helping the Workgroup complete an analysis with the Kumu data to help prioritize interests and direction for the short- and long-run in terms of outcomes and products ● Future calls will occur on the fourth Friday of each month at 2 PM ET. The next call will be on April 24, 2020. 	
<p>CPCRN Policies and Procedures (Wheeler)</p>	<p>-Shared a written version of the Policies and Procedures document at the Annual Meeting, at which time investigators provided feedback</p> <p>-The Coordinating Center has since incorporated feedback from the meeting, as well as suggestions made by federal agency partners at the CDC, NCI, and SC co-chairs (Ecoffery and Friedman)</p> <p>-Wheeler shared most up-to-date version of Policies and Procedures with SC members</p>	<p>-SC members are encouraged to review the current Policies and Procedures draft, and share any additional thoughts and feedback with the Coordinating Center before next month's SC meeting</p>

<p>CPCRN Policies and Procedures <i>Continued (Wheeler)</i></p>	<p>-The document:</p> <ul style="list-style-type: none"> • Articulates a vision and logic model for the Network; • Outlines expectations for member involvement, reporting obligations to the CDC, and roles and responsibilities of all kind of entities within the structure of the Network (i.e. in terms of SC, Coordinating Center, PIs, PDs, etc.); • Includes <i>Network Guidelines for Collaboration</i> document; • Provides reference materials for funding acknowledgements, cooperative agreement numbers, and other resources in the appendices to support work of the Network <p>-Ecoffery requests that each PI and PD reads the draft to educate them, particularly on information around Workgroups and Charters</p>	
<p>Center Project Management Support for Workgroups <i>(Wheeler)</i></p>	<p>-PDs have been grappling with how to manage their roles, in terms of core projects at their respective centers, as well as managing project and administrative tasks as interest groups transition into official new Workgroups</p> <p>-Historically, each center PD is involved in some way with administration and coordination for one or more Workgroups; the Coordinating Center would like to see that practice continue</p> <p>-The CPCRN Policies and Procedures document contains some guidance around PD roles as they pertain to Workgroups. There's also a place on the Workgroup charters for the Workgroup to indicate which PD(s) will be primarily responsible for managing the administrative functions; want to ensure that the work is equally distributed across PDs</p>	<p>-Members should direct any questions/tips about how roles are divided up across Workgroups to the Coordinating Center</p>
<p>Federal Agency Partners' Corner <i>(CDC, NCI)</i></p>	<p>-CDC [A. White]</p> <ul style="list-style-type: none"> • No updates to report. <p>-NCI [Vinson, Vanderpool, Chambers]</p> <ul style="list-style-type: none"> • Implementation Science Consortium in Cancer (ISCC): <ul style="list-style-type: none"> ○ Currently scheduled for September 22-23, 2020 at Wake Forest University in NC; 	<p>-?</p>

<p>Federal Agency Partners' Corner Continued (CDC, NCI)</p>	<ul style="list-style-type: none"> ○ The planning committee has met, and is considering next steps to potentially transition to a virtual meeting; if virtual, will likely extend the event over the course of several days, rather than two long days as it is scheduled at present; ○ Not just for people to present what they've been working on, but also for people to come together to work on products and tools for the field ● The Rural Cancer Control Meeting, originally scheduled for August 2020 in St. Louis, has been cancelled; it is scheduled to be revisited and held again starting in 2021 ● D&I Annual Meeting: <ul style="list-style-type: none"> ○ The first planning committee meeting took place, and the event is still scheduled for December 14-16, 2020 in D.C.; ○ Will continue discussing contingency plans in future meetings, but have also begun thinking about themes and potential plenary speaker sessions 	
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