NCI launched a new blog to bring focus to cancer prevention science. The blog will follow cancer prevention trials such as the TMIST trial. Launched in October, in honor of Breast Cancer Awareness Month, the first post highlighted updates to the TMIST trial. Emphasizing TMIST's growth, the post also mentions that international sites are being added including sites in Europe and Asia. The trial is currently open at 84 certified mammography clinics in the United States.

To view the blog and to read more about the TMIST updates and to visit the blog click here
**Under-Represented Populations**

<table>
<thead>
<tr>
<th></th>
<th>All Accruals</th>
<th>Aug-19 Sep-19</th>
<th>Goal</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Under-Represented Populations</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AYA (15-39 yrs)</td>
<td>0</td>
<td>0</td>
<td>6%</td>
<td>0%</td>
</tr>
<tr>
<td>Older Adults (&gt;65 yrs)</td>
<td>16</td>
<td>15</td>
<td>16.1%</td>
<td>37.8%</td>
</tr>
<tr>
<td>African American</td>
<td>7</td>
<td>15</td>
<td>17.6%</td>
<td>26.8%</td>
</tr>
<tr>
<td>Other Minorities</td>
<td>1</td>
<td>0</td>
<td>3%</td>
<td>1.2%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>0</td>
<td>0</td>
<td>6.2%</td>
<td>0%</td>
</tr>
<tr>
<td>Rural</td>
<td>9</td>
<td>1</td>
<td>35%</td>
<td>12.2%</td>
</tr>
</tbody>
</table>

**CCDR Connections**

**Study Highlight**

**WF 1804 (AH-HA)**

Automated Heart Health Application or AH-HA is a study that will follow the effectiveness and implementation of an EHR tool to assess survivor’s heart health. This study will enroll survivors of breast, prostate, colorectal, endometrial, Hodgkin and non-Hodgkin lymphoma cancer.

Findings show that “over 90% of survivors have multiple CV risk factors, increasing their risk of both poor CV and health outcomes”. The AH-HA intervention is an EHR assessment tool that will display CV risk factors and automatically populate those factors into the EHR. This tool has the ability to become more advanced as more data becomes available.

This is a cluster-randomized trial and participating sites will be randomized to have the AH-HA tool integrated into their EHR or continue standard care.

**OPEN CCDR PROTOCOLS**

- **Alliance**
  - **A231602CD**: Assessing Financial Difficulty in Blood Cancer
  - **A231601CD**: Improving Surgical Care & Outcomes in Older Cancer Patients Through Implementation of an Efficient Pre-Surgical Toolkit (OPTI-Surg)

- **COG**
  - **ACCL16N1CD**: Documentation and Delivery of Guideline-Consistent Treatment in Adolescent and Young Adult (AYA) Acute Lymphoblastic Leukemia (ALL) (Greenville & Spartanburg)

- **ECOG-ACRIN**
  - **EAQ161CD**: Biomarker Testing in Common Solid Cancers: An Assessment of Current Practices in Precision Oncology in the Community Setting (Spartanburg)
  - **EAQ152CD**: Longitudinal Assessment of Financial Burden in Patients with Colon or Rectal Cancer Treated with Curative Intent (Anderson & Greenville & Spartanburg)
  - **EAQ171CD**: Implementing a Virtual Tobacco Treatment in Community Oncology Practices: Smoke Free Support Study 2.0
  - **NRG**
    - **NRG-CC007CD**: Increasing the Dose Survivorship Care Planning in Prostate Cancer Survivors Who Receive Androgen Deprivation Therapy (Anderson)

- **Wake Forest**
  - **WF 1803**: Supportive Care Services for Cancer Caregivers in Community Oncology Practices (Caregivers) (Anderson & Spartanburg)
  - **WF 1804**: Assessing Effectiveness and Implementation of an HER Tool to Assess Heart Health Among Survivors (AH-HA)
  - **WF 30917CD**: A Stepped Care Telehealth Approach to Treat Distress in Rural Cancer Survivors (Spartanburg)

- **URCC**
  - **URCC18004CD**: Understanding the Impact of Drug Shortages on Oncology Care Delivery (Spartanburg-pilot phase)
  - **URCC18110CD**: Implementing Palliative Care: Learning Collaborative VS. Technical Assistance

**Members in the Media**

**Drug Recovery and Copay Assistance Program (DRCAP)**
Upstate Carolina NCORP Affiliate PI, Dr. Robert Siegel, and AYA Lead, Dr. Howland Crosswell, along with others from Bon Secours St. Francis Cancer Center (BSSFCC) recently published their findings from the implementation of a drug recovery and co-pay assistance program (DRCAP). BSSFCC is a faith-based institution and its mission is to care for patients in need, particularly the poor and underserved. In pursuit of this mission, researchers sought to explore the impact of a drug recovery and copay assistance program on a cancer center seeing 1,500 new patients annually. BSSFCC utilized a vendor contract for drug recovery in 2016. In 2017, BSSFCC hired 2.5 full-time employees to work with patients to both analyze specific financial situations and planned treatment as well as to explore potential sources for medications or subsidized co-pays and deductibles. Researchers performed a three-year review of the approaches to decreasing financial toxicity for treated cancer patients. They found, “DRCAP increased availability of otherwise unaffordable parenteral oncolytics and resulted in cost savings for our institution”. The findings were published in the Journal of Oncology Practice in June 14, 2019.

You can read this full article in the Journal of Oncology Practice

Q.A. with Kelsey

Please make sure you are following the Consent Form QC Process

1. Verify all pages are present and numbered
2. Verify correct version on all pages
3. Verify Signatures and any required responses (e.g. check boxes, boxes for initials, etc.)

Upcoming Audits

NRG Oncology: 11/12/2019-11/13/2019

SWOG LungMap: 12/17/2019 (only SRHS sites)

Click here to visit our website

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