

## June 2021

#### **Meeting Updates**

NRG July 19–28 *Virtual* 

NCORP Annual Meeting August 25–27 Virtual

# lssue Highlights:

- Contest Winner
- NRG Virtual
- Accruals & Biospecimens







Congratulations to SMC's

**Glenda McArthur** 

for winning our LinkedIn following giveaway!

Way to go Ms. Glenda!

Thank you to all who continue following and interacting with our posts over on our LinkedIn page!

Follow the link to view our page

LinkedIn.com

Church Chart Oute

#### Study Shout Outs

Our fantastic team at Bon Secours has enrolled 6 Patients onto the new NRG GU-009 protocol in less than a month!

Site Name: Saint Francis Cancer Center (Total Accrual:6) 5

MO011 — SC108 — DE028 — NC043 — NJ146 — IA004 — IL094 — MI310 IL097 — MI311 — MO053 — MO187 — NJ019 — NY184 — OR053 — PA406 PA479 — WV013 Ν We are so proud of you and your continuing hardwork!

> Dr. Attia Chris Sanchez **Sharon Thompson Ashley Crowe**



# **Research Base Meeting – NRG**



**Registration for NRG is now open!** 

Follow the link below to view the agenda and register today!

> NRG Registration

# **The Cancer Letter**







Intervention Accrual by site



#### **ARPA-H WOULD LAUNCH** 1,000 DRUGS, ERIC LANDER **PROMISES NIH ADVISORS**

The Advanced Research Projects Agency for Health, the centerpiece of the Biden Administration's war on disease, is designed to be something much more than an ordinary federal bureaucracy. → PACE 5

→ PAGE 44 IN BRIEF SURESH S. RAMALINGAM NAMED EXECUTIVE DIRECTOR OF WINSHIP CANCER INSTITUTE EDITORIAL THE CANCER LETTER RECEIVES 8 JOURNALISM, DESIGN AWARDS → PAGE 39 -> PAGE ST

LATIONS NETHE BIOSIMILAR

June 18, 2021



June 4,

2021

DAN HAYES WITNESSED CANCER HISTORY, NOW HE IS DOCUMENTING IT **IN A PODCAST** 

Daniel Hayes is racing to record the stories of oncology's greats. → PACE 5

PACE 26 TRIALS & TRIBULATIONS PRECISION ONCOLOGY MUST EVOLVE TO ADDRESS HEALTH DISPARITIES CET BY \$98, -> PAGE 32

47 23 OPTIMIZE THE DOSE: AN OPTIMIZE THE DOSE: AN OPTIMAL STEP FORWARD FOR FDA **THE OCEAN IN** WHICH WE FLOAT → PAGE 10 → PAGE 15 Harassment in oncology is pervasive—just look at the data

→ PACE 6

RIP MTD: FDA TO F SPONSORS TO DE OPTIMAL DOSAGE CONVERSATION WITH THE CANCER LETT COTA'S MIRUNA SASU: I LEFT PHARMA TO 'TURN THE SPIGOT ON' IN THE REAL-WORLD DATA INDUSTRY → PAGE 13 → PAGE 18

June 11, 2021



May 28, 2021

→ PAGE 24

→ PAGE 27

Three reprimands later, he retains leadership-and mentorship—positions

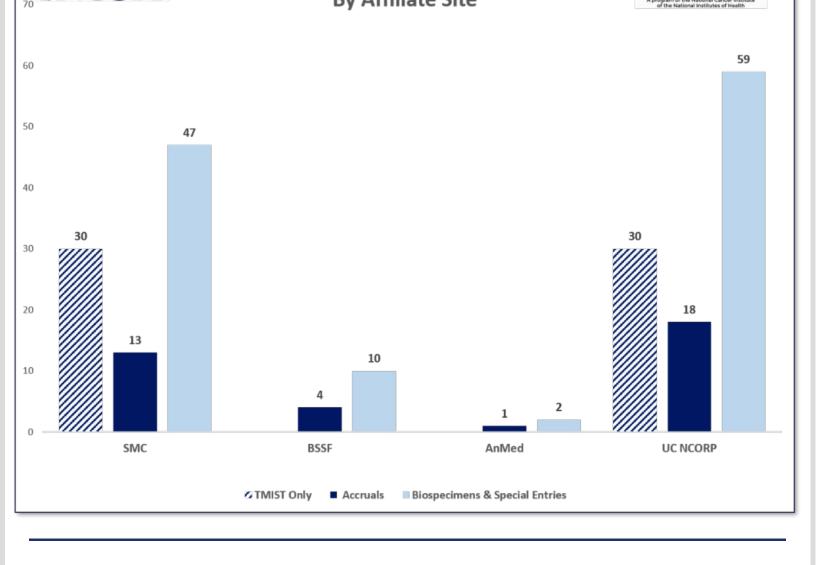
-> PAGE 3

Accruals & Biospecimens-Special Entries



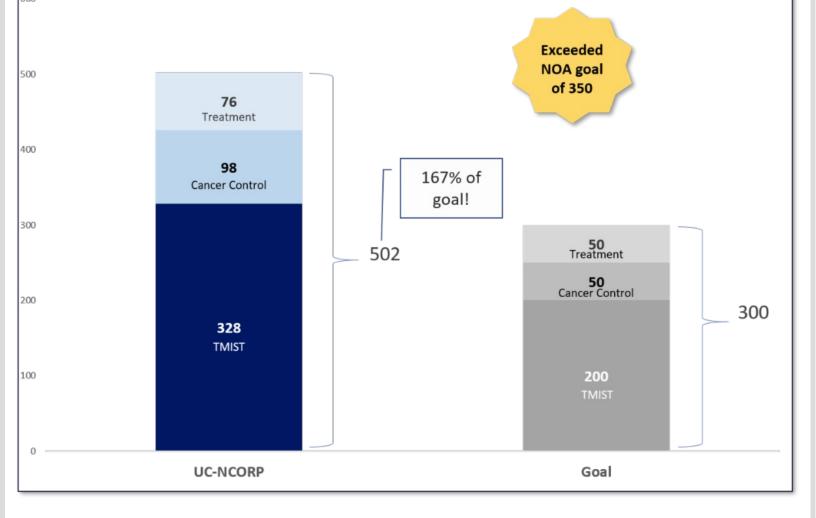
GY2 May 2021 Accruals **By Affiliate Site** 





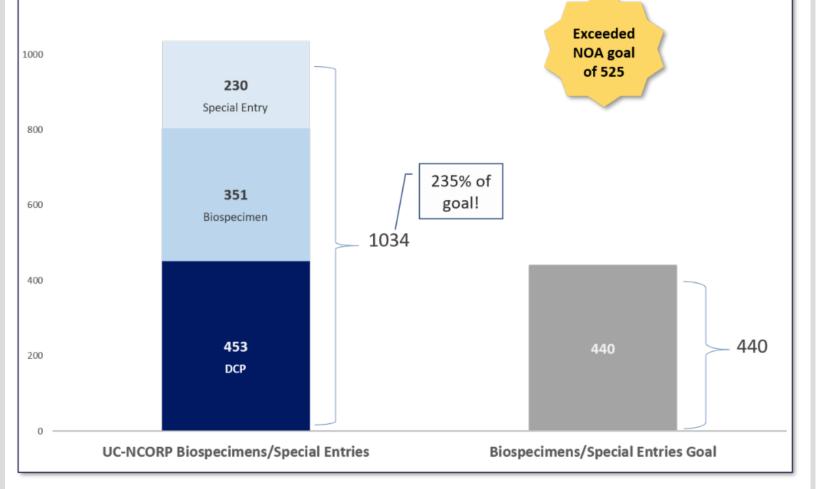








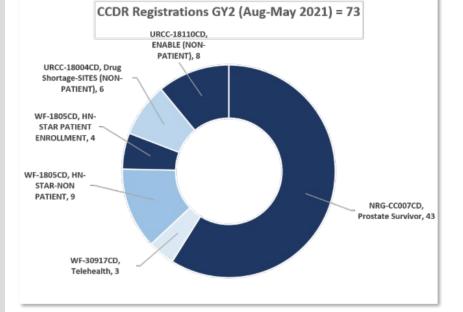




# **Under-Represented Populations**

Underrepresented Populations													
All Accruals	Aug 2020	Sep 2020	Oct 2020	<b>Nov</b> 2020	<b>Dec</b> 2020	Jan 2021	Feb 2021	Mar 2021	<b>Apr</b> 2021	May 2021	Total <sub>GY2</sub>	Goal <sub>GY2</sub>	Status <sub>GY2</sub>
AYA (15-39 yrs.)	4	0	0	1	2	3	2	7	2	2	23	4%	11.5%
Older Adults (>65 yrs.)	17	21	25	15	11	22	21	22	22	22	198	55%	38%
African American	15	11	12	12	4	12	14	15	14	5	114	17.6%	22%
Other Minorities	1	1	0	0	1	1	0	0	0	0	4	0.4%	.8%
Hispanic	0	1	1	1	0	1	1	0	0	0	5	1%	1.0%
Rural	25	26	24	12	11	14	13	24	25	23	197	35%	37%

# **CCDR Corner**



NRG-CC007CD	24	3	16				
WF-30917CD	3	N/A	N/A				
WF-1805CD	4	0	0				
WF-1805CD (NON-PATIENT)	4	3	2				
URCC-18004CD (Sites registered)	4	2	N/A				
URCC-18110CD (NON-PATIENT)	8	N/A	N/A				
Site Total	47	8	18				
UC-NCORP Total	73						

# WF-1805CDHN-STAR

\$\$\$ Don't forget the potential Special Funding for HN STAR enrollment! \$\$\$



- Seeks to improve Survivorship for patients with Head and Neck cancers
- Sponsored by one of our favs-Wake Forest Research Base
- Let's work to be Super Stars for HN-STAR!

# **Diving into Disparities**

## Cancer Health Disparities among the LGBTQ+ population: An Underrepresented Group in Clinical Research

The lesbian, gay, bisexual, transgender/transsexual, and queer/questioning (LGBTQ) community, also referred to as sexual minorities, represents a growing and medically underserved population

in the United States (Fredriksen-Goldsen, Kim, Barkan, Muraco, & Hoy-Ellis, 2013). Multiple social and economic factors and risk behaviors due to the stress of living as a sexual and gender minority correlate with health disparities among this population. For example, LGBTQ+ patients have the highest tobacco and alcohol use rates, which are both known contributors to elevated cancer risk, compared to non-LGBTQ+ patients (Daniel, Butkus, & Physicians, 2015). A better understanding of the barriers and facilitators to LGBTQ+ populations' cancer screening behavior can lead to early detection and identification of factors associated with such at-risk groups. Therefore, enabling public health initiatives to expand the reach of strategies and interventions to promote healthy communities and assess patient's lack of knowledge about



cancer screening and treatment can lead to improved health outcomes for the LGBTQ+ population (Haviland, Swette, Kelechi, & Mueller, 2020) (Fredriksen-Goldsen, Kim, Barkan, Muraco, & Hoy-Ellis, 2013).

A long history of LGBTQ+ bias in the healthcare system continues to be a main systemic barrier to cancer care and treatment. Therefore, education and the provision of culturally sensitive healthcare for LGBTQ+ patients are imperative.

#### Facts regarding LGBTQ+ patients with cancer:

- Studies report a lack of trust and understanding in physician-patient relationships because LGBTQ+ patients fear substandard care or confidentiality issues if they choose to disclose their sexual orientation or gender identity.
- Lesbian and bisexual women are an underserved population in cancer care regarding breast cancer screening and prevention and have a higher prevalence of cervical cancer risk factors than heterosexual women due to differences in behavior and barriers to healthcare.
- The underutilization of healthcare among the transgender population is due to perceived discrimination and stigma.
- Gay men are less likely to be screened for anal cancer due to fear, discrimination, and homophobia in the healthcare system, contributing to late-stage cancer diagnoses.

**Sources:** (Margolies & Brown, 2019) (Quinn, et al., 2015); <u>https://cancer-network.org/cancer-information/cancer-and-the-lgbt-community/the-lgbt-communitys-disproportionate-cancer-burden/</u>

#### How do we provide quality healthcare that indicates inclusiveness and cultural competency?

- Expand and deepen your LGBTQ+ care knowledge w/ reliable sources such as the CDC, The Office of Minority Health, and other LGBTQ+ advocacy sites
- Awareness of key LGBTQ+ definitions
- Create a welcoming environment for LGBTQ+ patients by having a visible nondiscrimination policy and health education literature with diverse images and inclusive language
- Convey respect by using inclusive/safe language such as preferred names and pronouns

Do you have any staff you would like highlighted in The Connector? Please submit it by the 15<sup>th</sup> of the month to Alaina: akennedy@srhs.com

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