CPCRN
Cancer Prevention and Control Research Network

CPCRN5 Year 2 Virtual Annual Meeting Agenda
January 21-22, 2021

Connection Information
Join Zoom Meeting ID: 910 6275 0214
Meeting Link:
https://unc.zoom.us/j/91062750214
Password: impact
One tap mobile, +19294362866,,91062750214#

All times are listed in Eastern Time Zone.

If you encounter technical difficulties, please reach out to Rebecca Williams via the Zoom chat or by texting 919-413-3003.

Day 1 – Thursday, January 21

11:00 AM ET — CPCRN Orientation/ Becoming More Involved in the Network, **Optional**
Stephanie Wheeler, Rebecca Williams, Alexa Young & Becky Lee, University of North Carolina

11:45 AM — Break

12:00 PM — Welcome and Network Progress
Stephanie Wheeler, University of North Carolina

12:20 PM — CDC Remarks
Lisa Richardson, Director, Division of Cancer Prevention and Control

12:35 PM — NCI Remarks
David Chambers, Deputy Director for Implementation Science, Division of Cancer Control and Population Sciences
Robin Vanderpool, Chief, Health Communication and Informatics Research Branch, Division of Cancer Control and Population Sciences
Cindy Vinson, Senior Advisor for the Implementation Science Team, Division of Cancer Control and Population Sciences

12:45 PM — Break/Informal Conversation
- Breakout Room 1 - "Inaugural" Scavenger Hunt
- Breakout Room 2 - Crowdsourcing (Listen Up: Podcast Plugs)
- Breakout Room 3 - Chat/Networking

1:15 PM — Health Equity & Social Determinants of Health Interest Group
Prajakta Adsul, University of New Mexico
Chau Trinh-Shevrin & Perla Chebli, New York University

2:00 PM — Break

2:30 PM — Workgroup Presentations *(part 1)*

2:30 CPCRN Scholars
Cam Escoffery, Emory University

2:45 iCollab
Jennifer Leeman, University of North Carolina
Betsy Risendal, Colorado School of Public Health

3:00 Rural Cancer
Jan Eberth, University of South Carolina

3:15 *Health Behaviors*
Christine Kava, University of Washington

3:30 Modeling EBI Impact
Stephanie Wheeler, University of North Carolina

3:45 PM — Adjourn Day 1

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Day 2 – Friday, January 22

12:00 PM ET Impact of COVID-19 on CPCRN

12:05 Challenges in IRB processes and form modifications in remote consenting and mailing technologic devices in a small formative study
Hannah Arem, MedStar Institute for Innovation

12:10 Adapting cognitive interviewing for COVID
Alison Brenner, University of North Carolina

12:15 Lessons learned for virtual consensus building
Simona Kwon, New York University

12:20 Factors influencing school and participant recruitment for exploratory research on adolescent e-cigarette use
Rima Afifi, University of Iowa

12:25 Getting the STORY despite a pandemic
Sue Heiney, University of South Carolina

12:30 Implementation facilitation training during the COVID era
Linda Ko, University of Washington

12:35 Battling a war on two fronts: cancer survivorship research in the time of COVID-19
Karen Wickersham, University of South Carolina

12:40 Discussion

12:45 PM Break/Informal Conversation
- Breakout Room 1 - States Trivia
- Breakout Room 2 - Crowdsourcing (Downtime: Shows & Books)
- Breakout Room 3 - Open Chat/Networking

1:15 PM Workgroup Presentations *(part 2)*

1:15 Multiple Cancer Prevention and Control
Karen Glanz, University of Pennsylvania

1:30 Organizational Theory for Implementation Science
Sarah Birken, Wake Forest University

1:45 Survivorship
Cyndi Thomson, University of Arizona

2:00 Cancer Screening Change Package
Catherine Rohweder, University of North Carolina

2:15 PM Break

2:45 PM Small Group Sessions on Potential Collaborative Products & Projects *(see descriptions on next page)*

3:30 PM Closing Remarks

- CDC
Arica White, Epidemiologist, Epidemiology and Applied Research Branch, Division of Cancer Prevention and Control

- Steering Committee Co-Chairs
Linda Ko, University of Washington
Betsy Risendal, Colorado School of Public Health

3:45 PM Adjourn Day 2

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Descriptions of Potential Collaborative Products & Projects for Small Group Sessions on January 22nd at 2:45 PM

Breakout Room 1 - Jamie Studts, *Colorado School of Public Health*
Results of the National Lung Cancer Screening Trial have informed the development of favorable guidelines and policies to support implementation of lung cancer screening using low-dose computed tomography (LDCT), but uptake and maintenance of screening remain suboptimal. To maximize the individual and population health benefits of lung cancer screening, there is an urgent need for efforts to raise clinician and candidate engagement with lung cancer screening, support informed consideration of uptake, and facilitate adherence. While there has been some early attention to addressing disparities and inequity, there are a host of opportunities for developing, testing, and implementing targeted and tailored strategies to support appropriate and informed lung cancer screening in a number of underserved communities that are likely to experience higher rates of eligibility for screening due to tobacco use history. The proposed discussion with consider these opportunities and work toward generating ideas and collaborations to develop an evidence base to support equity in lung cancer screening implementation

Breakout Room 2 - Maria Fernandez, *University of Texas Health Science Center at Houston*
Dr. Fernandez will discuss a study on organizational readiness for implementation that is part of an R01 to validate the tool. This session will explore possibilities for collaboration across CPCRNs to expand this project (tailor to other populations and settings, collaborators on papers related to it, building readiness for implementation of cancer control in community and clinical settings).

Breakout Room 3 – Linda Overholser, *Colorado School of Public Health*
1) Adolescent and young adult (AYA) cancer survivors face unique challenges in the diagnosis, treatment and follow up of cancer which translates into higher morbidity and mortality. These challenges include unique concerns regarding late/long-term effects and higher prevalence of certain cancer types. Our experience (and I think supported by literature) is that it is challenging to capture long-term follow up on the AYA population due to mobility/competing life demands. This creates challenges for doing studies and building an evidence base. There are newer therapies for which we don't yet understand the full range of late/long-term toxicities. The CPCRN has demonstrated interest in cancer survivorship, with AYA being a subset and representing a small(er) proportion of cancer survivors. Having multiple sites increases power for any intervention, and we would be able to focus in on specific questions (e.g. cardiotoxicity, reproductive late effects, psychosocial). Project ideas include:
    a) Gathering data on preferences/strategies for contact/follow up/recruitment in this population
    b) Observational studies or secondary database analysis to describe:
        i. Late/long-term effects of newer therapies (biologics)
        ii. Late/long-term effects for potentially understudied
        iii. Strategies to reduce cardiovascular morbidity
2) Cancer survivors have a higher incidence of subsequent neoplasms than the general population, and a significant proportion of new cancer diagnosis (~18%) are second or higher order. Especially relevant for those diagnosed as children or young adults, there are opportunities for health behavior modification, screening interventions, and identification of hereditary factors/genetic screening. Though literature describes the burden of subsequent neoplasms, there is a need to better understand screening behaviors and build an evidence base (e.g. high-risk screening for breast cancer in those who have received chest/mantle radiation therapy). Barriers include the fact that screening is not applied to the general population, but a much smaller population of cancer survivors. One idea is to complete a systematic review/environmental scan or secondary database analysis of national data, case-control (vs intervention study). Areas of particular or newer interest may be 1) colon cancer screening for those who have received abdominal/pelvic radiation; and 2) lung cancer screening in those who have received chest radiation.

Breakout Room 4 – Stephanie Wheeler, *University of North Carolina*
Employing an equity lens in cancer prevention and control research requires a deep understanding of the multilevel social determinants of cancer outcomes, including the influence of neighborhood deprivation on individuals' preventive behaviors, access to healthcare services, competing demands, and cumulative psychosocial stressors. Area-level deprivation indices measure the extent of poverty and other socioeconomic indicators for communities. Examples of relevant socioeconomic indicators include income, wealth, educational level, occupational class, housing, employment, and insurance status, measured at the area level. Several measures have been developed and tested at various area levels (neighborhood or census tract; zip code; county; etc.), including the Area Deprivation Index, Social Deprivation Index, CDC's Index of Local Economic Resources, NCI's SES Index, Gomez's Index, Yost Index, Krieger Index, and others. A key question is whether multidimensional indices offer improvements over single measure approaches (e.g., area-level poverty). Among these indices and approaches, there is no gold standard, but an opportunity exists to evaluate in a systematic review to what extent these types of measures have been used in the cancer prevention and control literature, to summarize pros and cons of each approach in the context of cancer research (and implementation in cancer?), and to make recommendations for future research and practice.

As other ideas arise during the annual meeting, please contact beckylee@unc.edu to create another breakout room and pitch an idea during this session.