



CPCRN Steering Committee Meeting Minutes

June 9, 2020
2:00 - 3:00 PM ET

Roll Call:

Colorado SPH – Andi Dwyer, Betsy Risendal
 Emory – Cam Escoffery, Christine Agnone
 New York University-CUNY – Chau Trinh-Shevrin, Victoria Foster, Julie Kranick, Simona Kwon
 U. Arizona – Cyndi Thomson, Maia Ingram
 U. Iowa – Natoshia Askelson, Heidi Haines
 UNC-Chapel Hill – Jennifer Leeman, Alison Brenner, Mary Wangen, Catherine Rohweder
 U. South Carolina – Daniela Friedman, James Hébert, Jan Eberth, Sam Noblet, Sue Heiney
 U. Washington-Seattle – Linda Ko, Thuy Vu
 CDC – Arica White, Sue Sabatino, Mary White
 NCI – Cindy Vinson, Robin Vanderpool, 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
Coordinating Center Updates <i>(Wheeler/Lee)</i>	<ul style="list-style-type: none"> -Coordinating Team is pulling together data from Cycle 4 to complete the most recent Progress Report document; plan to share the first draft with the Cycle 4 PIs and PDs for feedback, and will incorporate edits and suggestions thereafter to produce the final draft -Funds are available from the Coordinating Center to support affiliate members and Workgroup activities -CPCRN has transitioned from using Google Calendar, back to Outlook for all Zoom calls; the Coordinating Center has updated all virtual invitations accordingly 	<ul style="list-style-type: none"> -The Coordinating Center will share the final version of the Progress Report with the Steering Committee within the next couple of weeks -Wheeler will send an email with more information about funds available to members for Workgroup activities

<p>Affiliate Member Applications (<i>Hébert, Wheeler</i>)</p>	<p>-Review of Affiliate Member Applications:</p> <ul style="list-style-type: none"> • Julia Rowland, Smith Center for Healing & the Arts <ul style="list-style-type: none"> ○ Sponsor(s): <i>James Hébert</i> ○ Applicant Info: <i>Helped to establish and develop the field of psycho-oncology in the '80s; served as Director of NCI's Office of Cancer Survivorship for two decades; hopes to bring experience helping to define, study, and create funding to further explore and address the field of cancer survivorship.</i> ○ Affiliate Status: APPROVED • Melinda Davis, Oregon Health & Science University <ul style="list-style-type: none"> ○ Sponsor(s): <i>Stephanie Wheeler</i> ○ Applicant Info: <i>CPCRN investigator at OHSU during the previous funding cycle; brings expertise in participatory implementation science and in the blending of implementation and improvement science to address cancer disparities in rural and underserved settings; would like to continue participation in ongoing efforts made by the Modeling EBI Impact Workgroup; also interested in exploring opportunities to engage with Rural Cancer and iCollab Workgroups during Cycle 5.</i> ○ Affiliate Status: APPROVED 	
<p>Workgroup Charter Presentations and Workgroup Approval Discussion (<i>Leeman, Thomson, Ko/Birken</i>)</p>	<p>iCollab [Leeman]</p> <p>-Background</p> <ul style="list-style-type: none"> • Co-led by chairs Leeman and Risendal, and PD Rohweder • Representation from all but one collaborating center, federal agency partners at NCI, and affiliates • In the developmental stage; have a plan of phases of activities <ul style="list-style-type: none"> ○ <u>Phase 1</u>: conduct surveys, review documents, and conduct interviews across CPCRN sites 	<p>-Members who are not yet part of the new Workgroups should reach out to the following Workgroup representatives for more information: -iCollab: Rohweder -Survivorship: Vogel -OTIS: ?</p>

<p>Workgroup Charter Presentations and Workgroup Approval Discussion <i>Continued</i> (Leeman, Thomson, Ko/Birken)</p>	<p>and partners; have already surveyed CPCRn investigators, and will identify subgroups of study, at which point Workgroup members will re-contact investigators for additional info on intermediate and implementation outcomes and the multiple levels of intervention; will describe evaluation metrics provided and develop a conceptual framework describing how CPCRn studies are advancing understanding of the mechanisms through which implementation strategies have their effects, and/or the integration of implementation support strategies and QI; finally, will assess and describe the collective impact of implementation support</p> <ul style="list-style-type: none"> ○ <u>Phase 2</u>: identify a common setting across which the Workgroup can explore QI/IS interaction related to a specific CPC topic; then, will develop/adapt implementation support strategies, develop measures to assess practice setting capacity, and pilot test implementation support strategies' effects on practices' QI strategies, EBI implementation, and patient outcomes. ● Deliverables will include at least three manuscripts, submission of conference abstracts and presentations of Workgroup findings, and writing grant applications for external funding that build on Workgroup findings <p><u>-Question/Comments:</u></p> <ul style="list-style-type: none"> ● [Wheeler]: <i>Our Workgroup studies and center-specific core projects are relevant here, but what about investigator-initiated studies that are related to CPCRn, but are not cross-center and collaborative in nature?</i> 	<p>-Workgroup leads may review the short abstract for their respective Workgroup that appears on the 'Projects' page, and contact the Coordinating Center to make any desired changes</p>
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<p>Workgroup Charter Presentations and Workgroup Approval Discussion <i>Continued</i> (Leeman, Thomson, Ko/Birken)</p>	<ul style="list-style-type: none"> ○ [Leeman]: <i>We want to have a wide net, so it must be cancer-related, and must use an implementation support strategy as its mechanism (the investigator; however, in the past we've had a team of CPCRN members conduct work that contributed to an independent NIH project, so something like that would also be viewed within scope.</i> ○ [Wheeler]: <i>Okay, so other NCI-funded R01s that are using similar implementation strategies could be in scope?</i> ○ [Leeman]: Yes. ● [Thomson]: <i>Do you have a certain date and time that you meet monthly?</i> <ul style="list-style-type: none"> ○ [Rohweder]: <i>Risendal and Leeman meet monthly as co-chairs, but then the larger Workgroup meets as well on the third Monday of each month at 3PM ET / 2PM CT / 12 PM PT.</i> <p>-Workgroup Status: APPROVED</p> <p>Survivorship [Thomson]</p> <p>-Background:</p> <ul style="list-style-type: none"> ● Led by Thomson and Heiney, with coordination assistance from Vogel ● Workgroup is interested in addressing underserved and vulnerable groups of survivors who have unique needs for health promotion ● Developed three ideas for projects: <ul style="list-style-type: none"> ○ 1) Program dev/imp/eval and/or adaption of evidence-based guidelines for survivorship: would use previous work of LiveStrong Centers of Excellence and do a comprehensive lit review to inform project design and development; in the short-term, expect some kind of mixed methods effort, and in the long-term, expect it to evolve into a multi-site grant app to test an adapted chronic disease model 	
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<p>Workgroup Charter Presentations and Workgroup Approval Discussion <i>Continued</i> (Leeman, Thomson, Ko/Birken)</p>	<p>for implementation in cancer survivorship;</p> <ul style="list-style-type: none"> ○ 2) Assessment of psychosocial wellbeing and mental health measures and interventions in cancer survivorship research and programming: will focus on trying to gain a better understanding of what measures/instruments the Network is using, as well as whether a systematic lit-based review is needed to advance the understanding of current knowledge across treatment sites; ○ 3) Cancer and COVID-19: two complementary opinion pieces are currently being drafted by Network members, with a particular focus on cancer survivorship: the first focuses on a more clinical “agenda,” and the second on lessons learned from CPCRN and D&I science efforts over time that could be applied to cancer and COVID-19; will aim to move these papers forward in the next several months. <ul style="list-style-type: none"> • In terms of resources, have already received great support with survey development, and would like continued assistance down the line with Workgroup infrastructure/ communications, lit reviews, and qualitative research implementation. • The Workgroup meets monthly on the fourth Friday of each month at 2 PM ET / 1 PM CT / 11 AM PT. <p>-Question/Comments:</p> <ul style="list-style-type: none"> • [Wheeler]: <i>I think it’s a great idea, and makes a lot of sense for this Workgroup to claim the Cancer and COVID-19 work that our Network has been meeting to discuss. It’s a nice home for it given that there are many participants in this Workgroup who overlap with that effort.</i> 	
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<p>Workgroup Charter Presentations and Workgroup Approval Discussion Continued (Leeman, Thomson, Ko/Birken)</p>	<ul style="list-style-type: none"> • [Chambers]: <i>Over the years, some of our colleagues at the NCI, along with Larissa Nekhlyudov, have focused on a model of survivorship care that touches on a lot of these domains, in terms of the comorbidities, psychosocial needs, etc. Would that be a useful input as you're moving through the idea of these survivorship care models, so as not to have to either start from scratch or miss a piece of the puzzle?</i> <ul style="list-style-type: none"> ○ [Thomson]: <i>I believe that's the model that we landed on for the commentary for the clinical COVID-19 paper. We tried out several different ones, and that's the framework we ended up selecting!</i> • [Risendal]: <i>Having been involved with the Network previously, when CPCRn was much more of a nascent organization, I'm thrilled to see the strength in numbers here. We're very excited to see this moving forward!</i> <p>-Workgroup Status: APPROVED</p> <p>OTIS (Organizational Theory and Implementation Science) [Ko/Birken]</p> <p>-Background:</p> <ul style="list-style-type: none"> • Ko and Birken are active co-chairs • OTIS first emerged in CPCRn4 with hopes to continue into Cycle 5; previously co-chaired by Leeman and Birken; during Cycle 4, contributed to the literature on OTIS, and conducted groundwork on the intersection between these two fields that will advance in Cycle 5 • Interest group participants include members from six CPCRn sites, a federal agency partner from the NCI, an affiliate, and several external stakeholders. Participants are divided into three membership groups: <ul style="list-style-type: none"> ○ 1) Leadership: co-chairs (Birken/Ko), Wangen, and Leeman; role is to plan and implement the strategic direction of activities; 	
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<p>Workgroup Charter Presentations and Workgroup Approval Discussion <i>Continued</i> (Leeman, Thomson, Ko/Birken)</p>	<ul style="list-style-type: none"> ○ 2) Workgroup Members: investigators at CPCR sites, affiliates, and federal agency partners; role is to actively participate and share expertise to advance activities; ○ 3) External Stakeholders: advisors/collaborators; role is to contribute to external validity checks of documents, and will serve as a Steering Committee and may opt-in to collaborate on products and manuscripts. ● Overall objective: to advance the science of OTIS by developing a framework of implementation determinants and strategies derived from org theories. A lot of IS research includes frameworks that address individual-level determinants and health psychology. The goal is to take the org theories that already exist, and leverage them to better understand <i>collective</i>-level implementation determinants. <ul style="list-style-type: none"> ○ During Cycle 4, abstracted data from 12 org theories based on recommendations from experts at the intersection of org and IS about what appropriate theories would be. Now, in Cycle 5, focus will be on analyzing the data by identifying strategies that those theories suggest, that are relevant to implementation, as well as on using concept-mapping to group constructs from org theories into domains so that it's easier to access. ● Two primary manuscript deliverables: <ul style="list-style-type: none"> ○ 1) OTIS framework of implementation determinants derived from org theories: interested in expounding what the Consolidated Framework for Implementation Research (CFIR) already has, and explaining the relationships proposed in the CFIR; ○ 2) Implementation strategies derived from org theory 	
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<p>Workgroup Charter Presentations and Workgroup Approval Discussion <i>Continued</i> (Leeman, Thomson, Ko/Birken)</p>	<p>propositions and case studies: propositions about what org theory suggests about implementation; will engage the Workgroup to identify CPC-related case studies that demonstrate the relevance of those propositions for the cancer-related research that CPCRn conducts.</p> <ul style="list-style-type: none"> ▪ Before proceeding with the papers, Workgroup members and OTIS scholars will validate abstractions, the latter of whom will also perform concept-mapping • Resources Needed: concept-mapping and vetting of information in the survey abstractions will require expertise; this will require several hours per activity. Estimate needing \$4,500 (15 scholars, \$300 each) to cover the honorarium of the external reviewers. CPCRn Coordinating Center will support \$2,000, but the remaining balance must be covered by CPCRn sites. <p>-<u>Workgroup Status:</u> APPROVED</p> <p>-Wheeler requested Workgroup co-chairs' permission to add the Workgroup charters and meeting minutes to the CPCRn website:</p> <ul style="list-style-type: none"> • [Leeman]: <i>I would want to check with the larger Workgroup.</i> • [Friedman]: <i>In the past, we've had abstracts or summaries of the Workgroup on the website, but I don't know if we want all of the information about deliverables, timelines, etc. publicly available. Maybe we can update those abstracts/summary paragraphs with contact info for co-chair and PDs, and leave it at that.</i> <ul style="list-style-type: none"> ○ [Wheeler]: <i>We won't put the full charter, but Workgroup leads may contact the Coordinating Center to make any desired updates to the abstract that currently appears on the Projects page of the Website.</i> 	
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<p>Advancing Racial Equity through CPCRn (<i>Wheeler</i>)</p>	<p>-Wheeler introduced the importance of having a conversation about current events relating to the recent incidents of police brutality against the Black community, the Black Lives Matter (BLM) movement, and the importance of conducting the work of CPCRn with an enhanced focus on racial equity moving forward; had a discussion with Escoffery and Friedman about the range of strategies that the Network could consider to achieve this through collective action. Brainstormed ideas for actionable steps for the Network include:</p> <ul style="list-style-type: none"> • Diversifying CPCRn– there’s a scarcity of scholars of color within the Network, across the ranks. Possible ways to do this include leveraging the Scholars Workgroup, and reaching out to investigators at CPCRn members’ respective institutions who may want to be involved in the work of the Network; • Having principles and best practices around equity and anti-racism as a key part of what our Network pursues in all of the work that we do <p>-Questions/Comments</p> <ul style="list-style-type: none"> • [Friedman]: <i>Focusing on actionable items, and thinking about what we can do collectively, beyond just a statement that is condemning, is really important. One thing that came up in our discussion is thinking about our two manuscripts on Cancer and COVID-19, SDOH, and health disparities right now. Is there a way that we can stress these points, and how we’re addressing them in our work at CPCRn, in the papers?</i> <ul style="list-style-type: none"> ○ [Thomson]: <i>It’s in the papers; however, the question is whether it’s adequate. These are commentaries of ≤2,000 words. I’m not sure we’ve done it enough service. Certainly, though, as people read through the drafts, we would appreciate feedback.</i> • [Trinh-Shevrin]: <i>It’s important to think how this folds into our larger work around health equity. We’re hoping to reconvene the health equity Interest</i> 	<p>-The Coordinating Center will send out an email request to gauge Network members’ availability for a call to discuss advancing racial equity through CPCRn</p>
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<p>Advancing Racial Equity through CPCRN Continued (Wheeler)</p>	<p><i>Group very soon, and racial justice needs to fall under how we think about articulating health equity principles and tackling issues related to health equity. There are also things that we should consider, such as potential trainings for ourselves and other scholars, in terms of how we interact as scientists and with communities, and how that may or may not perpetuate institutional or systematic racism unconsciously. The other piece that want to better understand is, even before the recent violent events, there was a growing mistrust and lack of confidence by the public in government, science, etc. The ways that we build trust is related to thinking about ways in which we will heal this country—by tackling structural racism. The idea of actionable steps for this Network, and being able to articulate core principles that reflect this idea of racial equity in our work would go a long way.</i></p> <p>-Wheeler suggested scheduling a follow-up call in the coming weeks to continue the discussion and tackle the issue more in-depth as a Network; the Coordinating Center will follow-up via email with more details.</p>	
<p>Federal Agency Partners' Corner (CDC, NCI)</p>	<p>-CDC [A. White]</p> <ul style="list-style-type: none"> • The CDC has released the latest U.S. Cancer Statistics (USCS) resource: Data Visualizations tool <p>-NCI [Vinson]</p> <ul style="list-style-type: none"> • Funding announcements continue to come out from the NIH; most recently, the Rapid Acceleration of Diagnostics (RADx), an initiative to speed innovation in the development, commercialization, and implementation of technologies for COVID-19 testing • NCI leadership shared a useful tool for talking about race, produced by the Smithsonian and the National Museum of African American History and Culture 	