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Cancer crusaders

Mercy Cancer Center selected for program to increase participation in clinical trials, research

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Dr. Richard Deming
Medical director, Mercy Cancer Center

Mercy Cancer Center to join research network

■ Local program receives a two-year, \$1.8 million federal grant to expand treatment, outreach across the state

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Cover Story

In the not-too-distant future, cancer treatments will be tailored to a patient's individual genetic makeup, enabling doctors to order therapies that target specific types of cancer cells based on the "markers" that specific tumors emit within the body.

Such treatment advances, emerging now through a field of study known as biospecimen research, really excite Dr. Richard Deming, medical director of Mercy Cancer Center. And through a recent designation by the National Cancer Institute (NCI), Mercy Cancer Center is on the forefront of a national effort to take cancer research to the next level while extending treatment to underserved individuals.

In April, the NCI announced that Mercy Cancer Center was one of the 16 community cancer centers across the country it had selected to join the NCI Community Cancer Centers Program (NCCCP). With that designation, Mercy's center also received a two-year, \$1.8 million federal grant to use to accomplish the program's goals.

Those 16 centers will collaborate with 14 other cancer centers that participated in an initial two-year pilot phase of the program, bringing the number of participating centers to 30.

"Our selection to this program reflects the work we've already accomplished, but it elevates the standard of cancer care across the country," said Deming, a radiation oncologist who has treated hundreds of cancer patients in Iowa.

Deming's 30-year medical career began with the U.S. Navy, where he served as a diving medical officer and later as a staff oncologist with the National Naval Medical Center in Bethesda, Md. He has been the radiation oncology medical director at Mercy Cancer Center since 1989, serves on the board of numerous cancer organizations in Iowa and teaches at both Des Moines University and Drake University. Earlier this year, he received the Light of Wellness Leadership Award from the Wellness Council of Iowa.

Mercy expanded its cancer programs a year ago by opening a new 36,000-square-foot treatment facility at the Mercy Wellness Campus in Clive. The hospital group has strategically hired cancer specialists in the past several years "out of recognition that as we Baby Boomers age, cancer has become the No. 1 killer," Deming said.

Collaboration

Among the NCCCP's primary objectives are to standardize approaches to treating cancer and to advance care at community cancer centers. The NCI estimates that 85 percent of U.S. cancer patients are diagnosed and receive at least their initial treatment at community hospitals, not large research hospitals.

Other centers selected in the Upper Midwest include St. Joseph Mercy Cancer Care Center in Ann Arbor, Mich.; The Lacks Cancer Center in Grand Rapids, Mich.; Gunderson Lutheran Center for Cancer & Blood Disorders in La Crosse, Wis.; and Waukesha Care Regional Cancer Center in Waukesha, Wis.

By collaborating, "we will be able to accomplish more than we would have been able to accomplish on our own," said Deming, who believes the process will "raise the bar" for his and other participating cancer centers and advance the research curve for everyone.

"As one center finds out what works, that can be shared much more quickly than the general process of people publishing a paper and a few years later that becomes the standard practice," he said.

Carma Herring, executive director of a competing Des Moines-based facility, John Stoddard Cancer Center on the Iowa Methodist Medical Center campus, acknowledged the effort required to expand participation in clinical trials.

"I applaud Mercy for their work and dedication in applying for and receiving the grant," said Herring. She said that Stoddard, which is part of Iowa Health - Des Moines, did not apply for the NCCCP designation.

"We chose to do some community benefit in other ways," she said, primarily in preventive cancer screenings. For instance, in the first half of 2010, Stoddard has conducted 216 skin cancer screenings, 34 colonoscopies and 74 mammograms free of charge to eligible patients, Herring said. "So we're looking more at the benefits we can give to the community right up front."

Stoddard is also involved in clinical research efforts, she said. One of its major studies is in collaboration with M.D. Anderson Cancer Clinic in Houston, in an ovarian cancer clinical trial in-



PHOTO BY DUANE TINKEY

Dr. Richard Deming, medical director of Mercy Cancer Center, says participation in the National Cancer Institute program will "raise the bar" for Mercy to encourage more patients and physicians to enroll in clinical trials.

volving approximately 500 Iowa women.

Removing barriers

Improving access to cancer treatment to underserved populations will be an important aspect of the program, with 40 percent of the federal funding allocated to that goal. In Central Iowa, Mercy has identified underserved groups, including African-Americans, Hispanics, Bosnians, Native Americans and the rural poor throughout the state. One way in which more rural cancer patients will be included will be through Web conferences with doctors statewide.

Additionally, oncology nurse educators will be sent to rural areas to target prevention efforts related to curbing tobacco use as well as addressing inactivity and poor nutrition, all factors that increase the risk of cancer.

"We have approximately 1,700 new cancer diagnoses every year at Mercy, and the goal would be to have every newly diagnosed patient's (case) presented at a cancer conference," Deming said. That approach would strive to provide patients the opportunity to access all three major disciplines for treating cancer: surgery, radiation therapy and medical oncology.

"We think patients are best served by having input from all three types of specialists," he said. "We also know that the more cases are presented in this sort of multidisciplinary collaboration, the more likely the patient will be referred into a clinical trial."

Currently, only an estimated 3 to 5 percent of adults diagnosed with cancer each year in the United States enroll in clinical trials. The enroll-

ment rate for children with cancer is much higher - more than 60 percent.

A provision in the federal health-care reform legislation signed in March by President Barack Obama is expected to help increase adult enrollment in clinical trials. The measure prevents insurance companies from denying coverage for routine care, such as doctor visits and hospital stays, to patients enrolled in clinical trials. A few weeks prior to enactment of the health-reform bill, Gov. Chet Culver signed into law a similar measure passed by the Iowa Legislature in case the federal reform measure did not go through.

"This is important because there were patients who would decline for fear that if they participated in experimental studies, they might be dropped from their insurance," Deming said. "Almost all of the time, that fear wasn't warranted, but their fear that that would happen was keeping them from signing up."

The biggest barrier to overcome in encouraging more participation in clinical trials is the extra demands it places on physicians, Deming said.

"The extra time and effort it takes for a physician to discuss clinical trials and to do all the necessary paperwork became a bigger barrier than the patient actually accepting the clinical trial," he said. "With the grant money, we're hoping to be able to have enough ancillary staff to make it less of a burden on physicians to do the work that's necessary to increase the accrual of patients into trials."

Deming said he expects his center will be able to hire five or six additional staff people using the federal funding, which is part of \$40 million in federal stimulus money allocated to the participating cancer centers. Those positions will deal primarily with community outreach and expanding access to traditionally underserved populations, as well as increasing participation rates in clinical trials.

To better address the needs of the estimated 100,000 cancer survivors in Iowa, the cancer center will also hire a staff person dedicated to creating individual follow-up plans for patients. "Every patient will get a summary of their treatment, what follow-up tests they should have, and what they and their primary care doctor should keep in mind years down the road about things that could happen as late manifestations of cancer treatment," Deming said.

Advancing research

Two other goals of the NCCCP - increasing participation in biospecimen research and expanding the use of electronic medical records - will go hand-in-hand toward advancing cancer treatments, Deming said.

"In order to come up with knowledge about tumors, we are being challenged to get the patients' consent to collect specimens of all biopsies from the surgeries," he said. Though there probably are thousands of tumor markers to discover, researchers have so far only identified a handful.

By collecting that data on as many patients as possible and associating it with each person's treatment and outcome, "we can relate that back to how the cancer responded based on those markers," Deming said. "That's how electronic medical records will really change research."

Collaboration between doctors and cancer centers can produce remarkable results, Deming said.

"It takes more time and resources to participate in a clinical trial, but it's the only way that we will make advances." □

NCI Community Cancer Center goals

1. Reduce cancer health-care disparities by increasing programs to more effectively reach the underserved in their communities to improve access to cancer screening, treatment and research.
2. Improve quality of cancer care at community hospitals by expanding the provision of multidisciplinary care to promote care that is coordinated with the oncology specialists and other health-care team members involved in the care of patients.
3. Increase participation in clinical trials, including earlier-phase trials, so that patients are offered promising cancer treatments before they are made widely available to the general patient population.
4. Enhance cancer survivorship and palliative care services that are available at community hospitals.
5. Participate in biospecimen research initiatives to support personalized medicine.
6. Expand use of electronic health records and connect to cancer research data network, to support and link cancer patients and researchers nationwide.
7. Enhance cancer advocacy by incorporating the perspective of patients and caregivers into research studies, plans and education materials.

SOURCE: NATIONAL CANCER INSTITUTE