

Executive Summary: 2020 NCI DCP PARTNRS Workshop (September 18, 2020)

On September 18, 2020, the Division of Cancer Prevention (DCP) within the National Cancer Institute (NCI) conducted its inaugural PARTNRS (Primary Care Alliance in Research Trials Involving NCORP Sites) Workshop. The Workshop was convened as a strategic initiative to encourage and forge partnerships between oncologists with primary care providers (PCPs) and other medical specialists to promote participants' accrual into clinical cancer control and prevention trials funded by the NCI Community Oncology Research Program (NCORP). The goal of the Workshop was to establish a platform for generating ideas and strategies to overcome and transcend those barriers with the goal of improving patient accrual through effective partnerships between oncologists and PCPs and medical specialists in cancer prevention. Attendees of the Workshop included selected members within NCORP, academia, and others representing various medical and healthcare organizations. The Workshop was chaired by past presidents of the American Medical Association (Barbara McAneny, MD) and the National Medical Association (Edith Mitchell, MD).

The following strategies were generated as suggestions to consider by all stakeholders toward fulfilling the overarching goals for this Workshop, along with sustainable initiatives:

- (1) Research Bases could consider greater PCP/relevant specialist input/involvement with protocol development in the Prevention Committee for the Research Base, providing incentives such as co-authorships and financial remuneration, obtaining a roster of PCP/Specialists for selecting participation in protocol development, and Research Base activities such as CME-awarding educational sessions teaching the fundamentals of research.
- (2) Research Base members should attend and participate in PCP-affiliated professional meetings and relevant specialists' conferences. Oncologists should consider submitting abstracts for presentations related to cancer prevention at these meetings. These meetings might also provide the opportunity to recruit other clinical representatives such as Federally Qualified Health Centers and other safety net facilities, where enrollment of underserved and underrepresented patients can be achieved.
- (3) Research can be advocated to administrative management at healthcare facilities as an extension of standard-of-care in improving long-term patient outcomes and healthcare expenditure costs. Cancer prevention research can be endorsed as beneficial to community health by identifying and investigating risk factors in patients that lead to early detection of cancer, less-aggressive therapy and better cancer outcomes. Finally, developing novel ideas with precision prevention and immunoprevention can be promoted for integration into the community site, bringing national recognition for the NCORP site's contribution in the advancement of oncology science and patient care.
- (4) Participant enrollment may be enhanced by PCPs and relevant specialists through assuring the benefits of participation, describing a positive benefit/risk ratio while being convenient and not time-consuming. Participant enrollment may be augmented through patient or community advocates, who would be welcomed by the NCORP affiliates and PCP/specialists, as well as possibly participating in protocol-development at Prevention Committees. Finally, "shared-decision making" would allow patients to feel a sense of control while considering participation in the studies.

The suggestions provided during this inaugural PARTNRS Workshop will hopefully convert the previous perception of the "Trickle-Down-Directives" viewpoint on protocol development into a more collaborative transactional approach for NCORP-funded Protocol development and implementation. This will hopefully result in more fruitful partnerships between all groups and consequently lead to rapid fulfillment of accrual goals, thereby enhancing overall public health.