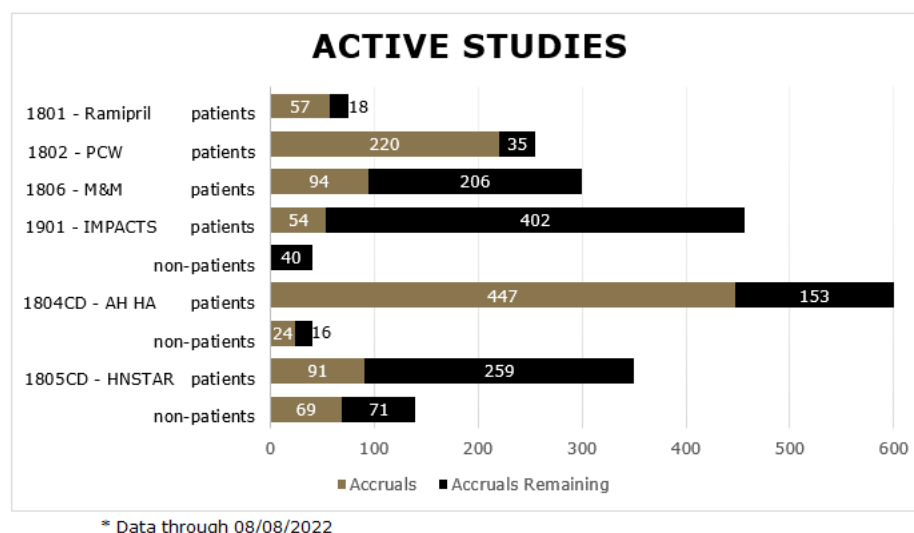




COMMUNITY CONNECTION

Quarterly Newsletter
August 2022

Study Accruals



Study Highlight



WF-1802 - Influence of Primary Treatment for Prostate Cancer on Work Experience (PCW)

- This protocol is for **working men diagnosed with Stage I, II or III adenocarcinoma of the prostate**, who were employed within 14 days of enrollment (or meets modified inclusion criteria due to post COVID-19 impact on US employment).
- **Current Amendment is version 4 activated on 9/27/2021** which increased the low-income cutoff point from 200% to 300% of federal poverty guidelines.
- The Higher income white strata is closed

- This study can be done remotely.

Study Sample: N=255

Strategies that may help with accrual to the lower accruing strata's

- Review Clinic and/or Treatment Schedules
- Partner with your Navigators
- Approach potentially eligible patients at time of consult
- Build relationships with staff, surgeons, oncologists and Radiation Therapists.
- Give Providers Study Info Sheets
- Do not automatically assume a "retired" patient is ineligible. It could be from their career, and they are still currently working.
- Participants are eligible if they involuntarily lost job due to COVID-19 and worked at some point between March 1, 2020 and March 14, 2020.
- Try to approach individuals from the strata that is slowly accruing.
- Posting Flyers and sending out recruitment letters. These are available on the Wake NCORP Website.

If you would like to be involved in this exciting study; please contact us at NCORP@wakehealth.edu for more information.

SCHEMA

INFLUENCE OF PRIMARY TREATMENT FOR PROSTATE CANCER ON WORK EXPERIENCE

Study Population:

African American/Black **OR** White, Non-Hispanic; diagnosed with adenocarcinoma of the prostate, stages I, II, or III; anticipated initiation of primary, curative treatment for adenocarcinoma of the prostate (e.g., prostatectomy or radiation) within 90 days of enrollment and employed within 14 days prior to enrollment (or meets modified inclusion criteria due to post-COVID-19 impact on US employment).



Stratification: 55 eligible participants will be recruited in each of the following 3 strata:

- African American, non-Hispanic men with < 300% poverty level
- African American, non-Hispanic men with ≥ 300% poverty level
- White, non-Hispanic men with < 300% poverty level

90 will be enrolled in the 4th and final strata (54 were enrolled before March 1, 2020 with an additional 36 to be recruited March 1, 2020 or after) to allow for possible fluctuations in work status due to the COVID-19 pandemic in all stratum:

- White, non-Hispanic men with ≥ 300% poverty level



Baseline:

Data collection of work ability measures and completion of Structured Interviewer Questionnaires within 90 days prior to start of initiation of primary, curative treatment



3 Months after completion of treatment (+/- 14 days):

Collection of work ability measures and Structured Interviewer Questionnaires



6 Months after completion of treatment (+/- 21 days):

Collection of work ability measures and Structured Interviewer Questionnaires



Endpoints:

Primary:

Change in work ability measured by the Global Work Ability measure from Baseline to 6 Months after treatment completion

Secondary:

- (1) Trajectory of change in work ability at Baseline to 3 and 6 months after treatment completion, as measured by Global Work Ability.
- (2) Trajectory of change in work ability at Baseline to 3 and 6 months after treatment completion, as measured by WLQ and employment status

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Rank	Affiliates	Accruals
1	VA217 - Bon Secours Cancer Inst. at Reynolds Crossing (SCOR)	6
	IL042 - John H Stroger Jr Hospital of Cook County (Stroger MU)	
2	SC024 - Spartanburg Medical Center (Upstate)	4
	AL002 - University of Alabama at Birmingham Cancer Center	
3	SC101 - Gibbs Cancer Center-Pelham (Upstate)	3
	NC002 - Wake Forest University School of Medicine	
4	NJ048 - Saint Peter's University Hospital (Atlantic)	2
	IL101 - Illinois CancerCare-Peoria (Heartland)	
	IA072 - Medical Onc & Hematology Assoc.-Des Moines (IWORC)	

* Data from 04/01/2022 - 06/30/2022

Rank	Affiliates	Accruals
1	WI212 - ThedaCare Regional Cancer Center (WINCORP)	29
2	MO131 - St. Louis Cancer & Breast Inst.-Ballwin (Ozarks)	16
3	MO021 - Mercy Hospital Saint Louis (Ozarks)	14
4	MO043 - Mercy Hospital Springfield (Ozarks)	9

* Data from 04/01/2022 - 06/30/2022

Site Highlight



A National Cancer Institute
Designated Cancer Center

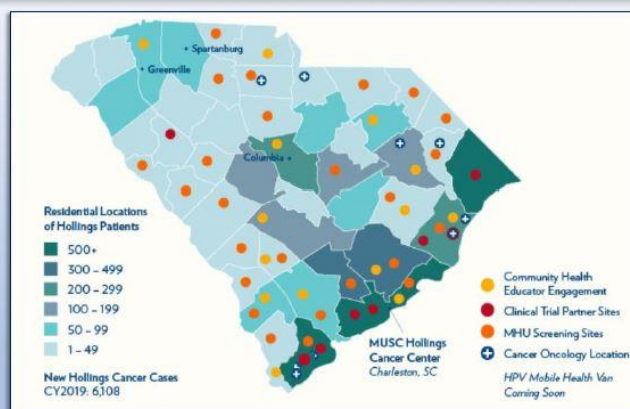
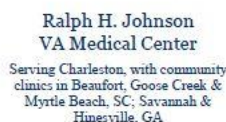


Medical University of South Carolina Minority Underserved NCORP

The Medical University of South Carolina was founded in 1824, making it the South's oldest medical college and South Carolina's only academic health sciences center. There are a network of eight regional MUSC hospital spanning Charleston, Chester, Florence, Lancaster and Marion counties. MUSC facilities have 1,600 beds and over 100 outreach sites with a staff of more than 17,000 faculty, physicians, specialty providers and scientists. They lead the stats in biomedical research funding bringing in over \$328 million in FY2021. Hollings Cancer Center was established in 1993 and is South Carolina's only NCI- designated Cancer Center. The four key research programs include Cancer Biology, Cancer Immunology, Development Cancer Therapeutics and Cancer Control. Hollings Cancer Center has over 20 academic departments and maintain an annual research funding portfolio of over \$44 million. In addition, they have more than 200 clinical trials active at all times representing NIH/NCI, pharma and institutional studies. There are 11 disease-specific focus groups and 12 tumor boards and 17 investigators and research staff serving on a combined 46 NCI and research base committees.

HCC outreach efforts:

- 9 clinical trial partner sites
- 25+ counties served by HCC Mobile Health Unit
- 7,000+ mammograms provided by MHU from 2015-2019
- New MHU launched November 2021 with 3D breast imaging & cervical screenings
- Community Health Education in 15 counties and growing
- 8 MUSC Regional Hospital and clinic locations

MUSC Minority-Underserved NCORPMUSC NCORP-MU Multi-PI Executive Committee

- Comprised of senior clinical investigators, research coordinators and administrators
- Assess program progress and new research opportunities
- Promote NCORP within the Hollings Cancer Center



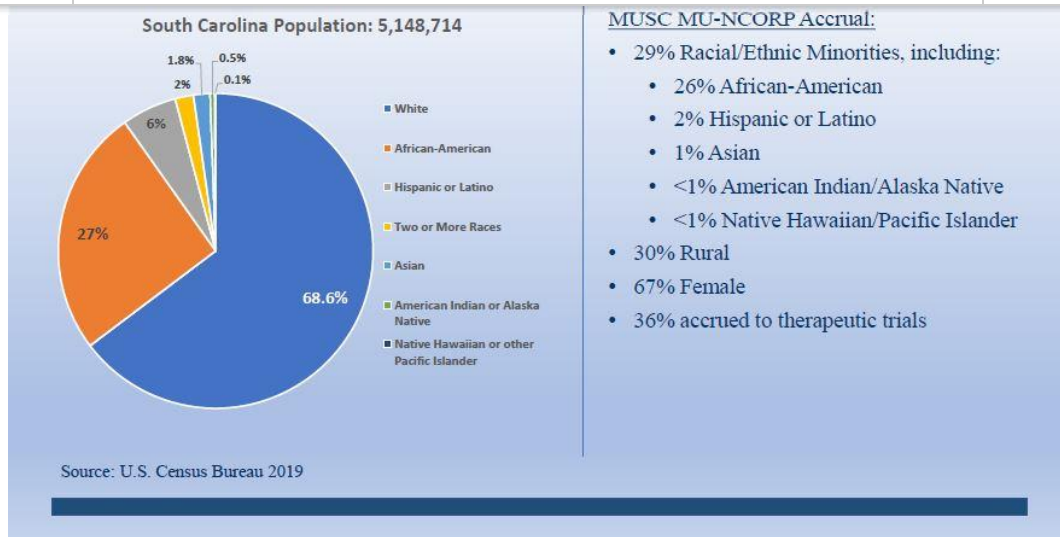
David Marshall, MD
NCORP Contact PI
Medical Director, HCC Clinical Trials Office;
Chair, Dept. of Radiation Oncology



Marvella E. Ford, Ph.D.
Assoc. Director, Population Science & Cancer Disparities;
SmartState Endowed Chair of Cancer Health Equity Research, SCSU



A. Craig Lockhart, MD, MHS
Chief, Div. of Hematology & Oncology; Associate Director for Clinical Science, HCC



Do you have site or staff that should be recognized? Please submit recommendations to NCORP@wakehealth.edu with "Quarterly Newsletter Site/Staff Highlight" in the subject line.

Research Staff Spotlight: Susan S. Tuttle

Susan is a graduate of the last nursing class from North Carolina Baptist Hospital School of Nursing. She has spent her entire nursing career in Oncology and clinical research. She has been a Cancer and Leukemia Group B (CALGB) and Alliance auditor for the past 27 years. She has been in an administrative position with the Southeast Cancer Control Consortium (SCCC CCOP) and the now Southeast Clinical Oncology Research Consortium, (SCOR) NCORP for 31 years. She is passionate about NCI clinical trials. That is evident in her long history of helping community hospitals offer NCI sponsored clinical trials to their patients. Susan was the recipient of the Dorothy Coleman Outstanding NCORP Administrator Award in 2021.



Do you have a site or study staff member that should be recognized? Please submit recommendations to NCORP@wakehealth.edu with "Quarterly Newsletter Site/Staff Highlight" in the subject line.

WF-1801

1. Glenn Lesser, MD (1) - NC002, WFUSM
2. Roy Strowd, III, MD (1) - NC002, WFUSM
3. Richard Cattaneo, MD (1) - MI013, MCRC
4. Francois Geoffroy, MD (1) - IL101, Heartland
5. Ahmet Tunceroglu, MD, PhD (1) - MI117, MCRC
6. Zachary Vaslow, MD (1) - NC004, SCOR

WF-1802

1. Joseph Pennington, MD, PhD (5) - VA217, SCOR
2. Deimante Tamkus, MD (5) - IL042, Stroger MU

WF-1804CD

1. Krystal Schepp, APNP (12) - WI212, WINCORP
2. Lindsey Kulbacki, PA-C (11) - WI212, WINCORP

WF-1805CD

1. LuAnn Harris, ACNP (4) - SC053, Prisma Health
2. Amarinthia Curtis, MD (3) - SC024, Upstate

WF-1806

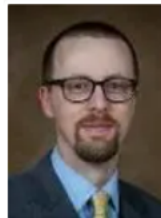
1. Grant Williams, MD (4) - AL002, UAB
2. Seema Harichand-Herdt, MD (2), IA072, IWORC

WF-1901

1. Gilbert Bader, MD (1) - SC008, MUSC MU
2. Gregory Gerstner, MD (1) - IL101, Heartland
3. Gregory Haidemenos, MD (1) - SC117, Georgia
4. Heidi Klepin, MD (1) - NC002, WFUSM
5. Nguyet Le-Lindqwister, MD (1) - IL354, Heartland
6. Jijun Liu, MD (1) - IL188, Heartland
7. Husain Rasheed, MD (1) - OH428, Columbus

Top CC Accruing Investigators

(from 04/01/2022 - 06/30/2022)

Deimante Tamkus, MD -
IL042, Stroger MU (6)Joseph Pennington, MD,
PhD -VA217, SCOR (5)**Top CCDR Accruing Investigators**

(from 04/01/2022 - 06/30/2022)

Krystal Schepp, APNP -
WI212, WINCORP (12)Lindsey Kulbacki, PA-C -
WI212, WINCORP (11)**Meet Wake Forest NCORP Research Base Staff: Jessica Sheedy**

Jessica Sheedy has been with Wake NCORP RB for almost two years with regulatory responsibilities for various studies and recently accepted the position of site coordinator for the AH-HA and HN-STAR studies. Prior to that, she worked for Wake Forest University Department of Health and Exercise Science and Wake Forest School of Medicine for 11 years as a Study Coordinator. Originally from the Finger Lakes area of central NY, she moved south with her husband for grad school, better weather, and more sunshine. She earned her B.S. in Health Science from SUNY Cortland and her M.S. in Health Promotion from the University of North Carolina at Charlotte. Jessica is married to David and they have two boys, ages 18 and 16, that keep them busy. In her spare time, Jessica enjoys family time including sports, hiking, kayaking, traveling, and photography.



New Publication:

Bellinger C, Foley KL, Dressler EV, et al. Organizational Characteristics and Smoking Cessation Support in Community-Based Lung Cancer Screening Programs. *Journal of the American College of Radiology*. 2022;19(4):529-533. <https://doi.org/10.1016/j.jacr.2022.01.014>

Upcoming Presentations

UPBEAT WF-97415	How do chemotherapy and age affect physical performance in breast cancer patients over the first 3 months of treatment?	Bluethmann, S, Levine B, Mihalko S, Ansley K, Thomas A, Weaver KE, Lesser GJ, Hundley G, Klepin HD	Society of Geriatric Oncology conference	Poster Presentation 19:00 – 21:00 on Friday 28 October	October 28-30, 2022	International Conference Center Geneva
ACUPUNCTURE WF-97115	The Effects of Acupuncture on Quality of Life (QOL) in Patients with Head and Neck Cancer Experiencing Chronic Radiation-Induced Xerostomia (RIX): Wake Forest NCI Community Oncology Research Program Research Base (WF NCORP RB) Randomized, Sham-controlled Trial WF-97115	Cohen L, Danhauer SC, Rosenthal DI, Chambers M, Garcia K, Cusimano A, Brown WM, Dressler EV, Ochoa J, Yang P, Chiang J, Gordon O, Crutcher R, Kim JK, Russin MP, Lukenbill J, Porosnicu M, Yost KJ, Weaver KE, Lesser GJ	Society for Integrative Oncology (SIO)	Oral presentation	October 20-22, 2022	Scottsdale, AZ
ACUPUNCTURE WF-97115	Phase III, Randomized, Sham-controlled Trial of Acupuncture for Treatment of Radiation-Induced Xerostomia (RIX) in Patients with Head and Neck Cancer: Wake Forest NCI Community Oncology Research Program Research Base (WF NCORP RB) trial WF-97115	Chambers M, Rosenthal DI, Danhauer SC, Garcia K, Cusimano A, Brown WM, Dressler EV, Ochoa J, Yang P, Chiang J, Gordon O, Crutcher R, Kim JK, Russin MP, Lukenbill J, Porosnicu M, Yost KJ, Weaver KE, Lesser GJ, Cohen L	International Association of Oral Oncology (IAOO)	Oral presentation - Session: Oral Medicine	June 23-26, 2022	Chicago, IL

Health Equity Core Updates

The Wake Forest NCORP Research Base Health Equity Core focuses on recruitment & retention of minority/underserved populations. This group meets quarterly to share best practices, influence study design, discuss community engagement strategies and share resources and tools. If you are interested in joining this group, please contact us at NCORP@wakehealth.edu

Accomplishments: For our current WF RB NCORP active studies, our minority accrual is at 20%!

Annual Meeting: Please plan to attend the WF NCORP RB Annual Meeting, October 10-11, 2022 as the Health Equity Core will sponsor the Keynote Speaker followed by a panel discussion which will focus on minority/underserved populations.

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Seeking Cancer Survivors, Caregivers and Previvors! Share your experience and expertise - Become Cancer Research Advocates! FREE web-based Fall 2022 Training.
Atrium Health Wake Forest Baptist Comprehensive Cancer Center. Spread the Word!
All interested should complete this Interest Form: <https://redcap.link/x05l4tyn>
Fall Training: October 28th 12:30 pm – 5:00 pm / October 29th 8:30 am – 12:45 pm
For any questions, please contact: temana.aguilar@wakehealth.edu

DIVERSIFY YOUR CANCER CLINICAL TRIALS

New ASCO-ACCC Recruitment and Retention Resources

ACCESS FREE-OF-CHARGE ONLINE

Today, the American Society of Clinical Oncology (ASCO) and the Association of Community Cancer Centers (ACCC) jointly released new resources to help research sites increase the racial and ethnic equity, diversity, and inclusion (EDI) in cancer clinical trials.

The Just ASK™ Increasing Diversity in Cancer Clinical Research: An ACCC-ASCO Training Program (Just ASK™ Training Program), and the ASCO-ACCC Equity, Diversity, and Inclusion Research Site Self-Assessment (Site Self-Assessment) are **available free-of-charge online**.

Just ASK™ Training Program to Address Implicit Bias

The [Just ASK™ Training Program](#), adapted from a course developed at Duke University, is an online implicit bias training program intended for all members of the research team. It consists of five interactive modules that present the broader context of structural and systemic racism, the role of implicit bias in clinical trial selection, vignettes with real-world examples of implicit bias, and guidance for mitigating disparities in cancer research settings. A companion [Facilitation Guide](#) is also available to help sites continue the conversation with the larger research team after taking the training.

ASCO-ACCC EDI Research Site Self-Assessment

The [Site Self-Assessment](#) helps clinical trial sites and research teams identify opportunities to improve EDI in clinical trials while doing an internal review of existing policies, programs, and procedures that offer evidence-based strategies to improve the diversity of trial participants. The Site Self-Assessment is a quality improvement tool framed around the clinical trial enrollment continuum, and includes domains related to patient access to the site, screening patients for clinical trials, offering patients clinical trials, and participation and retention in trials.

Completion of the Site Self-Assessment enables sites to identify opportunities for improvement. The [ASCO-ACCC Strategies and Resources List for EDI in Clinical Trials](#) also provides suggestions for evidence-based strategies to address these opportunities and references to the literature. Potential strategies include diversifying the workforce, developing sustainable community partnerships, implicit bias training, and routinely collecting screening and enrollment data to assess and address disparities.

These resources were developed following a successful [pilot project with 75 research sites](#) across the United States, which assessed their feasibility and utility.

The launch of these tools follows the recent publication of the ASCO-ACCC Research Statement "[Increasing Racial and Ethnic Diversity in Cancer Clinical Trials](#)," which outlines specific actions for individual stakeholders in the cancer clinical trial ecosystem to increase diversity in research participation. The new resources directly address some of the recommendations in the Research Statement.

The Training Program and Site Self-Assessment resources were revised based on site feedback during the pilot testing period. The findings from the pilot study have been submitted for publication. ASCO and ACCC are pleased to make these resources available free of charge to the entire research community. ASCO and ACCC are eager to receive feedback from the community and plan to continue to enhance and expand the resources.

[Learn more about the ASCO-ACCC Collaboration, read the press release, and access health equity resources on the ACCC website.](#)

[Click here to go to ASCO-ACCC Recruitment and Retention Resources page](#)

Upcoming Meetings

Wake Forest NCORP Research Base Annual Meeting

October 10 – 11, 2022 @ The Marriott Grand Dunes Resort & Spa, Myrtle Beach, SC

Our keynote speaker this year will be Dr. Ray Osarogiagbon from the Baptist Memorial Health Care/Mid South Minority Underserved NCORP.

Please use the **Registration** link below to register for the upcoming 9th Annual Wake Forest NCORP Research Base Meeting, October 10 – 11, 2022 with the NW AHEC. You will be asked if you will attend In-Person or Virtual. The link below should take you to the facepage and a gray "Register" button. Once you click on this button, you will be asked to Sign In. If you do not have an account, you may create one at this time using the links on this page.

www.nwahec.org/69183 [nwahec.org].

Please use the **Hotel Reservation** link below to make your hotel reservations for the Wake Forest Annual Meeting at the Marriott Grand Dunes, Myrtle Beach, SC. A block of rooms are reserved at the special rate of \$149 until September 9, 2022.

[Book your group rate for Wake Forest Baptist Medical Center 2022](#) [marriott.com].



****To Be Rescheduled: October 12, 2022 iDAPT Training****

Due to trainer conflicts, the iDAPT workshop that had previously been scheduled for October 12th immediately following the Wake Forest NCORP Research Base Annual Meeting will be rescheduled. We apologize for this inconvenience.

WF NCORP RB Quarterly Calls

The June 15th quarterly call Webex has been added to the Wake NCORP website. If you missed it - Use this link to access the recording: <https://vimeo.com/721099276> [wakehealth.us19.list-manage.com]

Our next quarterly call is scheduled for August 31st at 3pm EDT.

[Click here to add the Quarterly Call to your calendar](#)

Summer Recipe



Easy Tomato Pie

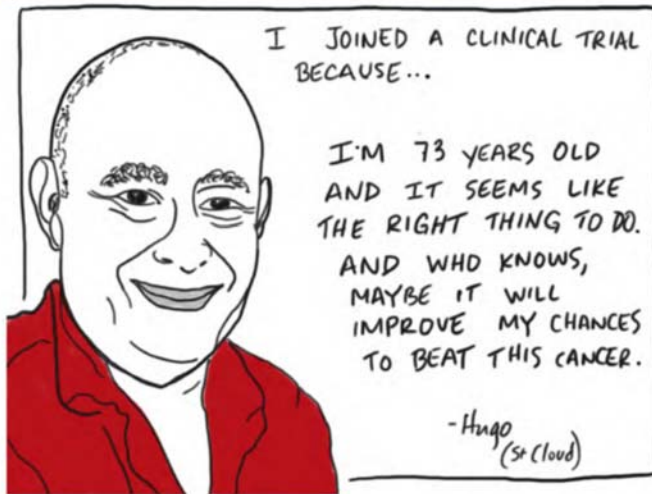
Summer is officially tomato season! And there's no better way to celebrate than with a gorgeous pie made from juicy, ripe tomatoes. Serve it up with a side of mixed greens for a simple weeknight dinner.

Ingredients

- 1 piece [perfect pie crust](#), or 1 refrigerated pie crust (from a 14-oz box)
- All-purpose flour, for dusting
- 2 3/4 lb. medium tomatoes
- 1 tsp. kosher salt
- 1/2 c. mayonnaise
- 1 large egg, plus 1 egg yolk
- 2 tsp. hot sauce (optional)
- 8 oz. shredded sharp cheddar cheese
- 1/2 c. crumbled blue cheese
- 3 scallions, chopped
- 2 tbsp. chopped fresh parsley
- 2 tbsp. chopped fresh dill
- 1/4 tsp. ground black pepper
- 1 1/2 tbsp. plain yellow cornmeal
- Fresh herbs (such as dill, parsley or chives), for garnish

Directions

- Roll 1 ball of pie dough into a 13-inch circle on a lightly floured surface. Transfer the crust to a 9-inch deep-dish pie pan. Trim the edges so the crust hangs over the pie pan by 1/2-inch. Tuck the edges of the crust under to be even with edge of the pie pan and press all around with the tines of a fork. Place the crust in the refrigerator for 1 hour (or in the freezer for 30 minutes). Meanwhile slice the tomatoes crosswise into 1/4-inch thick slices. Using your fingers, push out as many of the watery tomato seeds as you can. Lay the slices flat on a paper towel-lined sheet tray and sprinkle all over with the kosher salt. Let drain for 30 minutes, then pat very dry.
- While the tomatoes are draining, in a medium bowl, whisk together the mayonnaise, egg, egg yolk and hot sauce (if using). Stir the cheddar cheese, blue cheese, scallions, parsley, dill and black pepper.
- Preheat the oven to 425°. Sprinkle the cornmeal over the bottom of the crust. Pat the tomato slices dry, once again, then place 1/3 of the tomatoes in the bottom of the pie crust, overlapping them slightly to fit. Top with 1/2 of the mayonnaise mixture. Repeat with another layer of tomatoes and another layer of mayo mixture. Place the remaining tomatoes on top, pressing the last layer gently into the mayo mixture. Bake for 20 minutes.
- Remove the pie from the oven and wrap just the edges of the crust with foil. Reduce the oven temperature to 375° and bake until the mayo mixture is puffed and golden brown and the center is no longer wobbly, 30 minutes more. Let cool for 1 1/2 hours.
- Top with additional herbs, if desired, then slice and serve.

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FOR MORE INFORMATION, CALL 1-800-CANCER (1-800-422-6237) OR VISIT [HTTPS://WWW.CANCER.GOV/CONTACT](https://www.cancer.gov/contact)



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SketchQuotes by Nelle Rhicard at www.reframeideas.com [reframeideas.com]



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