### Close to Home: NCI’s “Showbiz Outreach” for Community-Based Research & Treatment

**By Andrew Holtz, MPH**

Today’s topic can be looked at in at least two ways.

It involves taking steps toward fulfilling Objectives 5, 6, and 8 of the 2006 NCI Strategic Plan. It involves the story of “Uncle Joe,” who has cancer, but can’t afford to, and doesn’t really want to, leave his hometown and family in Arkansas to travel to an NCI-designated Cancer Center for testing and treatment.

For our dear readers who haven’t committed the NCI Strategic Plan to heart, the sections at hand involve:

- Moving more research into local communities, to better understand the factors that influence cancer outcomes (Strategy 5.5).
- Getting information to the public about prevention, treatment, and follow-up, to improve the quality of cancer care (Strategy 6.5).
- Partnering with the media to deliver timely and accurate health messages to underserved populations, to overcome cancer health disparities (Strategies 8.2 & 8.5).

“Showbiz outreach” has included TV storylines that encourage people to join clinical trials and that counter cancer myths that can discourage people from seeking treatment.

New on the priority list are community-based research and treatment.

And what of Uncle Joe? Well, think about the typical setting of a TV show episode involving cancer: Usually it’s a big city hospital or major academic medical center. After all, that’s where people go for cancer care, right?

“The fact of the matter is: They don’t. They can’t afford to, and they don’t. It’s a select group of people who can do that or that happen to live in that area,” NCI Director John E. Niederhuber, MD, said in an interview. Dr. Niederhuber said that cancer research—and treatment—should move closer to where people live. And he wants people to see community-based cancer action on TV. And that’s where Uncle Joe comes in.

“I think the great storyline, maybe, is how we are moving into a new era in which we can send Uncle Joe’s CT scan electronically over the Internet and have it looked at in real-time at M. D. Anderson, even though this person might be in Arkansas. And then treatments are discussed and decisions made. If tissue samples are needed, they can be taken and analyzed anywhere in the world; they don’t have to be analyzed in the community where the patient lives today,” Dr. Niederhuber said.

“If we can write a script around somebody getting care somewhere while a lot of the experts were in different places,”

But will Hollywood write—and air—those stories? NCI Senior Science Writer Michael Miller is preparing to pitch some new ideas to TV writers and producers.

“So if they are going to do a story about a farmer, and his relative in a big city, and how someone is treated—rural versus urban—that certainly holds potential; and isn’t something that I think you see depicted much on TV these days,” he said.

### Round of Visits to TV Studios

That’s one early idea about how to present potential storylines involving community-based cancer research and treatment. Miller said that he and others involved with the “Hollywood, Health & Society” (HH&S) program are planning a round of visits to TV studios around the time of the American Association for Cancer Research Annual Meeting in Los Angeles next month.

The HH&S program, partially funded by the NCI and based at the USC Annenberg Norman Lear Center in Los Angeles, provides experts and other resources to TV writers telling tales of medicine and health. The participants also try to come up with ideas that could appeal to both writers and health agency leadership.

“We’ve chosen topics that we want to talk to writers and producers about, somewhat with an eye to whether it would make an interesting storyline, but also probably more so to ‘How important is this particular topic to the institute, and do you really see it that much?’” Miller said.

“So if it’s something that every show has been doing ad nauseum, then the odds of them wanting to do it again aren’t as likely; but if we have something that has not been done much that, particularly in an entertainment-based show, and it is a priority to us, then we think it might be something they’d be interested in.”

Miller and cancer experts he’s recruited have suggested storylines intended to encourage people to join clinical trials, to counter cancer myths that can discourage people from seeking treatment, and other topics. Some of these suggestions have germinated into major and minor plotlines on ER, Grey’s Anatomy, As the World Turns, and other popular shows. Now community-based research and treatment have joined the priority list for showbiz outreach.

Miller recognizes that the top medical series are set in or near big cities or major academic centers—Grey’s Anatomy is set in Seattle; ER, in Chicago; and House, near Princeton, NJ—so it may take some creative storytelling to move the focus out to the smaller communities where most people live.

“If they do storylines that aren’t in large urban settings, or they have to deal with people who are not right there to receive the care they administer, do they deal with getting the care to them? Is it telemedicine? Strengthening of community cancer centers?”

Or perhaps they might reach out to shows set in smaller towns, and suggest a cancer story that could fit the show’s formula.

### Growing Numbers of Older Americans

Dr. Niederhuber said he has no doubt the stories are there, with so many families facing tension between home and treatment, especially the growing numbers of older Americans entering the years of highest cancer risk.

“The older population tends to be less mobile, and certainly much more dependent on family and friends for help getting them to their care,” he points out.

In January, the NCI (continued on page 29)
received more than 40 applications for grants to support community-based cancer research, generally in conjunction with small, community-based, non-institutionalized centers. Dr. Niederhuber said he expects a handful of three-year pilot projects to win approval.

“It’s a very exciting time, but I think we are going to have a great deal of difficulty getting our best science, our best new knowledge, to people in the communities where they live,” he said.

The community-based research projects are intended to address that need.

“The goal is to see if we can study how to bring our state-of-the-art science to patients in these community settings, that is, through early-phase trials,” Dr. Niederhuber said.

“Right now, the majority of patients in community settings do not have access to the very early studies of our patients, unless they can and will travel, sometimes great distances, to our major centers.

“I think in this day and age, with UPS and FedEx and satellite communications, we ought to be able to do better than that. I don’t see why we can’t open early-phase trails in the community setting, as in the major research universities. The agents that we are studying are less toxic. They are easier to manage.

And even as cancer researchers are gathering grip, with the challenge of running research and treatment closer to patients’ homes, the media outreach program is trying to bring the public along, by picking out a new kind of TV story about cancer.

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WARNINGS

The decision to administer oxaliplatin to patients with a history of neurological dysfunction must be made with caution in patients with preexisting renal impairment since the primary route of elimination of oxaliplatin is renal. The volume of分布当量 of oxaliplatin in patients ≥65 year old patients is approximately one-sixth of the recommended human dose on a body surface area basis.

CAUTIONS

Oxaliplatin caused developmental mortality (increased early resorptions, decreased live births) in pregnant rats administered 1 mg/kg/day oxaliplatin (less than one-tenth of the recommended human dose based on body surface area). It was mutagenic to mammalian cells in vitro (L5178Y mouse lymphoma cells) but was not mutagenic in the Ames test. None known.

PRECAUTIONS

The following table provides adverse events reported in the adjuvant therapy colon cancer clinical trial (see CLINICAL STUDIES) by body system and grade of severity. The table does not include hematologic and blood chemistry abnormalities.

Table 14 - Adverse Experiences Reported in Patients with Stage II or III Colon Cancer Receiving Adjuvant Treatment (43%) of all patients and (5%–5% Grade 3/4 events)

<table>
<thead>
<tr>
<th>Adverse Event</th>
<th>Arm</th>
<th>Grade 1</th>
<th>Grade 2</th>
<th>Grade 3</th>
<th>Grade 4</th>
<th>Total (All grades)</th>
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</thead>
<tbody>
<tr>
<td>Anaphylactic reactions</td>
<td>ELOXATIN</td>
<td>10</td>
<td>12</td>
<td>36</td>
<td>2</td>
<td>50</td>
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<tr>
<td>Gastrointestinal</td>
<td>ELOXATIN</td>
<td>23</td>
<td>24</td>
<td>36</td>
<td>2</td>
<td>55</td>
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<tr>
<td>Dermatological/Skin</td>
<td>ELOXATIN</td>
<td>32</td>
<td>3</td>
<td>36</td>
<td>2</td>
<td>38</td>
</tr>
<tr>
<td>Fatigue</td>
<td>ELOXATIN</td>
<td>38</td>
<td>1</td>
<td>36</td>
<td>1</td>
<td>39</td>
</tr>
<tr>
<td>Neutropenia</td>
<td>ELOXATIN</td>
<td>13</td>
<td>1</td>
<td>8</td>
<td>1</td>
<td>16</td>
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<tr>
<td>Anemia</td>
<td>ELOXATIN</td>
<td>13</td>
<td>1</td>
<td>8</td>
<td>1</td>
<td>16</td>
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<tr>
<td>Nausea</td>
<td>ELOXATIN</td>
<td>47</td>
<td>6</td>
<td>24</td>
<td>1</td>
<td>78</td>
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<tr>
<td>Vomiting</td>
<td>ELOXATIN</td>
<td>49</td>
<td>6</td>
<td>24</td>
<td>1</td>
<td>76</td>
</tr>
<tr>
<td>Constipation</td>
<td>ELOXATIN</td>
<td>66</td>
<td>12</td>
<td>48</td>
<td>7</td>
<td>123</td>
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<tr>
<td>Diarrhea</td>
<td>ELOXATIN</td>
<td>56</td>
<td>11</td>
<td>48</td>
<td>7</td>
<td>122</td>
</tr>
<tr>
<td>Anorexia</td>
<td>ELOXATIN</td>
<td>38</td>
<td>1</td>
<td>8</td>
<td>1</td>
<td>48</td>
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<tr>
<td>Alopecia</td>
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<td>28</td>
<td>36</td>
<td>2</td>
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<tr>
<td>Palmar-plantar erythema</td>
<td></td>
<td>32</td>
<td>2</td>
<td>36</td>
<td>2</td>
<td>42</td>
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<tr>
<td>Hyperpigmentation</td>
<td></td>
<td>32</td>
<td>2</td>
<td>36</td>
<td>2</td>
<td>42</td>
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<tr>
<td>Table 15 - Oxaliplatin Plasma Concentration Following Administration of Oxaliplatin (WHO/Pref) Grades (%) Grades (%)</td>
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