

Leaders' Update

A message from Dr. Jennifer Elston Lafata, co-leader of the Cancer Prevention and Control program

Cancer prevention and control research at Massey continues to evolve and expand.

The Cancer Prevention and Control (CPC) program brings together a diverse group of health services and behavioral scientists with clinicians (oncologists, primary care physicians, palliative care specialists and nurses) to study behavioral, policy, organizational and environmental factors that affect cancer risk, diagnosis, treatment and survival. The program is one of Massey's largest and includes approximately 30 members from 14 departments across several schools and one college at VCU.

The program's objectives are to (1) understand the socioeconomic and cultural forces causing or contributing to cancer outcomes; (2) enhance cancer care outcomes as experienced by those diagnosed with cancer and those who provide them care; (3) improve cancer prevention and early detection through behavior change, healthy lifestyles and tobacco cessation; and (4) integrate communication and decision-making research into clinical practice. Across each objective, much of the research conducted focuses on underserved minority populations and communities and the medically indigent who are served by Massey through the VCU Medical Center, the state's largest safety net provider.

Massey's CPC research stretches across the entire cancer continuum. Current research is focused on understanding tobacco addiction and its impact; how to improve the delivery of prevention and early detection; how treatment decisions are made and their impact on patients, families and caregivers; and the cognitive, behavioral and contextual conditions that minimize cancer's burden, including analyses of national and other policies that affect those diagnosed with cancer.

CPC is one of the three major research areas in which a cancer center must demonstrate depth and breadth to receive designation by the National Cancer Institute as Comprehensive. Also critical to the designation is substantial transdisciplinary collaboration that bridges CPC, laboratory and clinical research. Massey has made impressive strides in all three areas.

Recently, my program co-leader, Dr. Cathy Bradley, and I attended a workshop sponsored by NCI at the 2013 American Society of Preventive Oncology Annual Meeting. The workshop was centered primarily on the newly issued guidelines for the Cancer Center Support Grant (CCSG) – the grant that provides NCI designation.

The new guidelines were issued in September 2012 and take effect with applications submitted on or after January 2013. One of the more notable changes includes a requirement that all programs' cancer research be relevant to the cancer center's catchment area, such as problems affecting racial and ethnic minorities, those of low socioeconomic status and environmental exposures, among others. The catchment area is based on the geographic area that the cancer center serves, including the local area surrounding the center. We believe that Massey's CPC research fits the new catchment area requirements well because much of our research already focuses on the underserved populations that Massey serves.

While the program's overall scientific quality as defined by high-impact research publications will continue to be important, so too will our ability to illustrate research translation and dissemination as well as our engagement in clinical trials that are advancing the field or changing medical practice. Other criteria that are important for us to consider include the extent to which our research represents transdisciplinary collaborations within the CPC program and with other Massey programs and external partners. The CPC program and the cancer center overall are best served if all members consider these guidelines and contribute accordingly.

To better support Massey's emerging population science informatics needs and serve these critical areas of research inquiry, a new shared resource core is being developed. This new core, the Patient/Community-Centered Outcomes Research Core (PC-COC), will be led by Drs. Richard Brown and Levent Dumenci, and will address the need to rigorously evaluate a broad range of outcomes at the clinician, patient and community levels. The expertise housed within this core will be available for use by all Massey members.

Please visit the [Massey Web site](#) for more information about Cancer Prevention and Control research.

Regards,

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Cancer Prevention and Control program co-leader