

e-collaborating

collaborating (and communicating) to conquer cancer

issue #4 summer 04

June Semi-Annual Meeting Report C-Change Meets and Acts



An opening plenary session included a keynote presentation and reaction panel.

After 126 multi-sector leaders and staff members convened on June 18 and 19 at the Grand Hyatt in Washington, DC, C-Change™ moved noticeably forward in its mission of eliminating cancer as a public health threat at the earliest possible time.

C-Change's Twelfth Semi-Annual meeting featured

- a lesson in strategies for organizational success,
- a town hall meeting,
- five hours of Team meetings,
- a presentation of specific action plans by two C-Change Teams,
- a survey for attendees on their attitudes and knowledge about tobacco,
- a presentation of the CEO Cancer Gold Standard,
- a call to action for C-Change members to involve their organizations in support of the Tour of Hope, and
- a keynote address on health disparities in cancer.



Here is an event-by-event recap of the program, including highlights of the major findings and actions.

Friday, June 18

Plenary Session / Les Silverman - "Talk to Action"

In an address that earned high scores and praise from the audience, Les Silverman, Director, of McKinsey & Company and Leader of their Global Nonprofit Practice, provided the audience with a tone-setting overview of keys to organizational success. Silverman explained that he accepted the invitation to speak to C-Change because, "the fight against cancer is personal for me..." His first wife died from cancer after a 12-year struggle with the disease and his daughter is now 29, the age that his wife was first diagnosed.

Silverman shared his insights from his work and research in the nonprofit sector on what drives organizational performance. "Passion for a mission is a wonderful attribute of the nonprofit sector. The nonprofit sector runs on passion...Passion for the fight against cancer has already enabled C-Change and its predecessor organization to accomplish something very important—to convene...the leaders of the important cancer organizations from all sectors of our society." But then he cautioned the audience, "The passion that brought you here probably won't be enough going forward."

Silverman outlined four requirements that the most effective nonprofits share: 1) a focused, impact-oriented mission, 2) measurable impact goals, 3) a well-crafted value proposition, and 4) a capable and performance-driven organization. He also outlined the importance of defining a more specific focus and investing in infrastructure to support the organization. These are essential to overcome common barriers in nonprofits, such as lack of time

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A Call to Action

The Tour of Hope

C-Change will ride tandem this fall with cycling champion Lance Armstrong and the 2004 Tour of Hope cycling team as they cross America to raise cancer awareness and inspire hope for cancer patients and their families. In June, C-Change's Board voted to become a partner of the Tour and participate in various aspects of the Tour's plans to raise awareness as 20 bikers cycle 3,500 miles from Los Angeles to Washington, DC, from October 1 to 9.

"The Tour's goals are in direct alignment with several of ours..."

"The Tour's goals are in direct alignment with several of ours, says Connie Curran, C-Change Executive Director. "Just as we are, the Tour of Hope is targeting cancer prevention and detection, research, and especially promotion of greater participation in clinical trials. We are pleased to be invited and lend our support to this nationwide event."



Photo credit: www.tourofhope.org

Lance Armstrong leads the Tour

Armstrong, who is the first six-time winner of the Tour de France and a cancer survivor, credits clinical trials with saving his life. The Tour, whose primary sponsor is Bristol-Myers Squibb, features an effort to get the public to sign "The Cancer Promise" which is a personal commitment to learn more about cancer prevention, detection, diagnosis, treatment, and research, with an emphasis on willingness to consider participation in clinical trials. C-Change, as part of its philosophy of leveraging the organization, is asking its Members to get their organizations involved and solicit signed "Promises" from their employees, members, volunteers, and others. Armstrong will deliver the signed promises to

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Collaborating to Conquer Cancer



from the executive director connie curran

When an organization has the mission "to leverage the expertise and resources of our membership to eliminate cancer as a public health problem at the earliest possible time," it can be difficult to focus on key activities. We recently engaged in a process with Members, Teams, the Board of Directors, and staff to identify C-Change's strategic priorities. We identified 14 strategic priorities that we will focus on from July 2004 through December 2005.

I would like to hear from you regarding these initiatives. If you or your organization are working on similar issues and have wisdom, processes, or products to share with us, please let me know. We can accelerate progress and amplify the power of all of our efforts.

MISSION

To leverage the expertise and resources of our membership to eliminate cancer as a public health problem at the earliest possible time.

VISION

A future where cancer is prevented, detected early and cured, or managed successfully as a chronic illness.

STRATEGIC PRIORITIES

- Continue support of Regional Comprehensive Cancer Control Leadership Institutes and Planning Assistance Team Visits to targeted states and the issuing of a "Call to Action" and associated toolkit to C-Change members.
- Expand State Cancer Plan guidance documents to include tools related to workforce development, tobacco control and improving access to clinical trials, treatment and palliative care.
- Facilitate the achievement of the priority recommendations generated through the September 2003 C-Change sponsored national "Prevention and Early Detection Summit", through member and other stakeholder organizations.
- Facilitate the achievement of the priority recommendations generated through the January 2004 C-Change sponsored national "Information and Surveillance Summit" through member and other stakeholder organizations.
- Develop a tobacco control plan designed to systematically address the gaps in current federal and state government and non-profit organizational efforts, through member and other stakeholder organizations.
- Fulfill the terms of the funding agreement between the American Legacy Foundation and C-Change.
- Develop and publish Clinical Trials Guidance Document empirically demonstrating the cost and reimbursement of conducting trials for review and consideration by public and private sector member organizations.
- Publish and distribute the Clinical Trials Regulatory Reform White Paper to appropriate member organizations.
- Promote patient navigator programs through the targeted distribution of a resource guide developed by the Patient Advocate Foundation and the development and implementation of regional patient navigator training programs.
- Issue a "Call to Action" to C-Change members asking them to implement benefit and workplace standards that promote cancer prevention, early detection and access to clinical trials.
- Publish a study demonstrating the impact of cancer on the cost and quality of life as well as the return on investment for cancer research initiatives in these terms.
- Conduct Forum III as a vehicle to convene the cancer research community to explore diagnostic approaches driving therapeutic development.
- Develop a plan to build a national cancer corps with the necessary surge capacity to deliver cancer care to an aging population.
- Develop a "Careers in Cancer" initiative including a summer internship program that provides college students with multi-sector work experiences and a "Call to Action" speaker kit for C-Change members to share with target audiences with the goal of recruiting workforce members and future leaders.



The Access Team met for five hours during the June meeting, as did all Teams, to allow time to focus on a specific initiative or major milestone.

Meeting, cont. from page 1

and resources, a discomfort with criticism, a "commitment to the status quo," and consensus decision-making.

Silverman advised C-Change to set measurable goals, focus and employ pragmatic actions, invest in building an effective organization, and foster a performance culture. He concluded, "As C-Change transitions from a twice-yearly convening of industry leaders to a catalyst or agent for change—in other words, transitions from talk to action—paying attention to these management basics could make the difference between holding a series of successful meetings and making a real difference in the life of my daughter and so many others."

The full text of his remarks can be found at www.c-changetogther.org.

Reaction Panel

A reaction panel discussed major themes of Silverman's address from the perspective of C-Change as well as their own organizations and experiences. Willis Goldbeck moderated a discussion by Marguerite Baxter, Zora Brown, Patricia Nolan, and Robert Young. Their lively discussion supported Silverman's advice to focus on discrete number of initiatives with an emphasis on measurable impact. The audience also voiced their support for the Board to set organizational priorities that would focus the teams and the rest of the organization.

Team Meetings and Working Sessions

C-Change Teams conducted their business meeting followed by a working session on a particular initiative with the goal of completing a project or major milestone. Team evaluations reflected strong agreement over the relevance of issues discussed, execution of leadership around difficult issues, clear definition of next steps, and contribution to the overall mission of C-Change. (For more details regarding the progress of each team, see pages 7 & 8).

Business Meeting

Executive Director Connie Curran updated Members on a variety of accomplishments over the past six months that have strengthened C-Change's infrastructure. She reported that the 2003 audit was successful and gave an update on each Team's budget. To date, all of the Teams are operating either below or on budget. To assist each Team in monitoring its spending, C-Change staff issue each Team a quarterly budget report. Curran ended by encouraging Members to call or e-mail her with ideas and questions.



Connie Curran

In other business, Gary Gurian took the podium to lead the audience through a knowledge and attitudes survey about tobacco conducted in collaboration with the Tobacco Control Team and the American Legacy Foundation. See page 4

for details of the survey results.

Peggy Conlon then provided a review of the Communications Symposium held by the Communications Subcommittee on Thursday, June 17. Marketing and public relations experts from various C-Change member organizations were engaged to discuss possible approaches to a public service announcement from C-Change. They reviewed existing media messages and began identifying potentially unique messages that would complement the efforts of Member's organizations and advance the mission of C-Change.

After a day of intense work and collaboration, the participants enjoyed a networking reception.

Saturday, June 19

Vice Chairperson Senator Dianne Feinstein called the general session of C-Change to order and

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national leaders at concluding ceremonies on the Ellipse in the nation's capital on October 9.

The Tour Team of 20 riders was carefully selected from more than 1,200 applicants. All the members



Robert Stuart and Steve Verbanic discuss their upcoming ride across the country for the Tour of Hope with C-Change Co-chair Pres. Bush.

Photo credit: www.tourofhope.org

are health care professionals, cancer survivors, or individuals whose lives have been touched by cancer through a loved one's affliction with the disease. The members range in age from 32 to 66 years old and represent 18 states. C-Change Members at the June Semi-Annual meeting will never forget the moving presentations made by Tour Team members Robert Stuart and Steve Verbanic and their personal battles against cancer.

Each rider will average 800 miles. The riders will make stops in more than two dozen cities for rallies hosted by local cancer organizations or Tour partners to bring media and public attention to the Tour's messages. The Tour will conclude on October 9 with a final 50 mile ride from Baltimore to Washington DC where a rally and health festival will be staged on the Ellipse.

C-Change will be represented on the final leg of the trip by Members ThuVan Dihn, Phil Huang, Judith Kaur, Kevin Lewis, Michael Samuelson and Emilie Tierney. C-Change will also have an educational exhibit at the festival.

Besides Bristol-Myers Squibb, the Tour's principal sponsor, other partners supporting the Tour are the ASCO Foundation, CancerCare, the Cancer Research and Prevention Foundation, the Coalition of National Cancer Cooperative Groups, the Lance Armstrong Foundation, the National Coalition for Cancer Survivorship, and the Oncology Nursing Society.

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C-Change Tobacco Knowledge

Tobacco Knowledge and Attitudes Survey Findings

At the June 2004 semi-annual meeting, C-Change conducted a "Key Opinion Leaders Knowledge and Attitude Survey" of attending members and staff. Over 90 percent of the business meeting attendees responded to the survey. As indicated by the following results, our members are knowledgeable on tobacco related issues and recognize a need for C-Change to continue its role as a tobacco control facilitator.

The survey was conducted to assist planning by the Tobacco Team and to fulfill an agreement with the American Legacy Foundation.

Survey Results

1. The respondents were knowledgeable on the risks associated with tobacco use.
2. The respondents clearly (81%) indicated tobacco control should be a top priority of C-Change.
3. The respondents clearly (93%) indicated that neither the federal government or the states are doing enough in tobacco control.
4. The respondents indicated that their organizations were involved in a range of tobacco control efforts and are interested in becoming even more involved.

Sullivan Named C-Change Director, Development and Membership

Roger J. Sullivan, a fund raising expert with deep experience in cancer funding, has been named Director, Development and Membership, for C-Change. As a staff member, he will be responsible for directing and executing programs that secure C-Change's financial ability to support its programs and plans and help shape member benefits and expectations.

Sullivan served for the last seven years as National Director, Strategic Resources, for the American Cancer Society Foundation. In all of his professional positions, Sullivan has nearly 30 years experience in senior level development positions working on capital campaigns, personal major gifts, corporate partnerships, staff and volunteer development, and more.

A complete report on Sullivan's appointment will appear in the next issue of "e-collaborating."



Vice chair Sen. Dianne Feinstein, Marlene Malek, and Co-chair Barbara Bush share a light moment between sessions.

Meeting, cont. from page 3

greeted Members, guests, and dignitaries, including President and Mrs. George H. W. Bush and West Virginia Governor Robert Wise. LaSalle Leffall and Marguerite Baxter then presented President Bush with a gift, (a pillow needle-pointed by all of the C-Change Board members) in honor of his eightieth birthday, followed by a rousing round of "Happy Birthday" from the audience. Senator Feinstein continued her remarks with an overview of the healthcare challenges and opportunities facing our nation, ranging from research to access.

Town Hall Meeting

Questions were posed regarding possible strategies to leverage the power of the network to bring measurable change to fight against cancer. With the 'Fortune' magazine article, "Why We're Losing the War on Cancer [And How to Win It]" by Clifton Leaf (March 2004) as background, various members spoke in support of C-Change becoming more focused and action oriented. While recognizing the potential for internal conflict by narrowing priorities, participants who spoke supported the imperative to make such choices.

Dialogue With the Teams

In keeping with the direction of the Town Hall discussion, Robert Hiatt and Dileep Bal presented specific priority findings and recommendations from the Summit Conferences hosted by the Access and Prevention/Early Detection Teams respectively. Hiatt outlined the scope of issues defined by the Surveillance and Information Summit participants in January 2004. Bal outlined a set of priority initiatives from the Prevention Summit in 2003 and described the organizations that have volunteered to take ownership of specific priorities and that have committed to lead collaborative efforts. (See article on page 6.)

Tour of Hope

Board Chairman LaSalle Leffall updated the membership on the Board's decision to become a partner in the 2004 Tour of Hope. This national initiative to increase awareness about healthy lifestyles, cancer screening, and participation in

clinical trials supports the mission of C-Change and, most specifically, the goals of the Clinical Trials Team. C-Change will help raise awareness of the Tour among its Members and others while gaining nationwide exposure from the campaign. Regarding funding, C-Change will not contribute to the Tour or receive funds as a result of its participation.

Two riders from this year's Tour of Hope Cycling team were on hand to share their motivation for participating in the Tour in two emotionally



LaSalle Leffall

moving talks. Robert Stuart, a 55-year old hematologist/oncologist from Charleston, SC, told the story of his long career and dedication to cancer research that ultimately was validated by the remarkable survival of one very important patient—his wife. He related how her "miracle began with a clinical trial." Stuart himself is a cancer survivor, having had surgery in 1991 to treat kidney cancer.

The second rider, Steve Verbanic, 45, a chief information officer from Virginia Beach, VA, described the challenge of going through cancer treatment and then having to face the incomparable pain of watching his young son suffer from leukemia. He is sharing his message to encourage cancer patients to learn about their disease and investigate all treatment options, including clinical trials. "I encourage people to get involved in their treatment plan," he said. "I did not do this in my case. When my son was diagnosed, we did research, and it altered the course of his treatment." Verbanic said, that as he cycles his way across the U.S. with the Tour team, he will be motivated by his own experience, his sister's death from Hodgkin's disease, and his son Jackson's current struggle with cancer.

A "Call to Action" was then issued to Members of C-Change to sign the "Promise," a key part of the

cont. on page 5. Meeting

Tour. The Promise is a personal commitment to learn more about cancer-its prevention, detection, diagnosis, and treatment, along with the importance of cancer research. Dr. Leffall also asked each Member to solicit signed "Promises" from members of their respective organizations and networks.

CEO Cancer Gold Standard

Bob Ingram described the work of the CEO Roundtable on Cancer and the recently approved CEO Cancer Gold Standard™. He described the initial challenge issued by President Bush for corporate America "to be bold and venturesome" in the fight against cancer. CEOs agreed to ask and answer one important question, "What are we doing in our own companies with respect to cancer awareness, prevention, early diagnosis, and optimal treatment?" To answer the question, they commissioned a task force led by Gary Reedy of Johnson & Johnson to develop a corporate standard of excellence on cancer. The three goals of the standard are to focus on 1) risk reduction, 2) early detection, and 3) access



Peggy Conlon presents a Tour of Hope overview

to high quality treatment, including clinical trials.

The Roundtable has gone on to collaboratively define a standard of excellence and has begun to leverage the power of its corporate membership and some state governments. Finalized in May, the CEO Cancer Gold Standard is a focused and powerful initiative with the potential to impact the lives of 30-plus million people and many thousands of cancer patients through better access to prevention, detection, and therapeutic options. (See the next column for the complete Gold Standard.)

Mark Clanton-Keynote Address

Mark Clanton, MD, MPH, the Deputy Director, National Cancer Institute (NCI) for the newly created Office of Cancer Care Delivery Systems, presented the keynote address. He replaced Mark McClellan, MD, PhD, McClellan, the Administrator of the Center for Medicare and Medicaid Services, who had to cancel his appearance prior to the meeting.

Clanton shared the finding of the March 2004 report, "Making Cancer Health Disparities History," by the

CEO Cancer Gold Standard

Organizations that adopt the CEO Cancer Gold stand will satisfy the following:

1) Tobacco Use

- Establish and enforce tobacco-free worksite policies.
- Ensure that health benefit plans include coverage at no cost for evidence-based tobacco treatments (counseling and medications).
- Establish workplace-based tobacco cessation initiatives.

2) Screening & Early Detection

- Sustain a culture that promotes appropriate cancer-screening.
- Ensure that health benefit plans include cancer-screening provisions that adhere to the American Cancer Society (ACS) Guideline or the US Preventive Services Task Force (USPSTF) Guidelines.
- Offer health benefit plans that eliminate cost as a barrier to accessing preventive / screening test and exams

3) Diet and Nutrition

- Sustain a culture that supports healthy food choices.
- Provide access to nutrition / weight control programs.

4) Physical Activity

- Sustain a culture that promotes physical activity.
- Demonstrate commitment eliminate barriers to active lifestyles.

5) Access to Quality Treatment and Clinical Trials

- Provide education and promotion of cancer clinical trials.
- Offer health benefit plans that eliminate cost as a barrier to accessing cancer clinical trials.
- Ensure that health benefit plans provide access to cancer care at Commission on Cancer-approved facilities and/or NCI-approved cancer centers.

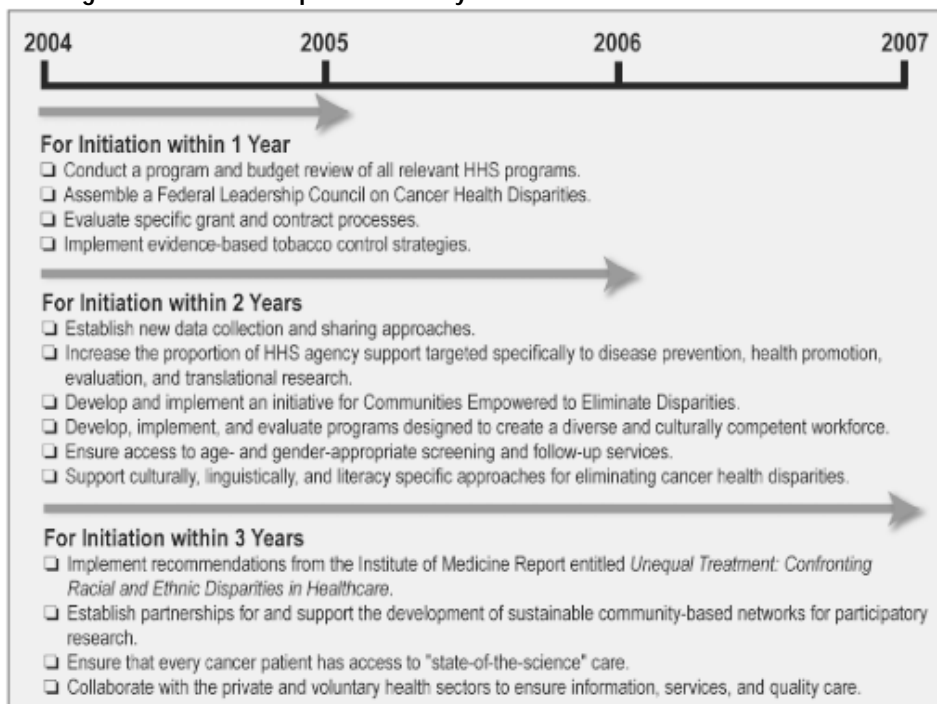
Trans-HHS (Health and Human Services) Cancer Health Disparities Progress Review Group.

optimize appropriateness, efficiency, and effectiveness, HHS will make cancer health disparities history."

The chart below describes the major recommendations and timeline of the report. Clanton emphasized, "By pursuing a comprehensive approach in which all HHS agencies work together and are held accountable, and in which incentives are aligned to

The Members adjourned until November 19 and 20 when the Thirteenth Annual Meeting of C-Change will convene at the J.W. Marriott in Washington, DC.

Making Cancer Health Disparities History



Research Team News

"Biomarkers, Surrogate End Points, and the Acceleration of Drug Development for Cancer Prevention and Treatment: An Update"

Published in Clinical Cancer Research

The June 1, 2004, edition of Clinical Cancer Research (10:3881-3933) featured a special series of 6 articles regarding emerging drug research strategies that provide earlier and/or more sensitive measures of efficacy, response to treatment, and cancer recurrence. This body of work provides a survey of new and current thinking as well as identifies promising opportunities for the research and regulatory community to explore further with the aim of accelerating drug development.

Under the leadership of Chair Anna Barker and Vice Chair Hal Moses, the Research Team of C-Change served to conceptualize these papers, convene scientists, and facilitate the completion of this work. Gary J. Kelloff from the Division of Cancer Treatment and Diagnosis of the NCI, coordinated this project and successfully collaborated with dozens of co-authors and contributors from across the country. Several other C-Change members were among the coauthors, including J. Carl Barrett, Donald J. Coffey, Robert W. Day, Homer L. Pearce, and George F. Vande Woude.

The first article provides an overview of this conceptual approach and an introduction to the set of papers. The next two papers examine the use of biomarkers in various phases of drug research and development as well as a process for recognizing possible biomarkers when evaluating response to therapy. The last three articles provide examples of how this concept is currently being applied in prostate, colorectal, and ovarian cancer.

When this project was initially being discussed two to three years ago by the Research Team, these research strategies were not uniformly accepted by the scientific community. While these concepts have gained legitimacy over the past few years, scientists are still learning to effectively communicate this new approach to regulators. Increasingly, these data support the FDA mission for examining the safety and efficacy of therapeutics. In order to explore the future possibilities of biomarkers and surrogate endpoints, the article specifically outlines the need for further multi-sector collaboration.

Understanding Biomarkers & Surrogate Endpoints

The term "biomarkers" refers to a biochemical measure of blood, body fluid, or tissue that signals the possible presence of a cancer i.e. Prostate specific antigen (PSA) is a biomarker for prostate cancer. CA-125 is a biomarker for ovarian cancer.

The term "surrogate endpoint" refers to a measure that serves as an early proxy for efficacy or response to treatment. For example, the prostate specific antigen (PSA) is traditionally used as a screening test for prostate cancer. In patients who have had their prostate removed, the PSA level can be measured to assess for cancer recurrence. If recurrent cancer is detected, PSA can be measured during the course of treatment to assess the patient's response to treatment. The acceleration of increase or decrease in the PSA level is predictive of a patient's ultimate outcome. In other words, the slope of the PSA curve at various points in time is a strong predictor of ultimate response.

The significance of this concept in drug research is that scientists can predict the efficacy of a drug or particular patient's response to the drug by watching the slope of the curve during earlier stages of treatment rather than waiting until later stages of treatment based upon less sensitive measures of response. Similarly, drug doses can be adjusted based upon the slope of the curve to attain the optimal response but possibly with a less toxic dose.

C-Change news notes

Prevention and Early Detection Team Collaborates on Top Priorities

The Prevention and Early Detection Team is actively collaborating with Members and other organizations to have them 'assume the lead' in fostering the achievement of a series of priority recommendations, effectively leveraging the power of C-Change's organization. The priority recommendations were generated through the C-Change-sponsored Cancer Prevention and Early Detection National Summit held September 2003.

Several C-Change member organizations have volunteered to spearhead specific efforts with the support and collaboration of others. C-Change will serve as a facilitator to all initiatives while taking the lead and ownership on other specific initiatives where it is uniquely positioned.

At the June Semi-Annual meeting, the Primary Prevention and Early Detection Team reviewed the top 14 Action items from the Primary Prevention and Early Detection Summit and chose to focus on two priorities. They are

#1) Work with the three C-Change sectors to support healthcare delivery design change in healthcare systems to implement the best scientifically validated and available interventions for the early detection of cancer and to address multiple risk factor interventions, including tobacco use, physical activity, and weight management.

#2) Publicly support an increase in state and federal tobacco excise taxes, with a portion of the new revenue dedicated to support state and local tobacco control programs, (in accordance with CDC recommended funding levels) as well as comprehensive cancer control programs.

The lead organization for Action Item #1 is the Agency for Healthcare Research and Quality while the Campaign for Tobacco-Free Kids will be the lead organization for Action Item #2.

The other 12 priority recommendations generated through the Prevention and Early Detection Summit will be systematically addressed. The Campaign for Tobacco Free Kids will champion effective FDA regulation of tobacco products. The Advertising Council and the Board's Communications Subcommittee will lead the development of a coordinated and targeted social marketing campaign addressing cancer risk factors.

C-Change

team news

The Teams of C-Change are its primary vehicles for effecting change. In order to support and accelerate the team's work, the June meeting agenda was designed to afford teams ample and focused time to work together. Each team conducted their business meeting followed by a working session focused on a specific team priority with the goal of achieving a major milestone or bringing a project to completion. The following table highlights the major developments or action taken on their top priorities.

TEAM	Priorities	Actions Taken / Accomplishments
Access	Develop and distribute a national/community patient navigator resource guide	Distribute 5,000 CD-Roms of the Patient Advocate Foundation's National Financial Resource Directory: A State by State Guide by August 30, 2004
	Identify and pursue priority recommendations from the Surveillance & Information Summit	Defined 7 priority recommendations from the Summit. Access team will select and focus on 1-2 to pursue within C-Change through Member organizations, and with other selected stakeholders.
	Develop a White Paper on improving access to quality cancer care	Drafting a background paper on access issues
Primary Prevention & Early Detection	Identify priority recommendations from the Prevention and Early Detection Summit	Defined 14 priority recommendations from the Prevention Summit. Team will initially focus on 2 priorities and collaborate with lead organizations on other priorities. (See article on page 6.)
Cancer Research	Convene forums for independent pilots sites which are implementing the National Biospecimen Network Blueprint	Completed summary of public comments on NBN blueprint. Independent pilot sites beginning to adopt blue print practices.
	Publish 6 White Papers on the use of Surrogate Endpoints in removing barriers to drug discovery	Published in Clinical Cancer Research 10: 3881-3933, June 1, 2004. (For more information, see page 6.) Next steps: draft a paper re: surrogate endpoints for lung cancer
	Publish a paper on the role of Academic Medical Centers in drug development	Completed draft with revisions and journal submission pending.
	Conduct 2 Congressional Educational Briefings	Targeting a Fall 2004 date for a program on imaging.
	Plan an approach to an Economic Impact Study of Cancer for 2005	Identifying Blue Ribbon panel to define the scope and approach.
	Plan & conduct Forum III to explore diagnostic approaches driving therapeutic developments	Forming Planning Committee for 2005 conference date.
Clinical Trials	Develop a guidance document on the cost of conducting clinical trials for the purpose of policy deliberations on clinical trial funding	Issued RFP for the Clinical Trials Guidance Document on 6/17/04 to several firms. Responses were due by 7/20/04 and the contract will be awarded by 9/30/04.
	Publish a White Paper on regulatory reforms that strives to expedite the clinical trials process	Completed draft of "Reducing the Barriers" with approval and distribution plan pending.
	Develop State Clinical Trials Model Program[s] through a competitive RFP process	Redrafting a proposed model for a coordinated state clinical trials system.

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C-Change

team news

TEAM	Priorities	Actions Taken / Accomplishments
State Cancer Plans	Conduct Planning Assistance Team visits to the 4 remaining states without comprehensive cancer control programs	Completed 3 of 4 remaining states with final visit schedule for 7/04. Follow-up visits have been scheduled as requested.
	Conduct 4 regional Comprehensive Cancer Control Leaderships Institutes to provide guidance for state cancer plan implementation	Austin, TX - completed Washington, D.C. - completed San Diego, CA - 9/27-29 Chicago, IL - 10/25-27
	Further develop the State Cancer Plan Awards initiative and secure funding	Plan to launch Award program at June 2005 Semi-Annual meeting
	Develop State Cancer Plans and C-Change member "Call to Action Toolkit" for upcoming semi-annual meeting	Plan to issue "Call to Action" at the 11/04 semi-annual meeting
Tobacco	Conduct a knowledge and opinion survey of leaders regarding tobacco control issues in accordance with the American Legacy Foundation Agreement and for use by our Tobacco Control Team	Completed Tobacco Knowledge and Attitudes Survey at the June Semi-Annual meeting. (For more information, see page 4.)
	Develop a Tobacco Control Action Plan for C-Change and its members	The first meeting of newly constituted Tobacco Control Team was held 8/30/04 under the direction of co-chairs Jerry Mande and Matt Myers. Myers is the newly appointed co-chair.
	Distribute Tobacco Symposium Report and Recommendations for further action	Action plan to be developed by the Tobacco Control Team
Work Force	Fill vacant co-chair position	Dr. LaSalle Leffall appointed Maureen Lichtveld, MD, MPH as co-chair.
	Define and develop short-term initiatives to recruit students and healthcare professionals into careers in cancer	Developing "Careers in Cancer" speakers kit and internship program as a "Call to Action" for C-Change in 2004
	Pursue longer-term initiative to develop a plan to build a national "Cancer Corps" from the healthcare work force with the necessary surge capacity and competency to deliver cancer care to an aging population	Defining scope of project in Fall 2004. Interested parties are invited to contribute.