Clinical trials are integral to the development of new treatments and therapies to fight cancer. Historically, many trials have been based at university medical centers, requiring patients to travel from their home communities. That has made it harder for them to participate and receive the potential benefits of the trials.

A new National Cancer Institute initiative—the NCI Community Oncology Research Program—is bringing more clinical trials to the communities where cancer patients live.

In 2014, Kaiser Permanente was selected as one of 34 NCORP community sites across the country. We, along with other leading health care organizations, now have access to a wide range of clinical trials through NCORP and the National Clinical Trials Network.

“NCORP allows us to participate in next-generation studies that are available through the network,” said oncologist Jonathan A. Polikoff, MD, director of the Kaiser Permanente Southern California Cancer Clinical Trials Access Program. “Once a trial gets posted, we can offer it to our members.”

NCORP will enable Kaiser Permanente to expand our already-robust clinical trials program to:

- Offer cutting-edge clinical trials to patients in our Northern California, Southern California, Northwest, Colorado, and Hawaii regions.
- Participate in cancer control and prevention research.
- Conduct new research on cancer care delivery.
- Identify and address health disparities in many aspects of cancer control and cancer care.
With our large and diverse membership, we bring a unique perspective to the national program. The Kaiser Permanente regions involved in NCORP serve about 1 of every 40 cancer patients in the U.S.*

“As a medical group, our goal is to achieve excellent outcomes for our patients with cancer,” said Michael Kanter, MD, medical director, Quality and Clinical Analysis, Southern California Permanente Medical Group. “By participating in programs like NCORP, we can bring innovative clinical trials to our patients and contribute our clinical expertise to the national effort to improve cancer care and outcomes.”

NCORP opens door to groundbreaking trials

One of the clinical trials Kaiser Permanente will be able to participate in is the NCI-Molecular Analysis for Therapy Choice. The NCI-MATCH trial seeks to determine the effectiveness of treating cancers according to their genetic makeup, rather than their location.

“This is the type of advanced study that NCORP enables us to offer our patients, and that I’m most excited about,” said Dr. Polikoff. “We are looking at genomic testing to try to identify specific ‘driver mutations’ for a variety of cancers, and following that with non-chemotherapy-based treatments to target those genetic abnormalities.”

The NCI-MATCH trial is open to 2,400 clinical sites across the U.S., including NCORP sites. Patients’ cancers will be biopsied for the genetic analysis and therapy will be chosen based on that result.

Another cancer control trial, which is designed to prevent chemotherapy complications for patients, is the Preventing Anthracycline Cardiovascular Toxicity with Statins (PREVENT) study, led by Wake Forest University. PREVENT aims to determine if atorvastatin (generic for Lipitor®) decreases the chance that patients with breast cancer or lymphoma who are receiving anthracycline-based chemotherapy will develop heart and cognitive problems.

NCORP will also support research into cancer care delivery. Typical is an upcoming study to explore the financial burden that patients with colon cancer face and how it affects their care.

“NCORP brings us into closer alliance with our Kaiser Permanente colleagues in other regions and disciplines,” said Dr. Polikoff. “It promotes better partnership among medical oncology, surgical oncology, radiation oncology, and others, fostering collaboration to find better ways to prevent and treat cancer.”

*Estimate based on our membership in California, Colorado, and the Northwest as a percentage of the total U.S. population.

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For more information, contact research-communications@kp.org or visit kp.org/research.