



Annual Meeting of the
Cancer Prevention and Control Research Network

Reception and Research Expo

Tuesday, October 19, 2010
6:00-8:00 pm

Gillings School of Global Public Health
University of North Carolina at Chapel Hill



Banning Outdoor Tobacco Advertising Near Schools and Playgrounds Under the Family Smoking Prevention and Tobacco Control Act

Principal Investigator (UNC): Kurt Ribisl, PhD

The tobacco industry has challenged the 2009 Family Smoking Prevention and Tobacco Control Act (FSPTCA) banning outdoor tobacco advertising near schools and playgrounds on First Amendment grounds, arguing that it leads to a near complete ban on tobacco advertising in dense urban areas. GIS analyses of two states, Missouri and New York, and more detailed analyses of an urban area in each state, St. Louis and New York City, allowed calculations of the percentage of tobacco retailers falling within 350, 500, and 1,000 foot buffer zones. 22% of Missouri retailers and 51% of New York retailers are within 1,000 foot buffers surrounding schools. Urban retailers are more likely to be affected: 29% in St. Louis and 79% in New York City. Smaller buffers decrease the proportion of affected retailers: 350-foot buffers would affect only 6.7% of retailers in St. Louis and 29% in New York City. In most of the country, 1,000 foot buffers around schools would not trigger Constitutional concern. Buffer zones of only 350 feet may result in almost no reduction of outdoor advertising in many parts of the country.

Beauty Salon & Barbershop-based Studies

Principal Investigator: Laura Linnan, ScD

Guided by an active Advisory Board organized in 2000, our team has more than ten years of collaborative work with NC beauty salon and barbershop owners, stylists/barbers and their customers. The North Carolina BEAUTY and Health Project (2002-2006) successfully recruited 40 African American beauty salon owners, licensed stylists and more than 1100 of their customers. This 2x2 factorial, group randomized trial tested the effects of stylist trainings and targeted health magazines on selected customer outcomes. Statistically significant increases in general health talk and talk about cancer screening occurred in the intervention salons, but no main effects at the customer level were observed. Three successful barbershop-based studies have rigorously tested interventions which enrolled more than 30 barbershops and over 500 African American customers, producing expected outcomes re: informed decision-making about prostate/colorectal cancer screening (Trimming Risk in Men-TRIM); increased calls to the Cancer Information Service (Cancer Understanding Today-CUTS); and participation in a physical activity assessment event (Fitness in the Shop-FITShop).

BeMobile: An ICCS Directed Physical Activity Enhancement for Colon Cancer Survivors
Principal Investigator (UNC Site): Deb Mayer, PhD, RN, AOCN, FAAN

Evidence suggests that a sedentary lifestyle contributes to colon cancer and increased risk of mortality after diagnosis. Interactive cancer communication systems (ICCS) can deliver tailored interventions to promote healthy lifestyle changes that lead to improved quality of life to large groups of cancer survivors. The Mobile Comprehensive Health Enhancement Support System (mCHESS) is an ICCS smart phone intervention adapted from evidence-based programs (FRESH START and CHESS). University of Wisconsin, UNC Lineberger, and MD Anderson Cancer Center are working together to develop and conduct a randomized trial of mCHESS to determine if it increases physical activity, decreases distress, and improves quality of life in men and women with stage I-III colon cancer.

Body & Soul

Principal Investigator: Marci Campbell, PhD, MPH, RD
Co-Investigator/Research Associate: Marlyn Allicock, PhD, MPH

Body & Soul: A Celebration of Healthy Living is a nutrition program focused on reducing health disparities via an evidence-based initiative in faith communities. The program is currently disseminated to African American churches throughout the United States by the National Cancer Institute. This program is one of the first of its kind to follow a community-based program through the phases of efficacy testing, effectiveness trial, and dissemination research.

Carolina Community Network I and II

Principal Investigator: Paul Godley, MD, PhD, MPP
Co-Principal Investigator: Anissa Vines, PhD
Community Health Educator: Veronica Carlisle, MPH
Website: www.carolinacommunitynetwork.org



The Carolina Community Network (CCN) is a regional cancer network funded by the NCI Center to Reduce Cancer Health Disparities' Community Network Program. CCN focuses on breast, prostate and colorectal cancers among African Americans. The network's resource cores have provided expertise in six areas: cancer education, CBPR training, research development, minority recruitment, health policy, and dissemination to community partners. Priorities for the next 5 years include: 1) increasing community knowledge of, access to, and use of beneficial biomedical and behavioral procedures; 2) developing and performing research on using evidence-based interventions to reduce cancer health disparities; and 3) increasing the number of qualified researchers experienced in using CBPR approaches to reduce cancer health disparities.

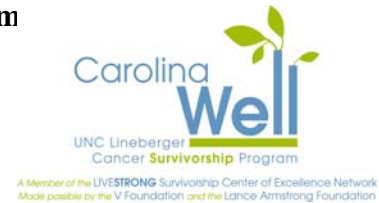
Carolina Well, UNC Lineberger Cancer Survivorship Program

Principal Investigators: Marci Campbell, PhD, MPH, RD and
Don Rosenstein, MD

Project Director: Michelle Manning, MPH

Education and Outreach Coordinator: Mindy Gellin, RN, BSN

Website: www.carolinawell.org



Carolina Well is a member of the Lance Armstrong Foundation LIVESTRONG Survivorship Centers of Excellence Network. As one of eight centers in the US, Carolina Well collaborates with experts across the nation to empower cancer survivors in North Carolina to have the highest possible quality of life during and after treatment. Three areas of focus include: (1) Clinical Programs - survivorship clinics and care plans to improve patient/provider communication after treatment; psycho-educational programs; resources and tools for wellness; (2) Community Programs - local educational and training programs for cancer survivors and caregivers including peer counseling and CE for health professionals; (3) Research - an ethnographic study of the 8 LIVESTRONG Survivorship Centers of Excellence and an evaluation of Peer Connect, a peer-to-peer support program.

Center of Excellence for Training and Research Translation (Center TRT)

Co-Principal Investigators: Alice Ammerman, DrPH, RD, and Jennifer Leeman, MDiv, DrPH

Project Director: Janice Sommers, MPH

Website: www.center-trt.org

In collaboration with the CDC Division of Nutrition, Physical Activity and Obesity, the Center TRT is devoted to bridging the gap between research and public health practice with an emphasis on nutrition, physical activity and the prevention and control of obesity. The Center TRT website features web-based training modules on obesity and chronic disease prevention topic areas; intervention strategies that target contributing factors to obesity; interventions that have undergone review; and tools to help practitioners implement evidence-informed interventions in their states and communities.

Cervical Cancer-Free North Carolina

Principal Investigator: Noel Brewer, PhD

Research Associates: Pamela Entzel, JD, MPH and Kim Hayes

Cervical Cancer-Free North Carolina (CCFNC) is a coordinated strategy to end or substantially reduce cervical cancer in North Carolina by increasing: (1) HPV vaccination among young female adolescents ages 11-18 and (2) cervical cancer screening among women ages 25-70 who have not been screened in the last four years. CCFNC's current activities include formative research projects to identify and implement interventions to increase vaccination and screening, and publication of a cervical cancer screening and treatment resource directory. In addition, through its North Carolina Cervical Cancer Coalition, CCFNC is mobilizing support for cervical cancer prevention within NC communities and organizations.

CHIME: The Carolina HPV Immunization Measurement and Evaluation Project

Principal Investigator: Noel Brewer, PhD

Research Assistant: Annie McRee, MPH

The CHIME Project investigated three topics important to HPV vaccine provision in an area of North Carolina where women are at high risk of cervical cancer. The key projects were: (1) interviews with medical practices about providing HPV vaccine; (2) a longitudinal study of parents' decisions to get HPV vaccine for their adolescent girls; and (3) a study of oncogenic HPV prevalence in cervical specimens. These studies provided important information about HPV vaccine provision, predictors of acceptability and uptake, and HPV vaccine side effects that may be important to increase HPV vaccination coverage.

Colon Cancer Screening Decisions in Late Life

Principal Investigator: Carmen Lewis, MD, MPH

Research Associate: Chris DeLeon, MA

The traditional screening paradigm for colon cancer may be inappropriate for populations over age 75 because other causes of mortality may negate potential screening benefits. Available evidence was used to estimate risks and benefits of colon cancer screening for individuals age 75 and older. In-depth interviews were then conducted to test the acceptability of the evidence-based information with older adults and to guide development of a paper-based decision aid for older adults. Using cognitive interviewing techniques, we tested and modified the decision aid. Subsequent pre- and post-tests of the decision aid in people 75 years and older in a senior center showed increased knowledge and improved preparedness for individualized decision making. The feasibility of using the decision aid in a clinical setting is underway. We are also working on a computer-based decision aid that tailors information based on patient age, gender and co-morbidity level.

Colorectal Cancer Screening in North Carolina Community Health Centers

Principal Investigator: Bryan Weiner, PhD

Co-Investigator: Catherine Rohweder, DrPH

As a first step to increasing adherence to colorectal cancer screening guidelines in community health centers in NC, we modified a National Colorectal Cancer Roundtable curriculum, "How to Increase Colorectal Cancer Screening Rates in Practice: A Primary Care Clinician's Evidence-Based Toolbox and Guide©". Based on expert opinion of guideline developers and on focus group data, we adapted the curriculum for healthcare professionals in community health centers. The revised curriculum consists of an introduction that addresses common provider misperceptions about colorectal cancer screening and a section on "Three Essentials" for increasing colorectal cancer screening: (1) office policy (2) provider recommendation that advocates an opportunistic approach to screening and takes into account patient-level and local-level resources and (3) office reminder system. In partnership with community health centers, we plan to test an educational outreach approach to implementing the Toolbox.

Communicating about Breast Cancer Genomic Testing

Principal Investigator: Noel Brewer, PhD

Research Associate: Jessica DeFrank, PhD

Genomic testing is increasingly informing treatment decisions, but the best way to communicate these test results is not yet known. We compared six different formats for presenting test results from a genomic test, Oncotype DX that predicts recurrence of early stage breast cancer. Women preferred formats substantially different than ones currently in widespread clinical use.

Community Engagement Core, NC TraCS Institute

Director: Giselle Corbie-Smith, MD, MSc

Co-Director: Betsy Sleath, PhD,

Project Director: Malika Roman Isler, PhD

Website: www.tracs.unc.edu



The Community Engagement Core (CEC) is part of the NC Translational and Clinical Sciences (TraCS) Institute. TraCS is the institutional home of the NIH Clinical and Translational Science Awards at UNC-Chapel Hill. Our Core (1) identifies and acts on the health priorities of North Carolina communities; (2) builds capacity of investigators, community members and community providers to engage as partners in clinical and translational research; (3) supports translational research and dissemination in collaboration with practice-based research networks; (4) stimulates new research collaborations between investigators at TraCS partner institutions and North Carolina communities.

Feasibility Study about Increasing Colon Cancer Screening: A Carolina Community Network Pilot Study in Collaboration with the 4CNC

Principal Investigator: Cathy Melvin, PhD, MPH

Project Manager: Alexis Moore, MPH

A community-academic consortium formed to assess the feasibility of implementing a low-cost CRC screening program for people under- and uninsured, 50 years or older, and at average risk for colon cancer. Patients at three free or low-cost healthcare sites received a 3-sample immunochemical FOBT. Participants in a subgroup were randomly assigned to receive one of two versions of FIT: repackaged (intervention); FIT informed by local focus group data; and conventional FIT. FIT screening rates varied by healthcare site (39%, 68%, 78%), with an overall rate of 64%. No significant difference was found between intervention and control screening. Screening rates of 68% and 78% at two clinics for patients at or below 225% and 100% of the federal poverty level, respectively, indicate a role for “free clinics” in increasing CRC screening.

Get Real & HEEL Breast Cancer Research Program

Co-Principal Investigators: Claudio Battaglini, PhD and
Diane Groff, EdD, LRT, CTRS

Project Manager: Amber Alsobrooks, LRT, CTRS

Website: www.getrealandheel.com



Get REAL & HEEL is a research program that investigates the effects of a combined individualized prescriptive exercise and recreation therapy intervention on treatment-related side-effects in breast cancer survivors. Breast cancer survivors who have completed their major anti-cancer treatments within the previous six months receive the intervention 3 times/week for 5 months. Major outcomes include: changes in cardiorespiratory and muscular fitness, body composition, shoulder function, fatigue, depression, psychosocial well-being, and quality of life. By providing patients with the means to rehabilitate their bodies and mind from the deleterious effects of cancer treatment, we believe survivors can attain a higher quality of life, which can positively influence overall cancer treatment success.

Health-E-North Carolina

Principal Investigator: Marlyn Allicock, PhD, MPH

Project Director: Barbara Alvarez Martin, MPH

Health-E-NC is a new initiative to build a state-of-the-art system to deliver and test interventions to improve cancer outcomes for North Carolina residents. Health E-NC will provide fertile ground for research on various intervention delivery methods, as well as test dissemination approaches to accelerate the population uptake of evidence-based approaches.

Helping Others Helps Oneself: A Novel Intervention for Survivors of Hematopoietic Stem Cell Transplantation (SCT)

Principal Investigator: Christine Rini, PhD

Many SCT survivors report survivorship difficulties long after treatment ends, yet there are few interventions to address enduring distress and quality of life problems for this population. To fill this need, we developed a novel intervention called Expressive Helping (EH), which leverages research showing that people who help others benefit psychologically (e.g., the Helper Therapy Principle) and our observation that SCT survivors report an intense desire to “give back” by helping fellow patients. In this EH intervention SCT survivors write the “story” of their SCT experience and share it as an informational resource for SCT patients. We are currently testing two forms of EH in a randomized control trial.

HPV Vaccine for Girls Social Marketing Project

Principal Investigator: Joan Cates, PhD, MPH

Research Associates: Autumn Shafer and Sandy Diehl, MPH

Website: www.hpvvaccineproject.org



A social marketing campaign targeted mothers of girls ages 11-12 and healthcare practices in four NC counties to raise parent awareness about and reduce barriers to HPV vaccine for girls. Elements of the campaign were: product (recommended vaccine), price (cost, access, perception of safety and efficacy), promotion (posters, brochures, website, news releases, doctor's recommendation), and place (doctors' offices, retail outlets). Cross-sectional surveys of mothers and providers showed for respondent mothers (n=225), 82% heard or saw campaign messages/materials and for respondent providers (n=35), 94% used campaign brochures regularly or occasionally. Mothers of girls ages 9-13 and with at least some campaign awareness were more likely seek information about HPV and vaccination, discuss the vaccine, and/or vaccinate. We also measured website traffic, hotline calls, and media placement.

ICISS: North Carolina Integrated Cancer Information and Surveillance System

Principal Investigator: Bill Carpenter, PhD

Co-Investigators: Paul Brown, PhD, Anne Marie Meyer, PhD

Research Associate: Lisa DeMartino, MPH

The goal of ICISS is to provide a population-based source of information that can be used for systematic surveillance and research spanning the cancer care continuum. Investigators have linked North Carolina Central Cancer Registry data to Medicare claims to assess patterns of care and outcomes. They have linked additional data sources to characterize physicians and institutions providing care and the environment in which the individuals receive their care. Investigators are working to expand the surveillance population to include under-represented populations and vulnerable subgroups and to expand the richness of the data to include linkages to data on environmental characteristics and richer measures of social factors. As envisioned, ICISS could become an innovative model for research and rational cancer planning.

Internet Cigarette Vendor Research Studies

Principal Investigators: Kurt Ribisl, PhD and Rebecca Williams, MHS, PhD

Since its inception in 1999, UNC's Internet Cigarette Vendors Study has monitored sales practices of websites that sell cigarettes and described policy issues surrounding youth access prevention and tax evasion. The research has been instrumental in bringing important issue to policymakers' attention, and in suggesting and evaluating regulatory strategies. In recent years, 34 state laws and three ground-breaking federal policies have resulted to attempt to stem the public health impact of Internet cigarette sales. This presentation includes a review of the history of Internet cigarette sales policy research and its impact on the Internet cigarette sales.

The PRISM Project: Finding the Minimal Intervention Needed for Sustained Annual-Interval Mammography Use

Principal Investigator: Barbara Rimer, DrPH

Project Manager: Deborah Usinger, MPH

Personally Relevant Information about Screening Mammography (PRISM) is a four-year intervention trial to increase rates of repeat mammography use by finding the minimal intervention needed for sustained mammography use. We used a stepped-model design which began with minimal interventions (reminders), reserving more intensive and costly strategies for women who were overdue for their annual mammograms. We delivered one of three types of yearly reminders to cue and reinforce women about mammography prior to women's mammography due dates: enhanced usual care reminders (EUCR); automated telephone reminders (ATR); or enhanced letter reminders (ELR). The stepped-model was repeated once a year for four years. Women who became overdue for their mammograms in any year received supplemental interventions consisting of tailored printed materials and telephone counseling.

Seeds of HOPE

Principal Investigator: Marci Campbell, PhD, MPH, RD

Project Director: Salli Benedict, MPH

Website: www.hdpd.unc.edu/research/current-projects/seeds-of-hope

www.threadsofhopenc.org

Every CDC Prevention Research Center has a core research project that reflects a key community partnership that addresses a pressing health problem. Our PRC's core research project, Seeds of HOPE (Health, Opportunities, Partnerships, Empowerment), extends and evaluates the dissemination of HOPE Works, an obesity prevention and empowerment program for low income, ethnically diverse women in rural eastern NC. HOPE Works applies community based participatory research strategies and an adaptation of Muhammad Yunus Grameen Bank Model, a third world development model that blends microenterprise, financial literacy education with women's circle meetings. The goals of healthy eating, physical activity, and weight management are addressed in combination with the participants' "hope" goals, such as educational advancement, job skills training, and starting businesses.

Sustainable Agriculture and Related Local Foods Initiatives

Principal Investigator: Alice Ammerman, PhD, RD

Project Director: Robin Crowder

Website: <http://www.hpdp.unc.edu/research/sustainable-agriculture>

The Gillings Sustainable Agriculture Project explores the impact of “eating local” on obesity, the environment, and local economies in North Carolina. Partners in this two-year study include UNC’s Prevention Research Center; numerous UNC departments; NC State’s Center for Environmental Farming Systems; the Renaissance Computing Institute; Center for Sustainable Community Design; Office of Economic and Business Development, N.C. A&T faculty; the Documentary Studies Department at Duke University; Orange County Economic Development offices; and the North Carolina Division of Public Health.

SUCCEED: Southeastern US Collaborative Center of Excellence in the Elimination of Disparities

Principal Investigator (UNC Site): Alexis Moore, MPH

Project Manager: Alison Hilton, MPH

SUCCEED is a five-year collaboration to address disparities in breast and cervical cancer incidence and mortality between African American women and women in other racial and ethnic groups. The partnership, headed by the Morehouse School of Medicine Prevention Research Center, includes UNC Lineberger, Emory University Prevention Research Center, Fulton County Department of Health and Wellness, and Medical University of South Carolina. SUCCEED activities include training, technical assistance and Legacy Grants for community-based organizations. Legacy Grants fund organizations to engage in capacity building activities that can lead to increased use of appropriate evidence in community-based cancer prevention and control programming.

NC WAY (Worksite Activities for You) to Health Studies

Principal Investigator: Laura Linnan, ScD

Project Manager: Carolyn Naseer, MA

Website: www.ncway.org

CDC WAY to Health (2004-2007) was a 3-arm, group randomized weight loss intervention study that enrolled 17 community colleges and 1100 overweight/obese employees who were randomly assigned to receive one of three interventions: Environment/Usual Care (E); Web-based Weight Loss Program + Environment (WEB+E) or Web + Environment + Cash Incentives (WEB+E+I). College is the unit of randomization while employee is the unit of analysis. Modest and statistically significant weight loss was achieved among employees in both the WEB + E and WEB + E + I groups compared with E. Process tracking data measured fidelity, dose delivered/received and acceptability/satisfaction with the interventions.

NHLBI WAY to Health (2006-2011) is a 2 phase intervention study. In Phase 1 we worked with all enrolled campus worksites to form Employee Wellness Committees and do strategic planning for comprehensive worksite wellness programs. In Phase 2 we conducted a 2x2, group-randomized trial which enrolled over 1100 overweight employees from 12 NC community colleges and universities and tested the independent and combined effects of cash incentives and a web-based weight loss program. Secondary outcomes include nutrition and physical activity change, as well as productivity, medical visits, absenteeism, and quality of life.

Partners in both studies include: the NC Community College System, the North Carolina University System, Duke-National University of Singapore, NC State Health Plan for Teachers' and State Employees, the NC State Department of Health and NC Blue Cross and Blue Shield. A thorough cost-effectiveness analysis will be done as part of both studies.

NC DETECT Study I: Why Do Cancer Patients Visit Emergency Departments?

Principal Investigators: Deborah Mayer, PhD, RN, AOCN, FAAN; Debbie Travers, PhD, RN, FAEN
Project Manager: Ashley Leak, MSN, RN, OCN

Emergency departments (EDs) may be appropriate when assessing and managing acute onset problems, but might not be the best environment for oncology patients with urgent care needs. This study describes why cancer patients visit the ED in NC and identifies which patients are likely to be admitted to the hospital from the ED. Findings will help identify gaps in cancer care (e.g., symptom management) and services. The NC Disease Event Tracking and Epidemiologic Collection Tool (NC DETECT) includes a mandated statewide population-based database of ED visits. It captures over 99% of all ED visits from acute care hospital-affiliated EDs in NC. Descriptive statistics were calculated for variables in the 2008 NC DETECT dataset: sex, age at first visit, county of residence, frequency of visits and visit diagnosis, cancer type, disposition, insurance, visit within 7 days of previous visit, temperature, date/time of visit. Chief complaints and free text fields were also cleaned and categorized. Unconditional logistic regression was used to estimate odds ratios and 95% confidence intervals for being admitted to the hospital based on insurance, diagnosis position of cancer-related ICD-9-CM code, and cancer type, and adjusted for sex, age, visit and chief complaint category.

NC DETECT Study II: Why Do Cancer Patients Die in the Emergency Department (ED)?

Principal Investigators: Debbie Travers, PhD, RN, FAEN; Deborah Mayer, PhD, RN, AOCN, FAAN
Project Manager: Ashley Leak, MSN, RN, OCN

Emergency departments (EDs) in the United States are utilized by cancer patients for symptom management, treatment side effects, oncologic emergencies, or end of life care. While studies report that most patients prefer to die at home, many die in health care institutions. This study reports findings from a NC Disease Event Tracking and Epidemiologic Collection Tool (NC DETECT) population database from 2008. The purpose is to describe characteristics of 283 cancer patients who died in the ED and their most common chief complaints. Triage notes were analyzed and will be shared in the presentation. The findings highlight the importance of educating health care providers and family members about symptom management at the end of life. Insuring that cancer patients receive quality end of life care is essential in any setting, including the ED.

**NC SPEED: North Carolina Statewide Push
for Excellence, Engagement and Delivery**

Principal Investigator: Cathy Melvin, PhD, MPH

Program Director: Catherine Rohweder, DrPH

Website: www.ncspeed.net



NC SPEED works across North Carolina to quickly move research findings into practice. We assist both researchers and communities. Our services help researchers link with communities, understand community issues, interact with local systems such as Institutional Review Boards, and manage and use local data. Our services help communities implement evidence-based approaches to address pressing local health and health care needs, locate funding sources, develop grant proposals, and link local providers and organizations to UNC investigators who want to conduct applied research on topics of mutual interest. NC SPEED is part of the Dissemination Core supported by UNC Lineberger Comprehensive Cancer Center and the North Carolina Clinical and Translational Sciences (NC TraCS) Institute at The University of North Carolina at Chapel Hill. NC TraCS is the academic home of the National Institutes of Health Clinical and Translational Science Awards, at UNC-Chapel Hill.

UNC Health Registry and Cancer Survivorship Cohort

Principal Investigator: Jeannette Bensen

The UNC Health Registry (also known as the Cancer Survivorship Cohort) is a University Cancer Research Fund initiative to improve cancer patient outcomes by building and then using a unique, comprehensive data resource at UNC. Now in its pilot phase, the Registry has begun enrolling 10,000 UNC cancer patients and will follow them long-term. The study is collecting a wide variety of data -- clinical, biologic / genomic (from blood samples and tumor samples), psychosocial, and epidemiologic -- to address the complex interplay among genomic, treatment, and psychological factors related to cancer progression, recurrence, survival, and quality of life. The study is also obtaining consent to re-contact so that participants will have the option to participate in future studies of cancer survivorship.