



Pennsylvania Cancer Control Consortium

2004 – 2006 Report

“Together ... Making our Vision a Reality”

Pennsylvania Cancer Control Consortium 2004 – 2006 Board of Directors

Each member of the Board of Directors represents a major Pennsylvania Cancer Control Stakeholder Group. The PAC³ Executive Director and a Representative of the Secretary of Health serve as *ex officio* Board members. There are three Board Committees to further maintain PAC³'s 501(c)(3) non-profit infrastructure. These groups are important components of the organization and are directly involved in the decisions that guide the Plan implementation. The PAC³ Board of Directors represents the following stakeholder groups:

- Academic Cancer Centers (Defined as either NCI designated or university affiliated cancer centers)
- American Cancer Society
- American College of Surgeons Commission on Cancer
- Cancer Patient/Survivor Advocacy Groups
- Community Cancer Centers
- Community Leaders (Cultural and Ethnic groups)
- Community Organizations/Health Care Consumers
- Foundations and Philanthropic Organizations
- Health Care Provider Organizations/Provider Advocacy
- Health Insurance Industry
- Industry/Economic Development Partners (e.g. Pennsylvania LifeScience Greenhouses, pharmaceutical, biotechnology industry, PA Chamber of Commerce)
- Oncology Care Providers (multidisciplinary) (Examples: MD's, RN's, Pharmacists, MSW's, Health Educators)
- Other Health Care Delivery Organizations (not Cancer Centers) (Examples: Hospitals, Hospice, Home Care, Nursing Homes)
- Public Health via Government-sponsored organizations
- Researchers (e.g. Basic Cancer Researchers, Epidemiologists, Behavioral Medicine, Geneticists, Health Outcomes, Environmental)

PAC³ Board of Directors

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Medical Director, Great Lakes Hospice
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Kathryn D. Stadler (*ex officio*)

Executive Director, PAC³
Pittsburgh

Representative of the Secretary

Leslie A. Best (*ex officio*)

Representative of the Secretary, Pennsylvania Department of Health
Harrisburg

Advisor to the Board

Emily Lowe, Esquire

Legal Counsel, Buchanan Ingersoll, P.C.
Pittsburgh



PAC³ Coordinating Office

5150 Centre Avenue
Suite 1-A
Pittsburgh, PA 15232

Phone: (412) 623.0033

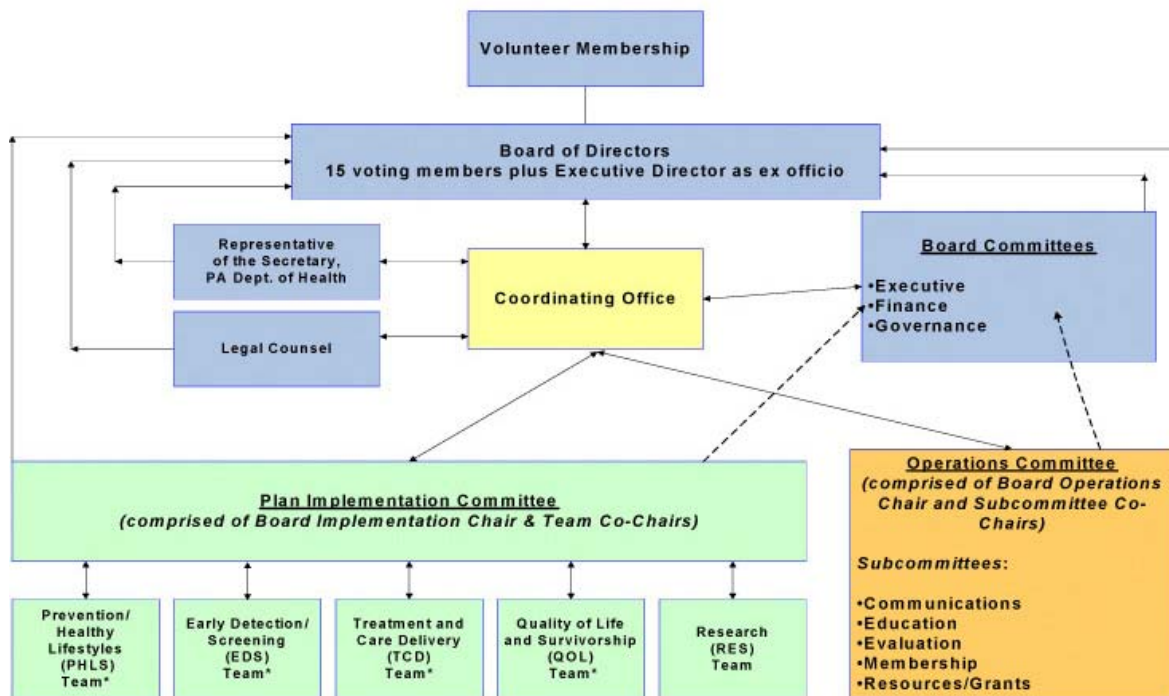
Fax: (412) 623.5516

www.pac3.org

PAC³ Organizational Structure

The PAC³ Membership is made up of more than 860 members from over 250 organizations, and is steadily growing and expanding across the state. Currently, PAC³ members represent 49 Pennsylvania counties.

Each member of the Board of Directors represents a major Pennsylvania Cancer Control Stakeholder Group. The PAC³ Executive Director and a Representative of the Secretary of Health serve as *ex officio*, non-voting Board members. PAC³ receives legal counsel from Buchanan-Ingersoll, which offers support and advice on several key issues that affect PAC³'s mission. All of PAC³'s collaborative efforts are coordinated through the PAC³ Coordinating Office, located in Pittsburgh, Pennsylvania. The Board Implementation Chair and the co-chairs of each of the five teams make up the Plan Implementation Committee, which is in place to focus efforts on cancer control strategies. The role of the Implementation Teams is to implement priority goals and objectives of the Plan and to oversee collaborative cancer control projects within the Commonwealth, across the cancer continuum. PAC³ and its implementation of the Plan are further supported by the five Operations Subcommittees. The Operations Committee is comprised of the Board Operations Chair as well as the co-chairs from each of the five Operations Subcommittees.



* Note: Each team includes representation from each cross-cutting area: Research, Cancer Information, Access/Disparities, and Advocacy

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Introduction

The Pennsylvania Cancer Control Consortium (PAC³), through the combined commitment of many key stakeholders, has created a unique partnership to develop and implement the state's first-ever comprehensive cancer control plan. This unprecedented venture was initiated in Pennsylvania by the Pennsylvania Department of Health in 2001. PAC³ has developed, through collaboration with cancer control stakeholders, into an organization making a real difference in the lives of all Pennsylvanians.

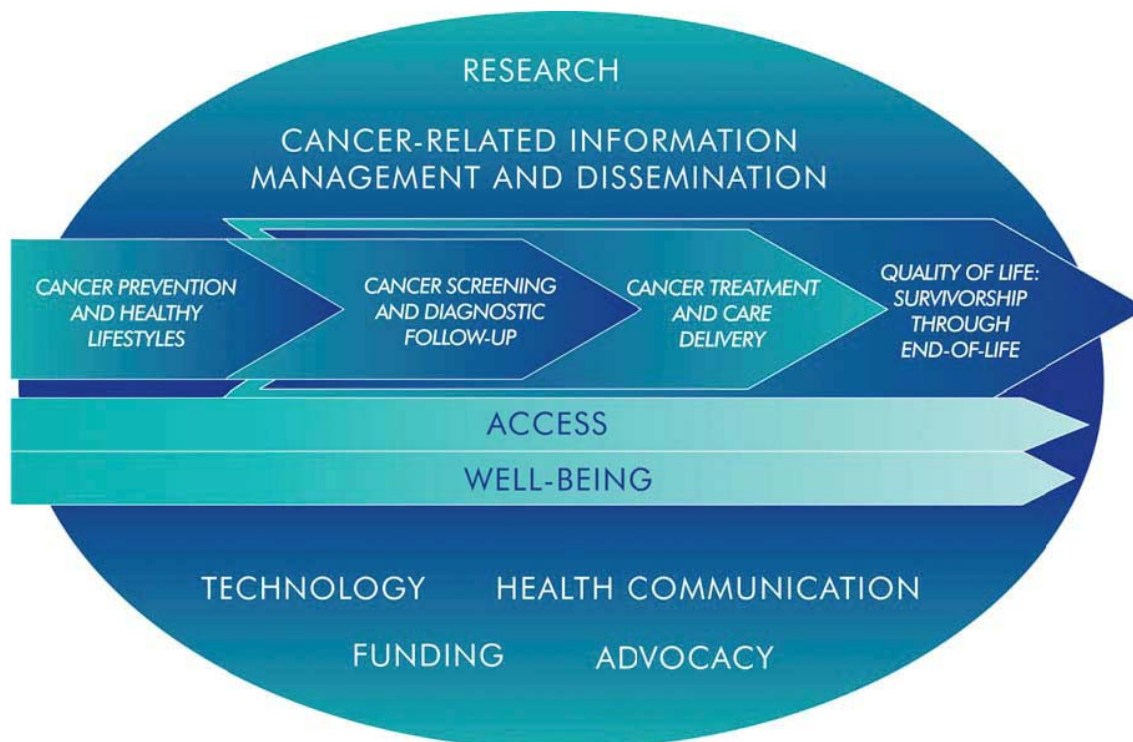
PAC³ has significantly grown and developed in fiscal years 2004–05 and 2005–06 through the leadership of the PAC³ Board of Directors and organizational support provided by the PAC³ Coordinating Office. The Pennsylvania Department of Health (DOH), the Centers for Disease Control and Prevention (CDC), the Pennsylvania Division of the American Cancer Society, and the University of Pittsburgh Cancer Institute continue to be the major funding sources for PAC³. A growing number of PAC³ members and their organizations devote countless hours of energy, expertise and in-kind support toward the goal of dramatically reducing the burden of cancer in our state.

The first-ever Pennsylvania Comprehensive Cancer Control Plan (the Plan), developed by PAC³, was completed in January 2004, ratified by

the PAC³ membership, and announced to the citizens of the Commonwealth. Through its visionary goals and clear objectives, the Plan guides PAC³ in its mission to reduce the human and economic burden of cancer for all citizens of Pennsylvania.

PAC³ members have embraced the vision, and the Consortium has built a solid foundation to facilitate the work of Plan implementation. The collaborations formed between public, private, and voluntary organizations are the underlying structures that support implementation of the Plan's goals and objectives. PAC³ members are actively collaborating to implement specific priorities across the cancer continuum (*pictured below*) and in the crosscutting areas of research, information management & dissemination, communication, technology, advocacy, funding, disparities, access, and well-being.

PAC³ continues to strengthen its organizational structure to assure successful implementation of the Plan. This document represents the Consortium's first formal Annual Report of progress toward these goals. We applaud PAC³'s accomplishments and look forward to the work that will be done in the next year and in the years to come, as together. . . we make our vision a reality.



Messages from the PAC³ Chairman and PAC³ Executive Director

January 2004 marked an unparalleled milestone in Pennsylvania history when the first-ever statewide Comprehensive Cancer Control Plan (the Plan) was unveiled to the citizens of the Commonwealth. The Plan is an amazing culmination of three years of work by over 200 individuals, working together to develop a blueprint for cancer control in Pennsylvania. We recognized the Plan for what it is: a 100-page comprehensive document containing goals and objectives that *can* make a real difference in cancer control – *if we work together*. The Plan brought about the birth of the Pennsylvania Cancer Control Consortium (PAC³), an organization conceived to facilitate the work of implementing the Plan. Now, two years later, PAC³ has built a solid infrastructure, identified priority goals and objectives, and is moving forward with Plan implementation.

The success of PAC³ is due to the ongoing commitment of our members who serve on the Board of Directors, Implementation Teams, and Operations Subcommittees. In addition, the support from our key organizational partners has been critical in maintaining the PAC³ Coordinating Office and in sponsoring meetings and events that bring members together for the work of implementation.

I am honored to serve as Chair of the PAC³ Board of Directors, and it is with great pleasure that I present this report of our activities for 2004-2006. PAC³ has already met many challenges during the first two years, and the vision of reducing the burden of cancer in Pennsylvania grows brighter as PAC³'s implementation efforts mature.

On behalf of the PAC³ Board of Directors, thank you for your continued commitment as *together we make our vision a reality*.

Sincerely,

Ronald B. Herberman, M.D., Chairman, PAC³ Board of Directors

It has been my pleasure to work closely with the PAC³ Board of Directors, leaders of the Implementation Teams and Operations Subcommittees, and members to oversee the development and initial implementation efforts of PAC³. The dynamic leadership and involvement of diverse people defines PAC³ – a unique partnership of individuals and organizations working together on behalf of the citizens of Pennsylvania.

The Consortium has quickly progressed in its development. The following pages outline the activities and accomplishments of each component of PAC³'s organizational structure. This is an exciting evolutionary period for PAC³ as it grows and expands to encompass the work of implementation.

PAC³ and the Plan have been designed by you - as members of the Consortium and as citizens of Pennsylvania. Its success reflects your ongoing efforts and commitment to the mission of reducing the cancer burden in our state. The Coordinating Office staff and I look forward to working together with each of you to advance the mission of PAC³ and further cancer control efforts in Pennsylvania.

Sincerely,

Kathryn D. Stadler, PAC³ Executive Director

PAC³ Board of Directors

May 2004 marked an important milestone in PAC³'s development when the first Board of Directors, elected by PAC³ members, was announced to the general public. A careful decision had been made to have the Board comprised of leaders across the state who represent key stakeholder groups.

On May 20-21, 2004 the PAC³ Board of Directors held their inaugural organizational meeting in Harrisburg. During this meeting, the Directors began exploring and defining their new working relationship as well as defining PAC³'s organizational structure and priorities. The Executive Committee of the Board of Directors was formed and its first Chairman, Ronald B. Herberman, MD, Director of the University of Pittsburgh and UPMC Cancer Centers, was elected.

In addition, the Board made a critical decision affecting PAC³'s future by endorsing pursuit of 501(c)(3) non-profit organizational status. Board member Robert Durkin was elected as Chair of the Governance Committee and charged with the foundational tasks of writing by-laws, filing for incorporation, and achieving non-profit status.

With the completion and presentation of Pennsylvania's first statewide Comprehensive Cancer Control Plan, the Board of Directors recognized that the mission of PAC³ would be realized only through implementation of the Plan. Thus, efforts during this first Board meeting centered around devising a strategy to create teams to accomplish implementation and to recruit team leaders who would engage statewide PAC³ members in implementation efforts.

On October 28, 2004, the Board of Directors held its first meeting, hosted by the University of Pittsburgh, of the 2004 - 2005 fiscal year in Pittsburgh. Within five months of its last meeting, the Board was presented with two significant accomplishments:

- (1) Drafts of both the Articles of Incorporation and the By-Laws for PAC³.
- (2) Appointment of co-chairs for each Continuum (later called Implementation) Team and formation of the Plan Implementation Committee.

The Board appointed Aaron Bleznak, MD, Operations Committee Chair, to begin recruiting chairpersons and members for each Operations Subcommittee. It was also decided that at least

one Board member should serve as a liaison to each Operations Subcommittee.

Emily Lowe, Esquire, was appointed as Legal Counsel to the PAC³ Board of Directors.

In continuing to plan for PAC³'s future, the Directors considered many avenues for long-term sustainability of the Consortium, including continued state and federal funding as well as support from industry and philanthropic foundations. The Board also revisited a prior discussion regarding legislative options to further establish PAC³'s ability to implement the PA Comprehensive Cancer Control Plan.

On March 10, 2005, the eve of the First Annual PAC³ Summit, the Board of Directors met in Harrisburg. At this time, with only minor revisions, the Board approved the PAC³ Articles of Incorporation and By-Laws for filing with the Commonwealth of Pennsylvania and the federal government. Board members also continued discussion of issues regarding ongoing funding of Plan implementation, the Coordinating Office, and PAC³ activities and events. Updates relating to legislative actions, Implementation Teams, and Operations Committees were provided. Throughout its first year, the PAC³ Board responded to numerous opportunities to educate legislators, professionals, and the general public about initiatives that were aligned with the goals of the PAC³ Plan. Board members drafted and disseminated letters supporting efforts related to colorectal cancer screening, melanoma prevention, cervical cancer screening, tobacco prevention and cessation, and cancer research.

On May 18, 2005 the PAC³ Articles of Incorporation were officially filed with the Department of State of the Commonwealth of Pennsylvania, thus establishing PAC³ as a 501 (c)(3) non-profit corporation. The Board has worked diligently since that time to explore ways to ensure the sustainability of PAC³'s 501 (c)(3) structure as it operates under the non-profit organizational guidelines. This act of incorporation provides the potential opportunity for PAC³ to operate independently and seek financial commitments to further the work of implementation.

The Board of Directors convened for its final meeting of fiscal year 2004-2005, hosted by Thomas Jefferson University, on June 8, 2005 in Philadelphia. This fiscal year boasted significant accomplishments and challenges as the Board

PAC³ Board of Directors – continued

worked to enhance and solidify the infrastructure of PAC³, move the organization forward in its work of implementation, begin discussion of development/fundraising activities, and define approaches for successful relationships with key stakeholders across the state.

The Board was pleased to have the opportunity at this meeting to further discuss PAC³'s implementation efforts with representatives from the Centers for Disease Control and Prevention and the Pennsylvania Department of Health.

In summer 2005, the Board of Directors chose Kathy Stadler as Executive Director upon the resignation of PAC³'s first director, Diane Fletcher. In addition, Leslie Best was welcomed to the Board as the new Representative of the Secretary of Health.

The Board of Directors met on October 5, 2005 in Pittsburgh. The meeting was hosted by Highmark, Inc. Updates of PAC³'s continuing efforts were given as well as in-depth discussion of development initiatives to bolster PAC³'s financial structure. Smoke-free efforts in Pennsylvania were addressed, with the Board unanimously endorsing PAC³'s support of strong clean indoor air policies. In addition, the Board discussed specific funding opportunities and took initial steps in formulating procedures for PAC³ proposal development.

The February 24, 2006 Board of Directors meeting was held in Allentown and was hosted by Lehigh Valley Hospital. Progress reports on the work of implementation and PAC³ operations were coupled with in-depth discussion about the future financial and strategic position of the Consortium. Directors approved an organizational membership development campaign to commence in late spring 2006.

The final 2005-2006 Board of Directors meeting, hosted by the Pennsylvania Division of the American Cancer Society, is scheduled for May 18, 2006.

PAC³ has a solid foundation of dedicated leaders and committed members with a common vision of reducing the burden of cancer in Pennsylvania through implementation of the Plan. Although the future of PAC³ remains somewhat uncharted, it is full of promise as together... we are making our vision a reality.

PAC³ Membership

PAC³ experienced a surge in membership throughout fiscal years 2004-2006. Compared to 283 members as of June 30, 2004, membership is now 866 individuals as of April 2006. PAC³ individual members represent over 250 organizations, a growth of nearly 100 organizations since June 2004.

The influx of members can be attributed to a variety of events and activities:

- Release and subsequent dissemination of the Plan in early 2004
- Promotion of PAC³ and the Plan by PAC³ Board Members
- Formation of Implementation Teams; recruitment of Implementation Team chairs and members
- Enrollment from regional stakeholders who attended PAC³ Regional Forums
- Awareness and interest generated from PAC³'s First Annual Summit and Research Summit
- Contacts from the PAC³ website and newsletters
- Formation of Operational Subcommittees; recruitment of Operational Subcommittee chairs and members
- Recruitment of colleagues and associates by PAC³ members
- Recruitment and retention efforts by the Coordinating Office and Membership Subcommittee

Most importantly, members are excited about and committed to implementing the Plan. The increased attendance at meetings by both established and new members shows continued expansion of support for the work of PAC³.

New members can now complete an online New Member Application to provide information regarding demographics and self-identified areas of interest in cancer control. The Coordinating Office forwards a New Member Packet to each individual, consisting of a copy of the Plan and various PAC³ informational documents.

Currently, membership is available to any individual or organization interested in cancer control. There are no mandatory membership fees at this time; however, guidelines and criteria for membership, as well as documentation of benefits of membership, have been developed and finalized as of this publication.

Many individual members and key member organizations have donated countless hours of effort and other support as in-kind contributions. Their support has been invaluable as the membership expands and acts to implement the Plan.

PAC³ Plan Implementation

The Plan Implementation Committee was originally designed of four “continuum” teams, with each team to include representation from the cross-cutting areas of research, cancer information, access/disparities, and advocacy. The four teams were:

- Prevention/Healthy Lifestyles (PHLS)
- Early Detection/Screening (EDS)
- Treatment and Care Delivery (TCD)
- Quality of Life and Survivorship (QOL)

By the Fall of 2004, an Implementation Nominating Committee, with leadership from Gary Leipheimer, MPH and Julia Bucher, Ph.D. (Pennsylvania Division of The American Cancer Society) had succeeded in recruiting co-chairs for each of the four continuum teams, representing diverse stakeholders throughout the Commonwealth.

The Implementation Co-Chairs held an inaugural conference call in November 2004 to begin building their teams and to determine the timeline for the work of implementation. The teams met on December 2, 2004 for detailed discussion of implementation materials and goals. Team Co-Chairs then led their new teams at an all day PAC³ membership meeting on December 3, 2004. The teams continued to meet individually by conference call until their next PAC³ meeting on February 18, 2005, during which time they confirmed the top priorities to implement among the 30 goals, 118 objectives, and 200 strategies in the Plan.

It became apparent to the PAC³ Board of Directors that an additional team needed to be formed to ensure that the research goals outlined in the Plan were addressed. The Research Team was created and all the teams were re-labeled as “Implementation” Teams, rather than “Continuum” Teams.

On May 13, 2005, all Implementation Teams met again to continue developing strategies for their selected priorities and to finalize Action Plans. Evaluation outcomes were built into all Implementation Action Plans. Additionally, all Teams’ efforts consider and address the overarching concern of disparities in the cancer burden.

In fiscal year, 2005-06, the teams have met three times in Harrisburg on September 9, 2005, February 10, 2006, and May 18, 2006. In response to evaluation feedback and suggestions from attendees, a plenary session was included at the beginning and end of each meeting. This has provided coherence and opportunity for further collaboration in implementation efforts. In September, among other items, the teams refined their action plans, designed evaluation tools, and selected liaisons for evaluation, assets inventory, and the Research Summit. In February, drafted logic models for evaluation of action plans were discussed, and needed resources were identified and prioritized. A review of the draft data-entry form for the PAC³ Cancer Assets Inventory took place, and an Education Committee liaison was identified from each team.

The Teams will meet again on May 18, 2006 in Harrisburg for a three-hour work session.

PAC³ Plan Implementation – continued

Implementation Teams, Co-Chairs, and Current Priorities for Action

Prevention/Healthy Lifestyles (PHLS) Implementation Team

Co-Chairs:

Samuel Bressi, Susan P. Byrnes Health Education Center, York
Alice Yoder, Lancaster General Hospital, Lancaster

- Increase awareness of positive health effects of nutrition and physical activity (Prevention Goal F, Objective F1)
- Identify methods of reaching high-priority population to improve tobacco control (Prevention Goal D, Objective D2)
- Support infrastructure of Pennsylvania tobacco control program (Prevention Goal B, Objective B3)
- Reduce number of venues and impact of tobacco smoke pollution (Prevention Goal E, Objectives E1 & E2)

Early Detection/Screening (EDS)

Co-Chairs:

Paul Engstrom, MD, FACP, Fox Chase Cancer Center, Philadelphia
Gene Lengerich, VMD, MS, Penn State University, Hershey

- Increase screening service utilization (Screening Goal B, Objective B2)
- Increase provider-patient dialogue about screening services (Screening Goal A, Objective A3)
- Decrease disparities in screening awareness and knowledge (Screening Goal A, Objective A6)
- Increase dissemination of screening service research findings (Screening Goal C, Objective C4)

Treatment/Care Delivery (TCD)

Co-Chairs:

Samuel Jacobs, MD, UPMC Cancer Centers, Pittsburgh
Ari Brooks, MD, Drexel University, Philadelphia

- Promote evidence-based treatment practices (Treatment Goal A, Objective A2)
- Create inventory of databases related to treatment and care delivery (Treatment Goal A, Objective A1)
- Eliminate barriers to receiving optimal cancer-related services (Access Goal A, Objective A1)
- Increase availability of oral chemotherapy to Medicare population (Access Goal A, Objective A1)

Quality of Life/Survivorship (QOL)

Co-Chairs:

Roy Smith, MD, The Regional Cancer Center, Erie
Laura Toole, MSN, MLSP, Northeast Regional Cancer Institute, Scranton

- Increase adoption of patient self-administered QOL assessment instruments in busy practices (Quality of Life Goal B, Objectives B1 & B2)
- Identify/Analyze current research in use of QOL assessment instruments (Quality of Life Goal B, Objective B1)
- Develop compendium of useful QOL instruments (Quality of Life Goal B, Objective B3)

Research (RES)

Co-Chairs:

Kenneth Foon, MD, UPMC Cancer Centers, Pittsburgh
Louise Showe, PhD, The Wistar Institute, Philadelphia
Philip Lazarus, PhD, Penn State Cancer Institute, Hershey

- Improve access to information in relation to the differential burden of cancer (Research Goal C, Objectives C2 & C3)
- Generate research on risk, health behaviors, and related interventions (Research Goal E, Objective E6; Research Goal A, Objective A1)
- Promote research collaboration (Research Goal B, Objective B1; Research Goal D, Objective D2)
- Disseminate information on research needs and best practices (Research Goals D & F)

PAC³ Plan Implementation – Resources

C-Change: The PAC³ Research Team, supported by all the PA cancer centers as well as four key community-based partners, received funding from C-Change (\$200,000) to develop a PAC³ web-based statewide clinical trials network. The Consortium's funding proposal was one of 19 reviewed by C-Change and was the only proposal selected for funding due to its original and potentially ground-breaking scope of work. The *PAC³ Pennsylvania Cancer Clinical Trials Network* ("The Network"), began development in late Fall 2005 under the guidance of Kenneth A. Foon, MD (Co-Chair PAC³ Research Team and Director of Clinical Investigations and Co-Leader, Biological Therapeutics Program, University of Pittsburgh Cancer Institute), and Ronald B. Herberman, MD, (Chair of PAC³ Board of Directors and Director of University of Pittsburgh Cancer Institute and UPMC Cancer Centers), and is the realization of Objective C1 of the Plan's research objectives.

The Network, implemented in February of 2006, is unique in its ability to increase access to and share information about available studies in the Commonwealth. Currently, there are five clinical trials listed on the Network's website that are available for accrual throughout the Commonwealth. There are additional trials being approved, as well, with the posting of those scheduled in the coming months. The Network functions as a critical tool to assist Pennsylvania in addressing the importance of clinical research in the state, as well as providing a means for citizens to learn about and participate in innovative investigator-initiated trials across the state.

The strategic decision to focus the initial research protocols on investigator-initiated trials was made by the Principal Investigator, Dr. Kenneth Foon, for a number of reasons. First, these would be the most interesting and innovative trials that would generate the most enthusiasm among the physicians and patients. Second, group trials are already available to the academic centers and their affiliates. The goal of the Network is to rapidly accrue to these innovative Phase II protocols and use this as a stepping stone to generate Phase III trials that could be made available to all physicians and patients in the Commonwealth.

The aim of The Network is to increase statewide access and accrual to adult cancer clinical trials, through a coordinated education and delivery network. The network is active and information can be found on the PAC³ website:
www.pac3.org/clinicaltrials/index-new.htm.

PAC³ Cancer Assets Inventory: In conjunction with the Pennsylvania Clinical Trials Network, PAC³ was awarded CDC funding (\$198,000) to expand its website for both The Pennsylvania Clinical Trials Network and for the development of a comprehensive statewide listing of cancer-related resources. PAC³ members, in development of The Plan, recognized that one of the most critical issues in successful information management and dissemination was the lack of a centralized access point for the diverse resources that already exists for both professionals and the public.

The primary goal of the Asset Inventory is to provide a comprehensive and current source of information to promote access to cancer-related community programs, clinical trials, and other resources for professionals, patients, and the public. The inventory is designed to be dynamic and searchable to provide information to a broad-range of users – both individuals and organizations. By conducting an assets inventory, an organization will by default, identify the goals and objectives of the PAC³ Plan that they can contribute towards immediately and most effectively. This web-based inventory will first be available to all PAC³ members and to other oncology professionals, and eventually to the general public. Awareness of current resources will invite professional networking and sharing of resources and potentially reduce duplication. Done with diligence, consistency, and quality control, the web-based inventory data repository may be used to note where critical mass exists in certain areas. This will enable PAC³ to concentrate members' efforts around those areas for greater impact. The inventory also will illuminate where gaps exist in order to develop ways to address these gaps.

This project will increase awareness of community-based cancer screening and diagnostic services to the public and particularly to low-income, medically underserved men and women. As website capabilities expand over time, information will be available directly to patients and the public with the goal of increasing accrual for these services. The same PAC³ Inventory will help to ensure access to treatment services (including clinical research studies) for men and women diagnosed with cancer or pre-cancer.

This new interactive PAC³ Cancer Assets Inventory will enhance and accelerate implementation of the Plan, including improving awareness of community-based programs as well as clinical trials. PAC³ expects the inventory to be online and operational by mid-2006.

PAC³ Operations

As the infrastructure of PAC³ became more established with a Board of Directors and Board Committees in place, the Operations Committee was able to more clearly determine the organizational needs of PAC³. Chaired by Board member Aaron Bleznak, MD, FACS (Lehigh Valley Surgical Oncology), the Committee restructured itself from the original seven subcommittees to a current total of five including:

- Communications
- Education
- Evaluation
- Membership
- Resources/Grants

In early spring 2005, chairpersons were recruited for each subcommittee, and at least one Board member was identified as a liaison for each. A listing of basic committee responsibilities was formulated as a guideline and tool in recruiting committee members.

Several functions of the Operations Committee have been ongoing through the work of the Coordinating Office and its various salary-supported personnel. The Communications Subcommittee developed a team as it embraced its largest task in Fiscal Year 2004 – 2005: development of a communications plan to promote the First Annual PAC³ Summit.

Communications Subcommittee

Focusing on media and marketing opportunities, the Communications Subcommittee works to promote PAC³ Summits, events, and milestones. Now that implementation efforts are underway, the Subcommittee will expand its work to highlight Team initiatives and successes. The Subcommittee may also assist Teams in writing or editing needed text for certain implementation activities.

Education Subcommittee

The Education Subcommittee's goal is to provide up-to-date information to the PAC³ Board of Directors, Implementation Teams, and PAC³ members regarding current advocacy initiatives as they relate to Plan implementation. The Subcommittee encourages feedback from PAC³ members in relation to these initiatives so that it can make recommendations to the PAC³ Board of Directors for levels of PAC³ support or involvement.

Evaluation Subcommittee

The Evaluation Subcommittee has continually measured and reported on PAC³ outcomes (process and content) using the CDC Building Blocks for Cancer Control planning and implementation. However, PAC³ is moving from a process-oriented effort to an outcomes-oriented effort. Therefore, the Evaluation Committee has re-framed the evaluation of PAC³ initiatives to measure success in 1) Enhancing the infrastructure; 2) Maintaining an active membership; and 3) Advancing implementation. This subcommittee developed the concept and role of "evaluation advocates" within each Implementation Team to incorporate outcomes measurement in Action Plans. Evaluation advocates have recently developed logic models based on their respective Team's Action Plans. Evaluation of PAC³ and its implementation of the Pennsylvania Comprehensive Cancer Control Plan (the Plan) is critical in helping to gauge achievements and identify areas of needed improvement to better control the burden of cancer for the citizens of the Commonwealth. This process not only enlightens PAC³ members and leadership as to progress made in implementation efforts, but also shapes future decisions for implementing the Plan.

Membership Subcommittee

The Membership Subcommittee has identified the goals of Recruitment, Marketing, Retention, and Mentoring. A flowchart has been developed which outlines new member orientation procedures; a plan for mentoring new members is also in progress. In addition, the new member application was re-designed to allow for collection of additional demographic information for use in identifying gaps in membership.

Resources / Grants Subcommittee

With the Implementation Teams' identification of needed resources and PAC³'s need to secure funding, the Resources / Grants Subcommittee is becoming more formalized. This Subcommittee will focus on aiding Teams with review of proposals and helping to identify possible funding sources.

The Coordinating Office continues to provide information to and facilitate communications between, including email messages and conference calls, the operational subcommittees in order to help develop, adopt, and institute policies and strategies within the subcommittees' areas of responsibility.

PAC³ Coordinating Office

Throughout the past two years, the responsibilities of the PAC³ Coordinating Office have evolved and expanded. The Coordinating Office is housed at the University of Pittsburgh Cancer Institute (UPCI). In July 2004, the Office was comprised of the PAC³ Executive Director and Administrative Coordinator with part-time contributions from a Communications/Government Relations Coordinator, two evaluation faculty, and website development personnel. During the 2004-05 year, the Coordinating Office was able to expand its staff to include a Secretary. Support for Coordinating Office staff has been provided by grants from the Pennsylvania Department of Health and the CDC with additional needed support from UPCI.

As its name implies, coordinating is the primary responsibility of the PAC³ Coordinating Office. The office staff is fully engaged in facilitating the work of every unit within the PAC³ organizational structure and strives to maintain a high level of communication and support for all stakeholders. In addition to providing support to the Board of Directors, Committees, and Teams, the office functions in a variety of other capacities including assistance with efforts to secure grants funding, updating the PAC³ website, and coordinating a wide range of meetings. Membership in PAC³ nearly tripled within fiscal years 2004 - 2006, which necessitated increased time and effort for membership support including expansion of the membership database, retention of existing members, and orientation of new members.

The concept of Regional Forums was developed by the Coordinating Office and became an important way to publicize PAC³, engage regional partners, and support initiation of regional cancer control initiatives. Office staff assisted with seven regional forums in Erie, Allentown, Scranton/Wilkes-Barre, Lancaster, Danville, State College, and Philadelphia.

The Coordinating Office has also synchronized planning efforts for six Implementation Team meetings, an annual membership meeting, the First and Second Annual PAC³ Summits, the PAC³ Research Summit, six Board of Directors meetings, and countless conference calls, meetings, and video teleconferences.

In late February 2005, the PAC³ website was transferred from a link on the Pennsylvania Department of Health's website to its own independent domain at www.pac3.org. The Coordinating Office continues to post, update, and expand information on the website and in the quarterly electronic newsletter.

Also in 2005, PAC³ was awarded two grants for specific implementation projects. Seed money from both CDC and C-Change was awarded for the development of a statewide cancer-related assets inventory and a statewide clinical trials network, respectively. Both of these projects are enabling present and future expansion of the PAC³ website. This funding also afforded the Coordinating Office to recruit a Grants Project Coordinator to oversee facilitation of these projects.

Budget management and monitoring have continued to be a priority of the Coordinating Office. The staff closely manages its current limited funding from the Pennsylvania Department of Health and the CDC and actively explores potential alternative funding sources, including other available government and private grant opportunities. Additional funding sources must be pursued to address PAC³'s growing implementation needs.

As PAC³ continues to grow and evolve, the Coordinating Office's responsibilities likewise grow and evolve. The Coordinating Office's support of the overall implementation goals and objectives of PAC³ have been, and will continue to be, a dynamic component of the Consortium's overall success.

As of publication, the PAC³ Coordinating Office consists of the following people:

Kathy Stadler, Executive Director
Carol Davis, Administrative Coordinator
Mark Byrne, Grants Project Coordinator
Jill Schaefer, Secretary
Clare Collins, Media Relations Coordinator
Carey Anne Zucca, Communications Coordinator
Edmund Ricci, Co-Chair, PAC³ Evaluation Committee
Patricia Documét, Co-Chair, PAC³ Evaluation Committee

PAC³ Events

PAC³ has successfully hosted six Implementation Teams meetings (see details under “PAC³ Implementation”), seven Regional Forums, an Annual Summit, and a Research Summit. Its Second Annual Summit is planned for May 19, 2006. Each of these events plays an important role in the work of implementation.

Regional Forums

The PAC³ Coordinating Office initiated the idea of Regional Forums into the organization’s communications framework. The forum concept was modeled after the series of statewide video teleconferences (VTC’s) held in the summer of 2003 during the PAC³ planning process. The feedback received during the VTC experience resulted in successful revisions to the Plan that strengthened the document and also encouraged new members to join PAC³.

The goal of the Regional Forums has been to build regional relationships and gain diverse community perspectives in order to successfully achieve the goals and objectives of the Plan. The Regional Forums have also enabled the Coordinating Office to develop critical relationships with key cancer control leaders in several regions. These leaders are able to facilitate compiling knowledge about existing cancer control assets to leverage existing resources in addressing PAC³ priorities. Regions are encouraged to use the momentum from the Forums to continue regional involvement in PAC³ initiatives.

Regional Forums have been embraced by several regions throughout Pennsylvania. Successful meetings have taken place in the following regions:

- *Erie*
- *Allentown*
- *Northeast PA*
- *(Scranton/Wilkes-Barre)*
- *Lancaster*
- *Danville*
- *State College*
- *Philadelphia*

PAC³ Summits

The Annual Summit is designed to bring together members and non-members to provide updates on PAC³’s implementation of Pennsylvania’s Comprehensive Cancer Control Plan (the Plan), provide information and showcase Best Practices in a cross-cutting area of the cancer continuum, and enable collaborative discussion about cancer control in the Commonwealth.

The Research Summit is similar in design to the Annual Summit, but as its name implies, the event focuses on research-related priorities of the Plan and endeavors to showcase innovative cancer research in Pennsylvania.

First Annual PAC³ Summit

PAC³ hosted its First Annual Summit in Harrisburg on March 11, 2005 at the Hilton Harrisburg & Towers. A total of 211 individuals attended the Summit in Harrisburg, and 45 additional individuals gathered to view the Summit through videoconferencing at four sites, one within each of the four corners of Pennsylvania.

The Summit provided participants with a variety of opportunities to learn, network, and become involved. The morning session included an overview of PAC³ and a comparison of PAC³ efforts to national efforts for cancer control. A luncheon program outlining steps for the identification of resources and assets followed in the afternoon.

A call for abstracts was released in November 2004, requesting submissions of “Best Practices” in each area of the cancer continuum. Twenty-five abstracts were received and underwent peer review. Four of the Best Practices were selected for oral presentation; remaining abstract submissions were invited as poster sessions.

The afternoon session of the Summit focused on Health Disparities. The keynote speaker was Dr. LaSalle Leffall, Jr., MD, Howard University College of Medicine, who gave an inspiring presentation about disparities in cancer care in America. The remainder of the session included four panelists who addressed Pennsylvania perspectives for Asian, African-American, Rural, Hispanic/Latino, and medically underserved populations.

PAC³ Summits – continued

Second Annual PAC³ Summit

The PAC³ Second Annual Summit will be held on May 19, 2006. The theme of the Summit is “Access in Action: Navigating the Cancer Continuum”. This year’s event will offer updates from each of the PAC³ Implementation Teams, presentations from both national and Pennsylvania keynote speakers discussing disparities and Access issues, highlighting of Best Practices in four areas of Access, and an afternoon session focusing on three models of Patient Navigation in Pennsylvania.

PAC³ Research Summit

The PAC³ Research Summit took place on November 16, 2005 at The Crowne Plaza in Harrisburg, Pennsylvania. The Summit showcased Pennsylvania-based cancer research and provided an opportunity to broadly discuss the progress that has been made in cancer research in the Commonwealth.

There were over 100 attendees, representing fourteen different counties in Pennsylvania and over 25 different organizations.

A Call for Abstracts was released, and PAC³ received over 50 submissions. Several abstracts were presented orally in five break-out sessions, with a session devoted to research in one of the four areas of the cancer continuum, as well as a session devoted to basic to translational cancer research. Attendees had opportunities to attend a session and view several other abstracts displayed as posters. The afternoon session was highlighted by keynote speaker Dr. Steven Clauser, Chief of Outcomes Research Branch, Division of Cancer Control and Population Sciences, Applied Research Program, National Cancer Institute, and his presentation titled, “NCI’s Cancer Care Delivery Research: Improving Infrastructure and Partnerships.” This was followed by summaries from each of the breakout sessions, and time allotted for discussion of research priorities in Pennsylvania and in relation to Plan implementation.

The Vision and Mission of PAC³

PAC³ VISION

It is the vision of PAC³ that, by working together in partnership across the continuum of cancer control, the Consortium will have a significant impact on improving the health of the citizens of the Commonwealth. Together we will ensure that research-based knowledge and understanding of the causes of cancer and its progression will allow us to develop and implement state-of-the-art prevention, early detection, treatment, and quality of life programs that are evidence-based and deliver high-quality care to the citizens of the Commonwealth.

PAC³ MISSION

The mission of the Pennsylvania Cancer Control Consortium is to reduce the human and economic burden of cancer for all citizens of the Commonwealth by working together as a collaboration of leaders from many organizations.

PAC³ CORE GOALS

- ✓ Prevent cancer from occurring whenever possible.
- ✓ Detect cancer in its earliest stages when it occurs.
- ✓ Treat any cancer found with the most appropriate and effective treatment known.
- ✓ Assure the best possible quality of life for cancer patients, their families, and caregivers.
- ✓ Eliminate disparities in incidence, mortality, survival, and risk factors among population groups.
- ✓ Conduct and support research to continually improve cancer prevention, detection, treatment, and quality of life.
- ✓ Establish an infrastructure to support and assure the rapid transfer of research findings into practice.
- ✓ Ensure that all of these cancer prevention, detection, treatment, and quality of life plans and actions are as cost-effective as possible.

PAC³ CORE VALUES

- ✓ We can achieve more together than we can alone.
- ✓ All Pennsylvanians will have equal access to state-of-the-art cancer resources.
- ✓ Exemplary standards in cancer care will be established among the Commonwealth healthcare providers.
- ✓ As key stakeholders, we will work together to develop a comprehensive state cancer control plan and a coordinated infrastructure to implement the plan.

PAC³ GUIDING PRINCIPLES

- ✓ Establish and maintain a collaborative process to identify and achieve cancer control priorities.
- ✓ Focus prevention and screening efforts on the cancers that are currently the most common, preventable, and/or detectable, and strive to expand these goals to less common malignancies.
- ✓ Support research into all aspects of cancers, as well as into the development of screening and prevention strategies for all cancers.
- ✓ Make decisions that are data driven, using the Pennsylvania Cancer Registry and other sources for planning, coordinating efforts, and stimulating action.
- ✓ Aggressively communicate the Pennsylvania Comprehensive Cancer Control Plan to the public and obtain their support to ensure plan implementation.
- ✓ Ensure that the process to identify, implement, and evaluate cancer control priorities will be sustainable.



Acknowledgements

The Pennsylvania Cancer Control Consortium (PAC³)'s First Annual Report is dedicated to the many individuals and organizations throughout Pennsylvania who believe in the PAC³ vision: *Together we can make a real difference in preventing and controlling cancer.*

Thank you for your continued commitment to PAC³ during its early years of development and now as it moves forward in the work of Plan implementation.

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Pennsylvania Cancer Control Consortium

PAC³ Coordinating Office

5150 Centre Avenue

Suite 1-A

Pittsburgh, PA 15232

Phone: (412) 623.0033

Fax: (412) 623.5516

www.pac3.org

“Together ... Making our Vision a Reality”

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