providers and the healthcare system, (b) personal experiences with cancer, (c) trust in a particular media source, and (d) ability to pay for screening tests. **Conclusions:** Media messaging about cancer screening yielded very little influence on the decision to undergo screening. Rather, when presented with a DA, patients were more likely to place trust in that source, particularly if provided by a doctor. These data suggest a need for greater distribution of evidence-based decision support tools to aid patients in making decisions about cancer screening.

Keywords: Cancer Screening; Media; Cancer Education
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PS1-4:

The Nature of Social Support on Breast Cancer Patients' Treatment Decision-Making

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Background/Aims: With the advent of patient-centered approaches to care, much attention has been directed towards engaging patients in their own care. Healthcare providers seek to achieve this through communication about and inclusion of their patients' values and preferences under the rubric of shared decision-making (SDM). However, few studies have investigated the role a patient's social support network (e.g., family members or friends) may play in medical decision-making or considered how discussions outside of the clinical consultation can affect a patient's treatment decisions. Drawing on interviews with oncology care providers, breast cancer advocates, and women newly diagnosed with breast cancer in Northern California, this study investigated how members of a patient's social support network can influence treatment decision-making for breast cancer. **Methods:** In-depth interviews were conducted with (1) oncology care providers and breast cancer advocates, and (2) breast cancer patients at four time points throughout their treatment journey, to explore the influence of others on treatment decision-making. At each interview, patients completed questionnaires assessing health-related quality of life (HRQOL), role preferences, and treatment satisfaction. EHR abstraction and observational field notes augmented patient interview data. Interview data were coded to identify recurrent themes across all interviews and frequency distributions for questionnaire data were calculated using IBM SPSS Statistics 20. **Results:** We conducted 20 in-depth interviews with oncology care providers and breast cancer advocates, and over 150 interviews with 41 breast cancer patients. We report on care providers' observations of and experiences with members of their patients' social networks in treatment decision-making. We also describe how patients themselves consider the involvement of others in their treatment decision-making, identifying several areas of decisional influence. **Conclusions:** Our interviews illustrate how the current healthcare delivery structure rarely acknowledges the circles of care that can influence decision-making. Lack of attention to the influence a patient's social support network can have on treatment decision-making may lead to sub-optimal decision-making because these influences are not adequately understood by clinicians. Our findings suggest that patient-centered care and patient engagement must go beyond the dominant dyadic models of patient and provider and include an understanding of the influence of others in patients' treatment decision-making.

Keywords: Breast Cancer; Decision Making; Social Support
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PS1-5:

The HMO Cancer Research Network: Evolution and Current Organization and Activities

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Background/Aims: The HMO Cancer Research Network (CRN), continuously funded since 1999 through NCI cooperative agreements, provides support for cancer research in non-profit integrated health care delivery systems. Previously, the CRN included core research projects as a major activity. In its recent renewal, the CRN evolved into an infrastructure-

only grant, with a major focus on promoting and facilitating collaborative cancer research in these settings. **Methods:** The CRN setting has characteristics that result collectively in a unique resource for epidemiologic and health services research. These include scientists with expertise in conducting public-domain cancer research in these settings; defined populations with a combined membership of ~8.5 million; clinical and administrative data systems that capture most aspects of care; archived biologic or biopsy specimens for many members; development and implementation of common data elements in the Virtual Data Warehouse (VDW) to support collaborative, multi-institutional research; and access to clinicians and administrators to facilitate translation of research findings to practice. **Results:** The CRN is led by a Steering Committee with scientists from each CRN institution with a smaller Executive Committee leadership team. With the latest renewal, CRN activities are being modified and enhanced in several areas: establishing an Informatics Core for continual improvement of the VDW's data model and data elements for cancer research, and implementation of distributed query tools to facilitate preparatory-to-research inquiries and collaborative research studies; institutionalizing a CRN Scholars mentored career development program; continuing a Developmental and Pilot Studies Program; and implementing an Outreach and External Collaborations Core to facilitate research collaborations among CRN scientists, investigators at other institutions, and clinical and operations partners. In this renewal, the CRN has also established Scientific Working Groups (SWGs) to promote collaborative research in key areas: Prevention and Screening; Prognosis and Outcomes; Health Care Quality and Cost; and Communications and Dissemination. These Cores, Programs, and SWGs are co-led by scientists at CRN and affiliated institutions. **Conclusions:** The CRN enables and facilitates researchers' development of innovative multi-site, multi-disciplinary cancer research projects in the integrated delivery system setting, and motivates continued evolution of the CRN institutions as the nation's premier learning healthcare systems.

Keywords: Infrastructure; Multi-Institutional Research
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PS1-6:

The Cancer Research Network: Creating New Possibilities for Cancer Prevention and Improved Cancer Outcomes

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Background/Aims: Prevention and early detection can greatly reduce cancer-related morbidity and mortality, yet little is known about how well many interventions perform in large populations and the extent to which implementation failures might be remediable. **Methods:** The NCI-funded Cancer Research Network (CRN) (U24CA17154) continues to build infrastructure for multi-site collaborations. The CRN provides unparalleled opportunities for conducting innovative cancer prevention and cancer screening research. **Results:** Advantages of the CRN include: (1) A large, diverse, membership of approximately 8.5 million individuals for studying prevention and screening across population subgroups in community-based settings. (2) Close ties to CRN health plans whose systems and providers can be intervention targets critical to the success of prevention and screening efforts. (3) Access to the primary care setting enabling study of patient-provider decision making regarding prevention and screening behaviors. (4) Longitudinal data on screening contacts, interventions, and outcomes providing a unique opportunity to evaluate "real-world" screening and prevention, and a means of identifying potentially modifiable failures. (5) Biological samples of biopsies archived for many members. (6) Nationally-recognized leaders in cancer prevention and screening. The CRN investigator-led research portfolio includes expertise in tobacco control, dietary interventions, cancer screening and early detection. (7) Long-term relationships among CRN internal and external scientists to create efficient collaborations. CRN partnerships include the HMO Research Network, NCI-designated cancer centers, federal agencies, and numerous academic institutions. **Conclusions:** Achieving national goals for reducing the burden of cancer will require new knowledge about how to optimize existing strategies for prevention and screening; new research focused on biologic, behavioral, pharmacologic, and molecular risk factors; and evaluation of the