Abstract PS1-20

Fiscal Tracking of Clinical Research: Marshfield Clinic Research Foundation Community Clinical Oncology Program

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Background: Marshfield Clinic Research Foundation (MCRF) is the research division of Marshfield Clinic. MCRF has received 25 years of Community Clinical Oncology Program (CCOP) funding from the National Cancer Institute (NCI). Grant funds require that each CCOP attain a specified number of credits through new participant enrollment and follow-up each year. The Principal Investigator (PI) and CCOP Administrator are responsible for tracking annual CCOP revenues and expenditures as well as CCOP credits. Revenue and expense details involved in the performance of CCOP clinical trials are difficult to track. Limited information is available regarding the true cost of CCOP clinical trials. **Methods:** Marshfield Clinic Research Foundation (MCRF) developed a tracking system utilizing electronic and manual processes, and established individual accounts for each research base within each source of revenue such as the NCI CCOP grant, pass-through additional federal and industry funds, additional private funds. Within each individual account established, expenditures were tracked electronically by various cost categories such as staff salaries and benefits (based on time and effort reports), laboratory sample preparation for send-outs, travel expenses to attend research-base meetings, copying, printing, telephone. **Results:** This poster provides general information and graphic depictions of how MCRF tracked CCOP revenues and expenditures from June 1, 2006 through May 31, 2007. Credit information per research-base and total by treatment, cancer control and follow-up credit is also provided. The data indicated that 52% of the expenses were funded by NCI grant funding, 12% from additional funds provided by the research bases, 29% from institutional support, and 7% from other funds donated for oncology research. **Conclusions:** To sustain a CCOP, significant financial support by the recipient institution is essential over and above the support of the infrastructure. During 2006-2007, MCRF recorded \$4600 in expenses for each goal credit.

Abstract PS1-21

Radiotherapy Delay in Older Women With Early-Stage Breast Cancer

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Objective: To assess predictors of delayed radiotherapy (RT) and the potential impact of RT delay on breast cancer outcomes in older women with early-stage breast cancer. **Methods:** We studied 616 women, ages 65 years or older, who were diagnosed with early-stage breast cancer from 1990-1994 at six HMOs. These women were a subset of the Cancer Research Network's Breast Cancer Treatment Effectiveness in Older Women (BOW) cohort. All women included underwent breast conserving surgery and radiotherapy, but no chemotherapy. We examined whether race, age, estrogen receptor (ER) or progesterone receptor (PR) status, Charlson comorbidity index at diagnosis, tamoxifen use, tumor size, histology, and lymph-node positivity were associated with RT delays of more than 8 weeks post-surgery using chi-square tests and multivariate logistic regression. We applied Cox proportional hazards models to assess whether RT delay and demographic and clinical variables were associated with 10-year breast cancer recurrence rates. **Results:** Of the 82 women with delayed RT, 17 (21%) recurred, whereas only 73 of 534 (14%) without delay recurred ($P=0.09$). Of those with delays >8 weeks, mean delay was 114 days (16 weeks) and median was 69.5 days (10 weeks). African American race compared to White race was associated with delayed RT (OR, 3.1; 95% CI, 1.5-6.6) in multivariate analyses that controlled for demographic and clinical variables and HMO site. Breast cancer tumors larger than 2 cm were associated significantly with higher recurrence rates (HR=4.2; 95% CI, 2.2-8.1), as were subjects with more than 4 positive lymph nodes (HR=6.6; 95% CI, 1.9-22.7). There was a trend towards higher recurrence rates for subjects with RT delay (HR=1.7; 95% CI, 0.91-3.0). **Conclusions:** Although African American race was associated with RT delay, RT delay itself was not strongly associated with recurrence rates. Tumor characteristics are the major predictors of recurrence in this population of breast cancer patients.

Abstract PS1-22

Differences in Treatment of Ductal Carcinoma In Situ by Race/Ethnicity in Large Integrated Health Plans

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Background and Aims: The diagnosis of ductal carcinoma in situ (DCIS) has increased markedly in the U.S. from 4,800 in 1983 to 59,000 in 2005. Although racial differences exist in the detection, diagnosis, evaluation, and treatment for invasive breast cancer, the extent of disparity for DCIS is unclear. Because women with DCIS are at high risk for local recurrence or invasive disease, it is critical to determine the degree of treatment disparities among racial/ethnic groups. We examined racial/ethnic variation in adjuvant therapy in a cohort of 3,000 women diagnosed with DCIS between 1990 and 2001 and treated with breast conserving surgery in three geographically diverse health plans based in California and Massachusetts. **Methods:** We reviewed medical records and abstracted information regarding DCIS treatment, demographic characteristics, and comorbidity. Stratified analyses and multinomial logistic regression were conducted. **Main Findings:** After adjusting for age, diagnosis year, study site, and geocoded income, odds ratios suggest that minority women were as likely to undergo adjuvant radiation therapy as white women. Asian/Pacific Islander women were somewhat more likely to receive adjuvant tamoxifen therapy (adjusted OR, 1.3; 95% CI, 0.7-2.2) compared to white women; however, there was little difference between white women and Hispanic women (adjusted OR, 0.8; 95% CI, 0.4-1.7) or black women (adjusted OR, 0.9; 95% CI, 0.5-1.7). Black women were somewhat less likely than white women to undergo a combination of adjuvant tamoxifen and radiation therapy (adjusted OR, 0.6; 95% CI, 0.4-1.0). Combination therapy was used to a similar extent in whites, Hispanics and Asian/Pacific Islanders. In a subset of patients for whom we had pathology data, tumor size and histology were controlled for in the analysis of adjuvant radiation therapy; however, these results were generally similar to those of the whole cohort. **Conclusion:** We found modest, though statistically insignificant, racial/ethnic differences in DCIS treatment. The similar use of adjuvant therapy by Asian, Hispanic, and white women is impressive and may be due to the general access to care in these managed care plans. The reasons for possible lower use of combined therapy among black women are unclear and require further study.

Abstract PS1-23

Control of Bowel Function by Colorectal Cancer Survivors With Permanent Intestinal Stomas: Behavioral Strategies

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Background: There are a growing number of colorectal cancer (CRC) survivors in the United States, many of whom live with a permanent intestinal stoma (ostomy). Bowel function control has tremendous implications to overall health-related quality of life (HR-QOL). **Methods:** Long-term (>5 years) CRC survivors with and without ostomies from three Kaiser Permanente sites (Northwest, Northern California, Hawaii) were surveyed utilizing the City of Hope Quality of Life (mCOH-QOL)-Ostomy, followed by focus groups for patients with higher and lower HR-QOL. We compared HR-QOL for items specific for dietary changes and bowel function. Qualitative research techniques were used to analyze the open-ended questions, with the investigation team coding entries independently, reviewing discrepant codes, and reaching coding consensus. **Results:** Two hundred eighty-six ostomate and 395 non-ostomate CRC