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$4.8 Million NCI Grant to Fund Rutgers Research Focused on Delivery Improvements to Reduce Cardiovascular Risks in Cancer Survivors

Study Advances Cancer Care Coordination with Primary Care

New Brunswick, NJ—A team of researchers from Rutgers Robert Wood Johnson Medical School and Rutgers Cancer Institute, has been awarded a five-year, $4.83 million grant from the National Cancer Institute (NCI) to support their efforts in advancing care coordination for newly diagnosed cancer survivors managing cardiovascular risks.

Led by Denalee M. O'Malley, PhD, MSW, assistant professor and social work researcher in the Department of Family Medicine and Community Health at Rutgers Robert Wood Johnson Medical School and a research member of Rutgers Cancer Institute, the study builds on more than 15 years of extensive investigation into the challenges of integrating primary care in survivorship care. In addition to Dr. O'Malley, the multiple principal investigator team includes Jeanne M. Ferrante, MD, MPH, professor of family medicine and community health at the medical school and director of the New Jersey Primary Care Research Network; and Shawna V. Hudson, PhD, FSBM, professor and senior associate dean for population health research at the medical school and vice chancellor for dissemination and implementation science at Rutgers Health. Drs. Ferrante and Hudson are also research members of Rutgers Cancer Institute.

The team is one of only four sites nationally to receive funding this year as part of the NCI's initiative to address primary care needs of cancer survivors.

Their project, titled ACCESS-PC: Advancing Care Coordination to Enhance Shared Care for Complex Survivors in Primary Care, will refine and test the implementation of a health system intervention to improve cancer patients' connections with primary care to reduce their cardiovascular risks.

"This important research comes at a pivotal time as we continue to advance cancer treatments and improve survival rates," stated Steven K. Libutti, MD, director of Rutgers Cancer Institute and senior vice president, Oncology Services, RWJBarnabas Health. "As New Jersey's only NCI-designated Comprehensive Cancer Center, we are committed to advancing the science of cancer and continuing to improve the quality of life for the millions of individuals living with the disease."

More than half – and as many as 73 percent – of cancer survivors have cardiovascular disease risk factors and manage multiple chronic conditions, making them "complex cancer survivors," the researchers noted. These cancer survivors have an eight-fold risk of developing cardiovascular disease in their lifetime compared to those without a history of cancer, Dr. O'Malley said. But despite the availability of evidence-based clinical guidelines to manage cardiovascular disease risks, many cancer patients miss or forego essential care for these chronic conditions, particularly during cancer treatment. The ACCESS-PC project seeks to address this gap by promoting a shared care model where primary care and cancer care clinicians collaboratively manage the patient's health.

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“For many cancer survivors, the risk of dying from cardiovascular disease is greater than their risk of dying from cancer. Therefore, it is critical that we emphasize a whole-patient perspective during cancer treatment and ensure that cardiovascular disease risks that are present are managed by primary care throughout the cancer care experience,” Dr. O’Malley stressed.

Researchers aim to transform cancer survivorship care in the United States by enhancing the adoption of shared care delivery models – i.e., when two or more clinicians of different specialties care for the same patient. This integration is expected to significantly improve cardiovascular risk managaement among complex cancer survivors, ultimately improving their long-term health outcomes, Dr. O’Malley said.

To achieve this goal, researchers will work with diverse cancer survivors, primary care physicians, and clinicians at Rutgers Cancer Institute, Rutgers Health, and RWJBarnabas Health to tailor and test an intervention called Primary Care Connect (PC^2), which standardizes care planning communication protocols between care teams and primes complex cancer survivors with information about shared care beginning at cancer diagnosis.

The study will test not only the clinical effectiveness of the intervention, but also its implementation. A randomized controlled trial will be conducted to test the effectiveness of PC^2 on primary care connection, chronic disease management, and patient-reported outcomes. The study also will evaluate the implementation of PC^2 to ensure its sustainability and address the multiple factors influencing the adoption of the shared-care approach within health systems.

The grant runs through April 30, 2029.

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