Core 3: Behavioral, Psychological, & Supportive Care Intervention

How Does Your Core Contribute to the Infrastructure as a Whole?
Members

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Core Mission

• Support clinical investigators in design and conduct of studies focused on interventions in behavioral, psychological, and supportive care with goal of improving patient outcomes.
Core Function

• Serves as a point of contact to investigators.
• Consultation services: expertise in important areas of intervention.
• Coordination: identifying and linking investigators with existing resources
• Advocacy: function as a liaison between investigators and experts if expertise not available within core group. Support of junior faculty inside and outside their institutions
• Provide expertise in recruitment of older adults to geriatric oncology studies.
• Dream: have efforts of core experts funded and to provide task-specific financial support organized by the core.
Work Flow

• Assess the investigator needs based on an electronic request form
  - Could be located on mycarg.org
  - Helps with tracking.

• Triage the investigator needs and help directing them.
  - Hire staff member VS. one of the investigators.
  - Depending on volume, might become a competitive process.

• Core leaders meet periodically with PIs.

• Follow up procedures will need to be in place for tracking purposes.

• Need for standard operating procedures for each core and for overall structure.
Policies and Procedures

• Development of standard operating procedures.

• Webform for initial requests.

• Inventory of resources on mycarg.org including expertise and data sources.

• Allocation of effort and resources for core members needs discussion.
Interaction with other core groups

• Initial triage should link investigators with most necessary core members.

• Core members will facilitate coordination with other cores as needed.

• These could serve as mini-research groups.
Sustainability

1. Funding
   - Potential reallocation of budget to fund core members.
   - Senior investigators writing R01 studies could start using cores.
   - Could we be a resource for cooperative groups down the line?
   - NIH mechanisms to fund infrastructure after the R33 ends similar to PCRC.

2. Staff
   - Admin support is budgeted already

3. Volunteers