

Delphi Survey Results

MPIs: Drs. William Dale, Arti Hurria, **Supriya Mohile**



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Infrastructure Grant

Funded by NIH/NIA
Grant No. 1R21AG059206

Cancer and Aging Research Group (CARG)

A Delphi Investigation Of Geriatric Oncology Experts

- Sustainable Infrastructure That Supports High-impact Research Aimed At Improving The Care Of Older Adults With Cancer.

Principal Investigators (Multi-PIs)

Drs. William Dale, Arti Hurria, Supriya G. Mohile



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Goals

The overall goal of geriatric oncology research infrastructure to improve clinical care (R21/R33):

- Establish a sustainable national research infrastructure to facilitate and support significant innovative projects addressing key interdisciplinary research questions at the aging and cancer interface
- To accelerate research efforts, to create a more robust infrastructure to facilitate and foster interdisciplinary
- Collaborative research in aging and cancer, to focus on the career development of investigators to grow the field
- To widely disseminate the research findings



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Introduction

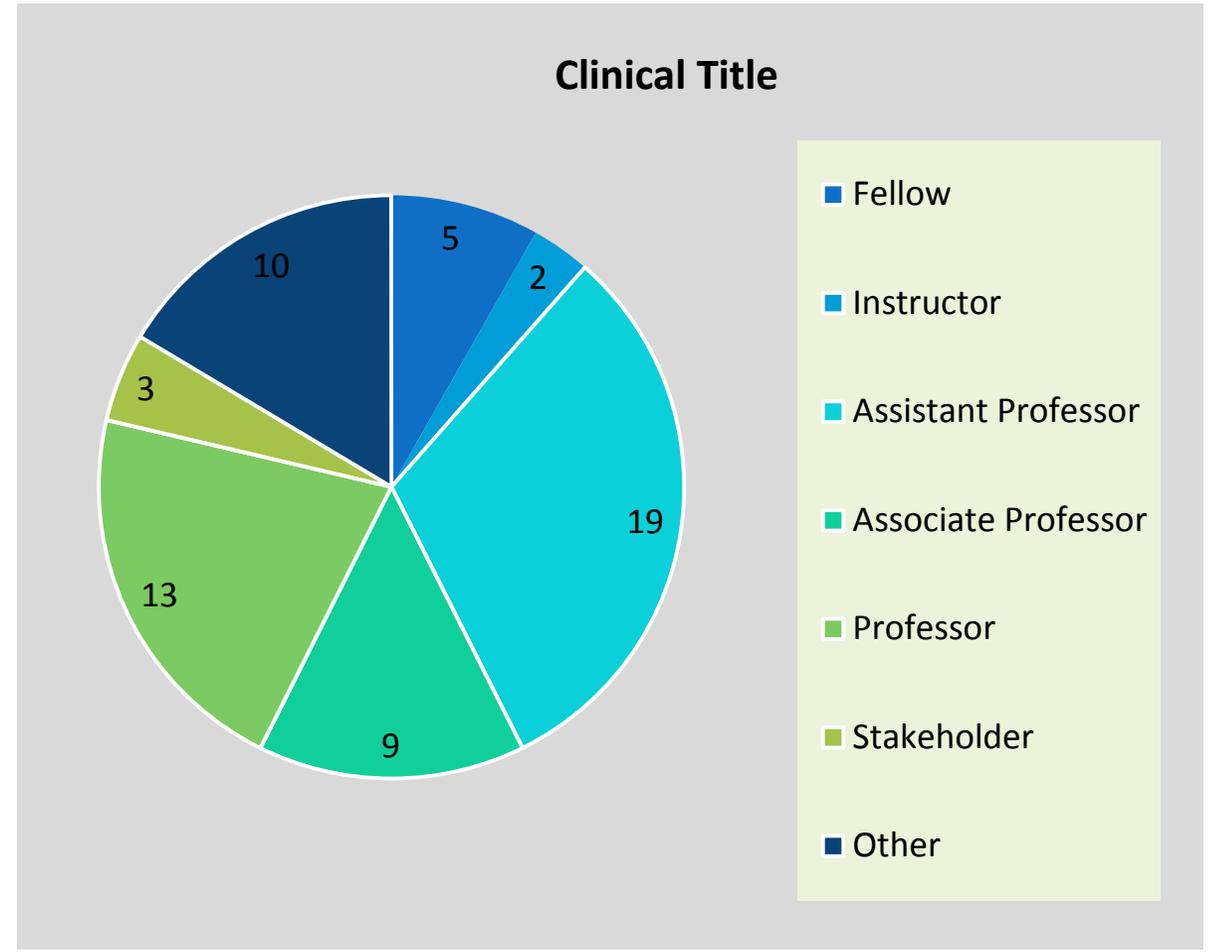
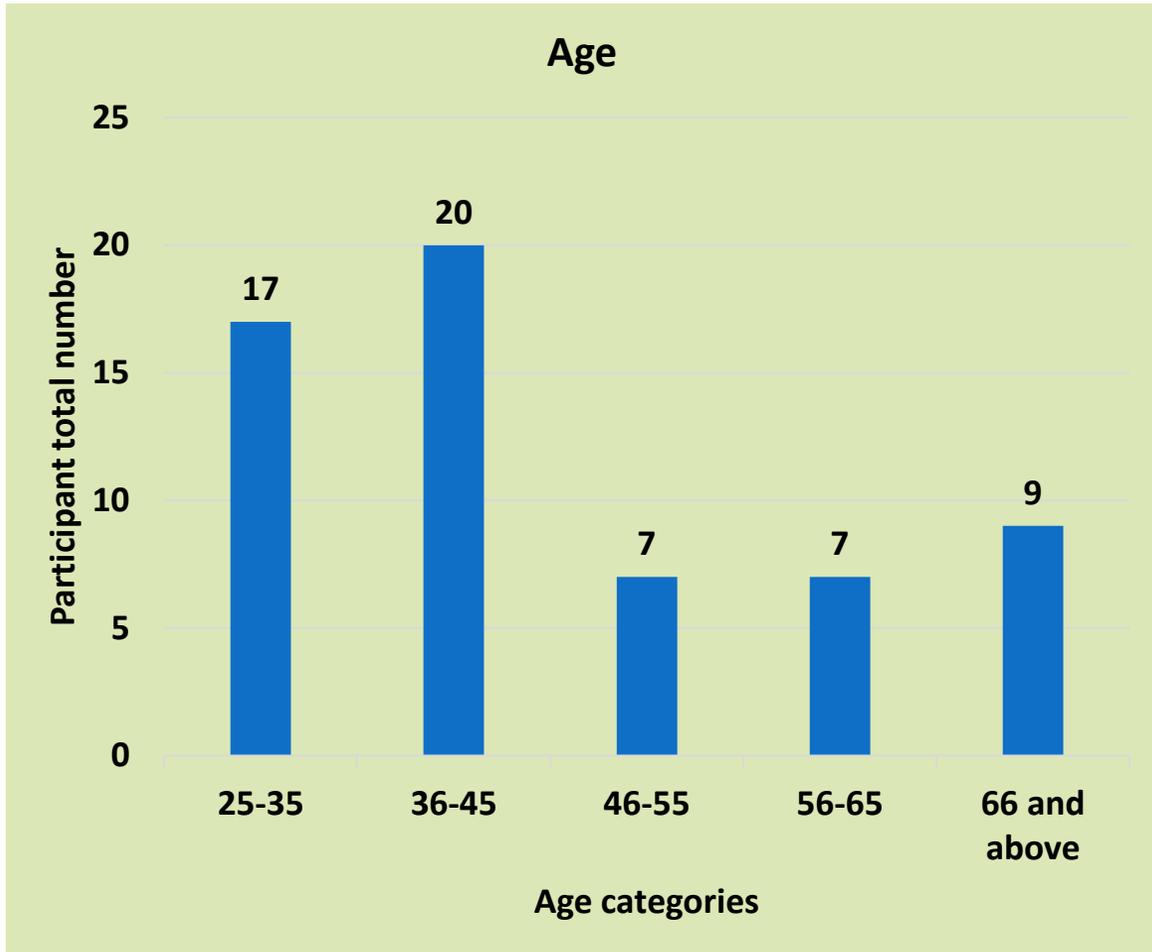
- Analysis is based on 83 survey participants (partial/complete responses)
- Survey through REDCap was sent to total 275 participants (14-email delivery failed).
- Survey sent out on 09/10/2017. Participants were asked to complete survey within 7 days.
- Analyzed using MAXQDA 2018.1 and Excel for all open ended questions.



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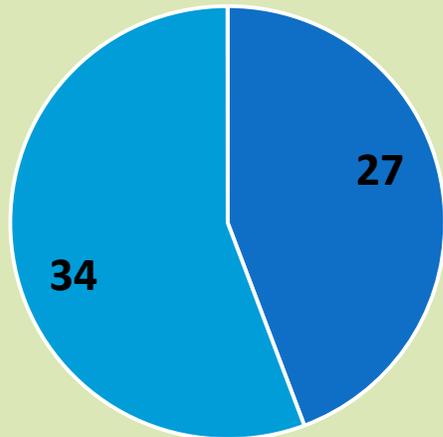
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Demographics



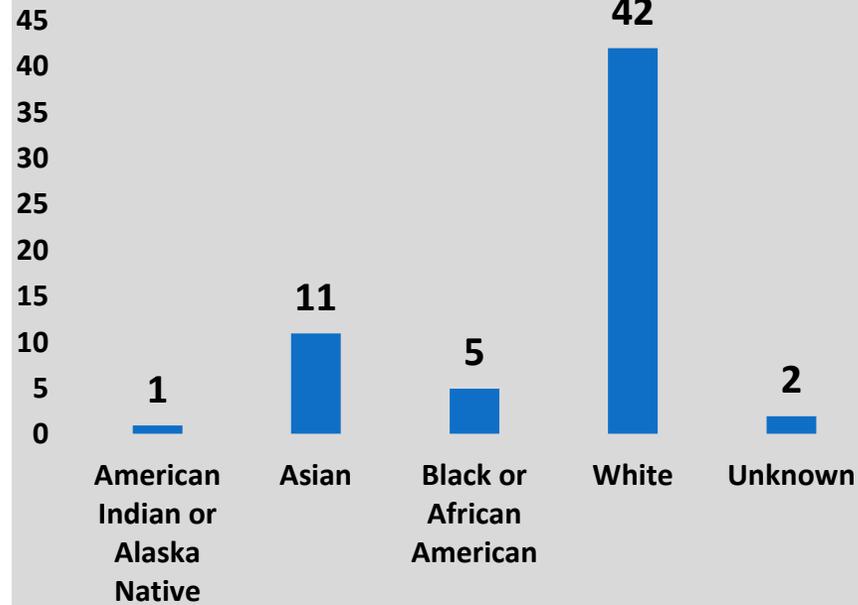
Demographics

Gender

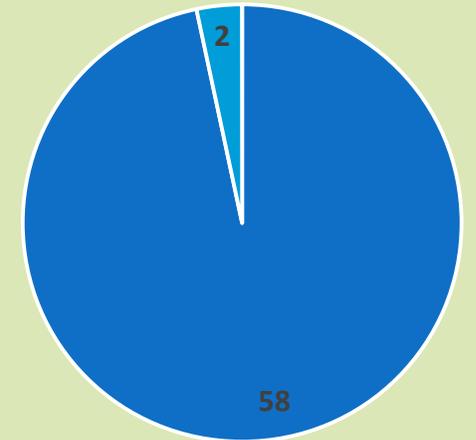


■ Male ■ Female

Race



Ethnicity



■ Non-Hispanic ■ Latino Hispanic

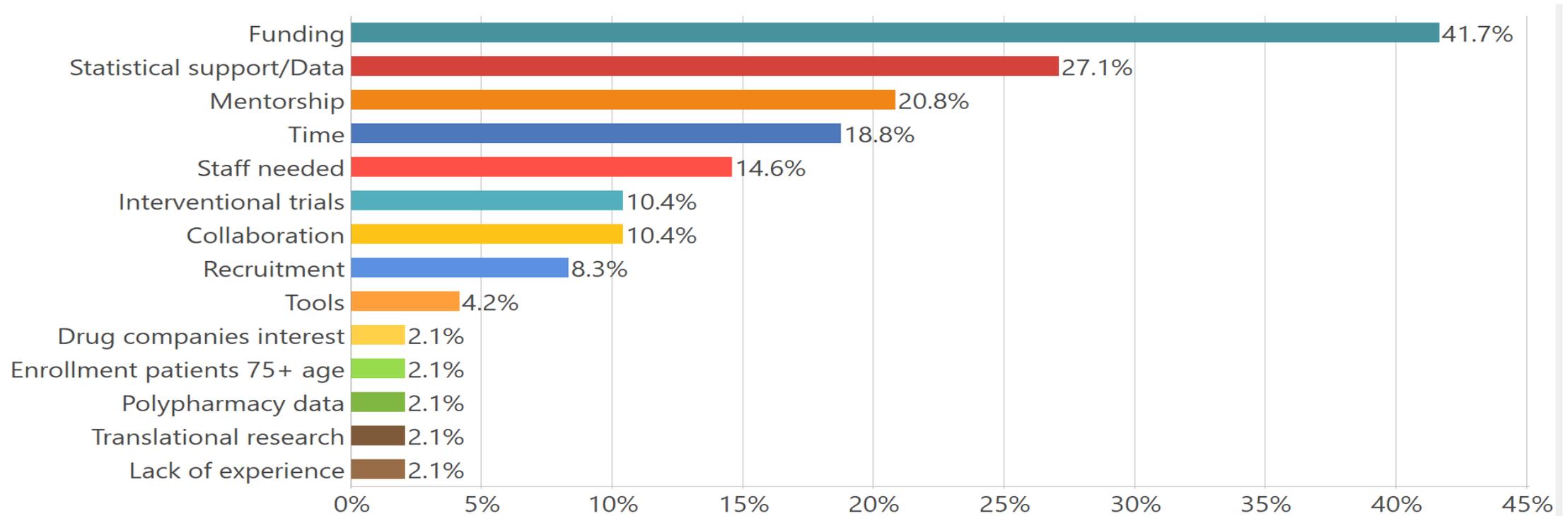
Survey Questions	Yes	No	Missing
Are you currently conducting or thinking about conducting research in geriatric oncology?	57	4	22
Have you ever co-authored or authored a manuscript that is pertinent to the care of older adults with cancer or their caregivers?	51	10	22
Have you ever been funded to do research in geriatric oncology?	39	22	22



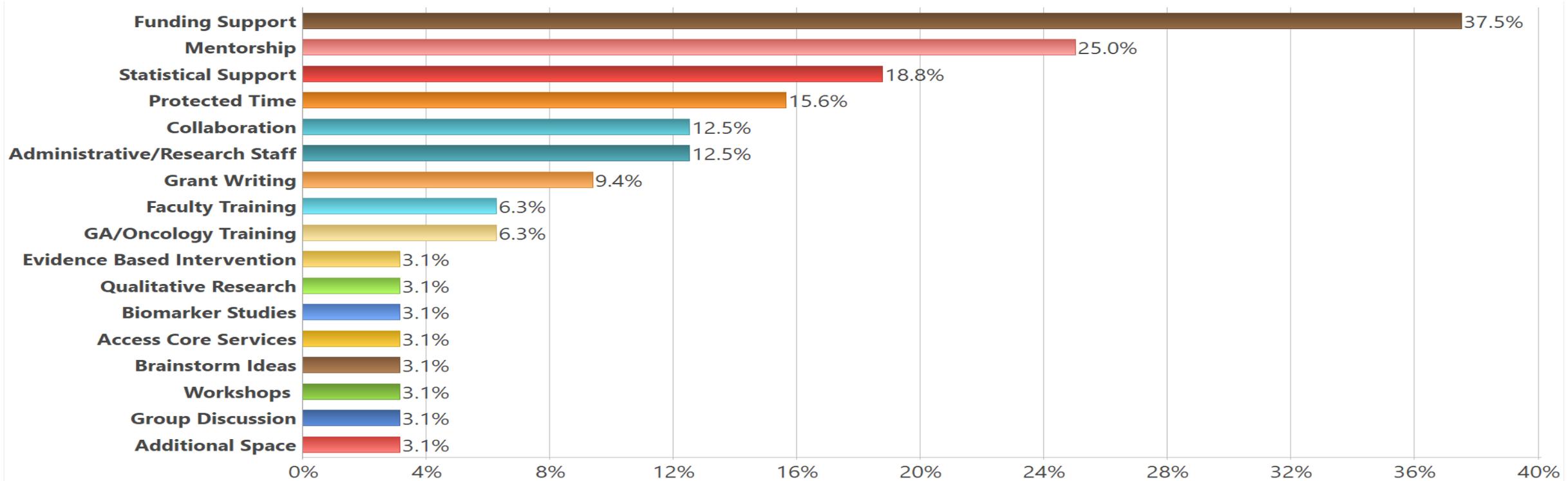
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Barriers Conducting GeriOnc Research (n=54/83)



Identifying Unmet Needs: Support Needed (n=37/55)



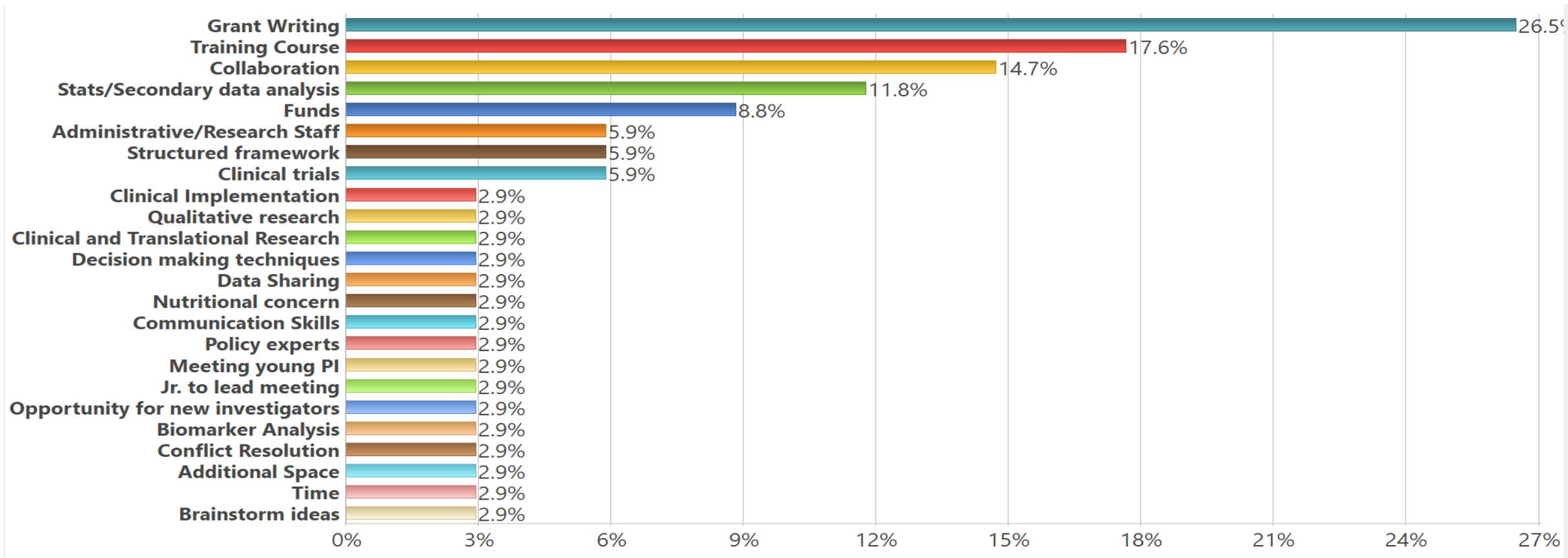
Cores Chosen to be Most Helpful (n=55/83)

Cores helpful (n=55/83) Reasons (n=6/55)

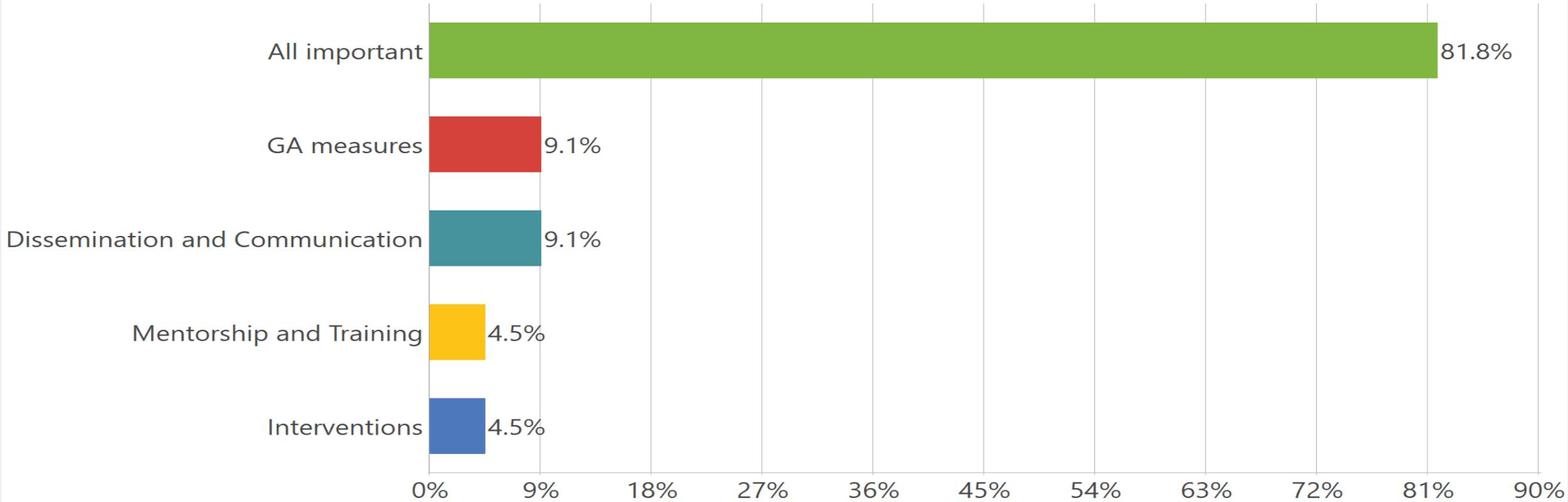
- **To help getting trained in GA and in training staff to conduct GA as part of clinical trial**
- **To develop rigorous endpoint measures and intervention content**
- **To relate to medication use and care delivery**
- **To ensure that adequate resources are provided to institutions to support allied healthcare professional**
- **To evaluate outcomes of intervention research.**
- **To develop outcomes research related to how professionals add value to the cancer team**
- **Mentorship a key to developing the next generation of researchers**
- **To providing non-physician scientists opportunities for mentorship**

Cores not helpful (n=0/83)

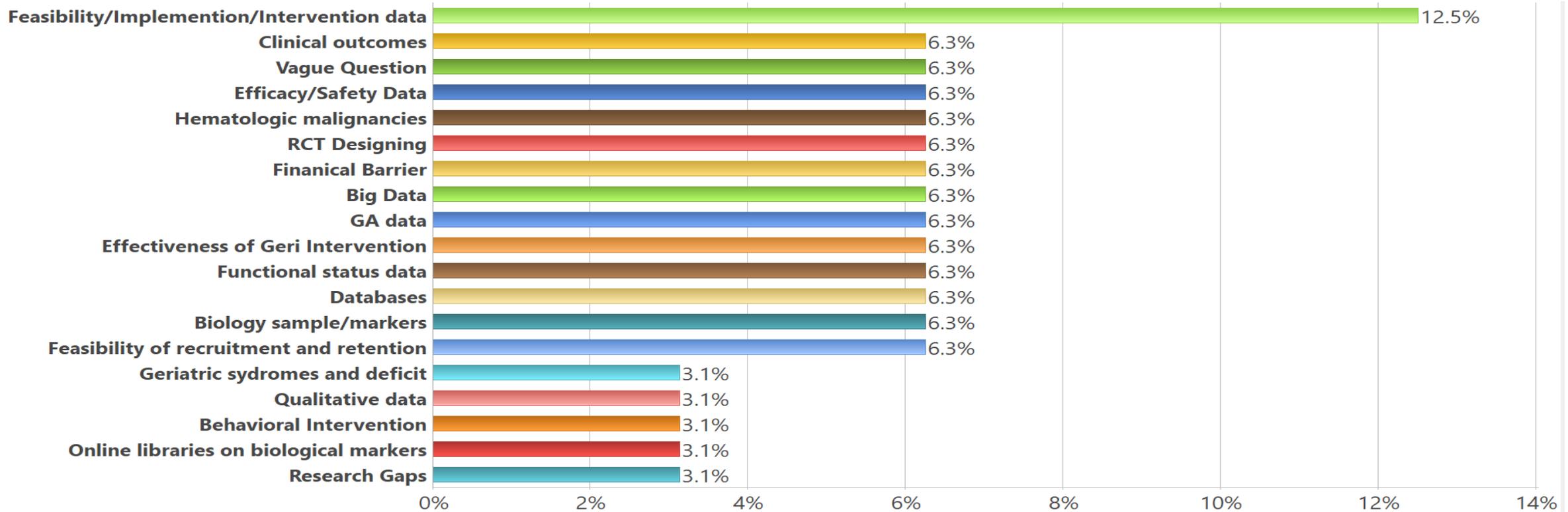
Other Cores Listed as Helpful (n=21/55)



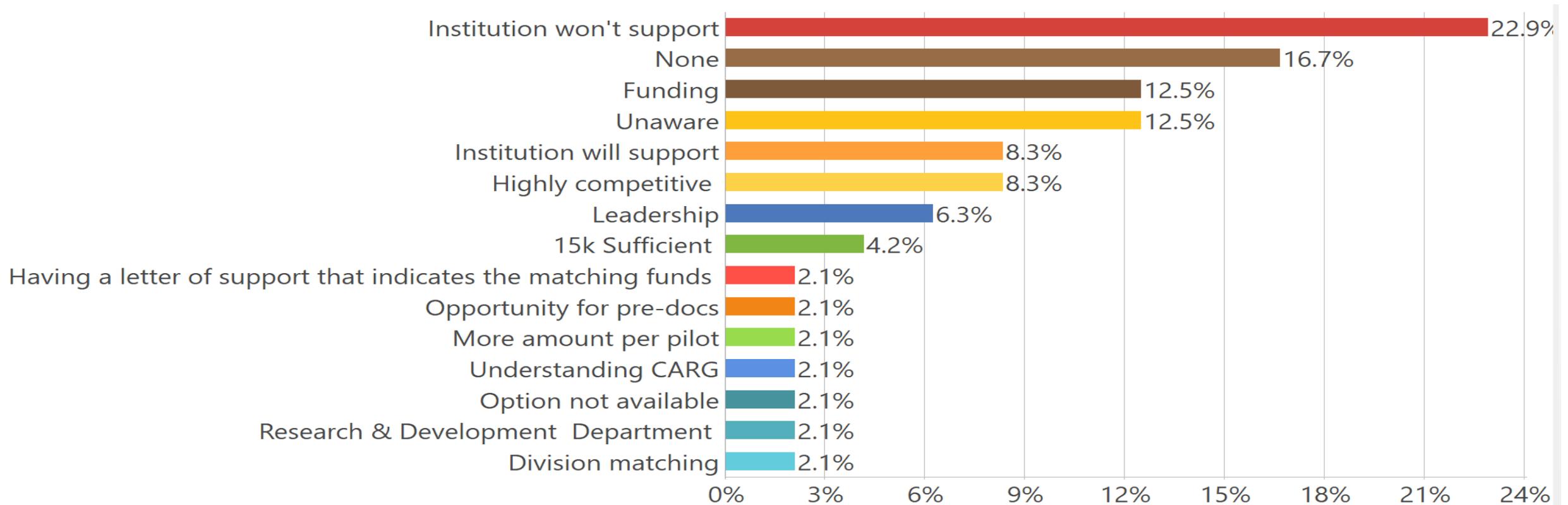
Least Helpful Cores (n=6/24)



Preliminary Data Needed to Move Forward



Barriers to Securing “Matching” Funds



Resources: Expertise Available at Institutions

“experience in GO research and biomarkers”

“Bio statistical support, basic research, clinical trial office, data ware house.”

“Advocates can help develop improve recruit and disseminate for this grant.”

“We have expertise in the research aspect and good collaborations between Geriatrics and H/Onc.”

“Assessments; and Behavioral, Psych, and Supportive Care interventions.”

“I work with a group of psychosocial researchers with expertise in geriatric issues.”

“CARG ASCO”

“CTSI”

“We have IDeA CTR grant/U54 grant through NIH/NIGMS that pulls together resources from several institutions including statistical and informatics cores. We have Dissemination and Implementation scientists.”

“Extensive clinical trial infrastructure and experience.”

“I have access to rehabilitation clinician experts”

“We have a growing data repository of lineage specific transcriptome, epigenome, and genome data from much the primary tissue we work with. The breast tissue samples we have been collecting are associated with EMRs, allowing retrospective analyses, and we are collecting tissue from normal risk, high risk, young, old, and chemo/radiation treated and untreated.....”



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Resources: Have Access to Resources Outside Institution(n= 26/55)

Access to resources or expertise available through network outside institution.



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Experiences about consulting patient and caregivers in research (n=35/55)

“Exercise and cognitive experts Statistics support EMR expert in geriatric oncology.”

“1. Worked with patient advocates on a PCORI-funded grant. 2. Worked with patient advocates on hosting a major national conference for a society of medical researchers.”

“For a pilot project we included patient feedback in order to develop further research. This was obtained through interviews and open ended questionnaires.”

“I have the opportunities to meet with patient advocates at the various research workshops for my research. However, this opportunity should be expanded in CARG - sign up to speak to the patient advocates for feedback?”

“My lab works with patient advocates on a regular basis.”

“Focus groups, interviews, surveys”

“I have conducted small pilot studies evaluating medication use in older adults with cancer. Some studies have been prospective which required patient consent.”

“Have led caregiver focus groups in Phase I clinical trial participants; have also performed patient interviews in terms of implementation questions around a practice adjustment.”

“as part of a course in Clinical Trial development; patient advocates were involved in the sessions”



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Experiences about consulting patient and caregivers in research

- “Patients and caregivers are generally enthusiastic about participating in cutting edge research that will help them and future patients.”

“working with patient advocates is crucial!”

“I participated in a grant held by Martine Puts to involved older patients in research as coinvestigators.”

“Patients receiving stem cell transplant”

“Very positive and very helpful. The process of including patients modified the content and logistics of interventions and assessments.”

“very helpful in framing research, developing instruments”

“I have served as a provider in clinical research projects. I believe I contributed to the goals of the research and helped support the participating patients.”

“Utilization of a patient advocate”

“I complete the majority of my research using patient-centered outcomes and always ask research questions regarding the structural elements of intervention that they would prefer to use.”

“I've been at this 4 decades. Many tales best told-over beer(s)”



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Barriers in patient and caregiver consultation (n=15)

Never done	3
Out of research interest	2
Not involved with patients	2
Did not participate directly in trials prior	1
I have been working on this in prior grant applications	1
Identify patients	1
Lack time	1
Working on a grant	1
Lack mechanism	1
Lack access to PT/CG research methods	1
No patient advocacy groups exist	1

Mentoring is a strong theme

Without faculty development the rest are empty intellectual exercises. My humble outsider view is that a key issue in the field is that it is largely MD/practitioner driven at the moment and therefore highly governed by available so-called "protected time" for research. I frankly don't think generative research can be produced without at least 4 days a week research time and would like to see some time spent on a discussion of how this might be approached to insure the growth and longevity of the field. Supports like these cores can provide information and experience. Of little use without an eager, motivated researcher with the necessary time.

Junior/Early Stage Faculty Needs (n=33/55)	Yes
Mentorship	7
Grant writing	7
Stats/Secondary data analysis	4
Collaboration	3
Training course	3
Review/Feedback	3
Funds	2
Structured framework	2
Leadership development	2

Administrative/Research staff	1
Time	1
Opportunity for new investigators	1
Meeting young PI	1
Jr. to lead meeting	1
Clinical implementation	1
Clinical trials	1
Nutritional concern	1
Data sharing	1
Clinical and transitional research	1
Qualitative research	1
Brainstorm ideas	1

Resources needed to help mentors train (19/22)	Yes
Mentorship	3
Training course	3
Collaboration	2
Grant writing	2
Leadership development	2
Administrative/research staff	1
Additional space	1
Funds	1
Clinical trials	1

Clinical trials	1
Biomarker analysis	1
Policy experts	1
Review/feedback	1
Conflict resolution	1
Communication skills	1
Decision making techniques	1

	Fellow	Instructor	Assistant Professor	Associate Professor	Professor	Stakeholder	Other
Preliminary data needed	5	2	17	9	11	1	7
Resources needed for training grant	5	2	17	8	9	1	6
Unmet needs for research	4	2	15	5	5	0	5
Barriers for consulting patient caregiver	2	1	7	3	1	0	3
Mentorship	0	1	5	0	0	0	2
Grant writing	1	0	6	0	1	0	4
Statistical support	1	0	6	0	2	0	1
Collaboration	1	0	5	0	2	0	1

	Fellow	Instructor	Assistant Professor	Associate Professor	Professor	Stakeholder	Other
Efficacy/safety data	0	0	2	0	0	0	0
Training course	0	0	2	3	0	0	1
Review/feedback	0	0	2	1	1	0	0
Protected time	0	1	1	2	2	0	0
GA/oncology training	1	0	1	0	0	0	0
Administrative/research staff	1	0	1	2	0	0	0
Hematologic malignancies	1	0	1	0	0	0	0
Leadership development	1	0	1	0	2	0	0
Faculty training	0	0	1	0	1	0	0
Qualitative research	0	0	1	0	0	0	0
Biomarker studies	0	0	1	0	0	0	0

Comments on Impact

- Need to make a convincing argument to our Scientific Review Committee that projects focused on older patients would benefit the whole cancer institute and patient population. More visibility and understanding of what CARG does to the broader medical community, not just those already singing in the choir.
- Geriatric oncology isn't as "sexy" as genomic research
- Strengthen the interface between clinical, translational, and basic research in aging.

Delphi Questions Survey 1

