

Core 3: Behavioral, Psychological, & Supportive Care Intervention

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



CARG

CANCER & AGING RESEARCH GROUP

Infrastructure Grant

Funded by NIH/NIA

Grant No. 1R21AG059206

Members

Chair: Matthew Loscalzo, LCSW
(Member, Oversight Board)

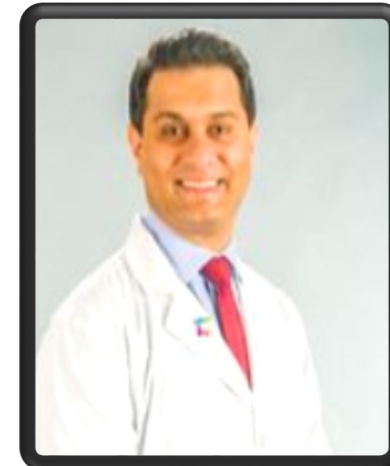


Beverly Canin
(Chair, SCOREBoard Patient Advocate Board)



Aminah Jatoi, MD
(Member, Organizational Liasons)

PI Liaison: Supriya Mohile, MD, MS



Elias Rawad, MD
(Member, Junior Investigator Board)

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.



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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.



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Work Flow

- Assess the investigator needs based on a 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.



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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.



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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.



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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

