



*Annual HCCC Epidemiology Program & Population Sciences Retreat
September 12th, 2008, 8am - Noon
1289 CBRB, Robert Kelch Conference Room, CBRB*

Attendees: Ron Bedford, Betsy Chrischilles, Natalie Denburg, Leslie Dennis, Bill Field, Siegfried Janz, Lucy Karnell, David Katz, Yong-Chan Kim, Susan Lutgendorf, Chuck Lynch, Faryle Nothwehr, Linda Rubenstein, Gerry Rushton, Carol Scott-Conner, Elaine Smith, Doug Spitz, Barbara Stegmann, Kathleen Stewart, Christiana Taylor, Jim Torner, Peter Thorne, Julie Urmie, Mark Vander Weg, Bob Wallace, George Weiner, Michele West, Kara Wright, Yang Xie,

Agenda:

- 8:00 Sign In & Breakfast
- 8:30 Welcome & Introductions – Lynch
Review of Past Year - Lynch & Chrischilles
CCSG Update – Facilitated by Lynch
Future Pilot Grant Opportunities
Discussion to generate grant ideas or strengthen existing ideas for future grant applications
- 11:00 Lunch & continued discussion
- 12:00 Meeting concludes

Welcome and Introductions – Lynch

- 3rd time we have met annually
- Goals of the annual meeting:
 - Better organization of population sciences program
 - Explore the possibility of breaking out into more than one program
 - Review services of Population Data Research Core that are available to investigators
 - Time for investigators to discuss potential new research ideas/projects, to meet potential collaborators, etc.
- Cancer Center Goals
 - Obtaining grants – especially from NCI - to further research
 - Produce publications

Review Past Year – Lynch & Chrischilles

- We reviewed the website for population sciences:
www.uihealthcare.com/depts/cancercenter/resarch/population/index.html
- HCCC Population Sciences Grant:
 - Pilot grant funding 7-8 people interested that had not previously applied
 - Funding opportunity due today, September 12th, 2008
 - HCCC committee will review applications in the next couple weeks
 - This will be an annual funding opportunity
- Population data research core website – shared resources

- Open for business with a small staff and with assistance of CCSG make it into a more solid resource.
- Staff include: Betsy Chrischilles & Chuck Lynch as interim co-directors; Michele West, Kara Wright, Lucy Pan, and Christiana Taylor; Goal is to hire a new faculty member who could also serve as director of the core.
- Website outlining core's services is live: www.uihealthcare.com/depts/cancercenter/research/population/populationdataresearch.html
- Please feel free to contact Christiana Taylor with research ideas/questions
- Priority is funded research and research that has potential for future funding
- Q: Does the Iowa Cancer Registry include follow-up data
 - Survival is tracked along with 1st course of treatment data; are not going back to medical records to record treatment though could potentially do so for particular project with set parameters, could be expensive due to time/cost of abstracting
- Program members have always had an interest in surveys
 - Can't afford to set up full telephone interview system
 - Core does provide help with doing paper surveying using Teleform to design data collection forms and databases
 - Teleform- send out a form that once received can be scanned and thus data relatively easily can be collected; Teleform does have web-based questionnaire capability
- Q: Anywhere we can do telephone surveys?
 - Ag Health Study and Birth Defects Registry do have operational CATI systems. Studies have been done using this resource during "down" times for Ag Health Study
- Q: Are there better resources that we are unaware of?
 - Gerry Rushton mentioned that he thought the graduate school had recently developed an operational CATI system led by Kevin Leicht in Sociology
- Dr. Lynch explained that the Iowa Cancer Registry has established good relations with pathology labs around Iowa to get tissue blocks that they historically would have discarded because they do not have room to store them forever; furthermore, the Iowa, Hawaii, and Los Angeles County, California SEER programs have developed a tissue resource called the Residual Tissue Repository; more information can be found at the following website: <http://www.seer.cancer.gov/biospecimen/>
- Q: What are the possibilities of getting fresh tissue from UIHC cases?
 - Dr. Weiner addressed this question acknowledging the frustration that many investigators have felt in using the HCCC Tissue Core; he shared that there has been progress in this area as funding has been identified to hire 2 FTE including a full-time pathology assistant to be in the gross room and be aware of researchers' tissue needs and the appropriate way to handle these specimens to maintain quality of RNA, etc.
- ICCCC
 - Goal is to become a full-fledged not-for-profit; Moving forward with 501(c)3 status but have not received federal tax exempt forms
 - ICCCC has allowed HCCC to develop strong relationships with state-wide advocacy groups
 - ICCCC could be perfect resource for CBPR (Community-Based Participatory Research)
 - Have funds to hire people for ICCCC management
 - Looking for a location to house ICCCC employees – please let HCCC know if you have extra space
 - Have funds to distribute to implementation groups via a competitive process
 - Proposals due Monday, September 15th, 2008

- Membership into ICCCC fairly easy
 - Always looking for new participation
 - Afternoon meeting coming up on Thursday, October 16th, 2008 in Johnston, Iowa at the Hilton Garden Inn; Iowa Cancer Summit meeting the following day
- Hope Lodge
 - 29 rooms for cancer patients to stay while receiving treatment
 - UI provided land and ACS did the fundraising; have almost reached goal of \$8M
 - ½ of money toward building the lodge; ½ for an endowment to keep it running
 - Located across from Carver Hawkeye
 - ACS has found that raising funds for local projects is much more successful than national projects
 - Looking for a project to continue the momentum and thus now considering the ACS Professorship
- ACS Professorship
 - HCCC focused on research
 - ICCCC focus on implementation
 - Idea behind the Professorship is to blend research and implementation; professor would be the research leader for the ICCCC
 - Goal would be to raise \$3M in funds for hiring a full-time faculty member and to create seed grant opportunities in this area

CCSG Update – Lynch, Wallace & Lutgendorf

- CCSG
 - Main grant within the HCCC
 - Timeline for CCSG renewal, 2010
 - Draft due Fall 2009
 - Submitted April 2010
 - Site visit fall 2010
 - Have to show excellence in clinical, population, and research and how they coordinate (basic, clinical, population) together in order to make progress in cancer research and to continue receiving NCI fund
 - Need assistance from members in order to submit the best grant possible
 - Need to have most current information/data
 - Need to show strength in grants and publications: NCI and NIH grant funding nice but other cancer-relevant funds also viewed positively
 - NIH funding overall has dropped hence the funding amount has reduced
 - NCI funding has also decreased
 - Want to add 2 additional projects to the grant
 - Bioinformatics Core led by Tom Casavant and Population Data Research Core led currently by Betsy Chrischilles and Chuck Lynch
 - Could use additional support in:
 - Tobacco control
 - Prevention
 - Cancer geneticist
 - Molecular Epidemiology
 - Gero-Oncologist
 - Invited each member to identify people to give presentations
 - Possibly intrigue them to come to the UI and see what we are doing
 - Use potentially as a recruiting method

- Science & Aging – Wallace
 - 1 of 8 institutions that received P20 grant; only 1 successfully transitioned P20 into successful program; Iowa second-closest in doing so
 - P20 is non-renewable but have carryover funds through August 2009
 - Transition between cancer and aging into cancer center in a formal way is difficult because of the great variation but making progress
 - We may need to develop something more transdisciplinary for example looking at biobehavioral science and aging
 - Cancer relevance becomes important even if it's not NIH money
 - Be transdisciplinary
 - Look at biobehavioral science and aging
 - CCSG – from grants point of view
 - Even if HCCC does not include it formally in the CCSG grant renewal it does not mean HCCC will not support it
 - Shouldn't detract from interest
- Data Resources – interest mentioned in the following linkages:
 - MOST – Medicare
 - WHI - Medicare
 - What other databases do program members have? Could the Pop Sciences Management facilitate gathering information of all existing databases?
 - Interest in obtaining NHANES db

Future Pilot Grant Opportunities

- **HCCC Grant Opportunities:**
 - Larry Oberly Award – deadline 1/2/09 (handout)
 - Each HCCC Program (plus cancer aging area) to submit 1 proposal
 - 3 projects of \$50K each will be funded
 - Criteria: promising new idea w/ likelihood of leading to peer-reviewed NCI funding w/in 2-3 years; Interdisciplinary & collaborative; encourage interprogrammatic and between cancer disciplines (basic, clinical, population)
 - Please let Chuck Lynch know if you have an idea you would like to develop for application for this grant opportunity
 - future Population Science Pilot Grants
 - future ACS Seed Grants
- **ACS – Community Based Participatory Research (CBPR) focusing on Health Disparities – limited to 4-state area (IA, MN, SD, WI)**
 - Last informational webinar session on September 17th @ 2p,m
 - More information at <http://www.cancermw.org/research/cbprgrants/>
 - Program contact: Karen Stewart phone: (262) 523-5523; email: Karen.Stewart@cancer.org
- **RRSS – 2009 cycle – process initiates in December 2008**
- **CHEEC – deadline “likely November 3rd” per website – info to be posted week of 9/15:**
 - <http://www.cheec.uiowa.edu/seedgrant/index.html>
 - potential spring round if funds are available
- **NCI/NIH RO3 – Small Grants Program for Cancer Epidemiology**
 - <http://grants.nih.gov/grants/guide/pa-files/PAR-08-237.html>
 - **Key Dates:**
 - Release/Posted Date: August 14, 2008

- 2009 Application Due Date(s): 3/19/2009; 7/17/2009; 11/19/2009;
- **Environmental Health Sciences Research Center (EHSRC) Pilot Grant Program**
 - generally a biannual process – last cycle applications were due 2/1/08
 - updates & information: http://www.ehsrc.uiowa.edu/pilot_grant_program.html

Discussion: Future Grant Applications/ Members' Research Interests

- Carol Scott-Conner: Interested in the influence of pregnancy and development of breast cancer
 - Would like to take advantage of the tissue bank and take a look at the tumor correlation.
 - Related to hormone sensitivity
 - Referral issue or population
 - PR receptor testing – collect data from medical records
 - Must be run on tissue to see if patient is triple negative
- Elaine Smith: Cancer-related molecular epidemiology: Is anyone else working on the same technology? Maybe someone that is using the same lab techniques?
 - Would be great to identify others that are in the same research?
 - Send email to ask this information
 - Are biostatisticians available who are most current on statistical approaches for example to microarrays?
 - Suggestion was to contact HCCC biostatistician Jian Huang
- HCCC Tissue Core– track what tissues people want and what is available
- Also with CSA
- Patient identifiers:
 - People that want cancer tissue but not identifiers
 - Separate IRB approval not required
 - Those who want identifiers
 - Need own IRB approval
- Susan Lutgendorf: Interest in interaction between stress and toxicology
 - Stress hormones may augment carcinogenic potential of toxins
 - Does anyone have databases that address both areas?
 - Not currently interested in specimens
 - Stress and toxicology (agricultural toxins)
 - Lynch – have pesticide info, self diagnosed depression
 - Weiner - Possibly between people that are on anti-depressants.
 - Could be formalized in a relatively large data set
 - Phase 1 data is out there, www.aghealth.org
 - LarryRobertson - Acute stress vs. chronic stress -Acute stress possibly better to study
 - Asthma medications in new agricultural study in the field this fall (Peter Thorne)
 - Q: Does anyone have toxicology database?
 - Maybe can be linked?
 - NHANES - has pesticide levels and could actually get specimens
 - Doing mortality findings on all now
 - Have core that supports that
 - Linda & Bob Wallace would be able to point them in the right direction
- Peter Thorne: Environmental genomics initiative in last grant
 - Have 4 candidates coming to look at that position
 - Have people that are interested in genetics and environment

- Not many analysts/biostatistics-type people
- Hoping to hire someone that will provide that knowledge
 - Looking for someone that is not primarily in the cancer area
- Gerry Rushton – Geocoding
 - Good connection with CBPR
 - PPGIS (Public Participatory Geographic Information Systems) – developing from the point of view that people use... in daily conversation
 - People generally don't have access to that information
 - Working with cancer registries across nation to develop these maps
 - Will gain participant involvement from the development/access to these maps
 - People can start behind the scenes at identifying these groups that need assistance because they know the surrounding communities
 - Can overlay Google maps with these maps
 - Have to suppress data because of confidentiality but also want to give people the best information
- Bob Wallace - Jim & I doing study with driving simulator
 - Trying to enroll elders (increase risk)
 - Associate diseases with exotropic drugs
 - Also related to the community
 - Not cancer related but easily could be: disabling effects of cancer and cancer treatments
 - Don't have resources to add another group currently
 - Elders on chemo drugs driving to appointments, etc
 - Cognitive function of cancer chemotherapy
 - Want to link department of neurology with seer program
 - People that received chemotherapy more/less
 - Want to correlate between other elder conditions
 - Helpful for cancer center members to provide info on which databases are available and a contact name/number
 - Are there databases in existence that we are not aware of?
 - Would increase productivity if databases could be used by other departments instead of compiling a new database
- Siegfried Janz – Tissue repositories are crucial for basic, translational, and clinical cancer research
 - Methods are now available for identifying cancer-associated mutations in frozen tissues and paraffin-embedded tissues
 - Large collections of paraffin-embedded tumor specimens include rare cancers that would take an unreasonably long time to collect in prospective studies; e.g., certain primary central nervous system tumors
 - Fresh (frozen) and/or formalin-fixed (paraffin) tumor samples are useful for the validation of biomarkers
 - Have marker – test it out on tissue samples
- Weiner – Would like to know what holes there are in HCCC support. Please let HCCC/Dr. Weiner know.

Free Radical Program - Doug Spitz

- Interest has been enzymes that protect against
- Has technology to do 900-1,000 patient studies
- Not trying to duplicate what DNA core does
- Can use anything you can get clean DNA from
 - Ideal is when DNA has already been isolated
- Also interested in mouse models

- Contact Doug with ideas/interests