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NCCN ORP studies typically explore new avenues of clinical investigation and seek answers to important cancer-related questions. All studies are approved and funded through a scientific peer-review process and are overseen by the ORP.

This feature highlights an NCCN study funded through the grant mechanism.

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For more information on specific trials, including patient selection criteria, use the contact information listed with each study.

For more information on the NCCN ORP, including a complete detailing of the clinical studies currently underway at NCCN Member Institutions, go to [www.nccn.org/education-research/nccn-oncology-research-program/orp-main-page](http://www.nccn.org/education-research/nccn-oncology-research-program/orp-main-page).

## CommunityRx-Cancer: An IT-Enhanced Patient Navigation Program for Social Determinants of Health in Advanced Ovarian Cancer

**Principal Investigator:** Cary Gross, MD

**Condition:** Advanced ovarian cancer—quality

**Institution:** Yale Cancer Outcomes, Public Policy, and Effectiveness Research (COPPER) Center and Smilow Cancer Hospital

The objective of this study is to improve outcomes in patients with advanced ovarian cancer, particularly with regard to financial toxicity and quality of life. Dr. Gross and his team seek to develop an innovative approach to identify and address unmet health-related social needs (HRSNs)—problems that are frequently underrecognized, if not ignored, in the traditional healthcare setting. The long-term goal of the study is to bring this initiative to the larger ovarian cancer community and reduce socioeconomic-related cancer disparities.

This prospective study will evaluate the effectiveness of CommunityRx-Cancer (CRx-Can). CRx-Can is an innovative, multilevel IT-enhanced patient navigation intervention that engages each patient's clinical team with resources outside the clinical setting. By utilizing a multi-sided referral technology, CRx-Can will include (1) an autogenerated personalized resource "prescription" (HealthRx), which alerts the patient to resources in their community; (2) access to a community-based care navigator who will be available to patients during the 4-month intervention period to facilitate community resource connections and text at planned intervals; and (3) autogenerated referrals to institutional social work and financial counseling services as indicated. Referral and resource use activity will be tracked in the electronic platform, including treatment and addressing underlying social needs. Patients with stage III/IV and recurrent epithelial ovarian cancer and at least one unmet HRSN will be eligible to receive CRx-Can. Dr. Gross will also recruit providers of these patients to provide additional feedback on CRx-Can.

Assessing the ability of IT-enabled interventions to improve several dimensions of care among patients with HRSNs is a critical step towards meeting the goal of equitable cancer care. Hence, Dr. Gross lists the following aims:

### Primary Objectives:

- Create and refine CRx-Can, an IT-enhanced patient navigation intervention to help identify and address financial and social needs among patients receiving care for ovarian cancer
- Assess the utilization of CRx-Can

*(continued)*

- Assess changes in financial toxicity and unmet HRSNs while using CRx-Can
- Assess patient and provider attitudes regarding facilitators and barriers to implementation of CRx-Can, including acceptability, adoption, and appropriateness

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**ClinicalTrials.gov Identifier:** N/A (Quality Pilot/Developmental Project)

## ERRATUM

### Erratum to: Reimagining Cancer Staging in the Era of Evolutionary Oncology

In the December 2022 issue of *JNCCN*, in The Last Word by Kirtane et al (*J Natl Compr Canc Netw* 2022;20[12]:1370–1372; doi: [10.6004/jnccn.2022.7078](https://doi.org/10.6004/jnccn.2022.7078)), one of the authors' names appeared incorrectly.

Dr. Zahid's name should have been printed as "Mohammad U. Zahid, PhD."

This has been corrected online. The authors and editors apologize for the error.

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