

CCRP Community

Our annual newsletter to the Colorado Cancer Research Program community

2005

CCRP: From Revolutionary to Relevant An interview with CCRP Founder Robert F. Berris, MD

Although Dr. Robert Berris takes pains to emphasize that he was far from alone in pioneering the concept of community-based cancer research, the fact remains that Berris was instrumental in founding the Colorado Cancer Research Program (CCRP). A recent interview with Berris — a retired clinical oncologist who remains very active in Denver's cancer research community — sheds light on why and how this organization was created and why community research and CCRP remain more relevant than ever in today's world.

What did cancer research look like before the advent of community-based programs?

Prior to the 1980s, cancer research programs were largely the province of the National Cancer Institute (NCI) and the programs they supported in certain key cancer institutes. These institutes gradually amalgamated themselves into several large, nationwide (but still university based) cooperative research groups that designed and developed clinical trials, such as ECOG, SWOG and others. These cooperatives in turn ran very limited outreach programs allowing community physicians to enroll a small number of patients in clinical trials coordinated by a university.

How did you get involved in questioning the status quo?

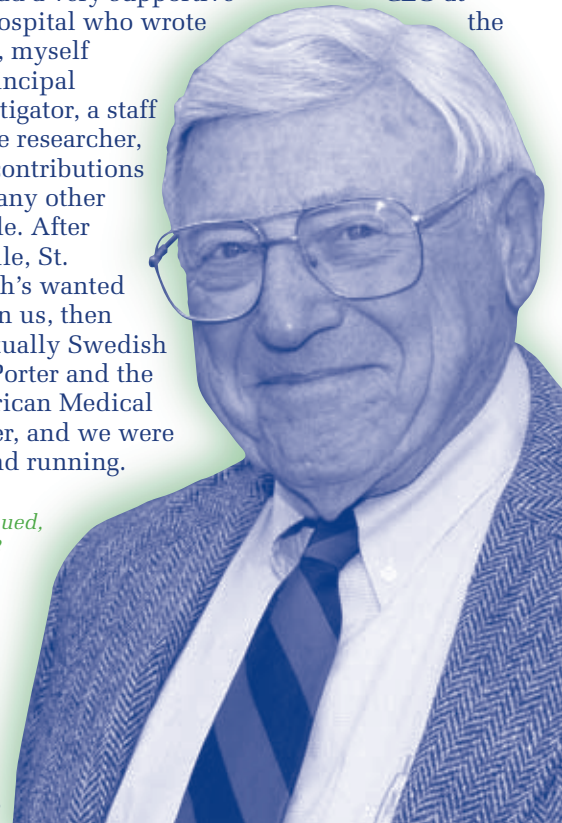
In 1970, I wrote a letter to the head of NCI stating that the majority of cancer patients were being treated by community physicians (rather than university based doctors), and that the current system did not contribute to medical science or new cancer treatments as effectively as it should. I suggested that they develop a new system that encouraged doctors to enroll patients in formal cancer research programs within the community. Around the same time, President Nixon pushed a bill through Congress to fund the war on cancer, with one goal being to accelerate the progress of cancer research by encouraging more formal research programs.

In response to these and many other calls for change, NCI put out an RFP for what would come to be known as Community Clinical Oncology Programs (CCOPs). The RFP stated that the CCOPs would agree to enroll a specified number of patients in clinical trials each year, and that they would have to belong to one of the national cooperative research groups as a community member. As a result of that initial RFP, 21 programs throughout the U.S. were approved for the purpose of conducting cancer clinical trials in the community.

And CCRP was one of those?

Yes. CCRP was founded under the name Hematology Oncology Association of Denver in 1983 by Presbyterian Medical Center and myself. We had a very supportive CEO at the hospital who wrote the grant, myself as principal investigator, a staff of one researcher, and contributions by many other people. After a while, St. Joseph's wanted to join us, then eventually Swedish and Porter and the American Medical Center, and we were off and running.

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Robert Berris, MD, Medical Oncologist & Founder of CCRP

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CCRP: From Revolutionary to Relevant continued

What was the goal of these early CCOPs?

Our founding principles were, first of all, to increase the rate of accrual of patients to cancer research programs so that studies could be finished in a reasonable length of time. And second, to promote education regarding recent advances in cancer treatment and allow importation into the community of these advanced cancer techniques.

Why was that emphasis on community research so important?

As community-based programs, CCRP and our fellow CCOPs have been instrumental in allowing the more rapid dissemination of cancer knowledge and techniques into community cancer practice. Our cancer patients get all the benefits of cutting-edge medical technology while being allowed to stay in their homes and their community. Cancer patients typically have particularly close relationships with cancer doctors in their community, so continuity of that relationship and care is vitally important.

Why do you believe CCRP's work is relevant today?

We are relevant because we have survived...and we would not have survived for more than 20 years if we hadn't been useful. We are proud of the fact that many 10- and 20-year results that you see reported in the media are a direct result of CCRP's contributions to research protocols. Through our clinical trials, we are helping to answer important questions: Can we give medications, in addition to surgery and therapy, that will benefit our patients? Are we merely adding days to patients' lives or are we curing them? What are the long-term costs and benefits of treatment? Can you eliminate surgery or radiation as part of treatment and use chemotherapy or hormones exclusively? Most important, there are a lot of people alive today as a result of the successful completion of these protocols. Cancer research is a progressive evolution, and CCRP is proud to be a part of that evolution.

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