



Strategic Plan

2021-24



CONTENT

Introduction from the Director & National Manager	3
Our Vision	5
What we do	5
Our guiding philosophy and values	6
Moving beyond a plan - strategic actions	7
5 key measures of success	9
Research development strategy.....	10
Key terms.....	10
Developing research across the cancer continuum	11
Research development & support model	12
Continuing strategies	13
References	15

THE VISION

OF OUR DIRECTOR & NATIONAL MANAGER

PC4 has continued to grow and over the past 3-year period has supported nearly 70 research concepts and helped secured over \$23 million in funding for over 20 studies.

As we learn to live in world of 'COVID normal', we see now more than ever the importance of a national coordinated approach to cancer research in primary care. The impact of COVID-19 continues to emerge as research is published. Modelling suggests an additional 1672 colorectal cancer patients due to disruptions in the National Bowel Cancer Screening Program ⁽¹⁾. Radiotherapy services dropped by up to 20% in the UK during the pandemic ⁽²⁾ and we are learning about the ongoing role and potential of telehealth in improving patient care.

In 2020, Cancer Australia released their conceptual framework for Cancer care in the time of COVID-19. This framework includes in the important role primary care providers play. Our vision over the next three years is to continue to focus on our key pillars of Clinical Trials Design & Protocol

Development, Education & Training, Membership & Communications, and Policy Change. Our key strategic actions will work towards exploring PC4's potential role as a trial coordinating centre and how we might facilitate better policy change through engaging in consultation.

Our new strategic plan continues to embrace the strategic actions that have made us so successful but also provides new focus through the results of our research prioritisation study; which has highlighted the key areas across the cancer continuum that are most important to patients, primary care providers, researchers and policy makers.

Lastly, as our community has continued to grow, we look forward to working closely with our Advisory and Scientific Committees to bring to life this vision and see the progression of early pre-trial work and concepts evolve into large scale, multi-site clinical trials which are essential for informing new models of cancer prevention and management in the community.

Jon Emery
PC4 Director

Kristi Milley
PC4 National Manager



A 6 MONTH DELAY IN
CANCER DIAGNOSES,
DUE TO COVID-19
COULD RESULT IN
EXCESS MORTALITY
AND HEALTHCARE
COSTS OF NEARLY
350 DEATHS AND
\$46 MILLION OVER
5 YEARS.⁽³⁾

OUR VISION

- To prevent cancer in the community
- To improve care and outcomes for people affected by cancer
- To influence health care policy
- To promote best practice cancer care
- To be inclusive

OUR STRENGTHS

- We believe in authentic communication
- We engage stakeholders throughout the research cycle
- We are underpinned by a spirit of collegiality
- We believe in interdisciplinary and multi-disciplinary collaboration to achieve real impact

WHAT WE DO



SUPPORT CLINICAL TRIAL DEVELOPMENT

Provide infrastructure, background research, expert advice, and consumer review to help develop and successfully fund high quality research concepts



SHARE KNOWLEDGE

Diffusion through our diverse communication strategy, engaging different knowledge users



INCREASE RESEARCH CAPACITY

Provide Training Awards and workshops; help initiate projects and support our Early Career Researcher Network



PROMOTE THE ROLE OF PRIMARY CARE IN CANCER

We are the expert voice for the role of primary care in cancer prevention, early detection, screening, shared care, follow-up, and palliative care

OUR GUIDING PHILOSOPHY AND VALUES

WE RECOGNISE:

- The delivery of high quality cancer care must be based on sound research evidence and a robust primary health care system.
- The need to consider a person's whole experience and wellbeing as well as the treatment of the cancer.
- People affected by cancer receive most of their health care in the community.
- The growing impact of cancer on individuals, their families, friends, colleagues and the community.
- Optimal cancer care requires effective communication, coordination and collaboration between specialist services, consumers and primary health care providers.
- Excellence in primary health care cancer research requires effective communication, coordination and collaboration between cancer and primary care researchers, clinicians and consumers.

Below: PC4 Community Advisory Group



MOVING BEYOND A PLAN

STRATEGIC ACTIONS



1. CLINICAL TRIAL DESIGN & PROTOCOL DEVELOPMENT

- **Strengthening bonds with primary care** – by engaging more with medical clinics, PHNs and practice-based research networks to continue to build our GP Circle and embed the voice of the end user of our research into its design to ensure acceptability and improve implementation.
- **Supporting the whole pipeline** – by building on our existing support to nurture research from evaluating the existing base to intervention design and implementation.
- **Focused development** – be guided by our research priorities, priority groups, and Research Leads to target the development of our research to produce outcomes in the greatest areas of need in the community.
- **Explore trial coordination** – develop a proposal and evaluate the need and opportunity for PC4 to coordinate large-scale, multi-state, randomised clinical trials.



2. EDUCATION & TRAINING

Build on the success of our existing educational resources by focusing on collaborative events that leverage the skills of industry leaders to provide support with greater impact.



3. MEMBERSHIP & COMMUNICATIONS

Implement our learnings to streamline communications while better promoting the value of PC4 support.



4. POLICY CHANGE

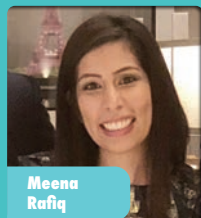
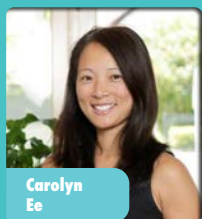
Work to influence funding policy and to translate research into policy by building relationships, our reputation, expanding our reach and ensuring we're relevant.

- **Relationships** – Grow and expand our relationships with policy organisations and policy makers.
- **Reputation** – Strengthen our reputation as a trusted and key source of information about the role of primary care in cancer across the cancer continuum. Build on our foundation to continue to develop relevant trial dissemination, translation and policy resources to improve the uptake and implementation of our research.
- **Reach** – Explore the opportunities to engage in consulting grants and tenders to transparently assist the government in evaluating evidence supporting policy and guideline changes related to clinical care across the cancer continuum.
- **Relevance** – Work to make PC4 and our research more relevant and accessible to policy makers.

PC4 IS ALL ABOUT COMMUNITY.

We want to create stronger bonds with primary healthcare workers and primary healthcare organisations and work together to ensure their voice is embedded in the design of our trials.

The PC4 Scientific Committee Community below



MEASURES OF SUCCESS



1. MEMBERSHIP ENGAGEMENT



2. USE OF SUPPORT SERVICES



3. UPTAKE OF OUR RESOURCES AND EDUCATION OPPORTUNITIES



4. TRIAL SUCCESS



a. MULTIDISCIPLINARY STAKEHOLDER ENGAGEMENT



b. DESIGNS THAT SUPPORT IMPLEMENTATION & TRANSLATION



c. INCREASED PARTICIPATION OF UNDER-SERVED POPULATIONS



d. INCREASED TRIAL SITES



e. INCREASED HCP INVOLVEMENT IN TRIALS



5. SUCCESSFUL FUNDING APPLICATIONS



6. A ROBUST PORTFOLIO ALIGNED WITH OUR RESEARCH PRIORITIES

RESEARCH DEVELOPMENT STRATEGY

Our strategic pillar of Clinical Trial Development & Protocol Development is underpinned by the PC4 research development strategy. This strategy identifies our priority themes across the cancer continuum.

These priorities were developed through a research prioritisation exercise engaging a range of external stakeholders including consumers, health care professionals, researchers and policy makers. The development of new research is facilitated through our Research Leads and their working groups. Additional studies from the broader PC4 community are supported through our Scientific Committee via our Research Leads and our support services.

KEY TERMS

SCIENTIFIC COMMITTEE

The main research development arm of PC4. The goal of the Committee is to develop and monitor a portfolio of high-quality research for PC4, linked to our values and strategic goals.

RESEARCH LEAD

A Scientific Committee member responsible for both the development and review of new research concepts within their portfolio.

CONCEPT DEVELOPMENT WORKSHOP

A workshop designed to develop a new research concept from a PC4 member.

PEER REVIEW WORKSHOP

A workshop designed to review a grant application from a PC4 member.

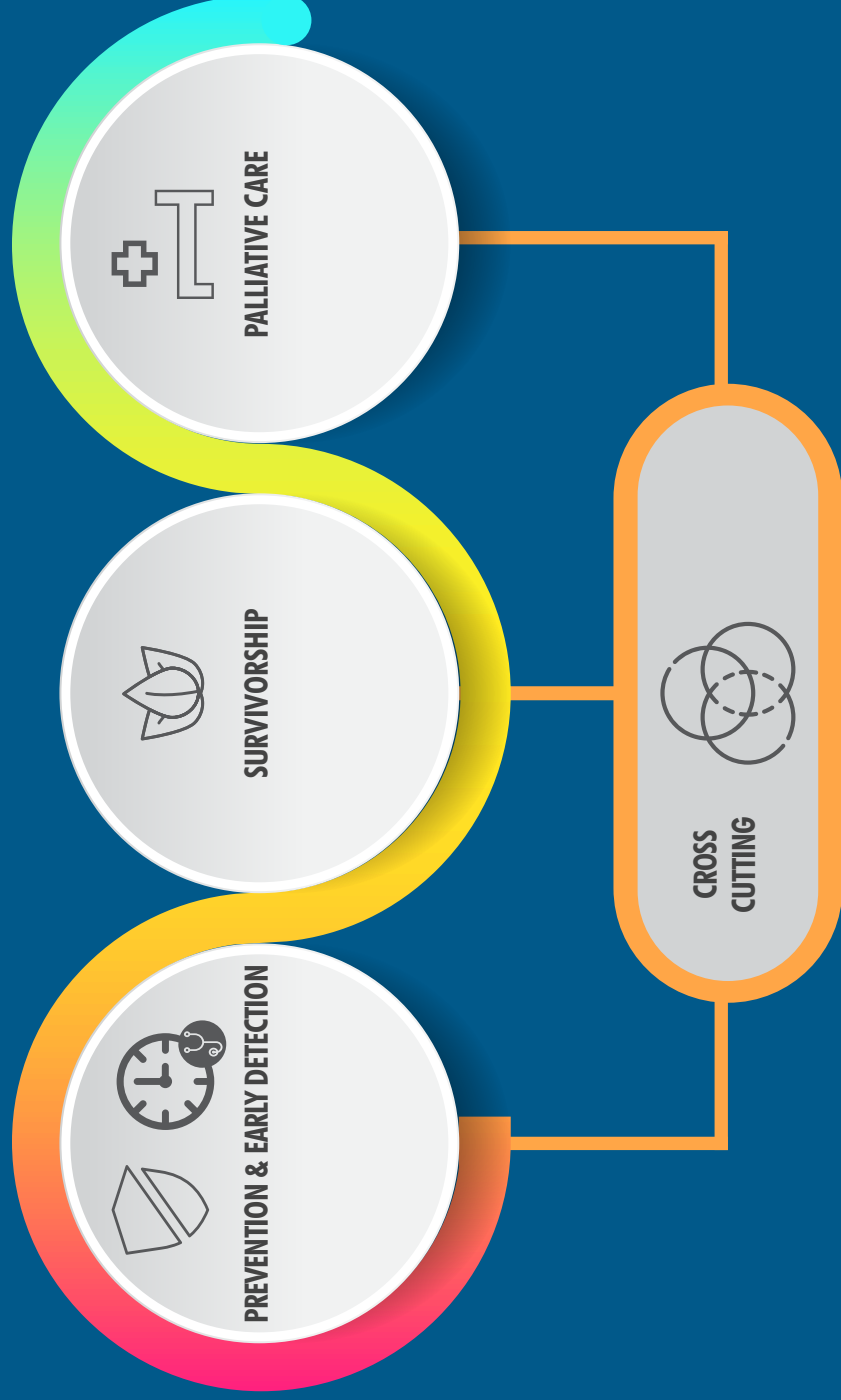
PC4 SUPPORTED RESEARCH

Studies that have received support from PC4 including development at a CDW, PRW, assistance from support services, identification of collaborators or consumer investigators.

PC4 INITIATED RESEARCH

Studies developed by the Scientific Committee or Scientific Committee members where PC4 has provided substantial support in its development.

DEVELOPING RESEARCH ACROSS
THE CANCER CONTINUUM



RESEARCH DEVELOPMENT & SUPPORT MODEL



SCIENTIFIC COMMITTEE



Research Leads

PREVENTION & EARLY DETECTION

- Kylie Vuong
- Jon Emery
- Rebecca Bergin
- Meena Rafiq

SURVIVORSHIP

- Ray Chan
- Carolyn Ee

PALLIATIVE CARE

- Patsy Yates
- Joel Rhee



PC4 Supported Research

PC4 Initiated Research

PC4 Training Award

Evidence Synthesis

Concept Development Workshop (CDW)

Peer Review Workshop (PRW)

Trial Material Support

Result Dissemination

Support services

Collaborators



Graphic design products

Video summaries

CREST

CQUEST

Biostats

Implementation

CONTINUING STRATEGIES

MEMBERSHIP & COMMUNICATIONS

- Free membership
- Eligibility requirements for accessing support services
- Website which provides a streamlined user experience
- Fortnightly members update
- Strong profile at relevant forums, workshops and conferences
- Open events for members
- Multi-disciplinary committee membership

COLLABORATION

- Collaborate with other cancer clinical trials groups and relevant organisations:
 - To include primary care health professionals in their research
 - To participate in joint events and activities
- Seek new organisations to collaborate with
- Initiate new internal research concepts to promote further collaboration between existing members
- Maintain 'find a collaborator' tool on PC4 website

EDUCATION & TRAINING

- Targeted capacity-building activities for researchers and community members
- Develop resources to support studies focused on priority driven areas including rural/remote and Indigenous communities

TRANSLATION INTO POLICY & PRACTICE

- Partner with key professional and consumer bodies to promote research findings
- Review current research for opportunities to build on existing work
- Seek opportunities to engage with policy makers and organisations with a focus on translation

- Promote and report on supported studies
- Provide a framework and resources for Quality Assurance for cancer research in primary care
- Support relationships with key providers of expert services
- Initiate research ideas in key areas that require development
- Assist members to develop successful funding applications
- Engage with other appropriate organisations to work towards larger, multi-centre trials
- Provide Training Awards
- Improve acceptability and reduce burden of participation by involving community members in the development of research designs
- Consider capacity to include low participation regions or populations in PC4-initiated trials, and facilitate acceptance of Applications for Support that address such areas or populations
- Encourage investigators to register and update trials appropriately

GOVERNANCE & OPERATIONS

- Minimum of two Scientific Committee meetings
- Quarterly AC meetings
- Regular Engine Room meetings
- Inclusion of Community Advisory Group in all Committee and PC4 activities
- Two-year Committee term with option for renewal
- Documented and current strategic plan, communications strategy, business plan, communications plan and Terms of Reference

PC4 IS HIGH QUALITY RESEARCH.

PC4 provides amazing support, processes and infrastructure to support the development of high-quality research

Ray Chan
Co-chair PC4 Scientific Committee



PC4 is important for patients. By supporting high quality projects we provide a better chance of improving outcomes for people affected by cancer

Rebecca Bergin
Co-chair PC4 Scientific Committee



REFERENCES

1. Impact of the COVID-19 pandemic on faecal immunochemical test-based colorectal cancer screening programmes in Australia, Canada, and the Netherlands: a comparative modelling study. de Jonge, Lucie et al. The Lancet Gastroenterology&Hepatology, Volume0, Issue0. [https://www.thelancet.com/journals/langas/article/PIIS2468-1253\(21\)00003-0/fulltext](https://www.thelancet.com/journals/langas/article/PIIS2468-1253(21)00003-0/fulltext)
2. The impact of the COVID-19 pandemic on radiotherapy services in England, UK: a population-based study. Spencer, Katie et al. The Lancet Oncology, Volume 0, Issue 0. [https://www.thelancet.com/journals/lanonc/article/PIIS1470-2045\(20\)30743-9/fulltext](https://www.thelancet.com/journals/lanonc/article/PIIS1470-2045(20)30743-9/fulltext)
3. Degeling, K, Baxter, NN, Emery, J, et al. An inverse stage-shift model to estimate the excess mortality and health economic impact of delayed access to cancer services due to the COVID-19 pandemic. Asia-Pac J Clin Oncol. 2021; 1– 9. <https://onlinelibrary.wiley.com/doi/10.1111/ajco.13505>

PRIMARY CARE COLLABORATIVE CANCER CLINICAL TRIALS GROUP

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