

## Background and Progress

When Georgia CORE was envisioned in 2002, the State of Georgia was fighting to counteract the perception that “better cancer care was available elsewhere.” Each neighboring state boasted at least one NCI-designated Comprehensive Cancer Center while Georgia, the largest state east of the Mississippi River, had a high incidence of cancer, fewer clinical trials and no NCI-designated Cancer Center. Though there were medical schools, hospitals, oncologists and cancer centers in Georgia, the state lacked a focused, strategic approach to oncology care and research.

Governor Roy Barnes’ unveiled a bold initiative in 2001 which provided the impetus for creation of Georgia CORE. One of the Governor’s most emphatic demands was that no Georgian should have to leave the state to obtain quality cancer care. His plan established the Georgia Cancer Coalition (GCC) with funding from a portion of the state’s “tobacco settlement.” The late Hamilton Jordan, a survivor of multiple cancers, created the strategy for the new entity whose goal was to make Georgia a national leader in cancer care while saving lives lost to the disease.

The Georgia Center for Oncology Research and Education (Georgia CORE) was created to address two of the state’s most glaring weaknesses - a deficit of clinical trials and limited capacity to conduct research - by orchestrating collaboration among community oncologists and academic researchers. With support from the Georgia Cancer Coalition and the Georgia Society of Clinical Oncology, Georgia CORE is contributing to the state’s growing distinction as a national leader in cancer care and research and to improved health for Georgians.

### Since Georgia CORE’s inception the state has benefitted from:

**Expanded access to clinical trials** – from 82 to 137 trials in breast, lung, colorectal and prostate cancers which cause 53% of cancer deaths (a 67% increase between 2006 and 2009); in 2010 Georgia has 265 adult cancer clinical trials.

**Enhanced research capacity** – 57 research sites in 43 cities across the state.

**Availability of top trials and treatments** – Winship Cancer Institute became first NCI-designated cancer center in 2009; the state has numerous NCI funded programs including the National Community Cancer Centers Program at St. Joseph’s Candler in Savannah; CORE research network has grown 404% -- to 210 oncologists -- between 2006 and 2009.

**Impressive accrual to clinical trials** – Commission on Cancer Accredited Centers report an average of 7% accrual to trials in Georgia in 2007; minority accrual to CORE investigator initiated studies was 44% in 2009.

## CORE Accomplishments

**Creation of a statewide research network that promotes, designs and conducts clinical trials**

**Development of a website profiling all cancer clinical trials, oncologists and research sites in the state**

**Establishment of working groups where oncologists and researchers define research priorities, develop trials, review results and disseminate findings**

**Delivery of live and electronic educational programs for investigators and research professionals**

**Membership in the NCI’s Gynecologic Oncology Group; NCI licensee for distribution of research information**

**Accrual of ethnic minority patients to investigator initiated clinical trials**

**Analysis of disparities in access to cancer clinical trials and care among minority and rural populations**

**Presentation at state, national and international meetings and conferences**