**Executive Summary: 2021 NCI DCP PARTNRS II Workshop (September 17, 2021)**

On September 17, 2021, the Division of Cancer Prevention (DCP) within the National Cancer Institute (NCI) conducted the second PARTNRS (Primary Care Alliance in Research Trials Involving NCORP Sites) Workshop.

PARTNRS was established as a strategic initiative to encourage and forge partnerships between oncologists with primary care providers (PCPs) to promote participants’ accrual into cancer symptoms management trials funded by the NCI Community Oncology Research Program (NCORP).

The goal of the Workshop was to establish a platform for generating strategies to transcend barriers in PCP-engagement in cancer symptom management resulting in partnerships between oncologists and PCPs in managing patients with cancer-treatment side effects. Another goal of PARTNRS is to encourage PCP participation in developing and participating in cancer symptom management studies. Accomplishing both goals through the Workshop should result in effective partnerships between oncologists and PCPs as a method for galvanizing patient accrual into symptom management studies.

Attendees of the Workshop included selected members within NCORP, academia, and others representing various medical and healthcare organizations. The Workshop was chaired by past presidents of the American Medical Association (Barbara McAneny, MD) and the National Medical Association (Edith Mitchell, MD).

The following strategies were generated as suggestions to consider by all stakeholders toward fulfilling the overarching goals for this Workshop, along with sustainable initiatives:

PCP-Oncologist Alliance in Symptom Management Care**:** The partnership between oncologists and PCPs is established when the active care of the patient is ceded to the oncologists due to the predictable prioritization for cancer treatment. Management of pre-existing (non-cancer) co-morbidities is maintained by PCPs. As the cancer care shifts from active treatment to follow-up or “maintenance therapy”, the PCP-oncologists partnership also shifts to where oncologists continue to oversee “maintenance therapy” and/or serves in a consultative capacity during the “survivorship” period while the PCPs continue with general health care of the patient.

Ideal Oncology-PCP Partnerships**:** The PCP is recognized by the oncologist as the “gate-keeper” in the general disposition of the cancer survivor’s healthcare, while the PCP recognizes the oncologist as the consultant and back-up in for any potential cancer-related or treatment-related short-term and long-term adverse events.

PCP role in Trial Development at the NCORP Research Base/Network Level**:** PCPs are an invaluable reference and resource for the Research Network in developing and designing of symptom-management studies which will be conducted in community clinics. PCPs can advise on the nuances (roadblocks, obstacles) expected while conducting clinical trials and studies designated as high priority in cancer research even if pragmatic for PCP clinical settings.

“Buy-in” of PCPs Integrating Symptom Management Studies within their Practices**:** PCPs who partner in designing studies can best convince administrators to recognize newly designed studies as valuable and necessary adjuncts in routine clinical care by introducing state-of-the-art science into clinic. Research can serve as a marketing tool for complementing and enhancing state-of-the-art medical care, which in turn can enhance patient registration at the PCP practice, resulting in increased revenue at the PCP practice.

PCP Role(s) in Managing Emerging Targeted Therapies: Targeted therapies are in the vanguard, based on the concept of therapies targeting biomarkers specific for malignant cells. In contrast to cytotoxic chemotherapy, targeted therapies have a comparatively benign toxicity profile. Therefore, oncologists’ engagement with PCPs managing pre-existing non-cancer co-morbidities is crucial. Maintenance targeted therapy is based on monitoring tumor response after initial therapy and is within the domain of oncologists, as already established in consensus-based, evidence-supported national oncology guidelines.

NCI realizes that increasing importance of survivorship in the community practices within NCORP.  Symptom science is a priority for development within the Division – to better understand the mechanisms, develop biomarkers of different risk levels and move from empirically driven trials.  The rate-limiting step for accrual of patients (cancer survivors) begins with PCPs, and the ideal cornerstone for conducting post-treatment symptom management research among cancer survivors is the PCP clinical practice.  NCI seeks to help facilitate interest, inter-Agency initiatives, knowledge, referrals and ultimately trial participation. Recommendations also included seeking additional stakeholders such as national PCP-focused safety net organizations, i.e. Federally Qualified Health Centers (FQHCs) and Primary Care Practice Based Research Networks (PBRNs). The Workshop elucidated the role of oncologists as the collaborative source for communicating fundamental cancer guidelines to PCPs.