



Opportunities for Cancer Control and Care Delivery: Extra Focus on Rural Counties

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VANDERBILT-INGRAM CANCER CENTER



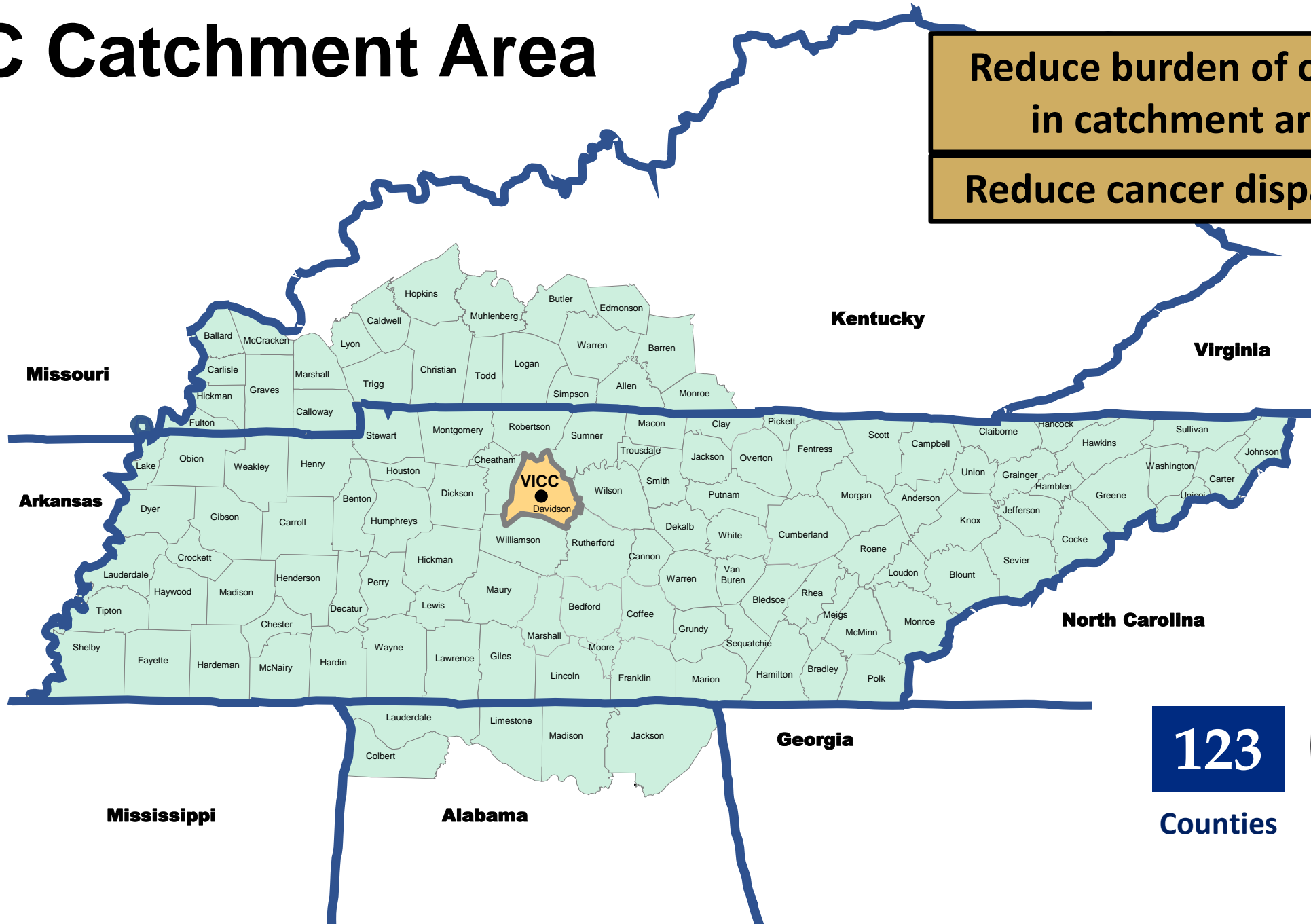
Meharry-Vanderbilt-TSU
Cancer Partnership



VICC Catchment Area

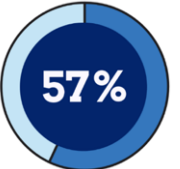
Reduce burden of cancer
in catchment area

Reduce cancer disparities



123

Counties



Rural
Counties

Aims

Aim 1

Conduct a multi-level needs assessment in rural counties in the VICC catchment area

Aim 2

Establish network of rural health care providers and pilot-test telehealth initiatives

Prevention

Early Detection

Treatment
Care Delivery
Follow-up

Survivorship
End of Life Care



Community Engagement



VICC Community Advisory Board

Community organizations and patient advocates across TN, KY, AL

Facilitates building collaborations with partners in new areas

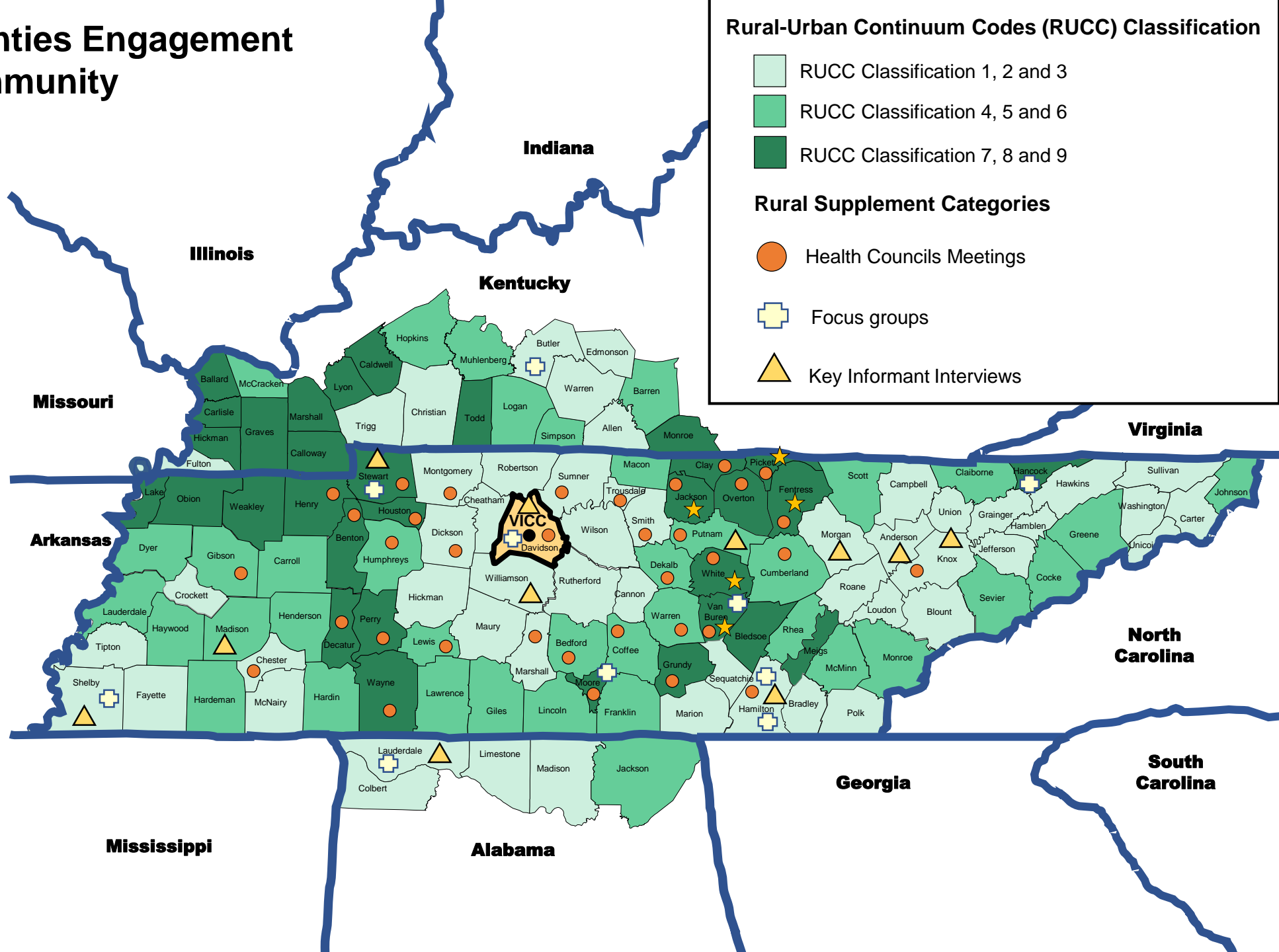


MVT Cancer Partnership CAB

Community members, survivors and organizations from Nashville area

Advice on culturally-appropriate research and community engagement strategies

Rural Counties Engagement In the Community



Rural-Urban Continuum Codes (RUCC) Classification

- RUCC Classification 1, 2 and 3
- RUCC Classification 4, 5 and 6
- RUCC Classification 7, 8 and 9

Rural Supplement Categories

- Health Councils Meetings
- Focus groups
- Key Informant Interviews

Advisory, Focus Groups & Key Informant Interviews

Top Needs:

1. Access to educational information
 - Nutrition & behavioral changes to decrease cancer risk (prevention) & enhance health after cancer care
2. Barriers to care
 - Fear of detecting cancer, lack of education
 - Distance to facilities, inadequate transportation
 - Insurance concerns
3. Better support for patients and caregivers
 - Support groups and patient navigators

Recommended strategies:

- Access Barriers: Telehealth services and local on-site patient navigators
- Improved coordination between oncology and primary care

**Community
Hospital Surveys**

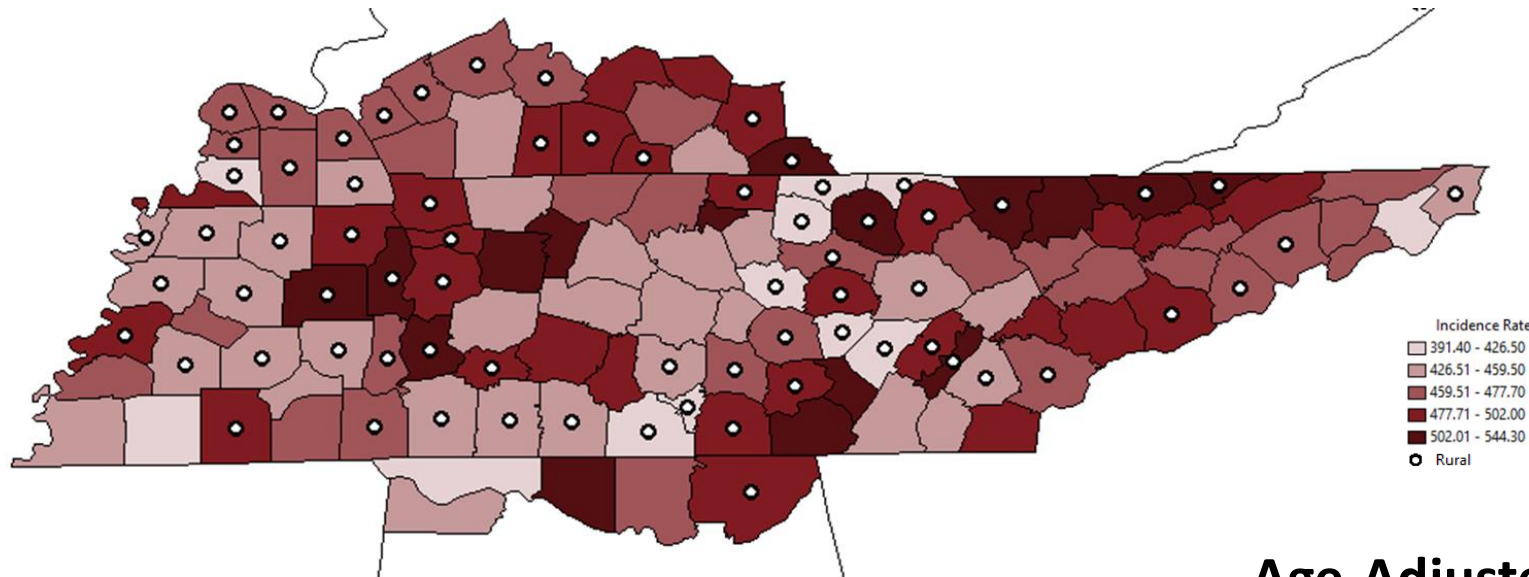
**State and
Federal Sources**

**Stakeholder
Telehealth
Surveys**

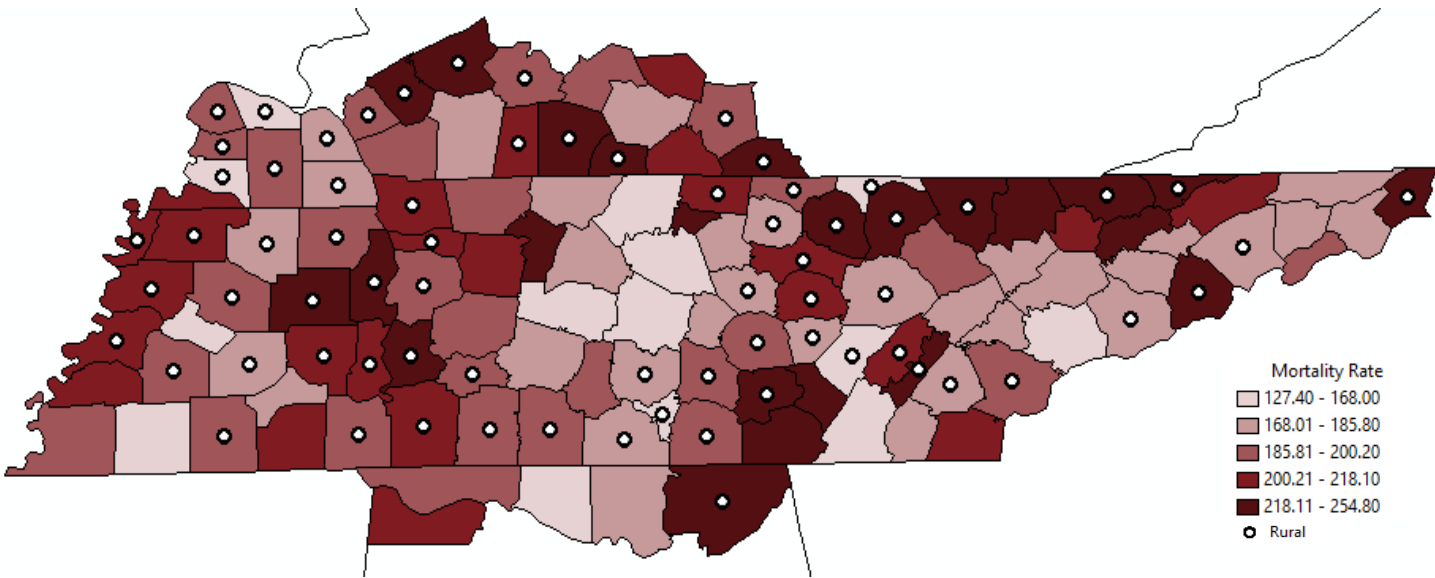
**Primary
and
Secondary
Data Collection**

Age-Adjusted Incidence, 2011-2015

Overall Cancer



Age-Adjusted Mortality, 2011-2015



Health Care, Health Behavior and Prevention

United States:

Overall



Have a Regular
Healthcare Provider



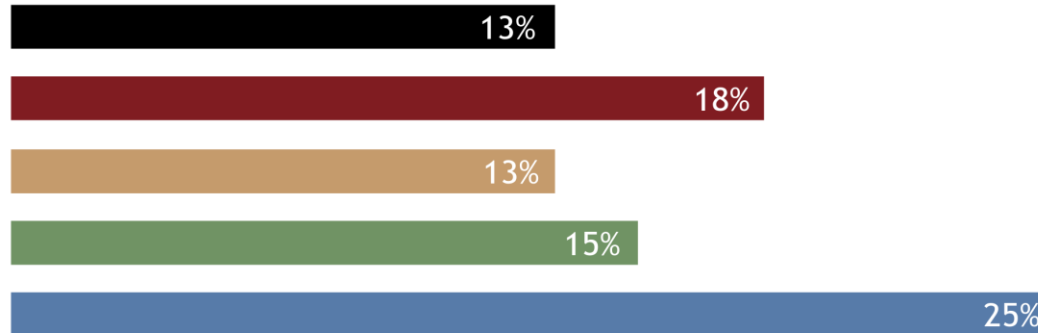
Could Not See A
Health Care Provider
Because of Cost

Catchment Area:

Overall White Black Hispanic



Healthy People 2020 goal: 84%



No Healthy People 2020 goal established

Health Care, Health Behavior and Prevention

United States:

Overall



Adult Cigarette Smoking



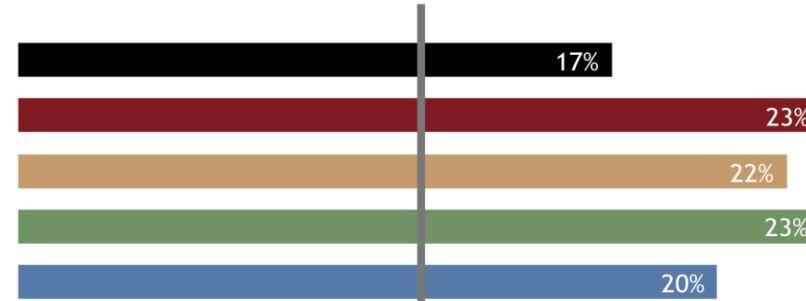
Youth Cigarette Smoking



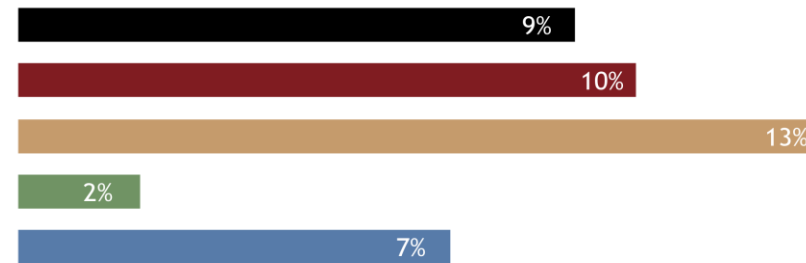
Youth e-Cigarette Use

Catchment Area:

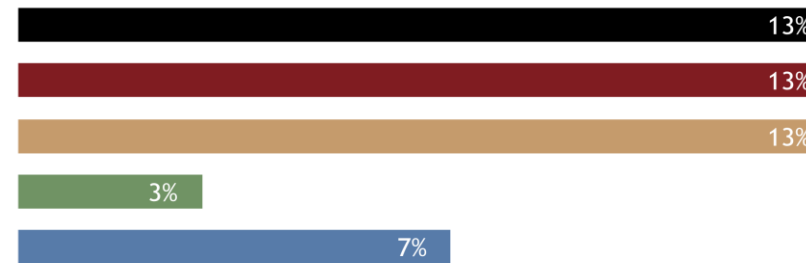
Overall White Black Hispanic



Healthy People 2020 goal: 12%



Healthy People 2020 goal: 16%



No Healthy People 2020 goal established

Health Care, Health Behavior and Prevention

United States:

Overall



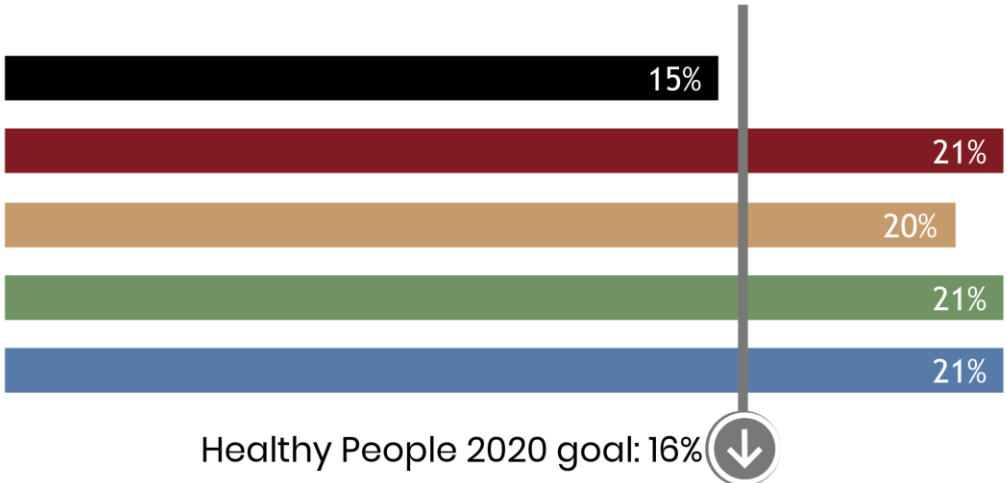
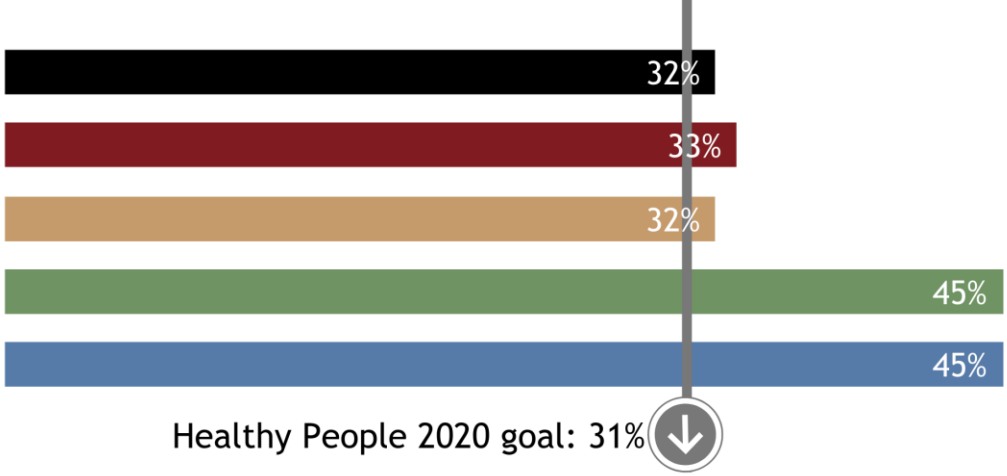
Adult Obesity



Youth Obesity

Catchment Area:

Overall White Black Hispanic



Health Care, Health Behavior and Prevention

United States:

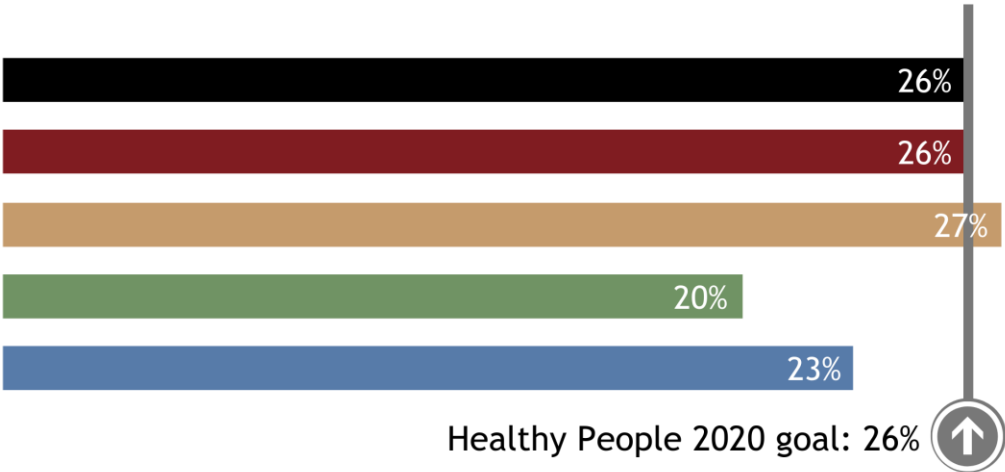
Overall

Catchment Area:

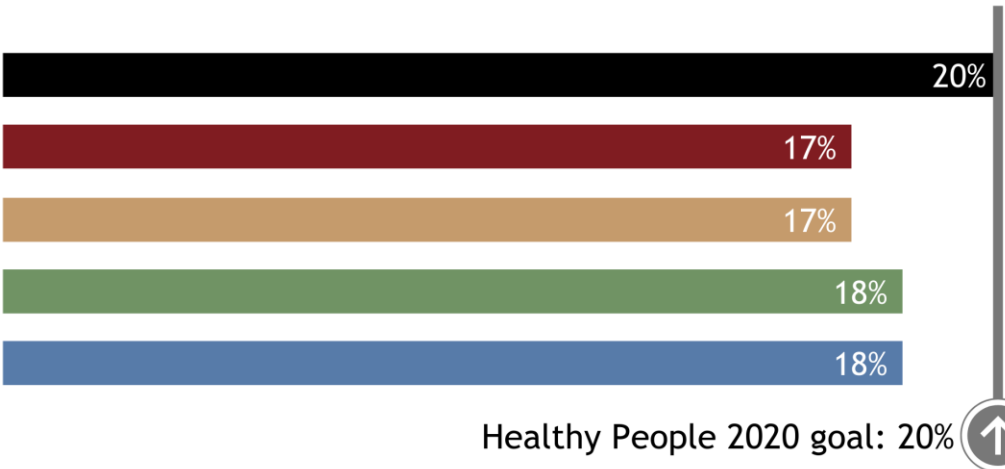
Overall White Black Hispanic



Youth Physical Activity



Adult Physical Activity



Health Care, Health Behavior and Prevention

United States:

Overall



Self-Rated Health Status Fair or Poor



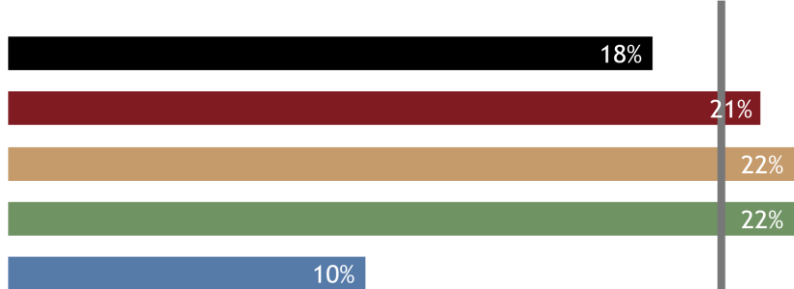
HPV Vaccination Coverage
Ages 13-17



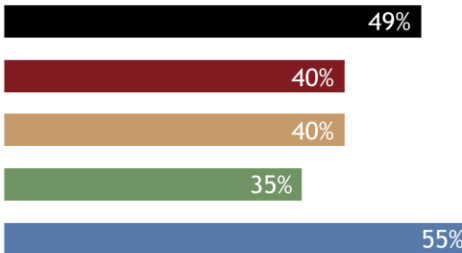
Female Breast Cancer Screening

Catchment Area:

Overall White Black Hispanic



Healthy People 2020 goal: 20% ↓



Healthy People 2020 goal: 80% ↑



Healthy People 2020 goal: 81% ↑

Health Care, Health Behavior and Prevention

United States:

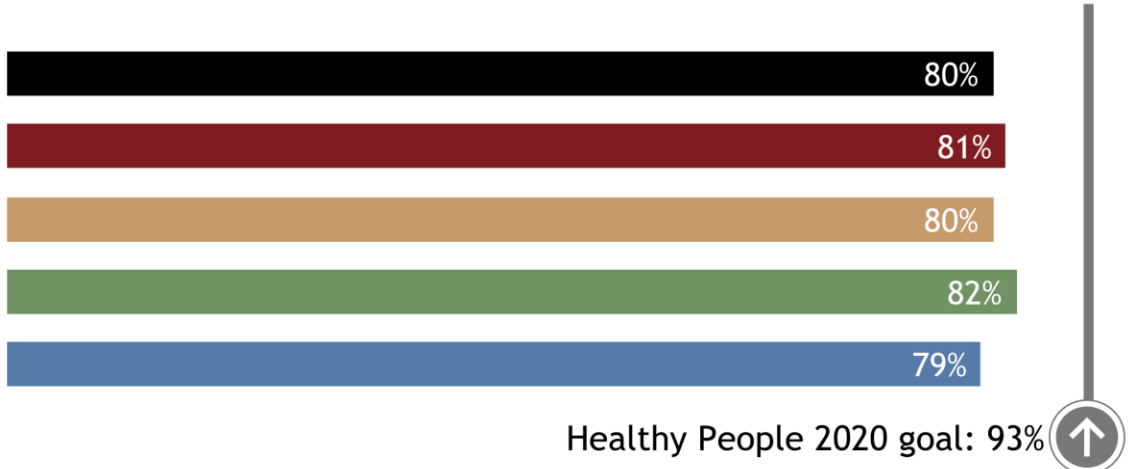
Overall

Catchment Area:

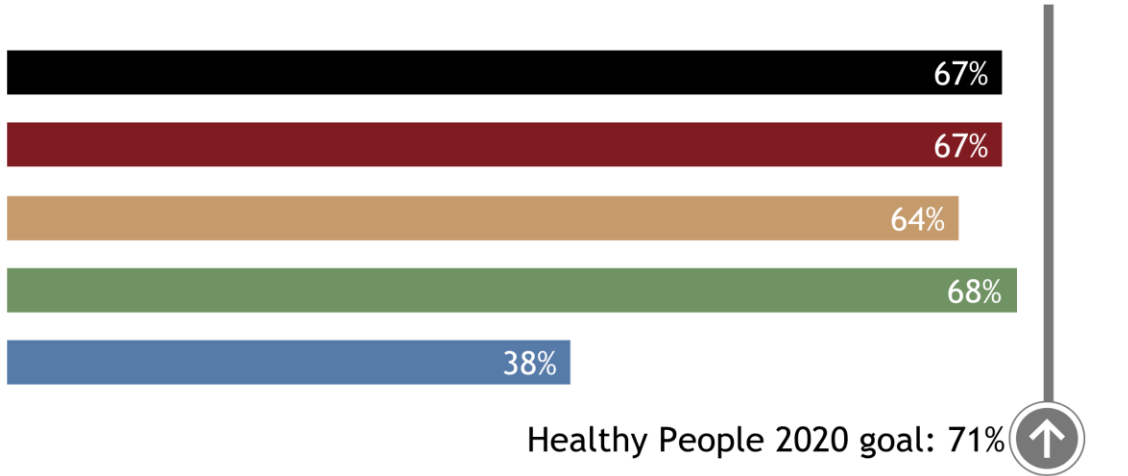
Overall White Black Hispanic



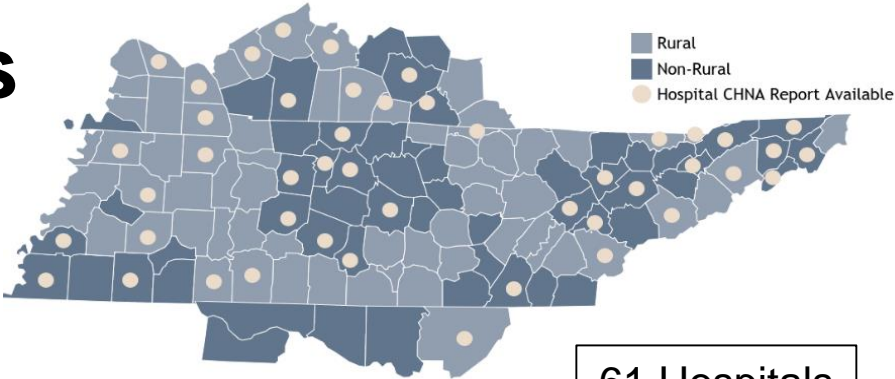
Cervical Cancer Screening



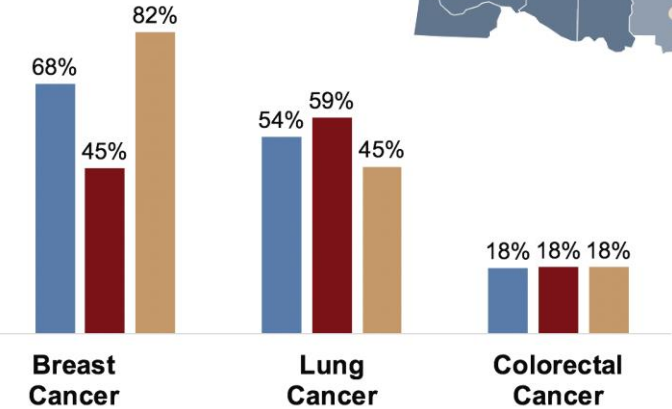
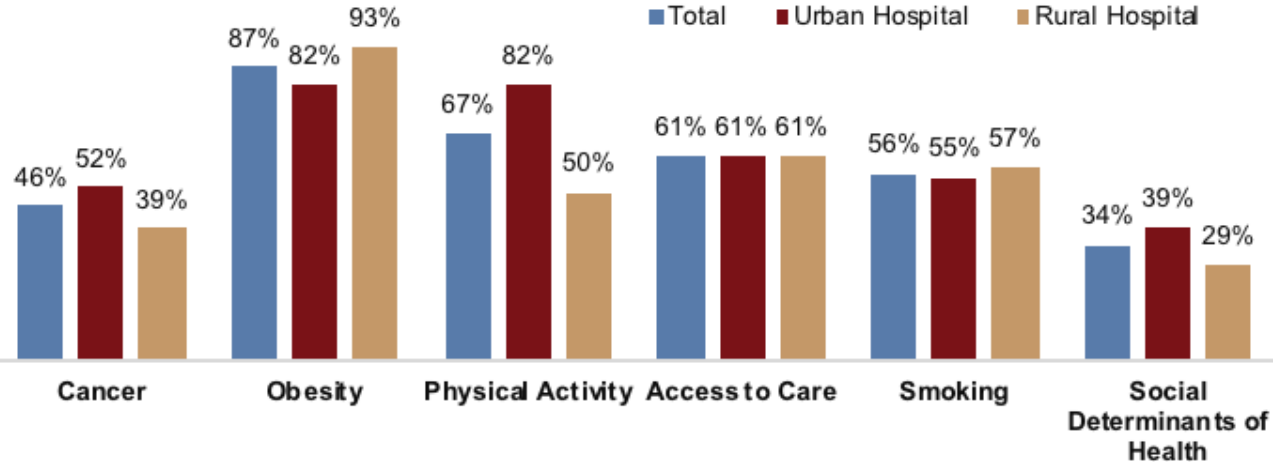
Colorectal Cancer Screening



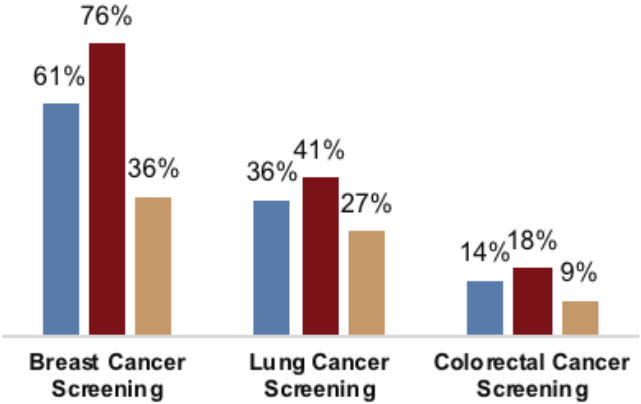
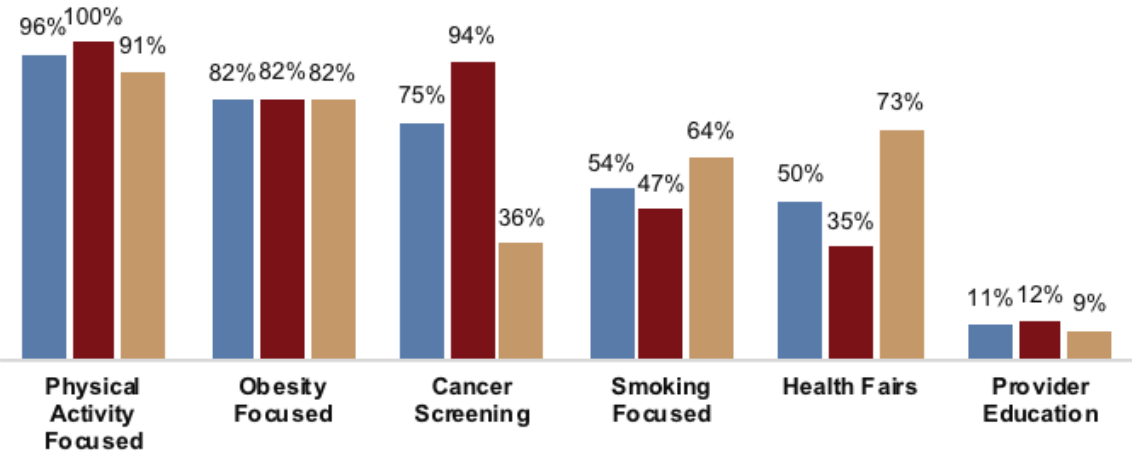
Community Health Needs Assessments



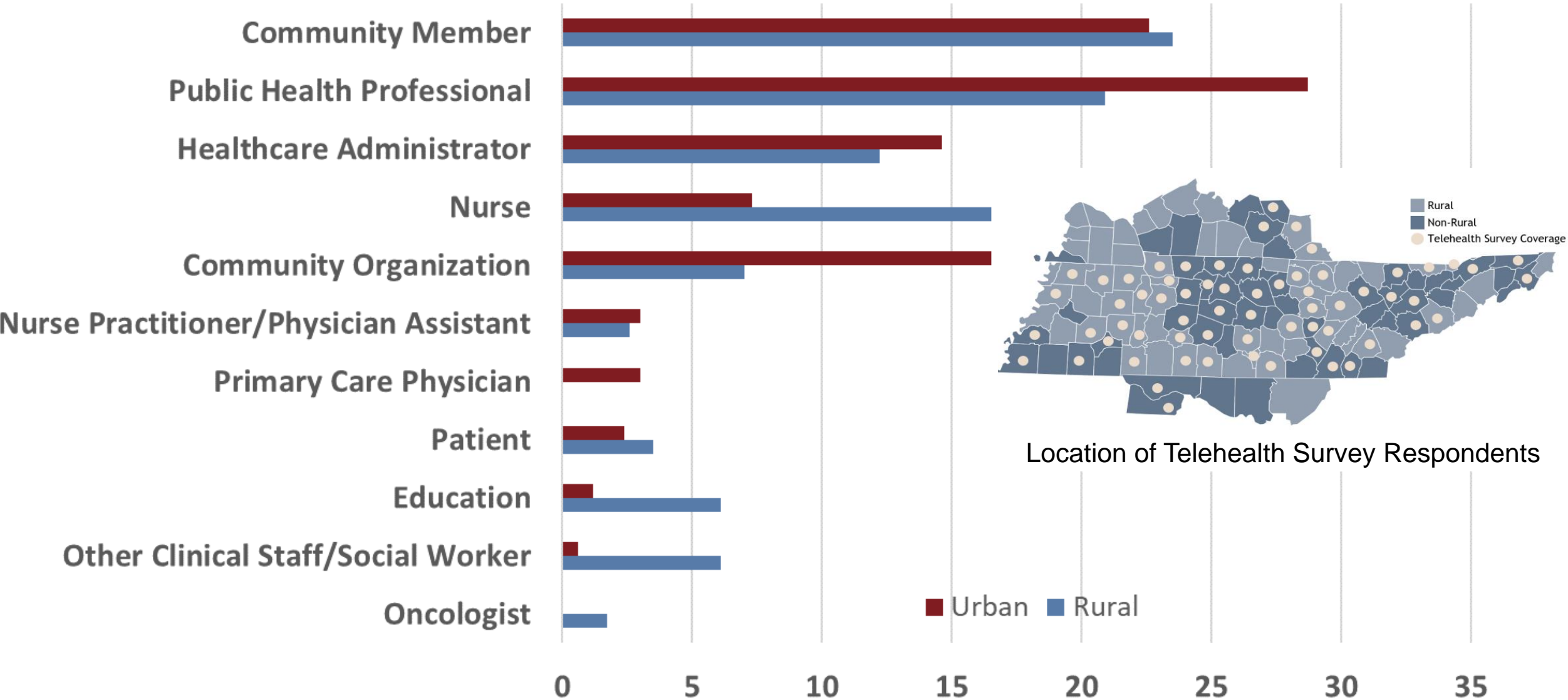
Priorities Selected:



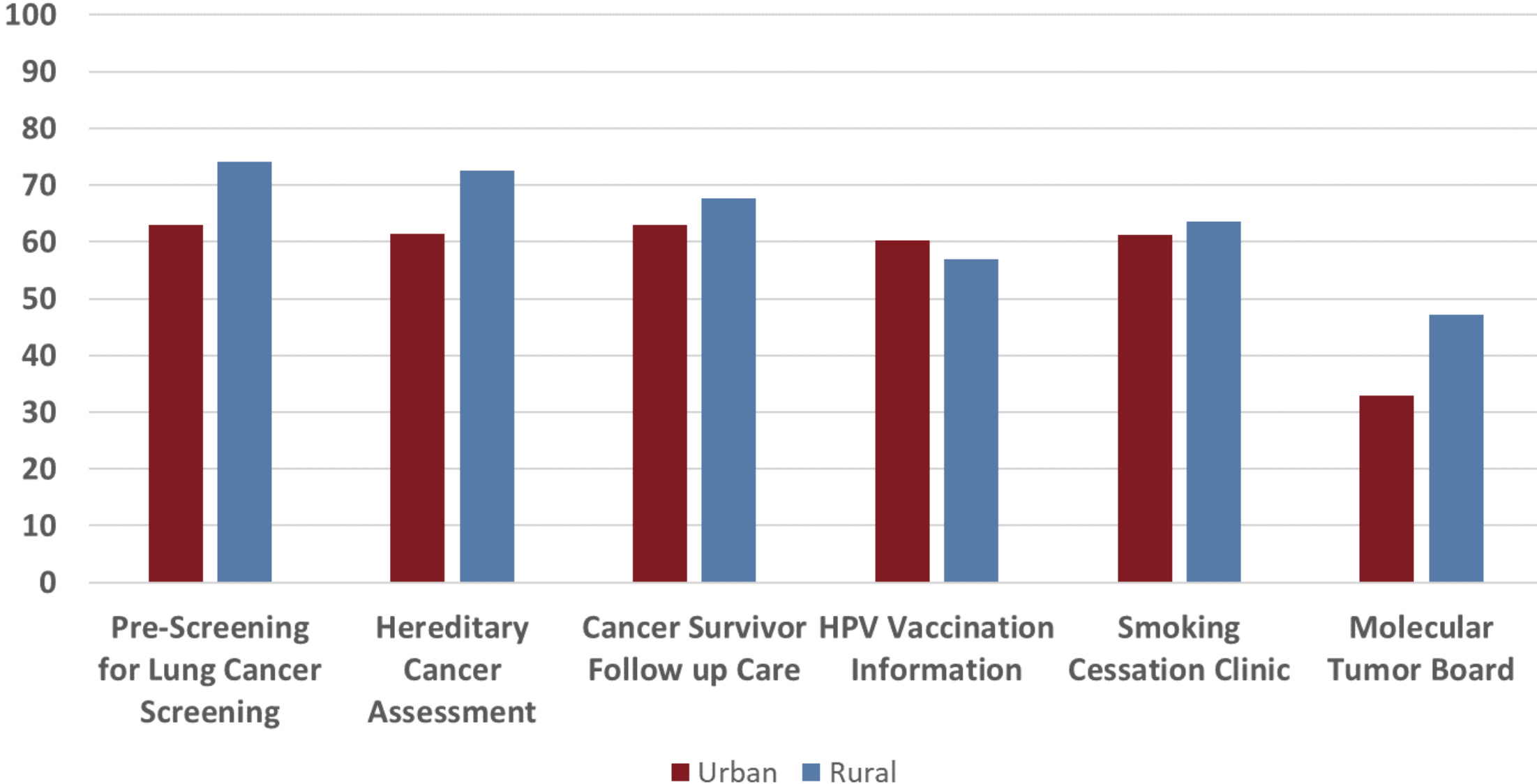
Implementation Strategies:



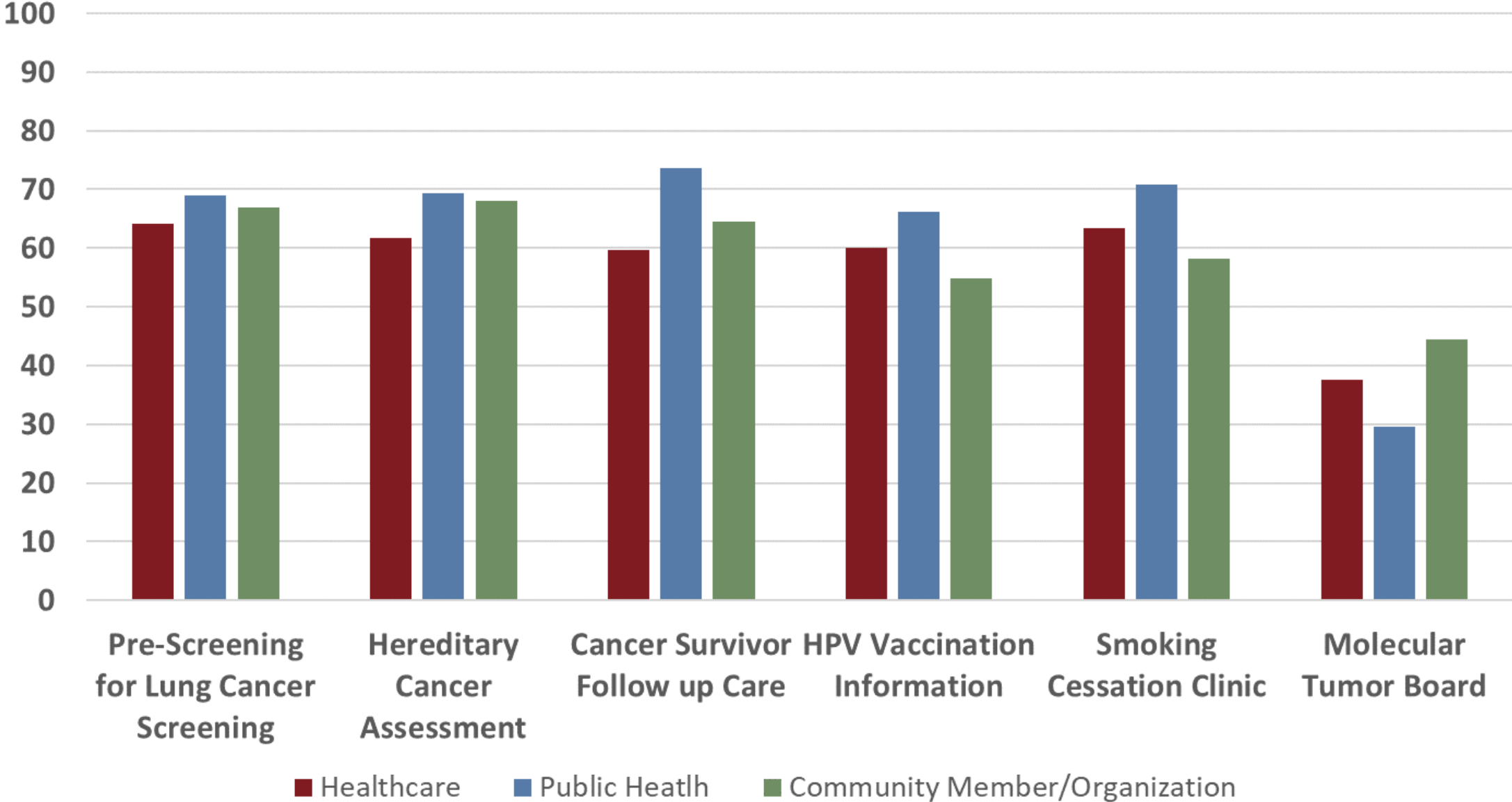
Telehealth Services Interest Survey Participant Occupation by Rural Classification

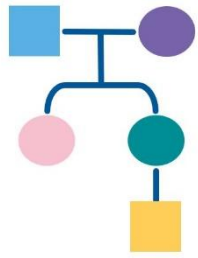


Telehealth Interest Survey: High/Very High Interest in Services by Rural Classification



Telehealth Interest Survey: High/Very High Interest in Services by Healthcare vs Non-Healthcare Occupation





Inherited Cancer Registry (ICARE)

- Launched in 2010 to create a registry of individuals with inherited cancer predisposition
- Most individuals with inherited cancer tested and treated in community hospitals/practices
- Created mechanism to Promote Community-Academic Partnerships

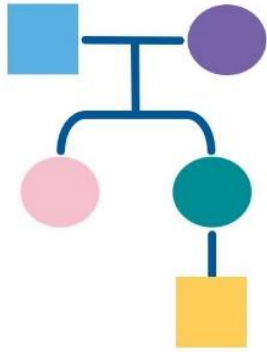


Mission Statement:

*“To end the cycle of inherited cancer through **research, education, and engagement.**”*

Common Goal:

“To improve the lives of patients and families at risk for inherited cancer.”



Access at:
Inheritedcancer.net

ICARE

Inherited Cancer Registry

Home Our Team Participants & Providers Newsletters Case Conference Our Research Contact
Search here...

Click below to join our registry!

Enroll Now!

Click below to donate to our effort!

When asked "What would you like your donation to support?" please select "Other" and include "Inherited Cancer Registry (ICARE)" in the comments

Donate to ICARE

"To end the cycle of inherited cancer through research, education, and engagement"

What is Inherited Cancer?

Approximately 5-10% of all cancers are "inherited" or "hereditary"

- Hereditary cancers are caused by a change (mutation) in certain genes
- Inherited cancer risk can affect both men and women of all ages
- These gene changes may:
 - be passed down from mothers or fathers to sons and daughters
 - raise a person's risk for developing one or more types of cancer

What is the Inherited Cancer Registry (ICARE)?

ICARE represents an effort to improve access to cancer genetics expertise for patients and healthcare providers. We send clinical and research updates through newsletters, educational webinars, and other resources. The goal of our research includes maintaining a registry of individuals interested in participating in inherited cancer research studies. There is no cost to participate in ICARE and communications can be conducted via phone, email, or mail, with no need for an in-person visit.

Click here to learn more about ICARE by reading an article about our initiative

Click here to learn more about participating in ICARE

Click here to search ICARE newsletter articles & posts

ICARE
Inherited Cancer Registry

DID YOU KNOW?

NCCN and CAPS differ for pancreatic cancer screening recommendations.

	NCCN 2019	CAPS 2019
ATPA	Begin at 35-36	Begin at 43
CDKN2A	Begin at 40	Begin at 40
BRCA1/PALB1 ATPA/ATPA	Begin at 40	Begin at 40-50
EPIDR/TP53	Begin at 40	Not defined

Follow us to stay informed!

Click below for a toolkit to help share positive genetic test results with family members.

GeneSHARE

Click here to generate a personalized letter to help share positive test results with family members

Click below to read inspiring stories from our ICARE participants!

Contact ICARE

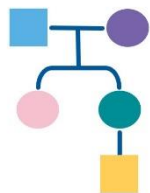
Map of ICARE Participants Across the United States

2019

Previous Year
Next Year

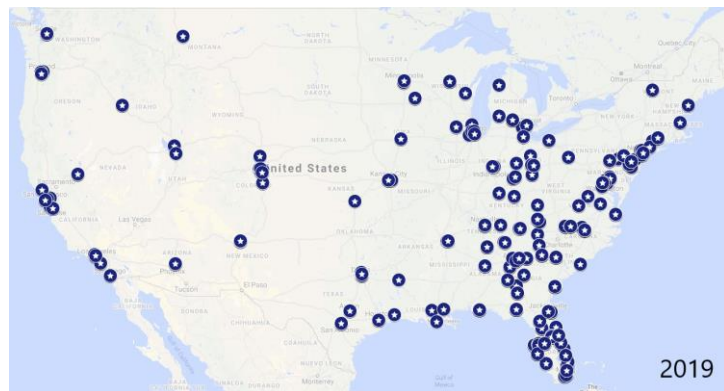
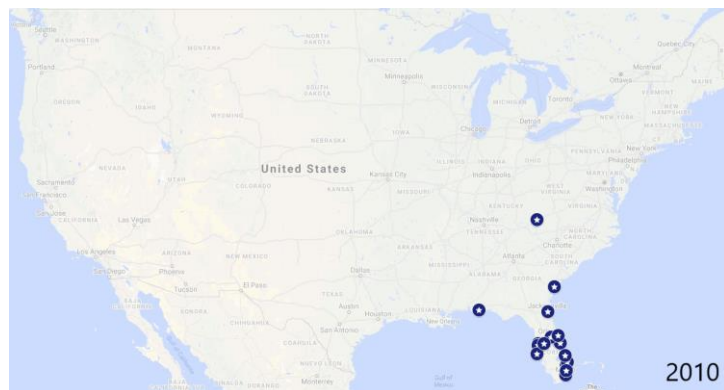
Inherited Cancer Registry
1500 21st Ave. So., Suite 2810
Nashville, TN 37212

Phone: (615) 875-2444
 Fax: (615) 943-3343
 Email: ICARE@InheritedCancer.net
[Privacy Policy](#)

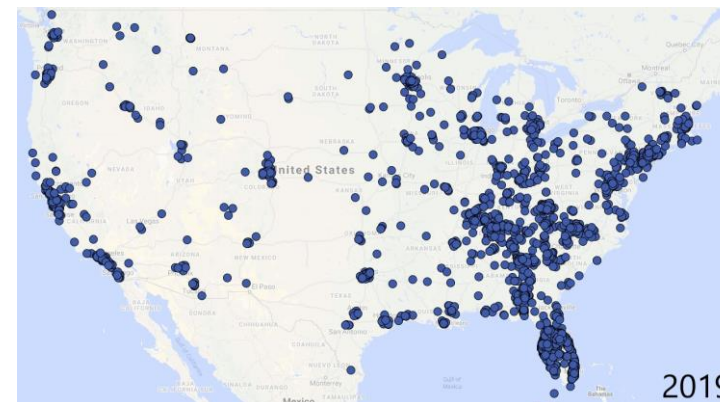
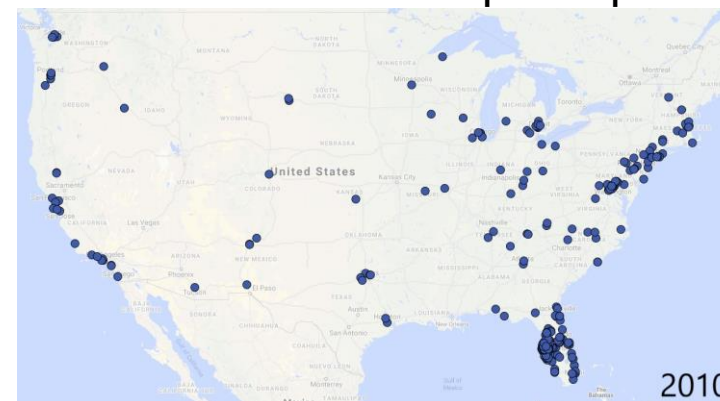


Inherited Cancer Registry (ICARE)

ICARE Provider Partners: >200 providers who recruit to our registry and/or attend our case conferences



ICARE Participants: Amongst the largest inherited cancer registries in the US with over 3400 participants



Developed based on study feedback to enhance family sharing of genetic test results:

GeneSHARE Toolkit:
www.geneshare.net

GeneSHARE Search

A toolkit to help share positive genetic test results across family members

Home Tools to Share Genetic Test Results Collecting Your Family History Find a Genetics Health Professional Near You

Please view the below video to understand the importance of knowing about positive genetic test results in the family

Please use Chrome, Firefox, Safari, or Microsoft Edge to view the below video.

Select the "Submit" button below after viewing the video. You will then be asked to provide your feedback and let us know if we can provide you with additional information.

Click here to learn more about inherited cancers

ICARE INHERITED CANCER REGISTRY

Follow us to stay informed!

Tools to Share Genetic Test Results

Collecting Your Family History

Find a Genetics Health Professional

Submit

Click here to generate a personalized letter to help share positive genetic test results with family members

Email: ICARE@inheritedcancer.net | Phone: (615) 875-2444 | Contact Form: inheritedcancer.net/contact/

Tools to Share Genetic Test Results

Once someone knows they have inherited cancer because of a cancer risk gene, it is important for them to share this information with their family members.

Click here to generate a personalized letter to help share positive genetic test results with family members

Additional resources are included below to assist individuals in sharing genetic information with family members:

- ▶ Family Sharing Letters
- ▶ Family Sharing Worksheet
- ▶ Family Sharing Brochure
- ▶ Video to Highlight the Importance of Testing in the Family

Collecting Your Family History

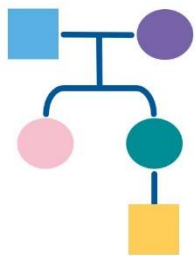
It is really important to discuss your family health history with your healthcare providers and your family members, because it can contribute to keeping you healthy! Please use the tools below to collect your family health history information and share it with your relatives and healthcare providers.

- [Centers for Disease Control and Prevention \(CDC\) - My Family Health Portrait](#)
- [Genetic Alliance - Does It Run in the Family? Tool](#)

Find a Genetics Health Professional Near You

To find a genetics health professional in your area, please use the following websites:

- [National Society of Genetic Counselors \(NSGC\) Find a Genetic Counselor](#)
- [National Cancer Institute \(NCI\) Cancer Genetics Services Directory](#)
- [American College of Medical Genetics and Genomics \(ACMG\) Find a Genetic Service](#)



ICARE

Inherited Cancer Registry



A free online toolkit for participants to help share positive test results with family members



Family Sharing Letter

Please fill in the below fields in order to populate a family sharing letter to assist you in sharing your positive genetic test results with your family. Please use first names only.

Today's Date:

Your First Name:

Family Member's First Name:

Gene:



By completing this form, you consent to having this website store your submitted information in order to generate a family sharing letter for you.



Presented by: **ICARE**
Inherited Cancer Registry

Dear _____,

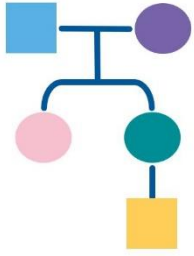
I hope you are doing well. I recently had genetic testing for inherited cancers and learned some information that may help you. I have a gene mutation (pathogenic variant) in the _____ gene.

Because we are blood relatives, you may also have this gene mutation. People with a gene mutation in this gene have higher risks for cancer. Knowing this information can often help them lower their risks or find cancer early (when it is easier to treat).

Experts recommend that you share this information with your healthcare provider and schedule an appointment with a genetics expert. They can explain what my test result might mean for you and your family. They can also help you decide if genetic testing is right for you. Genetic counseling and testing may help you and your healthcare providers manage your cancer risk.

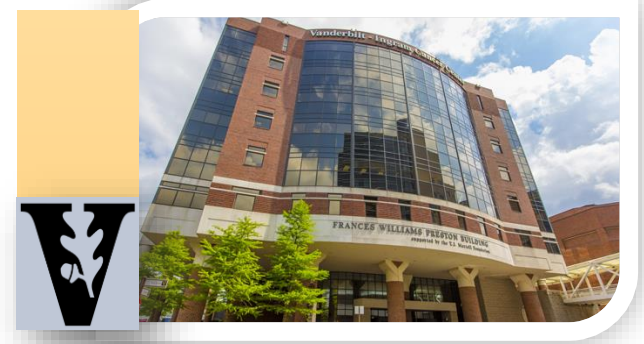
If you would like to find a certified genetics healthcare provider near you, please visit the National Society of Genetic Counselors (www.nsgc.org) or the American College of Medical Genetics (www.acmg.net) website. To view a 5-minute video that explains how genetic testing can help family members, please visit www.geneshare.net. More information about inherited cancers can be found at www.inheritedcancer.net.

With best wishes for good health,



ICARE: Genetics Case Conferences

Now offering CME/CEU credits!



As part of our educational engagement efforts, ICARE hosts an hour-long monthly web-based Genetics Case Conference. Healthcare providers, genetic counselors, and other professionals interested in ICARE

provider regulation expert	Thursday, March 5 th 11:30am – 12:30pm	Colorectal Cancer & Polyposis Syndromes <i>In recognition of Colorectal Cancer Awareness Month</i>	Schedule Case Conference
• To	Thursday, April 9 th 11:30am – 12:30pm	Presenter Choice	cowitz, MD, PhD
	Thursday, May 14 th 11:30am – 12:30pm	Variant Classification Guest Expert: Rebecca Smith, PhD	oice iosis Syndromes cer Awareness Month oice cation a Smith, PhD
Contact ICARE for more information: ICARE@inheritedcancer.net			

- Inherited blood cancers
- Total conferences held: **83**
 - #unique sites: **132**
 - #unique individuals: **400**
- Cumulative totals for all conferences:
 - #sites: **1372**
 - #individuals: **2800**

Thursday, June 11 th 11:30am – 12:30pm	Presenter Choice
Thursday, July 9 th 11:30am – 12:30pm	<i>BAP1</i> Guest Expert: Mohamed Abdel-Rahman, MD, PhD
Thursday, August 13 th 11:30am – 12:30pm	Presenter Choice
Thursday, September 10 th 11:30am – 12:30pm	Inherited Blood Cancers Guest Expert: Sarah Bannon, MS, CGC
Thursday, October 8 th 11:30am – 12:30pm	Breast Cancer <i>In recognition of Breast Cancer Awareness Month</i>
Thursday, November 12 th 11:30am – 12:30pm	TBD
Thursday, December 10 th 11:30am – 12:30pm	Presenter Choice

*Focus may change due to unforeseen circumstances. If there is a change in the focus, ICARE partners will be notified.

Access at: inheritedcancer.net/newsletters

ICARE Newsletters



The ICARE bi-annual newsletters are a means to disseminate updated information to healthcare professionals and ICARE participants. Each newsletter briefly outlines recent clinical and research updates pertaining to risk assessment, testing options, and management of those with inherited cancer predisposition, among other topics.

Please use the following drop-down menus to access each newsletter edition:

English Newsletters

Spanish Newsletters

[Click here to search ICARE newsletter articles & posts](#)



CAPS Updates

ICARE NEWSLETTER WINTER 2020

Updated Pancreatic Cancer Screening Guidelines through CAPS Consortium

The International Cancer of the Pancreas Screening (CAPS) Consortium recently published updated recommendations about pancreatic cancer screening through MRI/magnetic retrograde cholangiopancreatography (MRCP) and/or an endoscopic ultrasound (EUS).¹ Specifically, these guidelines now recommend that individuals with a *CDKN2A* or *STK11* mutation begin screening at age 40. Screening for individuals with a *BRCA1/2*, *ATM*, *PALB2*, *MLH1*, or *MSH2* mutation is only recommended if they have at least one first-degree relative with pancreatic cancer, beginning at age 45-50 or 10 years younger than the youngest relative diagnosed with pancreatic cancer. These guidelines were developed through expert consensus based on existing research; however, there remains a need for more information to understand the benefits and risks of pancreatic cancer screening. Both patients and their treating providers should be aware that these guidelines have some differences from the recently published NCCN genetic/familial breast, ovarian, and pancreatic guidelines, as outlined in the table below.²


Age to Begin Pancreatic Cancer Screening per NCCN & CAPS		
Gene	NCCN (V.1.2020)	CAPS (2019)
<i>STK11</i>	Begin at 30-35	Begin at 40
<i>CDKN2A</i>	Begin at 40	Begin at 40
<i>BRCA1/2, PALB2, ATM, MLH1, MSH2, MSH6</i>	Begin at 50	Begin at 45-50
<i>EPCAM, TP53</i>	Begin at 50	Not included

¹Goggins, et al. *Gut*. 2020 Jan. PMID: 31672839; ²NCCN Practice Guidelines. V.1.2020. 2019 Dec. Available at: [NCCN.org](https://www.nccn.org)

Social media post: <https://tinyurl.com/ICARE202026>






@inheritedcancer



Updated Pancreatic Cancer Screening Guidelines through CAPS Consortium

Recently, the CAPS guidelines for pancreatic cancer screening were updated to recommend screening for the following groups:

- Starting at age 40 for all carriers of mutations in:
 - CDKN2A* and *STK11*
- Starting at age 45 to 50 *only if* have at least one close relative with pancreatic cancer for carriers of mutations in:
 - BRCA1/2, PALB2, ATM, MLH1, MSH2, MSH6*

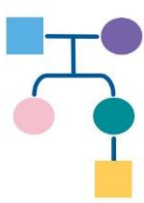




WHOA!

DID YOU KNOW?

NCCN and CAPS differ for pancreatic cancer screening recommendations.

	NCCN (V.1 2020)	CAPS (2019)
<i>STK11</i>	Begin at 30-35	Begin at 40
<i>CDKN2A</i>	Begin at 40	Begin at 40
<i>BRCA1/2, PALB2, ATM, MLH1, MSH2, MSH6</i>	Begin at 50	Begin at 45-50
<i>EPCAM, TP53</i>	Begin at 50	Not included



More Featured Items in Winter 2020 Newsletter

Updates to National Comprehensive Cancer Network (NCCN) Genetic/Familial High-Risk Assessment: Breast, Ovarian, and Pancreatic (Version 1.2020, posted December 4, 2019)

There were significant updates and restructuring of the guidelines, with some highlights included below:

- Substantial reorganization of the guidelines as follows:
 - Now organized by organ site, rather than primarily by certain high penetrance genes
 - Focused efforts to simplify genetic testing criteria
 - Only one flow diagram included, to outline the 'genetic testing process'
- Following scenarios now outlined:
 - Situations in which genetic testing may have low yield
 - Situations where referral to a genetics expert is recommended
- **PALB2**: Recognized as a high penetrance gene, for which discussion of risk-reducing mastectomy is appropriate
- **BRCA1/2**: Prostate cancer screening to be initiated at age 40
- Pancreatic screening guidance included:
 - **STK11** starting at age 30-35
 - **CDKN2A** starting at age 40
 - **BRCA2, MLH1, MSH2, EPCAM, PALB2, or TP53**: Only if there is a close family member with pancreatic cancer

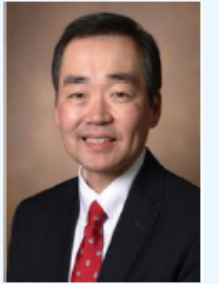
For the complete updated versions of the NCCN guidelines, please visit [NCCN.org](https://www.nccn.org)

Follow this link to view our social media post: <https://tinyurl.com/ICARE2019124>

Full press release available at: <https://www.nccn.org/about/news/newsinfo.aspx?NewsID=1790>

Ask the Expert

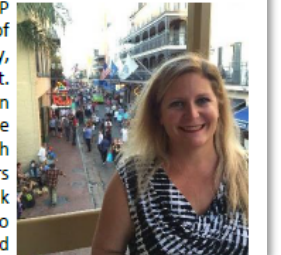
Through each newsletter, we give our participants an opportunity to have their questions answered by experts. If you have a question you would like addressed, please email the study team at ICARE@InheritedCancer.net for consideration in future newsletters. The following question was addressed by Ben Ho Park, MD, PhD, who is the Donna S. Hall Chair in Breast Cancer, Co-Leader of the Breast Cancer Research Program, Associate Director for Translational Research, and Director of Precision Oncology at Vanderbilt-Ingram Cancer Center. Dr. Park is also a Professor of Medicine and Associate Director for Basic and Translational Research in the Department of Medicine's Division of Hematology and Oncology.



Q. How is DNA testing done on someone's tumor different from testing done on someone's normal DNA from their blood or saliva sample?

Community Spotlight

I was diagnosed with breast cancer in December 2018 and was found to be **PALB2+**. The **PALB2** gene had not been tested for when my older sister was diagnosed with breast cancer and had genetic testing done four years earlier. This was new! My cancer was very similar to my sister's, but being **PALB2+** changed my treatment plan and informed me of my possible higher cancer risks for recurrence and other cancers. Like my sister, I had one small tumor in one breast. I could have just had a lumpectomy with radiation and chemo (depending on ONCA result) followed by oral medication, and then just live with a risk of recurrence. The other treatment option was a skin saving, nipple sparing bilateral mastectomy with FLAP reconstruction followed by 5-10 years of oral medication. This would have reduced my risk of recurrence to below 10%. It was a no brainer for me -- I chose the latter. After my breast surgery, I was then told **PALB2** was linked to ovarian cancer, so I started seeing a high-risk gynecologist. After months of discussions with my gynecologist and oncologist, I decided to have an oophorectomy. This was prompted by my **PALB2** risk and my adverse reaction to Tamoxifen. The only way to get off the Tamoxifen was to put me into menopause by removing my ovaries, which at the same time, would lower my ovarian cancer risks. Again, this was a no brainer. It's two years after my diagnosis, and I'm in a really good place. My cancer is nearly behind me, as I don't think about it on a daily basis. I'm feeling great and look even better ;) My energy levels are back to normal, I'm playing competitive tennis, and I'm spending time with my family traveling and



ICARE
Inherited Cancer Registry

Genetic/Familial Breast, Ovarian, and Pancreatic Guidelines

PALB2:

- Recognized as a high penetrance gene
- Discussion of risk-reducing mastectomy appropriate

BRCA1/2:

- Prostate cancer screening at age 40

Other:

- Scenarios in which genetic testing may have a low yield (and may not be needed) have been outlined

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Genetic/Familial Breast, Ovarian, and Pancreatic Guidelines

Pancreatic cancer screening guidance for:

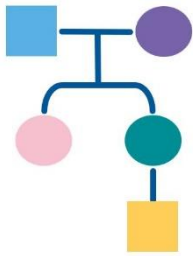
- STK11** (Peutz-Jeghers): age 30-35
- CDKN2A**: age 40
- BRCA1/2, ATM, MLH1, MSH2, MSH6, EPCAM, PALB2, or TP53**: only if have a close family member with pancreatic cancer

@INHERITEDCANCER

DID YOU KNOW?	TREATMENT ADVANCES	CANCER RISKS	NEW GENES	GUIDELINE UPDATES
<p>ICARE Inherited Cancer Registry</p> <p>DID YOU KNOW?</p> <p>Polygenic Risk Score helps estimate breast cancer risk</p> <p>Benefit of a Polygenic Risk Score?</p>	<p>ICARE Inherited Cancer Registry</p> <p>ADVANCES IN TREATMENT:</p> <p>Lynch Syndrome-Related Endometrial Cancer</p> <p>Treatment with Immunotherapy (Avelumab) may benefit those with Lynch Syndrome-related endometrial cancer</p>	<p>ICARE Inherited Cancer Registry</p> <p>BREAST CANCER RISKS</p> <ul style="list-style-type: none"> Decrease risk with increase in physical activity among: <ul style="list-style-type: none"> BRCA1/2 carriers Those with familial breast cancer risk General population 20% risk reduction among those with highest level of exercise! 	<p>ICARE Inherited Cancer Registry</p> <p>NEW GENE ALERT:</p> <p>Pancreatic Cancer</p> <p>RABL3</p> <p>This gene is associated with hereditary pancreatic cancer, through promoting cells to grow and divide.</p>	<p>ICARE Inherited Cancer Registry</p> <p>ACMG: Down-to-Consider for Genetic Testing for Breast Cancer</p> <p>Genetic testing in women with breast cancer should be based on:</p> <ul style="list-style-type: none"> Age Tumor Characteristics Family History

All social media posts and newsletter articles can be searched on our ICARE website:

<https://inheritedcancer.net/category/newsletter-articles/>



ICARE On the Web

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BREAST CANCER RISKS

BRCA1 Carriers

- overall number of pregnancies was not associated with breast cancer
- one pregnancy = higher risk than carriers with no pregnancies/more than one pregnancy
- longer duration of breastfeeding = lower risk

BRCA2 Carriers

- more pregnancies = lower risk

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linkedin.com/company/inherited-cancer-registry/

welcome to **ICARE** INHERITED CANCER REGISTRY

why participate?

- Help develop strategies to manage those with inherited cancer
- Stay informed about studies you may be eligible for
- Stay updated on the latest medical advances about inherited cancers through periodic newsletters

who is eligible?

Men and women who:

- Are age 18 or older
- Have a personal history of cancer
- Have a family history of cancer

Participation is voluntary

how can i participate?

Consent form

Questionnaire

Periodic follow-up questionnaires to:

- update personal health history
- update family health history

Biological sample collection

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ADVANCES IN TREATMENT:

OVARIAN CANCER **PANCREATIC CANCER** **PROSTATE CANCER**

Recent studies suggest BRCA1/2 carriers benefit from treatment with PARP inhibitors

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OVARIAN CANCER

BRCA1/2 carriers with advanced ovarian cancer and at least 3 lines of prior treatment:

- Treatment with olaparib, a PARP inhibitor, was of substantial benefit, compared to other non-cancer groups.

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PANCREATIC CANCER

Individuals with a BRCA1/2 mutation treated with olaparib, a PARP inhibitor, for maintenance treatment had almost half the risk of disease progression compared to placebo.

BRCA1/2 or PALB1 carriers with advanced, platinum sensitive, pancreatic cancer seemed to benefit from maintenance treatment with olaparib, a PARP inhibitor.

Of the 19 patients, 7 had a response (complete or partial) with olaparib.

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PROSTATE CANCER

Men with heavily pre-treated prostate cancer and an inherited BRCA1/2 or PALB1 mutation responded to treatment with olaparib, a PARP inhibitor.

~8% of patients with BRCA1/2 mutations responded to olaparib

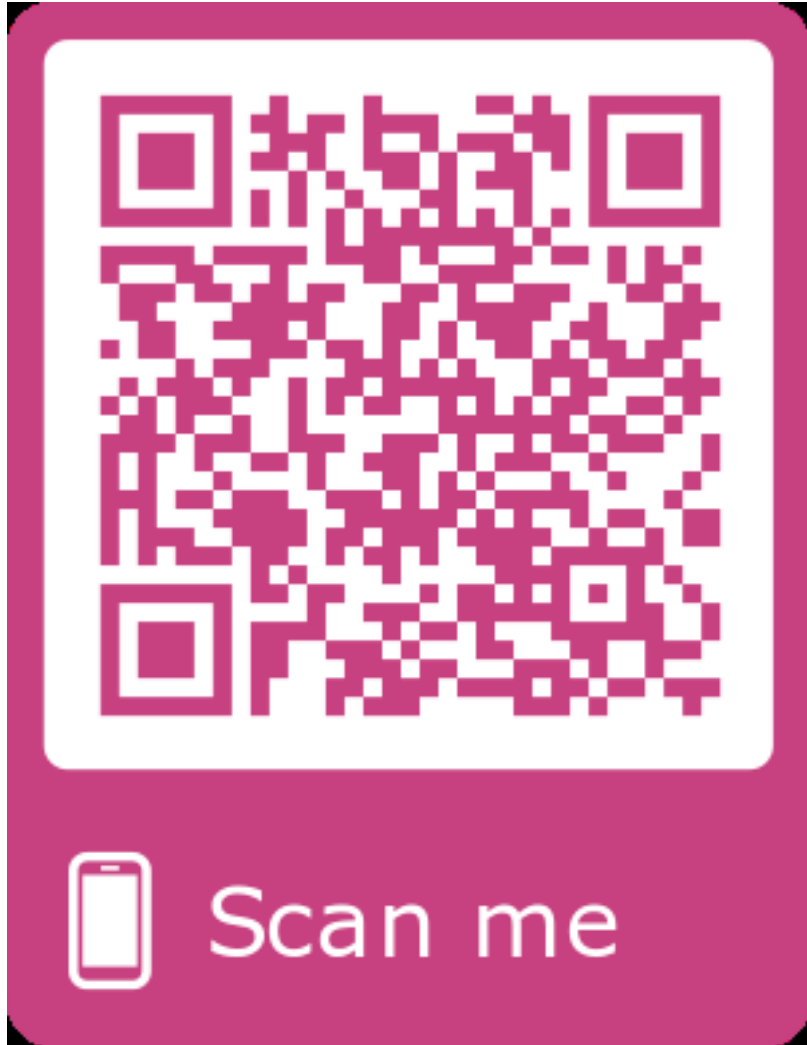
57% of patients with PALB1 mutations responded to olaparib

Global Molecular Tumor Board: Our Cancer Genomes

- Led by Dr. Ben Ho Park (VICC)
- Monthly 1 hour virtual case conference
- Discussion of complex cases including interpretation of tumor sequencing results
- Access to multi-disciplinary expertise for complex cases



Metrics/Details on how to access if interested



- Participating sites (Domestic): VICC, Johns Hopkins, UNC, Mayo, UWash/Fred Hutch, Allegheny Health, UPMC, UTHSC, OHSU, St. Lukes (Idaho), UWisconsin/Madison, UT Austin, VCU
- Participating sites (International): Singapore, Romania, Germany, Portugal, Ireland
- Meets virtually 4th Monday of every month at 9AM Central using HIPAA compliant Zoom web based meeting
- Upload redacted cases to secure REDCap database: ([Our Cancer Genomes](#)) (must be CLIA grade report or for International labs comply with ISO 15189 Medical laboratories standards)
- Contact Ben Park if you'd like to join at ben.h.park@vumc.org

Future Directions



Expanding Rural Health Cancer Control Capacity: Focus on Survivorship

Aims

To improve long-term health outcomes for underserved rural cancer survivors by building capacity to deliver risk-adapted guideline-based care focused on the unique needs of cancer survivors

Aim 1

Pilot test the implementation of guideline-based survivorship care planning in a rural setting using patient navigation plus telehealth

Aim 2

Identify the facilitators & barriers to future larger scale implementation of guideline-based survivorship care planning in rural settings

Enhancing Cancer Care of Rural Dwellers Through Telehealth and Engagement

Aims

Aim 1

Test a multi-level telehealth-based intervention for rural hospitals

Provider level:

Molecular tumor board



Patient level:

Supportive care intervention



Cancer: Thriving and Surviving

Aim 2

Study facilitators & barriers to large-scale dissemination & implementation



Acknowledgements

Our Team

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Telehealth Services Interest Survey

Give feedback on cancer related services needed in your area



Complete 5 minute survey:

- 1 Online: <http://i.mp/2Rvxudf> or scan QR code
- 2 Or fill out paper survey



For more information:

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Thank You!



Questions?

Comments?

Suggestions?