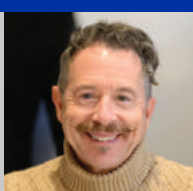




 Markey
Cancer Center
Network

BETTER TOGETHER

MARKEY CANCER CENTER AFFILIATE NETWORK
2023 ANNUAL REPORT



CONTENTS

01 Caring for Our Commonwealth	02 A Year of Monumental Milestones	03 Leadership and Key Personnel
04 Comprehensive Cancer Center Designation	10 Clinical Trial Referral Ambassadors	12 New Pharmacy Program
14 Return to Screenings	17 Community Research	18 By the Numbers
20 Top 10 Highlights for 2023		

On the Cover

The Markey Cancer Center Affiliate Network only works as a collaborative enterprise. All of these people (and one service dog!) play an integral role in MCCAN's mission, which is to provide the best cancer care for Kentuckians no matter where they reside.

The University of Kentucky Markey Cancer Center Affiliate Network (MCCAN) is a collaboration between community hospitals and the Markey Cancer Center, Kentucky's only comprehensive cancer center designated by the National Cancer Institute.

MCCAN assists doctors, nurses, pharmacists and other medical staff at local hospitals who provide excellent care in their communities. When patients need care that is not available locally, they can be referred to the Markey Cancer Center in Lexington. When that happens, Markey doctors work with community doctors and oncologists to minimize travel for patients and their families.

Mission: To enhance access to high-quality cancer services and programs through collaboration with community hospitals

Vision: For all in the Commonwealth and surrounding areas to have access to high-quality cancer care

Programs and Services:

- Network Support
- Professional Education and Training
- Quality Assurance and Improvement
- Community Outreach, Education, and Screening
- Marketing and Public Relations

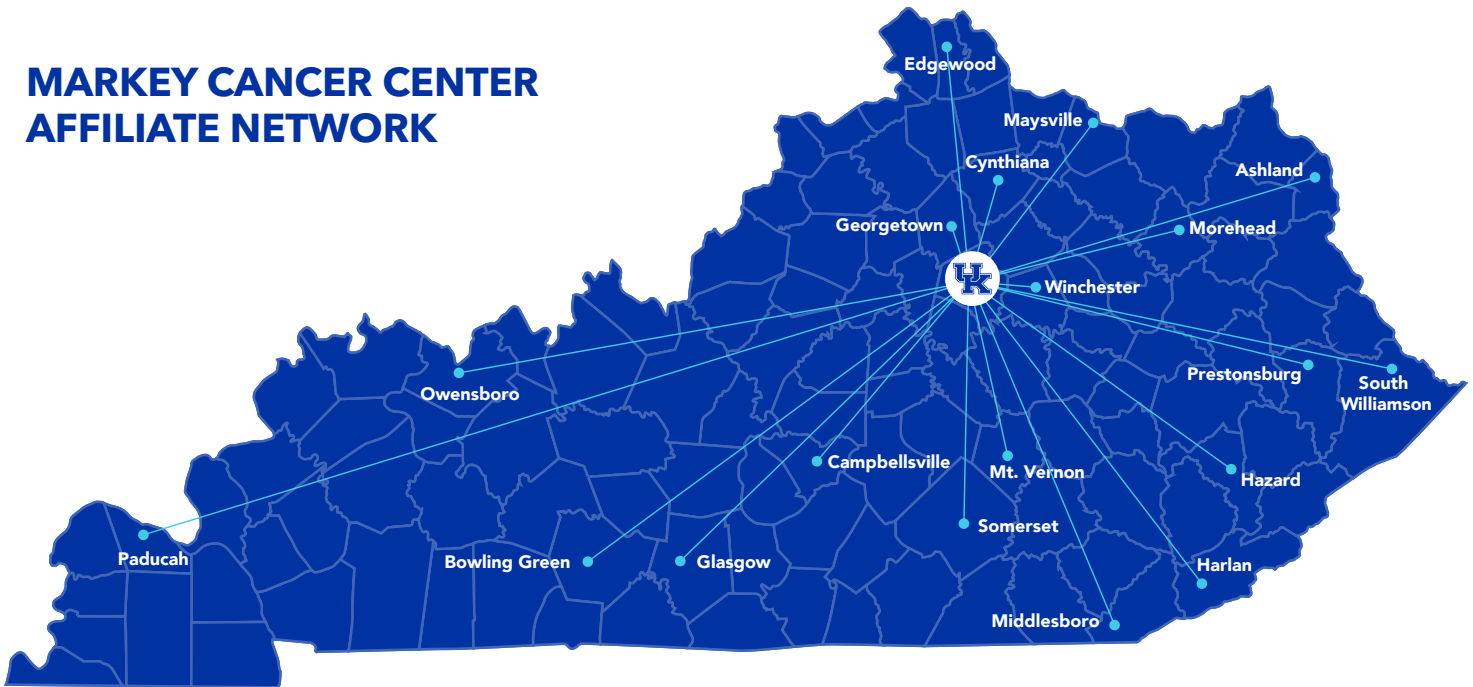
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MARKEY CANCER CENTER AFFILIATE NETWORK



CARING FOR OUR COMMONWEALTH

The Markey Cancer Center Affiliate Network is committed to serving the needs of Kentuckians and those beyond our borders. Our team is proud to collaborate with MCCAN sites that strive for excellence in clinical service and community outreach. Together, we make it possible for Kentuckians to remain in state, closer to home, for cancer care.

- Clark Regional Medical Center**, Winchester
- Georgetown Community Hospital**, Georgetown
- Harlan ARH Hospital**, Harlan
- Harrison Memorial Hospital**, Cynthiana
- Hazard ARH Regional Medical Center**, Hazard
- Highlands ARH Regional Medical Center**, Prestonsburg
- King's Daughters Medical Center**, Ashland
- Lake Cumberland Regional Hospital**, Somerset
- Meadowview Regional Medical Center**, Maysville
- Mercy Health - Lourdes Hospital**, Paducah
- Middlesboro ARH Hospital**, Middlesboro
- Owensboro Health Regional Hospital**, Owensboro
- Rockcastle Regional Hospital**, Mt. Vernon
- St. Claire Regional Medical Center**, Morehead
- St. Elizabeth Healthcare**, Edgewood
- Taylor Regional Hospital**, Campbellsville
- The Medical Center at Bowling Green**, Bowling Green
- TJ Samson Community Hospital**, Glasgow
- Tug Valley ARH Regional Medical Center**, South Williamson

A YEAR OF MONUMENTAL MILESTONES

We are a network – a statewide, multidisciplinary network that reaches across the state. We represent large and small hospitals, urban and rural communities, healthcare systems and individual facilities, for profit and nonprofit organizations. These differences set us apart from other cancer networks. And when we look back on 2023, we can add two more distinctions to our network:

- The Markey Cancer Center is now a National Cancer Institute-designated Comprehensive Cancer Center, NCI’s highest level of achievement for cancer centers.
- For the first time in our history, all MCCAN sites are accredited by the American College of Surgeons Commission on Cancer.

Congratulations to everyone at Markey and MCCAN – these are tremendous accomplishments!

Markey’s NCI designation could not have happened without the dedication of our MCCAN members and their commitment to prevention, screening, and high-quality cancer care across Kentucky. Our network demonstrates the commitment of translating scientific discovery into everyday standard of care for our communities. These efforts will help us decrease cancer rates in Kentucky and increase access to cancer care close to home.

The Commission on Cancer accreditation is familiar to anyone who’s heard of MCCAN – it’s our commitment to quality and the foundation upon which our network is built. It’s more than a badge or a book of standards. CoC accreditation doesn’t come easily, and it takes determination to maintain it. All 19 MCCAN sites made that commitment, and we are so proud of the effort and dedication that everyone does every day to uphold the highest level of quality cancer care.

While our network is connected through Markey and CoC accreditation, our MCCAN sites retain their autonomy and are responsive to the needs of their communities. We learn from one another, share best practices, honor our differences, and celebrate our successes.

We are unique – and we are better together.



A handwritten signature in black ink that reads "Timothy Wm. Mullett".

Timothy Wm. Mullett, MD, MBA, FACS
MCCAN Medical Director



A handwritten signature in black ink that reads "Cheri Tolle".

Cheri Tolle, MAEd, CHES
MCCAN Administrative Director

LEADERSHIP AND KEY PERSONNEL

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COMPREHENSIVE CANCER CENTER DESIGNATION

MCCAN PLAYS KEY ROLE IN NATIONAL CANCER INSTITUTE'S **HIGHEST LEVEL OF ACHIEVEMENT**

Pamela Hull, PhD
Associate Director of Population Science
and Community Impact
UK Markey Cancer Center



Left: Cheri Tolle, MAEd, CHES
MCCAN Administrative Director
Markey Cancer Center Affiliate Network
UK Markey Cancer Center

Right: B. Mark Evers, MD, FACS
Director, Markey Cancer Center
Physician in Chief of Oncology Service
Vice-Chair for Research, Department
of Surgery

In 2023, the UK Markey Cancer Center received the prestigious Comprehensive Cancer Center designation from the National Cancer Institute (NCI), placing it among an exclusive cohort.

The designation signifies a level of achievement that translates into superior outcomes (with an increase in long-term survival rates, studies show), improves access to cutting-edge treatments and clinical trials, and provides additional resources to patients who are undoubtedly the primary beneficiaries of the designation.

The feat is hardly the result of a solitary pursuit. Rather, it is the outcome of a nearly two-decade, growing and extensive collaboration extending from Lexington to the far reaches of Kentucky and beyond. Crucial to achieving designation is the Markey Cancer Center Affiliate Network (MCCAN), said Mark Evers, MD, director of the Markey Cancer Center. With its statewide network of 19 community hospitals, MCCAN has helped expand Markey's reach to Appalachia and rural Kentucky.

"I want to emphasize how important this affiliate network has been to us," Evers said. "With the comprehensive designation, the expectation is that your investigators and clinicians are outside the ivory tower, so to speak, and focused on problems in our catchment area. That is getting out to Hazard, Paducah, Maysville and Morehead. We are more than Lexington and that is a critical aspect we have demonstrated to the NCI."

Symbiotic relationship spurs move to comprehensive designation

The National Cancer Institute is the primary agency for cancer research and training in the United States and holds the distinction of being the world's leading funder of cancer research. Established under the National Cancer Act of 1937, the NCI is dedicated to advancing knowledge and training in cancer prevention, detection and diagnosis, treatment and survivorship.

In 2013, the NCI acknowledged that Markey met its rigorous standards by naming it the state's sole NCI-designated Cancer Center. Fast forward to 2023's designation, which is the highest level of recognition bestowed by the NCI, and Markey is the only comprehensive cancer center in Kentucky.

"To me, nothing says comprehensive more than having a network that is responsible for increasing the quality of cancer care throughout the entire state," said Timothy Mullett, MD, MBA, FACS, medical director for MCCAN.

When MCCAN was established in 2006, it wasn't about competition. It was about addressing a crucial need in a state where cancer had historically been a prevalent and challenging health issue. Even today, Kentucky leads the nation in cancer mortality and overall incidence, with the highest rates of lung and bronchus and cervical cancers and the second-highest incidence of colon and rectal and oropharyngeal cancers.





Jennifer Rogers, MBA
Associate Director of Administration
UK Markey Cancer Center

As MCCAN expanded its reach across the state, a strategic decision was made that affiliate members must hold or be actively pursuing the American College of Surgeons Commission on Cancer (CoC) accreditation. The focus was on delivering high-quality, evidence-based, multidisciplinary care across the spectrum, no matter where patients resided, Mullett said.

“Some of the best care for patients is care that can be delivered close to home,” he said. “It’s really an interesting, symbiotic relationship between MCCAN and Markey. Through the network, we reach more patients in need of cancer care and, if the patient needs services or clinical trials that aren’t offered in the community, MCCAN streamlines referrals to Markey. It’s a shared vision to collectively transform how cancer care is delivered.”

Mullett, who is also national chair of the CoC, said that Markey’s comprehensive designation comes with the opportunity to compete for additional funding for clinical trials, providing more patients with access to groundbreaking research. Furthermore, the designation helps to attract and retain top-tier researchers, specialists, faculty members and medical students, reinforcing its position as a hub of excellence in cancer research and care as well as community engagement.

Affiliate members applaud comprehensive designation

UK King’s Daughters Medical Center in Ashland has been part of MCCAN since 2017 and a member of the Markey Cancer Center Research Network since 2015. With more than 64,000 patient encounters last year in the infusion suites at its Ashland and Portsmouth, Ohio, locations, the high-volume program serves an 11-county area that is about the size of New Jersey.

“The affiliation and the comprehensive cancer center designation allow us to offer more clinical trials and services,” said Sara Marks, president and CEO of UK King’s Daughters Medical Center. “Currently, we have more than 70 patients enrolled in eight clinical trials through Markey.”

Doug Flora, MD, executive medical director of Oncology Services at St. Elizabeth Healthcare in Edgewood said, “Markey and UK have a strong brand in Kentucky and by being part of MCCAN, we are recognized as providing excellent care to those in our backyard.”

Critical benefits come to affiliates because of the comprehensive designation, he added. “This is particularly important because the Commonwealth is ground zero in cancer deaths and late diagnosis. The comprehensive designation elevates care for the entire state. It brings the potential of a greater investment from the federal

government to provide more clinical trials and it helps us recruit elite, top-notch researchers to the state who wouldn't entertain us without the designation," Flora said.

Patients at Mercy Health – Lourdes Hospital in Paducah, which joined MCCAN in 2020, look at comprehensive designation as a beacon for high-quality care, said John Montville, executive director of Oncology. "Patients fighting a disease like cancer want to know they are getting the highest level of care possible," he said. "They look for quality indicators. Comprehensive status is not handed out lightly."

Joe Koch, CEO of Meadowview Regional Medical Center in Maysville, agreed. "Markey's comprehensive designation brings an even higher level of credibility to the program and raises the bar. This helps us ensure that our local and regional community can receive quality care close to home." Meadowview joined MCCAN in 2021 and received CoC accreditation in December 2023.

Administrators, physicians, nurses and other providers at the affiliates also emphasize that the educational opportunities for their employees and medical staffs offered through MCCAN are abundant and of high quality, featuring Markey experts and other leaders in the field.

A comprehensive network brings care to the community

"A comprehensive center deserves a comprehensive network," said Cheri Tolle, administrative director of MCCAN. "Together, we share a vision for the health of our state. The comprehensive designation recognizes our community partners and our network and the dedication we all have for providing high-quality cancer care close to home."

The infrastructure provided by the affiliate network is a necessity in order to reach the broader community, according to Robin Vanderpool, DrPH, chief of the Health Communication and Informatics Research Branch in the NCI Division of Cancer Control and Population Sciences.

"A community focus has always been a priority for Markey, and MCCAN has developed the infrastructure to make it possible for the dissemination of research, education and clinical care into the community," Vanderpool said. "MCCAN sites have opened the doors for many patients. As a population science researcher and someone who has worked in rural areas, I can tell you that cancer centers with a network like this are primed to serve patients in the communities where they live."

The unique relationship was evident immediately to Pam Hull, PhD, associate director of Population Science and Community Impact at Markey Cancer Center, when she took her job in 2020. "These mutually beneficial partnerships take time to build," she said. "That there was something special here was obvious. The affiliates would not stay if they didn't see a benefit for their patients and Markey would not be able to get out to the people who need them most without this network of local hospitals."

The future of cancer care

With Markey's comprehensive designation from the NCI, MCCAN's broad reach and collaborations with other agencies and healthcare institutions across the state, the organizations have made great strides in tackling some of the state's most challenging cancer issues. As one example, efforts to increase the number of low-dose CT scans for Kentucky's high-risk lung cancer population are paying off. The state now has the second highest lung cancer screening rate in the nation and has seen nearly a 19 percent drop in late-stage diagnoses.

But there's still plenty of opportunity to raise the bar, those involved agree. "Representing the people of Kentucky is in our DNA," said Jennifer Rogers, associate director of administration for Markey Cancer Center. "I distinctly remember conversations within the first two weeks of getting the first designation that centered around what we could do to move to the comprehensive level and be the best cancer center we could be. The sky's the limit really. We are big dreamers and always have been. This is not the end of the story. I view it as a beginning."

Growing MCCAN will continue to improve access to high-quality cancer care but is not the only marker of success.

"The number of affiliates is not our only metric," Mullett explained. "We are looking at ways we can add value, which includes everything from enhancing access to technology, tumor boards and clinical trials to streamlining referrals and offering more webinars and in-person educational meetings so that physicians across the state, and beyond, can learn from one another and the experts. It's important for us to recognize that as we mature as a network, we cannot stay the same. Ultimately, this is what will drive change."

CLINICAL TRIAL REFERRAL AMBASSADORS: OPENING RESEARCH TO MORE PATIENTS

If offered the opportunity to participate in a cancer clinical trial, more than half of all patients jump at the chance, according to a study published in the Journal of the National Cancer Institute. Yet fewer than 10 percent of eligible patients actually enroll in a trial, potentially causing thousands to miss out on life-saving treatments or the chance to contribute to scientific advancements in cancer care.



"We knew that in order to normalize clinical trials in oncology, we needed to train staff to have meaningful conversations with patients about clinical trials."

-DEBORAH CAREY, CSW, OSW-C

To help bridge the gap and increase enrollment, particularly among minority and rural populations in Kentucky, the Markey Cancer Center Affiliate Network (MCCAN) created the Clinical Trial Referral Ambassador program. The pilot program involved training oncology staff at affiliated hospitals to better explain trials to patients, debunk misconceptions and strengthen working relationships between researchers and team members. Their role is not to enroll patients to trials, but rather to create a positive environment that allows for questions and discussion.

"Participation in clinical trials is a best practice that impacts quality of care," said Deborah Carey, quality assurance coordinator at MCCAN. "We knew that in order to normalize clinical trials in oncology, we needed to train staff to have meaningful conversations with patients about clinical trials. They had to feel comfortable addressing patient concerns, answering their questions and providing access to resources and further information."

Markey Cancer Center at the University of Kentucky is involved in more than 175 clinical research studies each year. Some of the 19 MCCAN affiliates offer clinical trials on-site, others refer patients to Markey in Lexington, with physicians at their home hospital still overseeing their care.

Before moving to her role in quality assurance, Carey was the sole oncology social worker at a regional hospital for 10 years. That experience gave her a unique understanding of the many hats that are worn by staff at Markey affiliate sites, especially those at smaller and more rural hospitals.

"We have many responsibilities and even with years in oncology, whether it be nursing, navigation or social work, we aren't the experts in clinical trials," she said. "To be able to address a patient's fears or the barriers that many face in accessing clinical trials, you need education and support."

MCCAN launched the program in February 2022 by asking interested volunteers from the affiliates to apply to become ambassadors. The program kicked off in April. A total of 25 ambassadors from 15 MCCAN sites assessed their own facility's clinical trial readiness, from reviewing processes to staffing capacity and support from leadership. They also learned more about the common barriers and implicit biases that exist in research.

For Stacey Rittner, RN, a nurse navigator at St. Elizabeth Cancer Center in Edgewood, the program delivered just what she needed. "It gave me a better understanding of clinical trials. That is definitely leading to better conversations with patients. It's about educating ourselves and our patients."



“Building training programs is very challenging. It takes a certain organizational philosophy to want to do this type of evaluation. As an independent evaluator, I would tell them if a program isn’t working. The fact that they brought me in speaks to the commitment they have.”

-JEROD STAPLETON, PHD

In addition, said Stephanie Bonfillo, RN, oncology navigation manager at St. Elizabeth, the program has had other benefits. “We are always looking for ways to grow our research program, and as nurse navigators we have a huge role in advocating for patients and answering their questions,” she said. “But we have also had more intentional interactions with our research team, and we are working better together.”

While developing the curriculum to drive change is vital to the program’s success, another key component involves data collection and evaluation, said Jerod Stapleton, PhD, professor of Health, Behavior & Society in the UK College of Public Health and co-leader of the Cancer Prevention and Control Program at Markey Cancer Center.

In collaboration with MCCAN — and with a pilot grant from Markey Cancer Center’s Community Impact Office — Stapleton surveyed participants about their perceptions of their hospital’s readiness to implement the changes necessary to build referrals to clinical trials, and held focus groups and interviews to help evaluate the effectiveness of the training.

“The commitment that the MCCAN staff have in training and always looking for meaningful ways to improve patient care is unique,” he said. “Building training programs is very challenging. It takes a certain organizational philosophy to want to do this type of evaluation. As an independent evaluator, I would tell them if a program isn’t working. The fact that they brought me in speaks to the commitment they have.”

Stapleton, who is compiling the final results of the pilot, said participants have been extremely positive about the experience. “They are very engaged, and I am impressed at how much these nurses, navigators and other healthcare providers really roll



Stacey Rittner, RN
Nurse Navigator
St. Elizabeth Cancer Center,
Edgewood

up their sleeves and do the work. After the training, we heard that they felt they were able to utilize some of the take-home points immediately at their facilities,” Stapleton said. “Giving nurses, navigators and clinic staff these strategies very likely will translate into higher clinical trial enrollment. Tracking the numbers is the next step of the science.”

For Cheri Tolle, administrative director of MCCAN, the Clinical Trial Referral Ambassador program is an example of a network-wide initiative that will improve patient care. “The affiliate network staff identified a need and we worked with our sites to develop a program inclusive of all of the sites,” Tolle said. “We are excited to see where this takes us.”

NEW PHARMACY PROGRAM PROVIDES SUPPORT FOR AFFILIATES

Fruquintinib. Ivosidenib. Sacituzumab govitecan. Toripalimab-tpzi. These are just a few of the cancer medications that have received FDA approval in the last few years. To many of us, the drug names are like a foreign language. But for the oncology pharmacists whose hospitals are part of the Markey Cancer Center Affiliate Network (MCCAN), they are integral to their daily vocabulary — a vocabulary that is rapidly expanding, thanks to biopharmaceutical research.

With their specialized expertise in cancer-related medications, oncology pharmacists are crucial in ensuring the safe and effective use of sophisticated chemotherapy regimens, targeted therapies and supportive medications. They collaborate with the healthcare team to personalize treatment plans, help mitigate the risks of adverse drug reactions and educate patients about their medications.

It's a job that is increasingly difficult and particularly complex, which is why MCCAN recently began its Pharmacy Support program. Emily Sekkath Veedu, PharmD, has a dual role with MCCAN and the UK Markey Cancer Center Pharmacy, providing part-time support for affiliate hospitals.

"It wasn't that long ago that there were only a handful of drugs used in cancer. Last year, about one-third of all new drug approvals in the U.S. were for oncology indications," Sekkath Veedu said. "This highlights the value of a pharmacist on a multidisciplinary cancer team."

Sekkath Veedu recognizes the difficulty pharmacists face in the community or rural hospital setting. "Keeping up with new drugs and new policies, updating order sets, meeting clinical and legal responsibilities, understanding provider preferences, counseling patients – it's a lot for anyone," she said. "I'm here to help bridge that gap, to help communicate new policies and NCCN guidelines, to provide templates that are easy for them to use and to connect the affiliate pharmacists with one another."

She also assists with the training of new oncology pharmacists at the sites, hazardous drug handling best practices and serves as a resource for additional drug information for provider education and patient counseling.

Amber Burgess, PharmD, is the first oncology pharmacist at MCCAN affiliates Clark Regional Medical Center and Georgetown Community Hospital. "In the first week, I met with Emily via Zoom and gained access to order sets that UK pharmacists use," she said. "The educational handouts were also really helpful. It would be incredibly difficult on your own."

Burgess, who began her job in August, said a two-day shadowing experience at UK's lung, breast and hematology clinics in Lexington also gave her a chance to meet key contacts and learn from colleagues. "I feel closely connected with UK even though I work at the two community hospitals," she said.

"Some of our affiliates have a full-time oncology pharmacist, but many do not," said Cheri Tolle, administrative director of MCCAN. "Some of the smaller hospitals may have only one pharmacist for the entire facility. Markey has expertise and resources. To provide a point person for support, especially in an area as complicated and ever-changing as pharmacy, is something we really wanted to do. We are hoping to grow the program."

The Pharmacy Support program builds upon an existing annual educational conference for pharmacists. MCCAN and UK Pharmacy Services co-hosted the 4th Annual Kentucky Hematology/Oncology Pharmacy Symposium (KHOPS), which was held in September and attracted both affiliate and non-affiliate pharmacists.



“Adding a part-time, dedicated pharmacist to support the sites is another step in building our partnerships that are helping to keep care at home or close to home for more patients.”

-PHILIP SCHWIETERMAN, PHARM D

Above: Emily Sekkath Veedu, PharmD
Pharmacy Support Services
Markey Cancer Center Affiliate Network
UK Markey Cancer Center

“Pharmacists are at the elbow of the oncologists to help optimize the care of patients, and we are always looking for ways to support them,” said Philip Schwieterman, PharmD, director for Oncology and Pediatric Pharmacy at UK HealthCare. “The conference is one way to provide information. We’ve had speakers on gene-based therapies, hazardous medication handling, specialty pharmacy accreditation, new drug approvals, financial and insurance opportunities and others. Adding a part-time, dedicated pharmacist to support the sites is another step in building our partnerships that are helping to keep care at home or close to home for more patients.”

RETURN TO SCREENINGS

MCCAN BOOSTS EFFORTS TO CLOSE CANCER SCREENING GAP DUE TO PANDEMIC

As the COVID-19 pandemic swept across the world in the early months of 2020, cancer experts watched screening facilities close. They understood that there would be long-lasting ramifications even if services were only temporarily unavailable. In fact, the gap caused by missed and delayed screenings would eventually result in an increase in the numbers of cancers caught at a more advanced stage, when they are often harder to survive.

The numbers are still being quantified, but a study led by the American Cancer Society comparing 2021 screening rates to 2019 rates showed that cervical cancer screenings fell by 4.4 million women, breast cancer screenings decreased by 1.1 million women and screenings for prostate cancer dropped by nearly 700,000 men.

Not surprisingly, the incidence rate fell substantially for most cancer sites in 2020, a fact that drove the Markey Cancer Center Affiliate Network (MCCAN) to brainstorm how to safely deliver screenings and encourage patients to return to routine screening.

“When there is a delay in screenings, not only is it more likely that a cancer will not be caught until it is at a later stage, but it can mean that treatment is more difficult on both the patients and their families,” explained Allissa Anderson, MJ, ODS-C, MCCAN quality program manager. “Our affiliates abide by the Commission on Cancer standards, and we take the standards on prevention and screening very seriously. We began talking about expectations and how to get everyone back on the path to screenings fairly quickly.”

Elizabeth Matera, MD, who is on staff at St. Claire Regional Medical Center, a MCCAN affiliate, recalled when everything stopped. “As a primary care physician, much of my connection with cancer is in the screening process, which came to a halt,” she said. “I feel like the ball has rolled back down the

hill and COVID had a lot to do with it. We need to be as focused on screening as we are on evaluation and treatment.”

“All of our affiliates have worked hard when it comes to promoting screenings and getting the community back on track, and some, like St. Claire, are rock stars,” said Cheri Tolle, MCCAN administrative director. “One of the values of screening is having a baseline, but what’s more important is coming back on schedule and seeing any differences that might occur year after year.”

Tolle said MCCAN offers co-branding and reimbursement to affiliates for screening events to provide support. “The hospitals can use funds to help advertise an event, purchase promotional materials or pay for follow-up mailings to patients. Each site has different needs and we work closely with them to individualize the screening reimbursement program to benefit their community.”

Chelle Gilliam, ODS-C, cancer registrar, and Brittany Blair, APRN, oncology clinical director at St. Claire Regional Medical Center, have staffed special screening events for their community. “We had a lot of success with our Mamm’s Day Out event, with 26 mammograms being performed. For some women, it was their first mammogram,” Gilliam said.

The hospital’s BREATHE Easy Lung Cancer Awareness Event in November resulted in 10 low-dose CT screening exams, and the Pap in a Snap program has helped build awareness of cervical cancer, said Blair. “We ended up doing something like 200 Pap smears, and for a rural area, that is pretty significant,” she said.

St. Claire also partners with DOVES of Gateway, a local safe shelter for victims of domestic abuse, to bring women’s health programming to area residents. More than 100 women attended the “Health. Hope. Healing.” Women’s

Health Event in October. The program uses social media to promote screenings and is exploring ways to simplify the ordering process for healthcare providers.

In addition to facility shut-downs and community fear leading to fewer screenings, there was a direct relationship between COVID-19 incidence and a decrease in screening numbers in some states. A study of six months of screening data in 2020 showed that Kentucky was one of eight states where, as test positivity went up, screenings for breast cancer and cervical cancer decreased. The results were published in *Preventing Chronic Disease*, a peer-reviewed journal sponsored by the Centers for Disease Control & Prevention.

It's a lingering problem. In its 2023 Annual Report to the Nation Part 2, the National Cancer Institute (NCI) repeated the urgency for return to screenings. Monica M. Bertagnolli, MD, director of the NCI, was quoted as saying, "These missed opportunities for early cancer detection are alarming, particularly for those vulnerable populations that continue to face significant barriers in accessing cancer care. This report highlights the urgency in helping all Americans get back on track with their cancer care so that we can avoid unnecessary deaths and complications from cancer."

Kentucky, with its high rates of cancer and large rural population that often have difficulty accessing care, is among the most vulnerable. "We are making strides at our affiliates and some of them have developed really unique programs to encourage people to come in for screenings," Anderson said. "But we can't overstate the importance of staying up to date with screenings. While I think the public's perception about the subject is better, we still have work to do."

Top Right: Chelle Gilliam
Cancer Registrar
St. Claire Regional Medical Center

Bottom Right: Brittany Blair, APRN
Oncology Clinical Director
St. Claire Regional Medical Center





COMMUNITY RESEARCH

RESEARCH

COLLABORATION

Effectiveness and implementation of a health system intervention to improve quality of cancer care for rural, underserved patients.

Principal Investigator: Mary Charlton, PhD

Funding Source: NIH/NCI

Synopsis: This study seeks to use novel, rigorously developed theory-based approaches to adapt MCCAN and establish and evaluate the Iowa Cancer Affiliate Network (I-CAN), a collaborative network intervention to improve cancer care quality in rural hospitals caring for rural, underserved patients. The study also aims to produce the evidence, tools, and guidance necessary to promote diffusion and adoption of the I-CAN intervention in other rural areas. These will include specified core functions (what makes it effective) and forms (activities to carry out functions), adaptation algorithms and characterization of determinants of implementation and influences on effectiveness. The goal of the intervention is to allow rural patients to access high quality comprehensive cancer care close to home, thus reducing travel burden. We help rural hospitals engage in data-driven quality improvement, develop their cancer programs and increase access to comprehensive cancer services.

Three of four hospitals have made progress towards implementing the CoC standards of care. One of the grant hospitals has identified clinicians and coordinators for key roles and has begun hosting tumor board meetings. They are hiring a dedicated nutritionist for the cancer program

and training a cancer registrar for data collection. Their cancer care manager is grateful for their affiliation with I-CAN, stating, "We are excited to continue working with you as a member of the Iowa Cancer Affiliate Network. We are thankful for the relationship we have built and appreciate the motivation that has come from it." A second grant hospital has implemented psychosocial distress and nutritional screening for all its cancer outpatients and created a tool to assess barriers to care. They also hosted a community outreach cancer prevention event. The third grant hospital has developed robust nutrition and psychosocial services and is now working on policies and procedures. Key clinical and coordinator roles have also been identified. A rural critical access hospital in Iowa has asked for assistance in pursuing accreditation. Though not one of the target hospitals, they were offered resources developed for I-CAN hospitals, and made significant progress towards accreditation, including establishing leadership meetings and tumor board.

"Our collaboration with MCCAN has been invaluable. Members of their team have been instrumental in providing expertise to our implementation team in guiding our hospitals through the CoC standards. MCCAN has generously shared resources with the I-CAN team and is always available for questions."

- Lisa Hunter, MSN, RNC, CTR – I-CAN Project Manager

Contact: Mary Charlton, PhD | mary-charlton@uiowa.edu

Left: Dr. Mary Charlton, I-CAN Principal Investigator and Professor in the Department of Epidemiology at the University of Iowa College of Public Health, at the MCCAN annual conference in December of 2023.

BY THE NUMBERS

FAST FACTS



IMPACT

Markey's coordinated efforts have contributed to raising statewide colorectal screening rates by 40% while **reducing cancer incidence and mortality by over 30%**.



NURSE LIAISON PROGRAM

1,410
Total Encounters

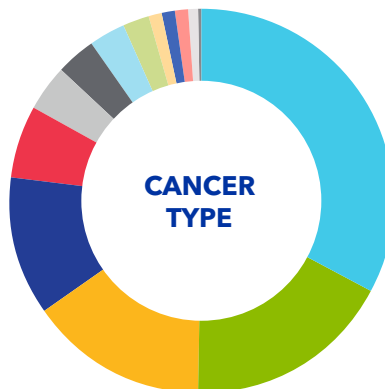
544
Total Referrals

209
Non-Referral Requests

9.8 days
Average Time Referral to Appointment



- 590 Pre-appointment Phone Calls
- 540 Appointment Assist
- 519 Communication w/Affiliates
- 458 Post-appointment Phone Calls
- 121 Records Requested/Sent
- 120 Follow-up Calls to Referring Office
- 110 Medical Concerns Addressed
- 97 Social Work Referrals
- 41 Miscellaneous
- 29 Financial Assistance
- 24 Maps/Directions Provided
- 22 Coordination of Care
- 15 Emotional Support
- 14 Connecting Staff
- 4 Dietitian Referral
- 2 Disability Assist



- 179 GI
- 95 Hematology
- 82 Lung
- 64 Breast
- 32 GU
- 21 Neuroendocrine
- 19 H/N
- 17 GYN
- 11 Skin
- 7 Brain
- 6 Non-Cancer
- 6 Sarcoma
- 4 Unknown
- 1 Ortho

EDUCATIONAL PROGRAMMING

Monthly Webcasts

Spotlight Series

Four sessions (February, April, August, October)

Topics included: Suicidality in serious illness, KY Women's Cancer Screening Program, implicit bias, breast cancer survivorship

Continuing Education: CME, CNE, SW

Physician Masterclass

Three sessions (May, September, November)

Topics included: Nonmuscle-invasive bladder cancer, tumor DNA repair vulnerabilities to parp inhibition, management of AML in the elderly

Continuing Education: CME, CNE, CPE

Oncology Nurse Grand Rounds

Eight sessions (January, February, April, May, June, July, August, November)

Topics included: Immunotherapy of the brain, motivational interviewing techniques in serious illness conversations, impact of Covid on preventative screening in primary care, fertility preservation for oncology patients, creating inclusive care, neuro oncology, cancer care during pregnancy, national marrow donor program

Continuing Education: CNE

Workshops and Conferences

Kentucky Oncology Nurse Education Symposium

Eight presentations (in-person conference) March 10, DoubleTree Suites

Topics included: Culture of gratitude, management of hypertension in patients with cancer, life after cancer: survivorship, financial toxicity, oncology patient navigation, clinical practices in chronic lymphocytic leukemia, oncology social workers and psychosocial care, pain management and opioid use disorder

Participants: 106

Continuing Education: CNE

Making the Connection: Meeting the Needs of Kentucky Cancer Survivors

Three presentations (virtual conference) May 10

Topics included: Kentucky support networks, survivorship needs, building resilience and human connection through the expressive arts

Participants: 67

Continuing Education: CME, CNE, SW, CHW

4th Annual Kentucky Hematology/Oncology Pharmacy Symposium

Seven presentations (hybrid conference) September 8, UK Gatton Student Center

Topics included: Cancer precision medicine initiatives, managing cell and viral vector therapies in the pharmacy, pharmacists roles in palliative care for cancer patients, best of ASCO 2023, evolving landscape of advanced prostate cancer treatment, optimizing treatment of early-stage breast cancer

Participants: 134

Continuing Education: CME, CNE, CPE

2023 Cancer Care Conference

Eleven presentations (in-person conference) December 13 - 14, Central Bank Center

Topics included: what can CCSG comprehensive status do for you, ACTION youth panel, survivorship, utilizing trauma informed care approach, LGBTQ+ and cancer care, providing comprehensive cancer care with a multidisciplinary cancer care team, overcoming disparities in cancer prevention and care, managing high-risk patients for better screening and prevention, malnutrition in oncology patients, biomarker testing, power of storytelling

Participants: 181

Continuing Education: CME, CNE, CPE, SW, CTR, CHES

QUALITY IMPROVEMENT SUPPORT

2023 Oncology Roundtables and Workshops

MCCAN's quality assurance coordinators provided routine opportunities to enhance the work and services of oncology teams.

- **Three virtual Oncology Roundtables**
All of these activities target enhancement of and support for Commission on Cancer accreditation and oncology service line optimization.
- **Four Kentucky Oncology Navigation Network (KONN) meetings**
Membership and meetings are open to all staff that support oncology patients and their families.
- **Five KONN Journal Club meetings**
These meetings are open to all KONN members and MCCAN affiliate staff.
- **MCCAN Behind the Scenes: Social Work and Nutrition Day at the Markey Cancer Center**
On September 22, MCCAN social workers and registered dietitians spent the day learning and networking. Activities included tours of the Markey Cancer Center, a meet and greet with Markey staff, learning opportunities with discussion of current trends in oncology care, and sharing resources focused on nutrition and social work. Nineteen representatives from ten of our MCCAN sites attended.
- **Navigation Ambassador Program**
The aim of this new program is to enhance oncology navigation at MCCAN sites through in-person and virtual education as well as ongoing support from experts in the field.
- **Annual Quality Workshop**
Topics discussed: oral chemotherapy, barriers to care, improving distress screening process, palliative care & NCCN guidelines, social workers, registered dietitians, patient navigation, & CoC standards.

TOP 10 HIGHLIGHTS FOR 2023

1

MCCAN hosted the first Kentucky Oncology Nursing Education Symposium in March.

2

The MCCAN Navigation Ambassador Program established its first cohort of 20 ambassadors from 14 MCCAN sites and one community partner.

3

MCCAN collaborated with Oncolens to host three national “Expert-Led” webinars on breast, lung, and ovarian cancers through an education grant from AstraZeneca.

4

Dr. Mullett represented MCCAN and Markey at the Cancer Moonshot Smoking Cessation Forum at the White House in Washington DC in June.

5

The MCCAN Pharmacy Support Program was established to provide network-wide support and individualized attention on chemotherapy and treatment resources.

6

Markey was awarded NCI Comprehensive Cancer Center designation in September and all 19 MCCAN sites celebrated with deliveries of t-shirts and cookies!

7

MCCAN's Behind the Scenes (BTS) program was revamped to focus on discipline-specific attendance and hosted the first BTS for nutritionists and social workers at Markey in September.

8

St. Elizabeth Healthcare received the 2023 Innovator Award from the American Association of Community Cancer Centers.

9

The Kentucky Oncology Navigation Network was awarded chapter of the year by the Academy of Oncology Nurse and Patient Navigators.

10

Meadowview Regional Medical Center received initial CoC accreditation in December, resulting in all MCCAN sites being CoC accredited for the first time in MCCAN's 17-year history.



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