

## **Choosing Priority Cancers in a Catchment Area: Data, Community, Impact and Feasibility**

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### **1. Background**

Cancer centers are encouraged to identify a catchment area (CA) and within that CA, priority cancers that the cancer center focuses on in terms of research, education and Community Outreach and Engagement (COE). Concern has risen regarding what the “right” number of priority cancers are, should risk behaviors be included and if priority populations should also be included in this description. Since no guidance is provided, centers are self-defining this across the board, causing problems in review.

### **2. Goals**

This paper focuses on an example of using CA data, community input, impact of research, and feasibility of addressing cancers, risk behaviors and priority populations in establishing priority cancers for one cancer center, the Ohio State University Comprehensive Cancer Center (OSUCCC).

### **3. Solutions and Methods**

CA data for the state of Ohio were obtained from the Ohio Cancer Incidence Surveillance System (OCISS) and used to identify the top 10 types of cancers for incidence and mortality as well as where disparities are seen by racial and geographic (metro vs non-metro counties) groups. Risk behaviors that were also highly prevalent and/or different in these population groups and were amenable to intervention were selected. A community advisory board (CAB) reviewed the results as did cancer center and program leadership. Impact was assessed in both research programs as well as COE metrics. Differences in opinions of what should be included were identified.

### **4. Outcomes**

From data obtained through OCISS, the top four cancers in the CA were lung, breast, colorectal, and prostate, with disparities seen in these top four between Black and white populations as well as metro and non-metro populations. Uterine cancer is increasing and is the fifth most diagnosed cancer; pancreatic and ovarian are fifth and sixth leading cause of cancer death, respectively, with leukemia as seventh. Cancer center program leadership suggested including thyroid, as a large thyroid cancer research program was funded at that time. For risk behaviors, smoking, obesity, and HPV prevalence were documented as higher than U.S. average in the CA, and there were active research programs in these areas. CAB members endorsed all cancers and risk behaviors that the data and researchers identified: lung, breast, colorectal, prostate, thyroid, uterine, pancreatic, and ovarian cancer, as well as leukemia with risk behaviors of smoking, obesity, and HPV. Metrics for impact were then identified within each research program and COE.

### **5. Lessons Learned and Future Directions**

Cancer centers need to identify priority cancers within their respective CA. Using data from the CA is a solid method to address “big” cancers; however, research program leadership stressed the importance of including cancers and risk behaviors with large research focus, and community members agreed to have many cancers/risk behaviors of focus. Metrics of impact to demonstrate true focus on these priority areas are important for review and could be of various types—qualitative and quantitative—to demonstrate feasibility of multiple priority cancers and risk behaviors of focus. This methodology should

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help with review as well as help address cancers and risk behavior of concern for the community and researchers in the CA.