

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

The James

THE OHIO STATE UNIVERSITY  
COMPREHENSIVE CANCER CENTER

Electra D. Paskett, Ryan D. Baltic, James L. Fisher, and Chasity M. Washington  
The Ohio State University Comprehensive Cancer Center

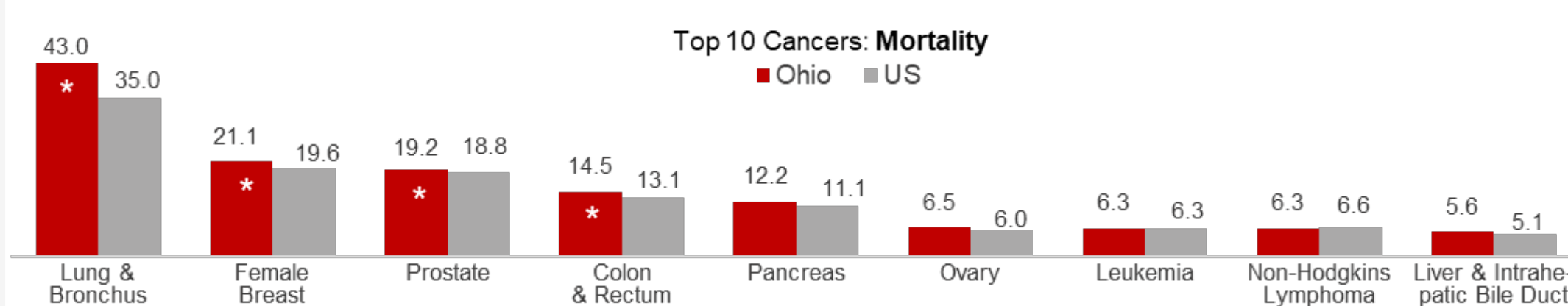
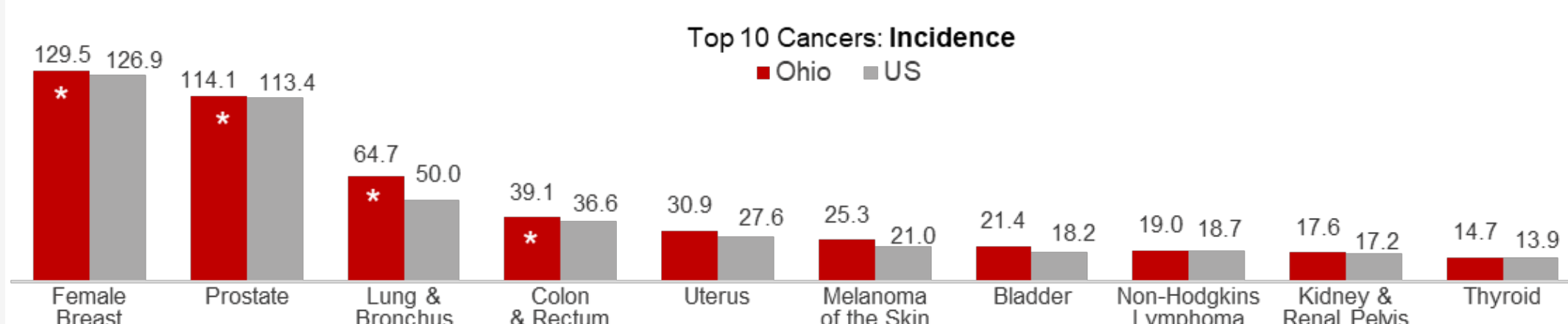
## Background

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.

**Goal:** By using CA data, community input, impact of research, and feasibility of addressing cancers, risk behaviors and priority populations, priority cancers were established for one cancer center, the Ohio State University Comprehensive Cancer Center (OSUCCC).

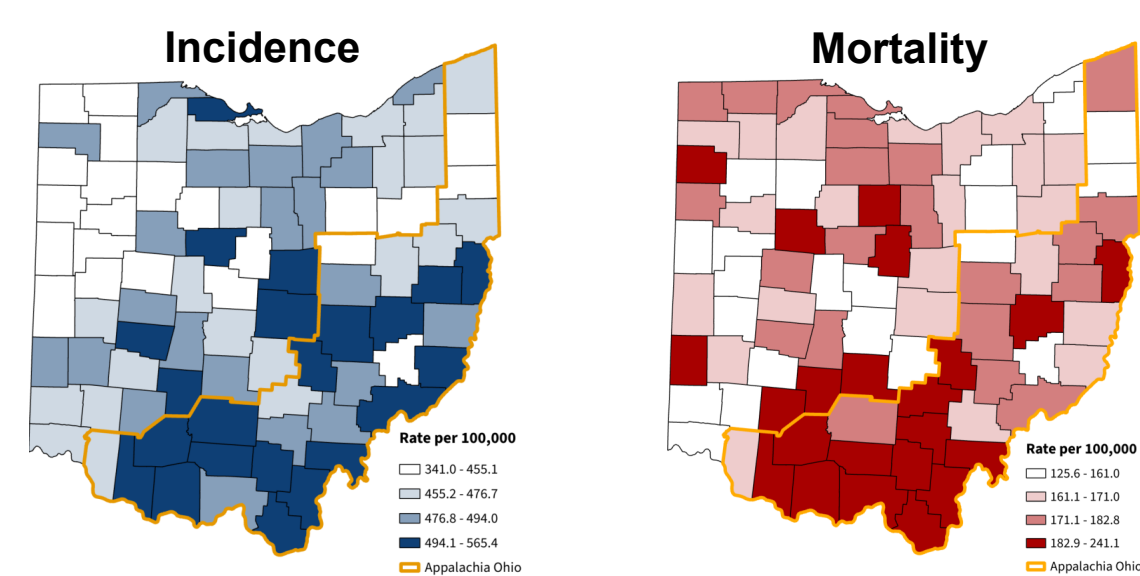
## Data

Average Annual Age-adjusted Incidence and Mortality Rates per 100,000 in Ohio and US for Leading Cancer Sites/Types, 2016-2020



\*Disparities (Race or geography)

Average Annual Age-Adjusted All Cancer Incidence and Mortality Rates in Ohio by County, 2017-2021



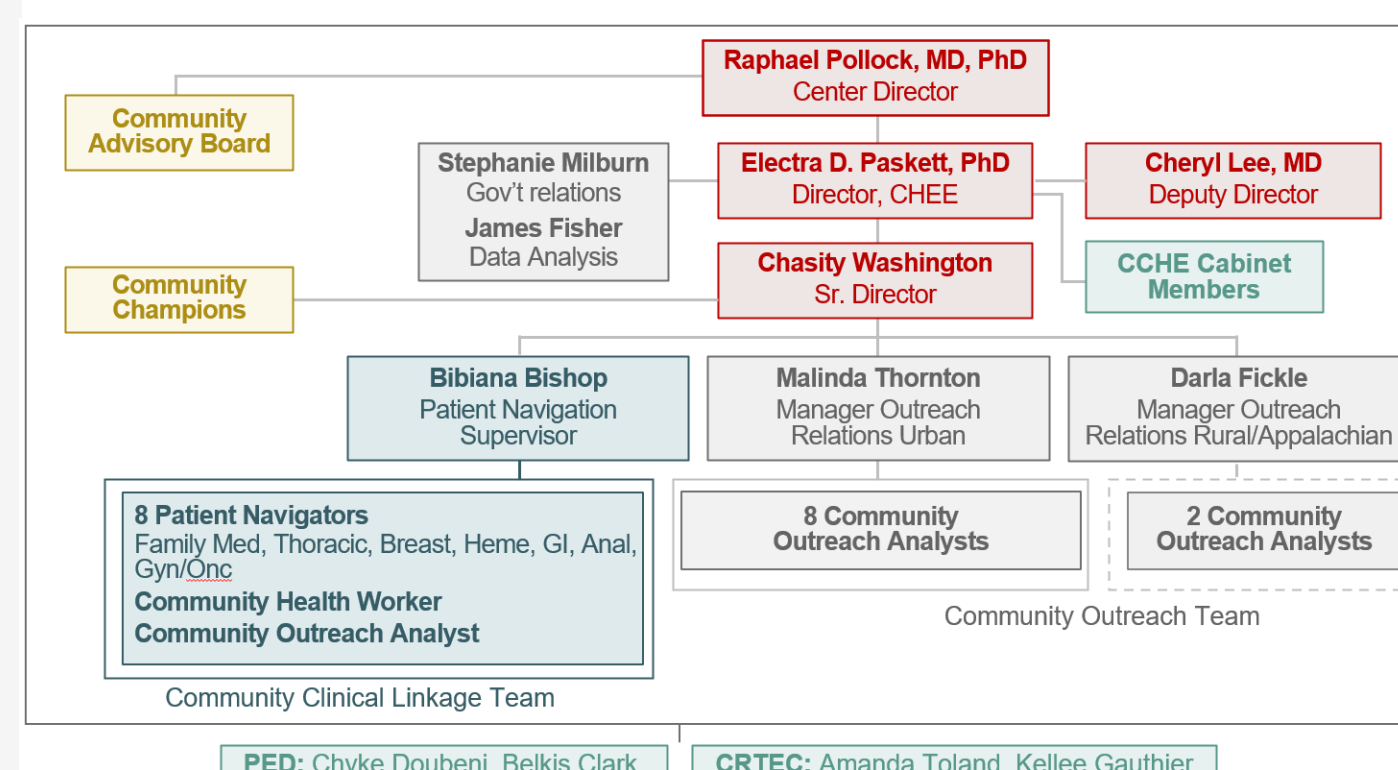
Characteristic	Ohio	US
Age 65+	17.8%	16.8%
Below Poverty Level	13.4%	11.6%
Age <65 w/ Health Insurance	92.2%	90.2%
College Degree	29.7%	33.7%
Foreign Born	4.8%	13.6%
Hispanic/Latino	4.3%	18.9%
Race		
White Alone	81.2%	75.8%
Black Alone	13.2%	13.6%
Asian/Pacific Islander Alone	2.8%	6.4%

US Census and Quick Facts, 2022

## Methods

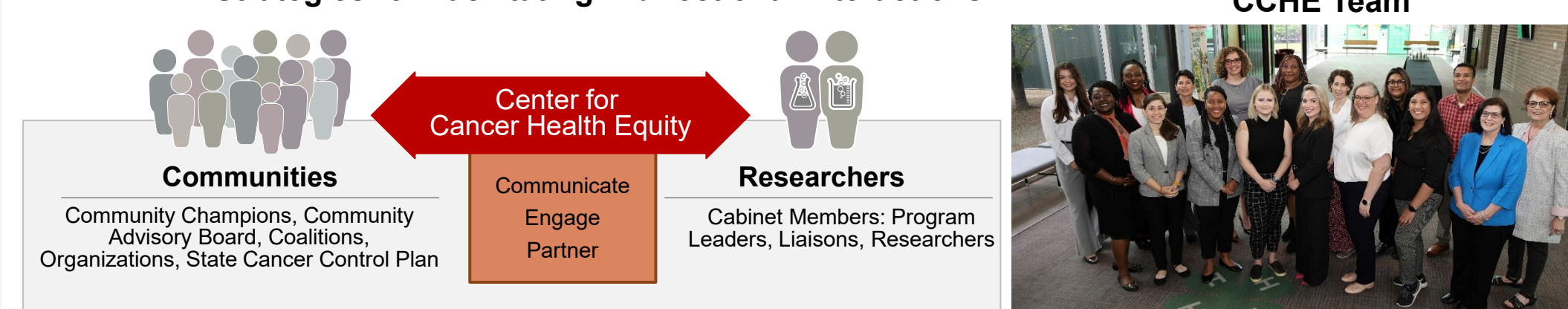
The Ohio State University Comprehensive Cancer Center (OSUCCC) identifies the state of Ohio as its catchment area (CA). Priority cancers are determined by OSUCCC by evaluating the CA data, research and education activities, and engagement with community members, partners and organizations.

Center for Cancer Health Equity Organizational Chart



The Center for Cancer Health Equity (CCHE) is the COE office for the OSUCCC.

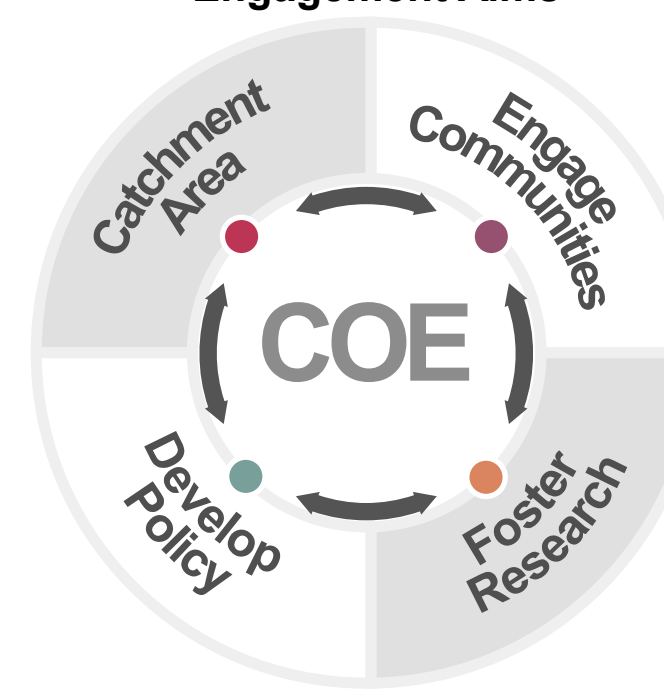
CCHE Strategies for Facilitating Bidirectional Interactions



## Community Advisory Board

Name, Title	Organization
Sabrina Horton, Chief External Affairs Officer	YMCA
Gene Bailey, Faith & Neighborhood Liaison	Center for Public Health Innovation, Columbus Public Health
Jonathan Bentley, Executive Director	African American Male Wellness Agency
Dr. Tegan Vaughn, Director of Gender-Affirming Care	Equitas Health
Lita Wills, Commissioner, Health Equity & Social Justice	Cleveland Department of Public Health
Rachel Aeschliman, RN, BSN Director of Nursing	Williams County Health Department
Hibo Noor, Health Program Manager	Office of Minority Health, City of Columbus
Gracie Hemphill, Director of Strategic Initiatives	United Way of Clark County
Van Nelson, CEO	Trumbull Community Action Program
Kerri Shaw, CHW, Program Coordinator	Ohio Alliance for Population Health
Bounthanh Phommasathit	Community Advocate
Jowanda Cockrum	Survivor

Community Outreach & Engagement Aims



Evaluation Logic Model with Metrics

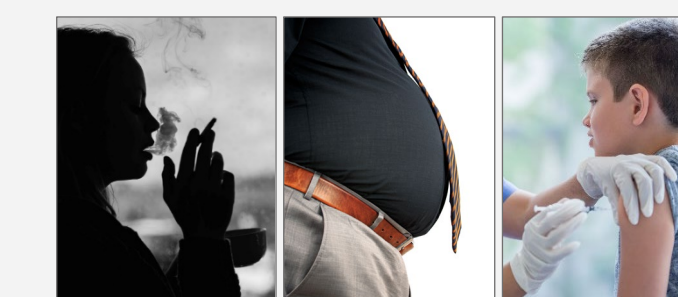
Over 150 partners



## Results

### Priority Cancers and Risk Factors

Cancer Biology	<b>Most Prevalent Cancers (incidence and/or mortality):</b> <ul style="list-style-type: none"> <li>Lung</li> <li>Breast</li> <li>Colorectal</li> <li>Prostate</li> <li>Leukemia</li> <li>Thyroid</li> <li>Uterine</li> <li>Pancreas</li> <li>Ovary</li> </ul>	<b>Risk Factors:</b> <ul style="list-style-type: none"> <li>Smoking</li> <li>Obesity</li> <li>HPV – cervical and oral cancers</li> </ul>
Cancer Control		
Leukemia and Hematologic Research		
Molecular Carcinogenesis & Chemoprevention		
Translational Therapeutics		



### Impact of CCHE on Priority Cancers

- CCHE conducted over 300 educational sessions reaching over 27,000 people; facilitated 4,840 **breast** cancer screenings, 518 to **cervical** cancer screenings and enrolled 2,525 women on the Ohio Breast and Cervical Cancer Early Detection Program.
- Patient Navigators navigated about 7,500 patients.
- Two **lung** screening events held with two abnormal scans.
- COE-led mobile **mammography** events screened 3,115 women, with 181 abnormal findings navigated to diagnostic resolution, and one **breast** cancer detected.
- Over 400 guided tours were given of the inflatable **colon** display.
- 12,000 letters sent to healthcare providers and dental professionals on the importance of **HPV vaccination**.
- Adolescent **HPV vaccination** rates in Ohio increased from 49.6% in 2019 to 62.7% in 2022.
- Minority accrual for interventional studies has increased from 9.6% in 2019 to 17.4% in this last year.



### Conclusions 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 a large research focus, and community members agreed to include many cancers/risk behaviors of focus. Metrics to demonstrate impact on these priority areas are important to demonstrate feasibility of multiple priority cancers and risk behaviors of focus in a CA. Cancer centers should assess impact within COE and research programs.