A Letter From the Director

While you would typically receive this annual report in the spring, the coronavirus disease 2019 (COVID-19) threw our lives an unexpected curveball when it was declared a worldwide pandemic in early March. We have all needed to adjust to a new way of conducting business, responding to the needs of the community and reprioritizing projects. Though COVID-19 significantly delayed the annual report timeline, we are excited to share the great work our MCA members and partners have been engaged in these last couple years.

More than a decade ago, the Midwest Cancer Alliance was formed with a lofty mission to advance the quality and accessibility of cancer care in the Heartland. During this time, the science driving our understanding of cancer and how to prevent, identify, and treat the disease has evolved greatly, and with it, so have we. From screenings to continuing education, clinical trials to telemedicine, our shared success is not only measured in metrics, it’s measured in the extended and improved lives throughout Kansas and western Missouri.

With improvements in cancer care, the number of cancer survivors has grown, along with the need to provide dedicated, comprehensive survivorship care. I invite you to learn more about the MCA’s efforts to support cancer survivors in this report, patient research advocacy training, the Survivorship Transition Clinic, and more.

Our reach has also grown — and most notably deepened — throughout the region. The MCA has transformed from five founding members to a network of 17. The collaborative and bi-directional relationship with members is the true differentiator of the MCA and the root of our continued success.

Our cancer screening events are core to our mission and have changed countless lives. The Kansas Masonic Foundation has supported MCA efforts since our founding and has sponsored screenings in partnership with local members. Having seen firsthand how impactful these events are, the Kansas Masons decided to further their commitment with a $5 million gift that permanently endows the MCA, providing long-term sustainability. In recognition of the gift, the Midwest Cancer Alliance officially changed its name to the Masonic Cancer Alliance last fall.

The current year has been challenging. In addition to COVID-19, these last months have brought about repeated and senseless tragedies for the Black and African American community. Health inequities among racial minorities continue to be pronounced and pervasive, with racism being one cause. As we look ahead to another decade-plus of growing the MCA to ensure that people across the Heartland have access to the highest quality cancer care, we will continue to stand against racism, supremacy, hate crimes and oppression everywhere in our country. And we must continue to address the systemic racism that plagues our country by being allies and advocates for justice.

Gary C. Doolittle, M.D.
Gary C. Doolittle, M.D.
Medical Director, Masonic Cancer Alliance
Celebrating a Decade of Progress

23,000+ individuals screened during free cancer screening events

400+ participants enrolled in treatment clinical trials

800+ individuals enrolled in biobanking registries

17 hospitals & health care partners across Kansas & western Missouri

29,000+ continuing education hours offered through MCA

6.9 million dollars in direct spending & economic activity

45 jobs brought to the region as a result of the expansion of clinical trials through MCA

“The MCA is an essential part of our outreach efforts in KU Cancer Center’s catchment area. Providing access to clinical trials and helping communities across the region with screenings, education and cancer prevention programs are all part of our responsibility as an NCI-designated cancer center.”

– Roy Jensen, M.D.
Director of The University of Kansas Cancer Center and Chief Executive Officer of MCA

Learn more about the MCA’s 10-year anniversary:
masoniccanceralliance.org/mca-news/10-year-anniversary.html
Cancer Screening Numbers

Since its inception in 2008, MCA has provided free cancer screenings to more than 23,000 individuals. Many of the screening events have been conducted with support from and in collaboration with the Kansas Masons. The events have included screenings for skin, prostate and oral cancer; colon cancer home screening tests; bone density screenings; body mass index (BMI) assessments; and more. Of those individuals screened, more than 23% have been advised to follow-up with their primary care physician due to abnormal findings. These screenings have impacted thousands of lives across the state, leading to early detection of many cancers, which — in turn — plays a significant role in successful treatment.

23,344 individuals screened, 2008-2019

Cancer Registrar Series

Masonic Cancer Alliance member sites have staff members with specific continuing education (CE) and accreditation needs, including cancer registrars.

At the suggestion of MCA members, a cancer registrar CE series was developed. Masonic Cancer Alliance members provided requests for topics, and MCA identified speakers and secured accreditation for the series specific to cancer registrars. The recorded series is available for ongoing use within the cancer registry group. The response to the free program has been overwhelming, as professionals across Kansas and Missouri who did not previously have access to CEs have now been accredited, elevating the quality of care across the region.

Since the program began in March 2018, MCA has provided 173 hours of CE credit through the University of Kansas Area Health Education Center and the National Cancer Registrars Association.
Cancer impacts everyone — across race, socioeconomic status and geography — but there is a lack of diversity in the biospecimens collected for cancer research. As precision medicine continues to move to the forefront of oncology patient care, better representation in research of all patient populations and communities is imperative. Having extensive and diverse biospecimens is a key step in this movement. In 2015, Truman Medical Centers, a Kansas City-based MCA member, joined forces with MCA and The University of Kansas Cancer Center’s Biospecimen Repository to address this issue by developing the biobank at Truman.

“If we’re going to give everyone a chance to access personalized medicine, we need to have everyone represented in the research,” said Hanluen Kuo, MCA’s biobank outreach manager.

The last three years have been spent gathering specimens and developing processes and efficiencies. Nearly all patients who are eligible to donate to the Truman biobank enroll. The specimens are available to researchers nationally while also sparking research ideas locally at Truman. Looking beyond the successful launch of the biobank, the team is focused on increased efforts to share the specimens for research.

“Truman has been able to contribute to cancer research nationally, and it’s been a tremendous way for a local medical center to have a national impact,” said Kuo. “And we know that patients have been happy to have a way to give back and help others in a similar situation — it’s very gratifying for everyone involved.”

With both suburban and urban populations represented now, Kuo would ideally like to add a biobank in a rural area to further help make an impact on cancer research disparities.
Midwest Cancer Alliance Becomes Masonic Cancer Alliance

In recognition of a generous gift of $5 million from the Kansas Masons to support efforts to prevent cancer and improve people’s lives, the Midwest Cancer Alliance became the Masonic Cancer Alliance in 2019. The gift is attributed to 15,000 Masons across Kansas coming together through more than 200 lodges statewide.

Enduring Partnership

In 2016 the Kansas Masonic Foundation (KMF) committed to providing additional support for MCA’s efforts to improve the health of the region. The KMF began providing the additional support to KU Cancer Center and the MCA’s cancer research and education activities in the spring of 2019.

The Kansas Masons have supported KU Cancer Center for more than 40 years, contributing more than $30 million to KU Cancer Center research. They have focused their support on the Cancer Center’s goal of improving the health of the region and obtaining comprehensive designation from the National Cancer Institute. This new gift will allow the MCA to continue to support rural research and provider education as well as expand to support cancer control research efforts in primary care.

Improving the Lives of Kansans

According to Roy Jensen, M.D., director of The University of Kansas Cancer Center and chief executive officer of the MCA, “The Foundation has sponsored and hosted numerous cancer screenings in partnership with local MCA members throughout the past decade. Seeing firsthand the impact these screenings have had on the health of Kansans inspired the Kansas Masons to further their commitment with a $5 million gift that will permanently endow the MCA. The long-term sustainability of the MCA — as the outreach network of KU Cancer Center — and the support for cancer control efforts this gift offers cannot be underestimated.”

The Masonic Cancer Alliance continues to serve its members under guidance by the MCA Partners Advisory Board and with input from MCA’s Community Advisory Board.
“The Kansas Masonic Foundation has supported MCA efforts since its founding.”

– Brooke Groneman
Outreach Director at MCA
Masonic Cancer Alliance Dedication

In December 2019, the Grand Master of the Kansas Masons and his officers performed a traditional Masonic ceremony to dedicate the Masonic Cancer Alliance office in Fairway, Kansas. The MCA staff were proud to witness such a special ceremony and extremely honored to share the evening with so many Kansas Masons and MCA stakeholders. The MCA continues to be incredibly grateful to the Kansas Masons for their generous donation and for their continued partnership with MCA in the fight against cancer.
MCA’s Reach Through Partnerships

Partnership and collaboration are at the core of the Masonic Cancer Alliance mission. The Masonic Cancer Alliance members have a unique community of practice, with shared learning that elevates care. The commitment to partnership extends beyond MCA members, to the creation of collaborations that meet the needs and increase the depth and breadth of cancer prevention, identification, treatment and care offerings throughout the Heartland.

Developing Partnerships to Address MCA Member Needs

Patient navigation is a relatively young field that rounds out comprehensive care for patients. Training by a national organization ensures that people are getting high quality navigation support. The MCA’s partnership with the Academy of Oncology Nurse & Patient Navigators (AONN+) started in 2018 following discussions around the need to expand opportunities for nurse navigators and patient navigators to access certification programs, which were typically only offered at the AONN+ annual meeting. The partnership led to the creation of a wide range of professional development opportunities, including a collaborative quarterly webinar series with MCA members providing input on the topics and AONN+ providing accreditation. The webinar series is archived and available for ongoing use for MCA and AONN+ members. In addition, MCA members are provided a regular opportunity to network with peers across the region.

Helping Expand Patient Navigator Programs

Rural community hospitals want to establish patient navigation programs, but they need resources to help get started. The MCA addressed this need through a Kansas Survivor Care Quality Initiative (KSCQI) grant from the Kansas Department of Health and Environment, funded through the Centers for Disease Control (Cooperative Agreement number DPI7-1701). The Patient Navigation Toolkit is an evidenced-based regional toolkit available to all Kansas Cancer Partnership and MCA members. The toolkit provides ideas on how to create a customized program, including videos from MCA member patient navigators. Although the toolkit is regionally focused, it incorporates national guidelines and has been used by area hospitals to initiate their own patient navigator programs.
Sharon Pontious spent her career as a teacher, adapting over the years to many changes in education. So when it came to adapting to changes in the way healthcare is delivered, Ms. Pontious was ready and willing to try something new.

Breast Cancer Diagnoses

Diagnosed in 1998 with breast cancer, Ms. Pontious underwent a lumpectomy, chemotherapy and radiation, and was on a common breast cancer therapy for several years. Her treatment went well, and she was eventually told she had no greater chance of recurrence than anyone else.

In 2017 — 19 years after her initial diagnosis — Ms. Pontious went to see her physician in her hometown of Hiawatha, Kansas, for hip pain. Something suspicious on the X-ray Ms. Pontious’ local physician, Julie Rosa, M.D., ordered led Dr. Rosa to send her to the University of Kansas Medical Center in Kansas City, 90 miles from Hiawatha, for a biopsy. That biopsy confirmed metastatic breast cancer.
Oncology Care via Telemedicine

After her 2017 diagnosis, Ms. Pontious connected with Adrian Caracioni, M.D., an oncologist at The University of Kansas Health System St. Francis Campus in Topeka. She learned of telemedicine — interactive televideo technology that allows healthcare services to be delivered from a distance — and how it was being utilized for cancer care from Dr. Caracioni and Kelly Knoebber-Carr, a research coordinator at The University of Kansas Health System St. Francis Campus. And then she learned about the possibility of participating in a clinical trial open at The University of Kansas Cancer Center via telemedicine, an opportunity to be the first patient in Kansas to enroll and participate in a clinical trial through telemedicine.

She was immediately open to the possibility of receiving care for her cancer through a computer. Ms. Pontious felt that telemedicine provided another option for state-of-the-art cancer treatment, one that made it possible for her to avoid traveling to Kansas City for care. In addition to Dr. Caracioni’s endorsement, Dr. Rosa, her physician in Hiawatha, was incredibly supportive of the idea of care delivered via telemedicine.
Though the telemedicine component had to be conducted in Topeka, the 140-mile roundtrip drive from Hiawatha to Topeka was still easier and shorter than the 180-mile one from Hiawatha to Kansas City. And Ms. Pontious was much more comfortable navigating the hospital in Topeka than she was trying to find her way around KU Medical Center in “the big city.”

Ms. Pontious stated, “I would have been sitting on the side of the road crying trying to drive in Kansas City and find my way around [KU Medical Center].”

Innovative Clinical Trial Delivery
Utilizing telemedicine to offer a clinical trial open at KU Cancer Center to a patient at an MCA member site was an idea conceived by Dr. Gary Doolittle, MCA’s medical director and a medical oncologist at The University of Kansas Cancer Center. Considered by many to be a tele-oncology pioneer, Dr. Doolittle has been providing cancer care by telemedicine for more than two decades.

Dr. Doolittle first met Ms. Pontious over the telemedicine system in July 2017; she began treatment per the clinical trial protocol the following month. Having Ms. Pontious participate in the clinical trial via telemedicine involved a three-step consent process. First, she consented to be seen via telemedicine by Dr. Doolittle. Next, she consented to participate in the clinical trial. Finally, she consented to participate in the clinical trial via telemedicine.

“I had a lot of trust in the nurses and the social workers at St. Francis,” stated Ms. Pontious, “and Dr. Doolittle is great.” Kelly Knoebber-Carr, research coordinator at The University of Kansas Health System St. Francis Campus, had a great deal of confidence and trust in Ms. Pontious as well. “Clinical trials often require additional care for timing of appointments and medications, and she was always very willing to do whatever was necessary while being very patient with the process.” Ms. Knoebber-Carr also credits Dr. Doolittle with the success of their telemedicine visits. “He talks slowly and clearly, which is so important in this kind of situation. And he doesn’t speak over people.”

Ms. Pontious echoed Ms. Knoebber-Carr’s sentiments about Dr. Doolittle, stating, “It’s noticeable that he takes his time. He’s easy to ask questions to, and he doesn’t rush through any questions.” In large part due to Dr. Doolittle’s telemedicine expertise and demeanor, no challenges occurred with the technology during Ms. Pontious’ clinical trial participation.

Benefits of Virtual Clinical Trial Participation
Travel can be a physical, emotional and financial burden on patients with cancer. While removing the need for travel, telemedicine highlights one of the greatest advantages of MCA membership — access to more care options close to home. Having the opportunity to participate in a clinical trial via telemedicine made Ms. Pontious feel like she was “getting state-of-the-art care and expert advice from a top-notch doctor.” That state-of-the-art care is something she might not have had access to in the absence of telemedicine and without MCA member site The University of Kansas Health System St. Francis Campus offering the clinical trial closer to home for Ms. Pontious.

Though this was her first time participating in a clinical trial — a clinical trial conducted through a computer at that — Ms. Pontious had no reservations about enrolling. And she’s glad she didn’t. The clinical trial has been a good fit for her, and she likes to think her participation will help others down the road.

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Clinical Trial Accrual

Over the last two years — 2018 and 2019 — Tammy Walker Cancer Center at Salina Regional Health Center and Olathe Health have been two of the highest clinical trial accrual MCA sites. The MCA recognizes and appreciates the efforts of the many staff members at our Clinical Research Partner sites who are involved with enrolling participants in cancer research studies.

Rural NCORP Grant

The University of Kansas Cancer Center and the MCA were awarded a grant to expand the reach of cancer clinical trials to rural communities in Kansas and western Missouri. The six-year grant designates the team as a minority/underserved (MU) community site of the National Cancer Institute’s (NCI) Community Oncology Research Program (NCORP). Of 14 sites in the United States, the KU Cancer Center/MCA is the only site that focuses on rural communities. As an NCORP MU community site, KU Cancer Center and MCA will accrue individuals to NCI-approved cancer clinical trials and research studies that encompass cancer prevention, screening, supportive care and symptom management, treatment, quality of life and cancer care delivery. This award recognizes the efforts of MCA members to increase access to clinical trials.

“We need to ensure that people across our area have access to the highest quality cancer care. This grant enables us to help do just that.”

— Gary Doolittle, M.D.
NCORP grant co-principal investigator with Priyanka Sharma, M.D.
With help from the MCA, The University of Kansas Cancer Center and its Patient and Investigator Voices Organizing Together (PIVOT) team hosted an introductory training workshop in December for individuals who wanted to learn more about the patient research advocacy program. The PIVOT program is an initiative that aims to bring greater community and patient engagement to all aspects of KU Cancer Center’s research efforts. The purpose of the workshop was to inform the community about patient research advocacy and recruit new PIVOT members.

According to PIVOT program manager Sara Douglas, MSN, RN, OCN, only a few National Cancer Institute (NCI)-designated cancer centers have similar patient research advocate programs that include a balance of diversity of cancer types and stages, ranging from those at high risk due to genetic disposition or family history to those with metastatic cancer.

More than 40 individuals participated in the workshop. Presenters included KU Cancer Center Director Roy Jensen, M.D.; Jennifer Klemp, Ph.D., MPH, MA, co-leader of KU Cancer Center’s Cancer Prevention and Survivorship research program; and Danny Welch, Ph.D., breast cancer researcher and associate director of education at KU Cancer Center.

The curriculum covered the basics of cancer research as well as the role of a patient advocate. It also emphasized that research extends beyond clinical trials. Researchers from KU Cancer Center conduct research in the lab, in the clinic and out in the community. Together, researchers and patient advocates share the same goal of advancing care, improving quality of life and enhancing survivorship.

“I have learned that I really am an expert on the patient experience, and researchers find that valuable. I have been asked to share the experiences of cancer patients with research teams. I am grateful that researchers really listen and will change their approach based on what I share,” said Michele Longabaugh, workshop presenter and PIVOT member since 2016.

“PIVOT is an evolving community of patients, families and caregivers learning and working with researchers throughout KU Cancer Center’s research decision-making process,” said PIVOT member Cheryl Jernigan. “Since its founding in 2016, our members have been engaging in meaningful partnerships, shared understanding, and ongoing communications with cancer researchers.”
Additional PIVOT initiatives include the Rapid Reactor Team, which provides immediate feedback from patient research advocates to researchers on study design, recruitment strategies and data collection methods. Members are also compiling a library of educational resources to help patients learn more about cancer research advocacy as well as a toolkit to assist in researcher/advocate partnerships.

“With the ultimate goal of creating real partnerships between patient research advocates and researchers, PIVOT will continue to focus on educating researchers and advocates about effective patient-researcher collaborations and identifying and developing tools to support these partnerships,” Douglas said. “The workshop effectively informed a large number of people about this important initiative, and we look forward to seeing how these partnerships will energize our center’s cancer research efforts.”
The advent of a vaccine to prevent cancers associated with human papillomavirus (HPV) was a breakthrough advancement in cancer prevention. Yet HPV vaccination rates are needlessly low in the Midwest. According to the Centers for Disease Control and Prevention, only 34% of adolescents in Kansas and 39% in Missouri are up to date on HPV vaccination compared to 49% nationally. Two leaders at Children’s Mercy Kansas City are on a mission to reverse this trend and save lives.

“The answer to eliminating cervical cancer is to make it part of routine care,” said Angela Myers, M.D., MPH, FAAP, FPIDS, Director, Division of Infectious Diseases, and Associate Director, Pediatric Infectious Diseases Fellowship Program, at Children’s Mercy. “However, there is hesitancy among providers and parents to mention the HPV vaccine. It is perceived as a gateway to sexual activity, yet it should be part of basic medical care.”

Dr. Myers partnered with Children’s Mercy Kansas City’s Andrea Bradley-Ewing, MPA, MA, Director, Community Engaged Research, Health Services and Outcomes, to build a community coalition to identify priority public health issues. The community coalition, supported through funding from a Patient-Centered Outcomes Research Institute (PCORI) grant, agreed to focus on addressing HPV vaccines to prevent HPV-associated cancers.

They were able to identify partners and establish a diverse advisory board representative of all aspects of the care team — including adolescent patients, parents, a school nurse, a health department nurse, a pediatrician, members of faith-based and community organizations and a cancer survivor. Through funding from an MCA Partners Advisory Board grant, Myers and Bradley-Ewing were also able to develop their research study to assess two strategies for HPV vaccination support and pilot it at four pediatric practices.

“Our study wants to find out — if HPV is bundled as one of three vaccines that are necessary and not presented as optional — if there will be a higher rate of vaccination,” said Dr. Myers. “Before joining this study, some practices had no idea their vaccination rates were so low. We hope to see improvements in these rates,” said Bradley-Ewing. “We are already seeing that the practices are very interested to be part of a research study for the first time and appreciate being part of something bigger that will hopefully make a difference.”

“One of the great things about a grant from MCA is that it gives the foundational support to test a research question first, which makes an NIH grant much more feasible,” said Dr. Myers.
HPV Quality Improvement Project Shows Results

Providing the human papillomavirus (HPV) vaccine at the same time as the tetanus, diphtheria and pertussis (Tdap) vaccine — which is required for seventh through twelfth grade students in Kansas — has the potential to increase low HPV vaccination rates. The MCA facilitated training at The University of Kansas Health System’s primary care practices to encourage healthcare providers to announce a child is due for three vaccines — Tdap, HPV and meningococcal — and to provide the vaccinations concurrently. The approach resulted in a 7% increase in concomitant HPV/Tdap vaccination rates.

Batool Abu Ghazal, MPH, MBBS, who led the project, notes this simple intervention is effective, but further research is needed to identify additional barriers to HPV vaccination, including a lack of public education and awareness.
Cancer survivors have unique medical needs and ongoing concerns, ranging from fear of recurrence to dealing with long-term effects of treatment. Masonic Cancer Alliance members are leading efforts to identify and address the medical and psychosocial needs of cancer survivors through a range of programs.

**iSurvive: Tools for Primary Care Providers**

While the number of cancer survivors increases, the number of practicing oncologists has held steady, creating a need for cancer survivors to receive their medical care from general practitioners. This is especially true in rural and underserved areas. Through a Kansas Survivor Care Quality Initiative (KSCQI) grant, led by Jennifer Klemp, PhD, MPH, MA, and funded by the Kansas Department of Health and Environment (funded through the CDC Cooperative Agreement DP17-1701), MCA created a Kansas-specific version of the iSurvive program, which was originally developed at the University of Colorado in partnership with an advisory group of cancer survivors. iSurvive is geared for primary care practices and includes information on how to identify and incorporate guidelines for survivorship care into their practice.

Dr. Allen Greiner of Kansas Patients and Providers Engaged in Prevention Research (KPPEPR) invited seven rural primary care practices to the iSurvive program. The evidence-based program has provided continuing education trainings to nearly 120 health care team members so they can help identify survivors and resources to address their unique needs. Participating practices were provided robust guides to share with their patients who are cancer survivors. The patient guides include information about survivorship as well as suggested questions to ask their health care team.

Program evaluations found that prior to the trainings the participants ranked low in their confidence in identifying resources for cancer survivors — two on a scale of one to five. Following the iSurvive training, participants ranked their confidence at a four. iSurvive recently expanded to LMH Health in Lawrence, Kansas, and MCA is seeking grants to continue to expand the reach of this important program.

**KPPEPR Implements Cancer Survivorship Care Plans**

Cancer survivors are at higher risk for recurrence and may continue to experience treatment side effects for many years that many primary care providers, especially in rural areas, are not fully equipped to manage. KPPEPR (Kansas Patients and Providers Engaged in Prevention Research), a practice-based, collaborative research network, has implemented a cancer survivorship curriculum and care plans in rural primary care settings to research and address the special needs of cancer survivors, providing Kansans access to high quality care.
Survivorship Transition Clinic: A Path for Young Adults

Kids who survive cancer have experienced great upheaval and uncertainty. Usually, one constant in life is the healthcare team that they have seen throughout childhood. But as these kids become young adults, they “age out” of pediatric care and lose access to that trusted team. Not only is this a jarring experience, it also doesn’t meet their special health care needs. Childhood cancer survivors are at greater risk for cardiac and endocrine issues as well as recurrences.

A needs assessment revealed there was an opportunity to meet the ongoing health care needs of young adult survivors who have transitioned from Children’s Mercy. In 2014, MCA partnered with the University of Kansas Medical Center and Children’s Mercy to develop the Survivorship Transition Clinic, one of only 12 similar clinics in the country. A nurse navigator at the clinic, Kyla Alsman, helps survivors transition to and navigate the adult hospital system. “I help educate survivors, teach them to advocate for themselves and connect them with providers who understand their needs,” said Alsman.

Each survivor receives a treatment summary so they know what they are at risk for, what screenings and tests they need and when. “We make sure survivors get the follow-up tests they need, and we try to cluster appointments for them so they maximize their time at the hospital,” Alsman explains. “The top issues we provide support for are psychosocial — fear of recurrence, PTSD, survivor guilt, anxiety and depression — as well as fertility issues.”

For more than half of the survivors, the health care team at the clinic serves as the primary care team for the survivor.

“The University of Kansas Cancer Center Survivorship Transition Clinic has given me a chance to live a normal life after cancer. By aligning me with a team of doctors who can assess my health and answer my questions, it has made me feel more empowered than ever in taking control of my health as a young adult. Having them on my side has been one of the best blessings in my journey of transitioning from a patient to a survivor.”

– Alexander Dinkel
Regulatory Coordinator for Investigator Initiated Trials at KU Cancer Center
Masonic Cancer Alliance Advisory Boards

Just as the Masonic Cancer Alliance offers a network of support to its members, the MCA is strengthened by two advisory boards, each fulfilling a unique role.

MCA Partners Advisory Board

The Partners Advisory Board (PAB) is a collaboration of chief executive officers and other leadership team members from key MCA member hospitals and research institutions. Partners Advisory Board hospital members commit $1 million per year in research to improve cancer research and care throughout the region and to help support the regional effort to pursue Comprehensive National Cancer Institute designation for KU Cancer Center. Fred Logan, an attorney and partner with a Prairie Village, Kansas law firm, was named chair of the PAB at the beginning of 2019.

“We are delighted Fred has agreed to serve as chairperson of MCA’s Partners Advisory Board,” stated Roy Jensen, M.D., director of The University of Kansas Cancer Center and chief executive officer of MCA. “His business acumen and leadership skills coupled with his civic engagement will enhance and strengthen the Board’s efforts to support the cancer center’s quest for National Cancer Institute Comprehensive designation.”

Mr. Logan succeeds Robba Moran as PAB chair; Mrs. Moran served as chair from 2013 to 2018.

“During Robba’s five-year tenure as chair, she led the Partners Advisory Board’s efforts to support KU Cancer Center’s successful renewal of NCI designation,” said Dr. Jensen. “We are forever grateful for her support of cancer research and appreciate all she has done for the PAB.”

MCA Community Advisory Board

The MCA Community Advisory Board (CAB) provides regional volunteer leadership and supports key influencer connections and strategic community alliances for The University of Kansas Cancer Center through the MCA. The MCA CAB members support the MCA members’ efforts to decrease the burden of cancer. They serve as KU Cancer Center advocates in their communities while promoting the achievements and aspirations of KU Cancer Center and the MCA.

The bi-directional Board meets three to four times a year and is composed of eight members located in seven communities across Kansas, spanning from Goodland to Kansas City to Caney. Peggy Johnson currently serves as chair of the MCA CAB. Members of the MCA CAB had the opportunity to tour three KU Cancer Center labs during their Summer 2018 meeting.