

# IMPACT REPORT

2022-2023 // PC3I.UPENN.EDU

Founded at the Abramson Cancer Center at Penn Medicine

## PC3I AT A GLANCE

### Our Mission

We make cancer care better for patients, clinicians, and communities.

### Our Approach

We work at the nexus of research and practice to create, test, and scale solutions to:

- Improve health, health care, and health equity
- Enhance the patient and clinician experience
- Increase efficiency and value

### Our Team

**26**  
Innovation Faculty

**19**  
Innovation Fellows

**110+**  
Leadership and faculty affiliates, staff, and trainees

### Our Laboratory

Embedded across the world-class clinical and research environment of Penn Medicine

 **26,000**  
New Cancer Patients a Year

 **3**  
States

 **6**  
Hospitals

 **12**  
Outpatient Sites

 **18**  
Radiation Sites

## Our Solutions

We **create**, **test**, and **scale** solutions to address the most intractable problems in cancer care delivery.



### CREATE

#### Leveraging Patient-Reported Outcomes in Pediatric Oncology

**ONLY 6%** of open CAR T cell protocols include *any* PRO assessment.

Using patient-reported outcomes (PROs) to monitor toxicity is a powerful and cost-effective source of data for adults with cancer, but has been less explored in pediatrics. This study, led by **Allison Barz Leahy, MD, MSCE**, implements the collection of electronic PROs for pediatric patients with leukemia receiving CAR T cell therapy. The goal is to better characterize the subjective symptom experience of this paradigm-shifting treatment modality. This subjective data, paired with objective clinical and resource utilization data, will help close the gap in understanding the pediatric patient experience of CAR T cell therapy and identify opportunities to tailor care and improve outcomes.

#### Optimizing Social Workers' Time Spent on Clinical Care

**1:1,000**

Social worker to patient ratio under current Penn Medicine Outpatient Oncology staffing.

Through PC3I staffing support and with funding from the Cancer Service Line and PC3I Innovation Accelerator, this project is exploring and testing methods to improve delivery of non-clinical resources to patients. By shifting certain non-clinical tasks to other resources as appropriate, the goal is to increase social workers' time spent on clinical care and allow them to work at the top of their licenses. **Heather Sheaffer, DSW, LCSW, FACHE**, Director of Patient & Family Services at the Abramson Cancer Center is the project's clinical champion.

#### A Holistic Approach to Transforming Geriatric Oncology



Many older adults with cancer prioritize function, independence, and quality of life over length of life.

A partnership with the Bristol Myers Squibb Foundation will establish a Geriatric Oncology Program at Penn Medicine Princeton Cancer Center. This program, led by **Ramy Sedhom, MD**, will personalize clinical care using geriatric assessments, test innovations in care delivery, improve older adult enrollment in clinical trials, invest in digital tools that improve care quality, and improve community awareness of unmet needs of older adults.



## TEST

### Optimizing Collection of Social and Behavioral Determinants of Health

**OVER 80%** of Penn oncology patients reported  $\geq 1$  Social Risk Factor in a 2021 study.

Through a collaboration with Gilead Sciences, a team lead by **Oluwadamilola "Lola" Fayanju, MD, MA, MPHS, FACS**, is testing communication modalities and social risk collection measures to determine the best way to collect social and behavioral determinants of health (SBDoh) data from patients with breast cancer. SBDoh include socioeconomic, demographic, psychological, and environmental factors that impact patients' health outcomes. Collecting and considering these in early treatment will improve the equity, effectiveness, and efficiency of care for patients with breast cancer.

### E-Consults: Reducing Wait Times for Patients with Blood Disorders



Wait times to access outpatient specialty care have steadily increased over the last several years, and barriers are further exacerbated for underserved populations. A team led by **Mia Djulbegovic, MD, MHS**, with mentorship from Allyson Pishko, MD, MSCE and **Justin Bekelman, MD**, is leveraging e-consults as one solution to reduce wait time and support clinicians in evaluating non-cancerous blood disorders. As an alternative to face-to-face visits, e-consults allow specialists to provide input and recommendations through chart review alone, improving care access through direct communication between clinicians.



## SCALE

### Prehab to Rehab: Improving Prep and Recovery for Patients with Cancer



Supported by staffing and funding through PC3I, this project aims to decrease length of stay associated with certain pancreatic surgeries by streamlining patient access to prehabilitation and rehabilitation services. These services include assigned nutrition and physical activity plans, a perioperative nutritional supplement, and weekly check-ins on progress against these plans. Prior systemic reviews of prehabilitation in surgical oncology have demonstrated that there are opportunities to expand this type of program to other care spaces.

### Closing the Gap from Cervical Cancer Diagnosis to Treatment in Botswana



A study supported by the National Cancer Institute (NCI) is streamlining the coordination of cervical cancer diagnosis and treatment for women in Botswana. Through patient- and system-level strategies such as phone- and text-based navigation, the research team led by **Katharine Rendle, PhD, MSW, MPH** and **Surbhi Grover, MD, MPH** aims to urge the adoption of timely treatment. Findings will inform future work in cancer control in low- and middle-income countries and advance the understanding of interventions that can improve cancer control in areas with limited resources.

