

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

OUR YEAR AT A GLANCE

325

Scholarly Articles Published

194

Media Mentions

\$26M

In PC3I-Led Grants

OUR PROCESS



CREATE

Informed by interdisciplinary science and backed by extensive stakeholder engagement, our experts create solutions at the intersection of subjects and disciplines.



TEST

We test our solutions in healthcare operations using rapid-cycle adaptation and rigorous, pragmatic evaluations, providing opportunities for reflection and refinement throughout.



SCALE

In our work, we emphasize velocity to impact: leveraging early key partner buy-in to scale and strategically disseminate our solutions into real-world settings.

FROM THE DIRECTORS

At the Penn Center for Cancer Care Innovation (PC3I), we prioritize creating and testing the latest innovations in cancer care. Our greatest innovation, however, is our unique structure, which allows us to rapidly embed transformative solutions into care and communities and effectuate sustainable and equitable impact. Made up of practicing oncologists, social workers, social and public health practitioners, psychologists, scientists, policymakers, and innovative leaders from different backgrounds and disciplines, the PC3I community itself is an ecosystem of innovation at the crossroads of research and practice.

Closing out our fifth year as an international leader in cancer care innovation, we have developed over 30 dynamic partnerships that propel our work to improve cancer care locally, nationally, and globally. The Penn Cancer Cavalry program provides at-home treatment and virtual health services to patients with cancer to improve access across Philadelphia. Nationally, our work evaluating the impact of state Medicaid mandates highlighted the importance of clinical trial access and coverage to improve trial diversity, influencing the creation of the Clinical Treatment Act, which mandates state Medicaid programs to cover clinical trial costs. Globally, the Botswana-UPenn partnership includes a PC3I project working to improve timely access to cervical cancer diagnosis and treatment in Botswana, tackling global inequities in cancer through systematic and scientific action.

While this report demonstrates the breadth and prestige of PC3I's work, what makes our projects so impactful are the individuals that enact them. Dedicated to improving the lives of patients and communities impacted by cancer, and to supporting the clinical teams that care for them, PC3I's interdisciplinary community of change agents are collectively transforming how the world approaches cancer care research, delivery, and practice. And we're just getting started.

Justin Bekelman
Director

Katharine Rendle
Deputy Director

Sarah Winawer-Wetzel
Director of Operations

OUR 2023-2024 TEAM

34

Innovation Faculty

16

Innovation Fellows

12

Staff Members

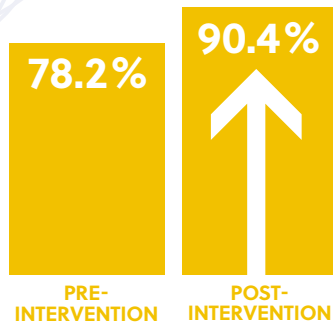
110+

Affiliates and Trainees

HIGHLIGHTED SOLUTIONS

iNUDGE: Nudging Providers Towards Molecular Testing

Guidelines recommend that patients with newly diagnosed metastatic non small-cell lung cancer (NSCLC) undergo molecular testing before starting therapy, which is associated with improved survival, but many patients do not undergo it. Through a partnership with Loxo@Lilly, a team led by **Charu Aggarwal, MD, MPH** and **Melina Marmarelis, MD, MSCE** is testing the use of behavioral economics-informed nudges to increase the ordering of molecular tests prior to starting first line therapy. Preliminary results indicate that patients whose providers received nudges underwent testing at a higher rate.



Impact of provider-directed nudges on molecular testing completion.

Nudges to Increase Serious Illness Conversations

Serious illness conversations (SICs) are patient-focused conversations to elicit their values, goals, and care preferences, and can reduce stress and improve quality of life. However, they typically occur infrequently, take place too late, or do not take place at all. This project, led by **Samuel Takvorian, MD, MSHP** and **Ravi Parikh, MD, MPP, FACP**, tested the effects of patient- and clinician-directed nudges on SIC completion for patients with advanced cancers. Findings showed that these nudges increased the rate of SIC engagement between patients and clinicians.



TIME: Text Interventions to Reduce Time Burden of Cancer Care

Patients with advanced cancer spend a significant portion of their remaining survival time interacting with the health system: commuting to, waiting for, and receiving care. To address this “time toxicity” and improve the patient experience, this study, co-led by former PC3I Fellow **Erin Bange, MD, MSCE** with PC3I’s **Ronac Mamtani, MD, MSCE**, tested the efficacy, safety, and implementation of a text message symptom reporting tool. It was found that this approach can safely assess treatment readiness and reduce time burden.



Average total time saved per encounter when using a text-based symptom reporting tool.

TOP PUBLICATIONS

“Administrative Burden Associated with Cost-Related Delays in Care in U.S. Cancer Patients”

Cancer, Epidemiology, Biomarkers & Prevention

Meredith Doherty, PhD, LCSW

ALT METRIC SCORE: **255**

“Prophylactic Radiation Therapy Versus Standard of Care for Patients With High-Risk Asymptomatic Bone Metastases: A Multicenter, Randomized Phase II Clinical Trial”

Journal of Clinical Oncology

Erin Gillespie, MD, MPH

ALT METRIC SCORE: **352**

TOP STORIES

“Woman diagnosed with breast cancer at 34 credits clinical trial with saving her life”

Good Morning America

Oluwadamilola Fayanju, MD, MA, MPHS, FACS

“Younger Women Are Getting Lung Cancer at Higher Rates than Men”

New York Times

Charu Aggarwal, MD, MPH

“Lung Cancer CT Screening Can Save Lives, But Study Finds Downsides”

U.S. News & World Report

Katharine Rendle, PhD, MSW, MPH