

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

OUR YEAR AT A GLANCE

299

Scholarly Articles Published

174

Media Mentions

\$22M

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 PC3I, our work is rooted in science. We're fueled by an innate desire to innovate and help reduce the burden of cancer for our patients, communities, and clinicians. What sets us apart—our “special sauce”—is the community of experts we've assembled from diverse backgrounds, academic fields, and clinical disciplines. We run the gamut from anthropologists to oncologists and everything in between, but we all share the common goal of increasing impact by improving how we deliver care. Comprised of physicians, social workers, implementation and behavioral scientists, psychologists, policymakers, and leaders from Penn Medicine, CHOP, and beyond, the PC3I community is the engine that drives innovation and impact at the intersection of research and practice. The diversity of perspectives within our community is our greatest strength, empowering us to tackle the most intractable challenges in cancer care delivery, from early detection to survivorship.

The past year has been full of incredible advances and innovation, a snippet of which are highlighted in this report, but it has also brought many changes and challenges for our patients, clinicians, and researchers. While the impact of these challenges cannot be understated, our dedication to conducting robust science that aims to ensure all people have access to evidence-based care is unwavering. **Our values stand firm and our devotion to drive transformative change through science and practice perseveres.**

In the face of this dynamic landscape, we recommit to applying the science of innovation to improve cancer care delivery. With projects spanning the cancer care continuum—from prevention, screening and early detection, to therapeutics, supportive care and survivorship, **we seek to develop, test, and refine scalable solutions.** For example, recent work from PC3I faculty has demonstrated that centralized outreach to patients and clinicians can dramatically improve adherence to lung cancer screening, leading to detection of more treatable cancer, and that routine geriatric assessment can transform the way we care for older adults with cancer. We invite you to read more and help celebrate the innovative work of our faculty and fellows—and join us as we collectively work to make cancer care better.

Katharine Rendle
Director

Samuel Takvorian
Deputy Director

Sarah Winawer-Wetzel
Director of Operations

OUR 2024-2025 TEAM

38

Innovation
Faculty

20

Innovation
Fellows

11

Staff
Members

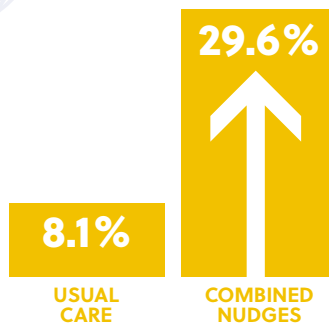
110+

Affiliates and
Trainees

HIGHLIGHTED SOLUTIONS

Increasing Equitable Adherence to Annual Lung Cancer Screening and Diagnostic Follow-up

Lung cancer screening (LCS) using low-dose computed tomography can reduce lung cancer mortality, but it requires annual screening and timely follow-up to be most effective. To develop sustainable approaches for ensuring annual LCS adherence and follow-up across all patients, PC3I Director **Katharine Rendle, PhD, MSW, MPH** and PC3I Faculty **Anil Vachani, MD, MS** are leading a study to test the effects of combinations of both patient- and clinician-directed nudges. Using patient-directed messaging and electronic health record prompts, this project aims to increase early detection of lung cancer by removing individual and system-level barriers to identifying and prompting patients who are due for care.



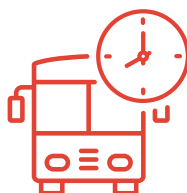
Impact of patient- and clinician-directed nudges on lung cancer screening rates



Program referrals leading to improvements in length of stay and alignment of care with patient values

Geriatric Oncology Program

Established at Penn Princeton Health with support from the Bristol Myers Squibb Foundation, this program, led by PC3I Program Director **Ramy Sedhom, MD**, reimagines cancer care for older adults through a patient-centered yet scalable approach. By understanding each patient's health status, functional needs, goals, values, and preferences, the program guides personalized, coordinated treatment planning to ensure treatment aligns with what matters most to patients. Using health information technology to scale this care model across the population has enabled the care team to address geriatric vulnerabilities, support patients during systemic therapy, and ensure timely coordination of services like physical therapy, nutrition, social work, palliative care, and hospice.



19.5 MINUTES

Average commute time saved each way compared to those using public transportation

Transportation Assistance in Gynecologic Oncology

Approximately one-third of patients with gynecologic cancer experience barriers traveling to and from appointments, including chemotherapy infusions and radiation treatments. This can lead to delays in cancer care and a decreased likelihood of receiving guideline-concordant treatment. To address this, PC3I Faculty **Anna Jo Smith, MD, MPH, MSC** and **Emily Ko, MD, MSCR** are leading efforts to identify patients with barriers to transportation and connect them with a ride-share service called RideHealth. Findings published in the *BMC Health Services Research* showed that the program helped to mitigate transportation barriers, reduce commute times, and improve access to cancer care for gynecologic oncology patients.

TOP PUBLICATIONS

"Adherence to Annual Lung Cancer Screening and Rates of Cancer Diagnosis"

JAMA Network Open
Roger Kim, MD, MSCE
Anil Vachani, MD, MS
ALT METRIC SCORE: **68**

"A Text Message Intervention to Minimize the Time Burden of Cancer Care"

NEJM Catalyst
Ronac Mamtani, MD, MSCE
ALT METRIC SCORE: **92**

TOP STORIES

"A common blood test for ovarian cancer is more likely to fall short for Black and Native American women"

Good Morning America
Anna Jo Smith, MD, MPH

"What to know about the first at-home Pap smear approved by the FDA"

Washington Post
Emily Ko, MD, MSCR

"Health insurers promise to improve coverage reviews that prompt delays and complaints"

Associated Press
Michael Anne Kyle, PhD, RN



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