Ovarian Cancer Podcast Series – Rhode Island Demonstration Overview Episode Transcript

[Announcer] This program is presented by the Centers for Disease Control and Prevention.

Announcer: Welcome to our podcast series on CDC's Ovarian Cancer Demonstration Project. I'm your host, Jake Lynn.

Did you know that ovarian cancer is the fifth leading cause of cancer death among women in the United States and the second most common type of female reproductive cancer?

Today, I spoke with Kelly Smith and George Andoscia from the Rhode Island Department of Health about their CDC demonstration project to increase gynecologic oncologist involvement in the treatment for ovarian cancer. While there is no simple and reliable way to screen for ovarian cancer in asymptomatic women, a woman's chances of survival increases if her treatment is given or directed by a gynecologic oncologist.

So let's meet our guests.

Kelly: I am C. Kelly Smith. I am the Comprehensive Cancer Control Program Manager under normal circumstances here in Rhode Island, but I am currently deployed full time, and so I wrote the original application, engaged our cancer coalition in the initial work, designed the project with our partners, helped them to do that and helped lead the planning process until I had to step aside during the pandemic due to COVID-19 deployment obligations.

George: I'm George Andoscia. I am currently the acting Comprehensive Cancer Control Program Manager thanks to COVID. And previously, I was the Comprehensive Cancer Control Program's Policy Systems and Environmental Change Specialist. So, like Kelly said, I stepped in to take over coordination of ovarian cancer related activities and worked with the Task Force when Kelly was pulled full time into her COVID-19 work.

Announcer: Excellent. So, Kelly, what motivated you and the Rhode Island Department of Health to apply for this demonstration project?

Kelly: There were several ovarian cancer survivors who were really active in the Partnership to Reduce Cancer in Rhode Island which is our state's cancer coalition. Through the 8 years I've helped with CCC work, they have asked me to help them, or to help identify more opportunities to do ovarian cancer focused work. This project came along, and I knew that they would be interested. I polled them to find out whether they thought that they could help to support it and to do the work if we applied and were selected, and they were extremely excited about it. Ovarian cancer is not a cancer that's typically addressed by NCCCP programs, because there's not a recommended screening protocol in place to speed early detection and to improve outcomes. It's a rare cancer so not one that's addressed in most of our work plans. But it is an important cancer, and if there are things that we should do to help improve survivorship then I believe and so does our cancer coalition that we should focus some of our energy on those.

Announcer: Great, and what would you say was the Department of Health's overarching goal in participating in this demonstration project?

Kelly: We certainly wanted to energize our cancer coalition by offering them a project that we knew would excite them to work on. And we also wanted to make sure that providers in our state are doing everything that they can to speed diagnosis and referral to gynecologic oncologists. So, for those reasons it really seemed like a good fit with what we wanted to do.

Announcer: Very good. Let's talk a bit now about the strategies you selected for this demonstration. You developed and hosted a webinar and a Roundtable discussion for health care providers, hosted Survivors Teaching Students workshops for health care provider students, and developed a toolkit. Can you briefly describe each of these strategies and talk about the goals of each? We'll start with the webinar.

Kelly: So, we did a webinar that was primarily for providers and it basically was meant to update them on the latest treatment protocols for ovarian cancer and explain via data the benefits of referring patients diagnosed with ovarian cancer rapidly to a GYN oncologist. And so, we also wanted to educate providers specifically about the survivorship benefits that were associated with this rapid referral, and also to introduce the current guidelines for, and capabilities of, genetic counseling and testing for those with familial histories that could lead to predisposition to ovarian cancer and similar cancers as well.

Announcer: And the Roundtable discussion?

George: The Roundtable event was really designed to highlight the roles of a variety of medical professionals and what they can do to expedite the diagnosis of ovarian cancer. So, to do this we convened a professionally diverse panel of experts that included a medical oncologist, gynecologic oncologist, gastroenterologist, gynecologist, and a cancer genetic counselor who would respond to a composite case study, really to explore practices to facilitate rapid referral and early diagnosis. And really the goal of this conversation would be to illustrate the importance of multi-disciplinary collaboration in the care of ovarian cancer patients and kind of to demonstrate the role that again all these different healthcare professionals and specialties can play in improving patient outcomes.

Announcer: Excellent, thanks George. Kelly, can you briefly describe the Survivors Teaching Students program?

Kelly: Sure, so Survivors Teaching Students is an evidence-based program that's offered by the Ovarian Cancer Research Alliance. And it basically introduces healthcare professionals who are in training to the personal impacts of ovarian cancer upon survivors and helps them understand why it's important not to delay differential diagnoses, particularly the impact that such a delay can cause for someone who is a survivor of ovarian cancer. It also allows students opportunities to learn about cancer survivorship directly from cancer survivors, because the people who present to these students are cancer survivors, ovarian cancer survivors. So, the types of students who were trained on this in Rhode Island included nursing students and advance practice nursing students, some social work students, and also some physical assistant students. And I know that our planning group with the Rhode Island Ovarian Cancer Survivorship Task Force is busy now booking training opportunities for Survivors Teaching Students into the future to make sure that that curriculum stays vital and available in our state.

Announcer: Thanks for that, Kelly. And finally, George, can you talk a bit about the toolkit?

George: Sure. The Rhode Island Ovarian Cancer Resource Toolkit was also created by the Task Force who compiled resources really throughout the project period that could educate and empower primary care providers and others like the providers I just mentioned, who were involved in the medical care of women to recognize the symptoms of ovarian cancer early and to expedite the diagnosis and referral of patients to gynecologic oncologists.

Announcer: Before we move on, you both mentioned your planning group, the Ovarian Cancer Survivorship Task Force. Kelly, can you talk a bit about why and how the Task Force was convened and their role with this demonstration project?

Kelly: So, our cancer coalition has a few very active ovarian cancer survivors. including one of its founders. We knew from past experience that this work would be strongest if the coalition of the willing planned it together and specifically a multidisciplinary coalition. And so slowly, like a snowball, this Ovarian Cancer Task Force emerged and grew. And they all had such a positive experience of it that they determined that they're going to continue to meet into the future.
The Task Force initially consisted of a small handful of initial stakeholders and the people that they identified and invited to participate. And then we identified the initial stakeholders from among the people who were active members of the Partnership to Reduce Cancer in Rhode Island which is our cancer coalition. So, we invited them to assess their own membership and invite others who they thought would help improve the planning process and that's exactly what they did.

Announcer: Great, thank you. So, how did you go about deciding which strategies to implement?

Kelly: In preparation for this work, we reviewed trends in ovarian cancer incidents and mortality among Rhode Island residents by working with the Rhode Island Cancer Registry program. We also looked at the national data. Ovarian cancer rates in Rhode Island are quite similar to those that are found in the US, so we also worked with the Rhode Island Ovarian Cancer Survivorship Task Force, again a multidisciplinary group formed for the purpose of conducting the activities that we proposed for this project, to gain qualitative data in the form of their ideas about the issues that we were addressing. And this group includes several survivors, a GYN oncologist, a genetic counselor, a palliative care nurse, a professor of advanced practice nursing and representatives from our state's cancer coalition.

Announcer: Perfect, thanks. And how did you evaluate these strategies?

George: The Roundtable and the webinar event evaluations were essentially the same, they both had really similar learning outcomes. And these were required to be completed by all attendees who registered to receive CME credits and the other continuing education credits that were provided. The assessments included items that asked just for kind of basic background information, including occupation, occupational setting, and reason for participating. And they also rated awareness of the benefits of rapid referral of women with ovarian cancer to gynecologic oncologist. The knowledge of the factors that influenced staging of ovarian cancer and how to expedite that process. Their ability to appreciate the importance of

cancer genetic testing and summarize the work that was presented in both the Roundtable and webinar. And their intent to access the Rhode Island Ovarian Cancer Resource Toolkit and to implement changes and practices that were outlined during the webinar.

Announcer: Thanks George. And for our listeners, CME stands for continuing medical education, which includes educational activities that doctors are required to complete to maintain, develop, and increase their knowledge, skills, and professional performance to be able to provide services for patients, the public, or their profession.

Okay, I want to shift our conversation a little bit. Tell me what made it easier or more difficult to plan, implement, and evaluate your strategies for this demonstration. Let's start with you Kelly.

Kelly: So yeah, having the bandwidth to take on an additional project was certainly a consideration. We had internal discussions as to whether we could do this with all the other things on our plates. But the deciding factor for us was that our cancer coalition and the ovarian cancer survivors in our midst as well as some of the providers were absolutely excited about the opportunity to do this. And so, we kind of decided that it would be very synergistically wise to take this on.

So, I do feel like we should talk about the pandemic more, but I think probably everybody is getting pandemic fatigue as well. In terms of, there was never a challenge in my estimation anyway, and George chime in if you have a different perception. But there was never a challenge of buy in from the folks who had been asked to participate in this or who were engaged in it. In fact, they were sort of calling me saying, "When can we resume? when can we resume?" They really wanted to plan this but yet they needed for their own safety to be able to do it in a safe way. So, the pandemic did throw a major curve ball our direction. And George maybe you can talk a little more about that?

George: Totally, everybody who was at the table was eager to be there. They were all invested in the products that we were working on. And everyone had a personal connection to the issue. I think again it kind of seems weird to talk about it this way, but I think the way we had to adapt to deal with the challenge of the pandemic, not being able to meet in person, having to change the way we were implementing some of these strategies in some cases showed us a better way to do things.

Kelly: There's one thing that I actually just thought of that I think was somewhat instrumental in the ability of people, more people to participate. Which is not only did people grow familiar with and comfortable with online learning platforms during the pandemic. Since we were all meeting that way and we were all continuing our work remotely, but in addition to that I think that not everybody had that access to that technology before the pandemic began and were kind of forced to adopt or acquire that technology when the pandemic arrived. So, I think there was not resistance to having online events, whereas maybe before people may have chosen or preferred to attend in person.

Announcer: Thanks Kelly. Now I'd like for you both to reflect on what were the key successes of the demonstration project in Rhode Island. Can you share your thoughts with us on that project?

Kelly: So, I mean in terms of, in terms of what we believe the successes of this demonstration project, I think that we produced some really great provider education products that would help advance the goals of this demonstration project for the next two years, so beyond the end of the project at least in our state. So again, the formation of the Rhode Island Ovarian Cancer Survivorship Task Force, we're not surprised that the group formed. But I know we were pleasantly surprised that they have decided to continue this work as a project of our state's cancer coalition. Also improved accessibility of webinar and Roundtable by shifting to the online only platform, the remote or virtual platform resulted in better attendance and more convenient for presenters.

And then finally our state is very fortunate to have as I have mentioned a good supply of GYN oncologists and that they are able to see patients who are newly diagnosed with ovarian cancer very quickly. That was reassuring to learn, but the thing that we still have to work on, and I know our Task Force is planning on working on this is connecting primary care providers with the understanding of the benefits of rapid referral to a GYN oncologist and also the importance of doing differential diagnoses quickly.

George: I think the development of the toolkit really and the people who were at the table working on it, made it a really well rounded resource, because we were able to tap into the providers and ask the providers at the table what do you think are the most valuable things and really the most current evidence-based pieces, whether it's guidance from national organizations or the most recent and ground breaking research on the topics or best practices that have been developed.

Announcer: Any recommendations you might have for other comprehensive cancer control programs that might be looking to implement similar strategies that you did here in Rhode Island?

Kelly: I know I have a few. So, first is form a well-rounded team of stakeholders and allow them to help shape the required interventions. And by doing that, in my experience you'll usually get better quality results. Secondly cancer survivors should certainly always help to inform and to shape all of our efforts to improve survivorship. No one has a bigger stake in our success than they do, and their lived experience often leads participants to better understand the importance of that approach. And be willing to add to the value of your project as good ideas emerge.

Our toolkit again was the suggestion of our Task Force, which was concerned that trainings alone would not give participants the tools that they need to implement the recommendations shared via the Roundtable. Multidisciplinary collaboration coupled with success may lead to sustainability and it certainly has in the case of our Task Force. Don't be attached to any particular outcome when you start a planning process. Encourage people around your table to invest their ideas and leverage their expertise and experiences to make your event or your products better.

Announcer: Excellent. Any plans for continuing or sustaining these strategies, or any changes that you envision would be needed in the future to continue implementing these strategies?

Kelly: We plan to continue doing Survivors Teaching Students in, or I should say the Task Force plans to continue working with OCRA to make sure Survivors Teaching Students endures in Rhode Island as an asset to young medical professionals of various types in training. And also, that the Task Force will continue its work and alignment with the Partnership to Reduce Cancer to strive for better outcomes for people with ovarian cancer whether or not they're diagnosed yet.

Announcer: Wonderful, thanks Kelly. For our listeners, OCRA is the acronym for Ovarian Cancer Research Alliance. It sounds like you both did some great work planning and implementing strategies aimed at increasing receipt of care by a gynecologic oncologist among women diagnosed with ovarian cancer in Rhode Island. Thank you very much to Kelly and George for joining me today and for discussing your experience collaborating on this demonstration project.

For more information, please take a look at the resources developed by Rhode Island, Iowa, and Michigan for this demonstration. You can access these resources as well as the action plan, which describes the promising strategies identified for this demonstration project, and the accompanying toolkit which is a compilation of tools and resources addressing planning, implementation, and evaluation of the strategies included in the action plan. These can all be found at www.cdc.gov/cancer/ovarian.

Thanks again for joining us. This episode is part of a five-part podcast series that describes the activities, facilitators and barriers, lessons learned, and recommendations from the demonstration sites. Check out the other episodes in this podcast series on CDC's ovarian cancer webpage.

[Announcer] For the most accurate health information, visit cdc.gov or call 1-800-CDC-INFO.