



Annual Report 2015



2711 MIDDLEBURG DRIVE

SUITE 302

COLUMBIA, SC 29204

<http://www.sccanceralliance.org>

Message from the Executive Director

Dearest Friends,

Cancer touches all of us, whether it is in our family, our circle of friends, or even our social media feeds. Now, perhaps more than ever before, we are aware of the personal struggles of so many to overcome the adversities that a cancer diagnosis brings.

The sheer variety in the types of cancers we are now able to diagnose and treat is staggering and presents a unique set of challenges to an organization like the SC Cancer Alliance. With over 100 different cancers being recognized by the National Cancer Institute, the Alliance works diligently with many agencies and organizations to make a strong impact on as many cancer types as we can. Of course we cannot be everything to everyone, but we are working hard to make a difference in this fight against cancer.

Your personal stories are what drive us to succeed in our mission to reduce the burden of cancer on all South Carolinians. To do this, we leverage and economize available funds to bring maximum impact to selected populations each year. Through our active work groups and funded projects, we are seeing the benefits of the work that we, and you, do.

In the year since our last report was written, we've made great strides to help our friends and partners working in the areas of breast, colorectal, prostate, and lung cancer implementation and action. You'll learn more about those projects later in this report, and you'll also learn that we aren't stopping there.

In the year to come, exciting changes are on the way for the SC Cancer Alliance. We'll need your help along the way to make our hopes and wishes a reality, and we know you're up to the challenge. A new executive director of the Alliance will be selected in the coming weeks, and this will usher in a new day for our small but mighty organization. Along with a new director, you can expect a completely new and exciting *State Cancer Control Plan*, as well. This new plan will combine the best of what worked in our last plan along with a letter grade for each activity - much like what you have come to expect from our past *Cancer Report Cards*. Updated annually, this new format will lead us through the rest of the decade and into the next with constant revisions to keep you ahead of the curve. The end result - a much more useable, and user-friendly, roadmap for success in cancer care, implementation, and survivorship.

We hope you are as excited about all that is to come as we are!



Louis Eubank, MSW, MPH



Our Projects

Mission

The mission of the South Carolina Cancer Alliance is to reduce the burden of cancer on all people in South Carolina.

Lung Cancer Screening Project - \$24,159

In FY 14-15, the South Carolina Cancer Alliance funded a partnership between our organization and the University of South Carolina.

This project, *A Dissemination Project to Advance Lung Cancer Screening in South Carolina*, focused on the production and dissemination of a decision aid to increase appropriate lung cancer screenings using low-dose CT scans. This decision aid was developed to be accessible and understandable to persons across all genders, races, ethnicities, and literacy levels. Read more about this project under “Our Successes”.



FIT Testing Project - \$51,158

In FY 14-15, the South Carolina Cancer Alliance funded a partnership between our organization and the Medical University of South Carolina (MUSC).

This project, *Implementation of a Fecal Immunochemical Test (FIT) for Colorectal Cancer Screening in Average Risk, Underserved Patients in South Carolina*, focused on increasing FIT testing in Federally Qualified Health Centers and Free Clinics among average risk, underserved patients who were behind on screening, or had not yet been screened, for colorectal cancer. Read more about this project under “Our Successes”.

SC Witness Project - \$8,000

In FY 14-15, the South Carolina Cancer Alliance funded a continued partnership between our organization and the SC Witness Project.

This project, *The SC Witness Project: Updated Training Materials and Booster Sessions in Two Regions of the State*, focused on revisions and updates to the Witness Project script and educational materials and provided booster trainings to existing witnesses on cervical and breast cancers, screening guidelines, and HPV vaccination recommendations. Read more about this project under “Our Successes”.



Our Successes

A Dissemination Project to Advance Lung Cancer Screening in South Carolina

Issue Overview:

Lung cancer is the leading cause of cancer-related deaths in the United States, with more deaths attributable to lung cancer than to colorectal, breast and prostate cancer combined¹. The National Lung Screening Trial showed a 20% reduction in lung cancer mortality when screening patients with low-dose CT (LDCT) compared to chest X-ray², and recent decisions by the US Preventive Services Task Force (USPSTF)³ and Centers for Medicare and Medicaid Services (CMS)⁴ have required both public and private insurance coverage for this screening for a defined population of high-risk patients (aged 55–77 years, asymptomatic, ≥30 pack-year smoking history and current smoker or quit within the last 15 years). Widespread use of LDCT screening has the potential to greatly reduce lung cancer deaths; however, results from our survey of family physicians showed substantial gaps in screening knowledge, many points of confusion regarding screening procedures and a general lack of screening utilization and demand, even among healthcare institutions with an existing screening program.

Program/Activity Description:

To address the under-utilization and lack of awareness and knowledge of LDCT screening, our project team—including experts in cancer care and research, public health and family medicine from the University of South Carolina and Medical University of South Carolina—designed an education campaign with three goals: create and provide informational materials on lung cancer screening to physicians, state legislators, stakeholders and the public; conduct a survey of primary care physicians in South Carolina to identify barriers to effective screening programs and gaps in knowledge; and design and validate a brief, clinically-based decision aid and toolkit to be used in the clinic setting to help healthcare professionals discuss lung cancer screening options with their patients. Such a shared decision-making counseling visit is a requirement of CMS coverage, and no materials currently exist to aid healthcare professionals in this aspect of the screening process. These three steps were designed to facilitate a resolution to the gaps in knowledge and confusion among physicians and the general lack of awareness of lung cancer screening among the public.

Intervention Impact/Outcome:

We disseminated up-to-date information about lung cancer screening and insurance coverage using various methods directed at diverse audiences:

- Study team members reached out to South Carolina legislators to provide information about the importance of their support for lung cancer screening policies in our state, including meeting with staffers in Washington DC and writing letters that showed our support of their work in this area
- Our study team members gave a panel-style interview for the SC Radio Network about lung cancer screening options and who among the public should consider screening
- We wrote a letter to the editor of The State newspaper that was published in print and online educating the public about the new CMS coverage decision and defining the population at high risk for lung cancer
- We rented booth space at the annual SC Academy of Family Physicians (SCAFP) conference to disseminate informational materials and discuss screening face-to-face with primary care physicians
- We recruited a nationwide expert on cancer screening and member of the USPSTF to present the benefits and risks of lung cancer screening at the SCAFP conference

Our survey, administered to the SCAFP membership, informed us about gaps in knowledge and barriers to screening utilization among the many diverse practice settings in South Carolina. We were able to use this knowledge to both tailor the materials and information presented at the SCAFP conference and also shape development of our decision-making booklet and toolkit so that it addressed the issues we found to be present among primary care physicians.

The decision aid and toolkit were theoretically-based and were professionally designed to be appealing and understandable to patients of all genders, races and literacy levels. The decision aid was designed at the 5th grade reading level. Content validity was tested using national experts on cancer screening and decision making to ensure that it effectively conveys its message and will facilitate a joint discussion and screening decision between healthcare professionals and patients. This decision aid and toolkit will be a vital tool in the clinic to ensure that 1) patients and healthcare professionals fully understand the risks and benefits of screening; 2) patients are involved, informed and empowered in the joint decision to undertake screening; 3) required procedures are followed for insurance reimbursement; and 4) screening programs run smoothly, thus encouraging more widespread utilization.

Our efforts during this project have addressed the problems of knowledge gaps among physicians, lack of awareness among the public, confusion about risks and benefits of screening and a lack of decision-making materials for use in the clinic when the screening decision is made. Our primary care physician survey and decision aid and toolkit have great potential for continued use and adaptation as the field of lung cancer screening continues to grow.

Implementation of a Fecal Immunochemical Test (FIT) for Colorectal Cancer Screening in Average Risk Underserved Patients in South Carolina

Dream Center Free Medical Clinic Success Story

Jackie (*name changed) was an early member of the colon cancer-screening project at the Dream Center Free Medical Clinic. After receiving colon cancer screening herself, she was inspired by how easy getting screened was, and was eager to share her experience with others. Now, Jackie is an integral volunteer at the Dream Center Free Medical Clinic for the colon cancer-screening program. Each day in the clinic, if she is volunteering, she seeks out patients that are age-eligible for screening, and encourages them to learn more about screening and participate in the program. If a patient is reluctant, she takes the time to talk with them, and answer any questions or concerns that they may have about screening. We have seen her work through a patient's fear more than once, and encourage them to learn more. As a member of the community the Dream Center serves, Jackie serves as a wonderful community advocate for screening amongst patients. As someone patients can relate to, her word-of-mouth recommendations have substantially increased the number of patients screened in the clinic. Her passion for getting people screening for colon cancer was excited by her own personal positive experience in the program. It has been such a success to have patients inspired by their own experience to go and encourage other patients to have their screening. Jackie is only one example of this success. There are many other volunteers within the clinic that recruit fellow patients. Our hope is that more patients have this response to the program, as this is how we will see true success with increasing colon cancer screening rates among the medically underserved.

St. Luke's Free Medical Clinic Success Story

I scanned the clinic's waiting room for a 53-year-old female, but when I called Anne's name, a much younger woman stood up in response. She introduced herself as Emily, Anne's daughter and caretaker. Anne sat next to her, eyeing me suspiciously. I explained my role at the clinic and Emily encouraged her mother to talk with me about the FIT test. The three of us sat at a private table behind the front desk, and Anne's distrust was as evident in her facial expressions as in her words. She'd heard of a colonoscopy, and the procedure didn't sound appealing to her, to say the least. I explained that the FIT test doesn't involve any cameras going anywhere she didn't want them to go, and her giggle dissolved a bit of her anxiety.

After confirming her eligibility, I reviewed the instructions for the FIT test and asked her to repeat them back to me. She grinned apprehensively and talked through the process as her daughter nodded along in understanding. Anne squirmed a bit, but Emily pointed out how much easier a FIT test is compared to a colonoscopy. Her mother agreed and said she would mail the FIT test back to the clinic within a few days. I thanked them for meeting with me just as the nurse called Anne back to the exam room.

Many patients of free medical clinics are uninsured and/or have such low incomes that a colonoscopy is simply out of reach. Most of the patients with whom I have spoken at St. Luke's

Free Medical Clinic have heard of a colonoscopy, but haven't had one. Some credit financial obstacles, others are wary of the procedure itself. When I explain the process of the FIT test, a few patients aren't wild about the idea of collecting a sample, but all have agreed that it is a great alternative to a colonoscopy as a first step in the process of screening for colon cancer. I make a point to tell each patient about the benefits of colonoscopies, as well as the possibility of having a colonoscopy if the FIT test is positive.

Discussing importance of colon cancer screening- of any type- has proven to be the key factor in patients' willingness to do FIT tests. Emphasizing the prevalence of colon cancer in South Carolina, along with the effectiveness of different types of screenings, must be made a priority in the free medical clinic setting, where access to colonoscopies may be difficult or impossible for low-income patients. We can put a big dent in the mortality of colon cancer among the underserved population in South Carolina, simply by increasing awareness of the problem and promoting options for prevention. It starts with a conversation.

The South Carolina Witness Project: Providing Booster Trainings and Updated Cancer Education in Two Regions of the State

The South Carolina Witness Project is an evidence-based program to increase breast and cervical cancer education, screening behaviors, and HPV vaccination among African-American women. The training project resulted in revisions and updates to the Witness Project script and educational materials and provide booster session training for existing Witnesses (lay health educators and cancer survivors) in breast and cervical cancer, screening guidelines, and HPV vaccination recommendations. Targeted population was African-American women in two regions of SC that have not received updated training. It was proposed that we train 20 women in these regions in breast and cervical cancer outreach targeting women for cervical cancer screening (21 and older) and other individuals (9-26) for HPV vaccination.

Program/Activity Description:

The Witness Advisory team met biweekly to discuss project implementation. An honors student from Clemson University revised all scripts, PPT presentation, and training materials to delete all references to BSE and change to Breast Self-Awareness. All materials included new Cervical Cancer screening guidelines and HPV vaccination recommendations. The Outreach Coordinator, Pastor Jacqueline Talley recruited and trained women in the Lowcountry (Bamberg, Orangeburg Hampton, Barnwell) and Upstate (Greenville, Gaffney, Greenwood).

Two trainings were held at: 1) Allen Temple Community Center, Greenville, SC (Upstate) on February 28, 2015 and 2) Bamberg Extension office, Bamberg, SC (Lowcountry) on March 7, 2015. The American Cancer Society provided lunch for both trainings as well as educational materials. Lowcountry Komen provided educational materials. The team collaborated with Best Chance Network for all screening referrals. Pre-and Post-tests were conducted at trainings and community presentations.

A 6-item on-line survey was developed and conducted by advisory team to examine the feasibility of using web-based materials for Witness trainings/presentations through SCCA website. The SCCA Implementation funds supported outreach worker, travel, updating of all educational materials and incentives for Witnesses to participate in booster trainings.

Intervention Impact/Outcome:

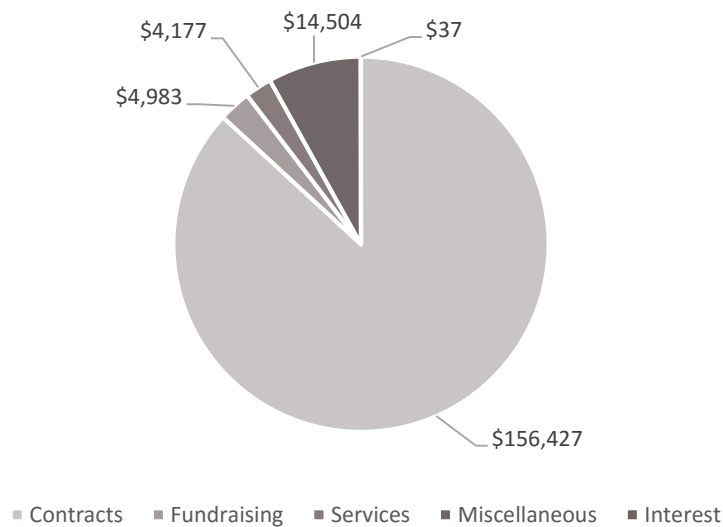
22 Witnesses received Booster training in the Lowcountry and Upstate regions.

Witnesses completed both pre- and post-tests. Data show a significant increase in mean cancer knowledge regarding breast and cervical cancer guidelines. The mean knowledge score increased from 21 (sd= 4.2) on the pre-test to 25 (sd=2.2) on the post-test, representing a 19% increase in knowledge. (Highest possible score was a 29). The difference between the two means is statistically significant at the .05 level ($t=4.6$; $df=19$.) Data show a significant increase in confidence level regarding community presentations following the booster training. The mean score increased from 2.95 (sd=0.89) to 3.35 (sd=0.67) on the post-test, a 13.5% increase. The difference was statistically significant at the .05 level ($t=2.37$; $df=19$). The other questions regarding attitude did not yield significant changes between the two tests. Subsequently, 7 community presentations were conducted by Witnesses reaching over 200 women with breast and cervical education. An introductory e-mail was sent out to all Witnesses for which the team had an e-mail address ($N=234$). A follow-up invitation was sent from Dr. Mayo through Survey Monkey. 42 (17.9% bounced back), 4 (1.6%) opted out, and 129 (55.1%) did not respond. 60 participants (25.6%) completed the on-line survey. 97% of participants reported current computer use. 100% reported access to internet at home or elsewhere. 93% reported if the updated Witness Project materials (training and educational materials) were placed online they would you access and use them. 42.4% reported that they had ever accessed the SCCA website. 96.6% reported that if the updated Witness Project materials (training and educational materials) were placed on the SCCA website would you access and use them. When asked, besides the internet, what are the best ways to get updated materials (training and educational materials) to Witnesses, participants suggested mail, in-person meetings or workshops; brochures; and church bulletins.

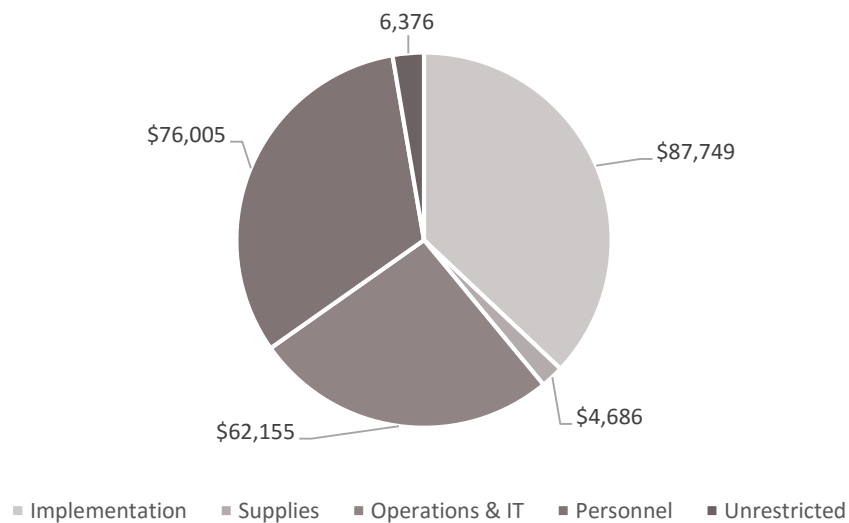
There was an increased and renewed interest in breast and cervical screening in the two regions of the state where Witnesses received booster trainings. The SCCA Implementation funds enabled the Witness Advisory team to leverage additional funding through Lowcountry Komen for the Cure in collaboration with Conway Medical Center to spread the Witness Project to Marion and Horry counties a region of the state with no current Witness project and large cancer disparities.

Financials

Total Income \$180,127



Total Expense \$229,093



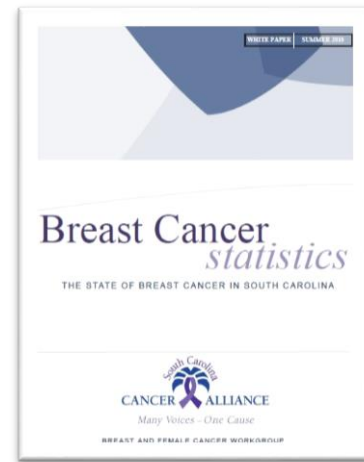
NOTE: Contract expenses incurred during the month of June are reimbursed in July. In accordance with GAAP, this income is recognized in FY 15-16, contributing to a net negative income for FY 14-15.

Breast Cancer White Paper

In addition to the incredible work done by our funded project partners, the Breast and Female Cancer Workgroup of the South Carolina Cancer Alliance authored an exciting White Paper; *Breast Cancer Statistics: The State of Breast Cancer in South Carolina*.

To read more about the current status of breast cancer incidence, screening, treatment, and programs, [CLICK HERE](#).

The Breast and Female Cancer Workgroup has also written a second manuscript which focuses on health disparities in breast cancer, and that paper is currently undergoing peer review. The South Carolina Cancer Alliance will provide you with a link to that paper once it is publicly available.



Workgroups

The following workgroups are currently recognized as being fully supported by the South Carolina Cancer Alliance:

- Breast and Female Cancer
- Advocacy and Policy
- Patient Care and Survivorship
- Health Disparities
- Prostate Cancer
- Cervical Cancer Subcommittee of the Breast and Female Cancer Workgroup (Cervical Cancer-Free SC)

The Colorectal Cancer Workgroup of the South Carolina Cancer Alliance is currently under a 6-month provisional period, and should receive full approval and support of the Coordinating Council of the South Carolina Cancer Alliance in December 2015.

For more information on workgroup guidelines, [CLICK HERE](#).

Looking Forward

New ED: The South Carolina Cancer Alliance will have a new, full-time Executive Director sometime in November or December 2015.

Finance: We expect to significantly increase fundraising revenue during the current fiscal year in order to expand unrestricted funds and expand legislative advocacy capacity in the near term.

Programs: Implementation funds will be disbursed to active workgroups on a case-by-case basis, dependent on need, so be sure you are involved in a workgroup to help maximize our impact.

Notable Upcoming Events: The South Carolina Cancer Alliance is planning three major events for the spring and early summer of 2016, so be sure you are subscribed to our mailing list for the most updated information.

Lung Cancer Project Success Story References

1. American Cancer Society. Cancer facts and figures 2014. Available at:
<http://www.cancer.org/acs/groups/content/@research/documents/webcontent/acspc-042151.pdf>
2. Aberle DR, Adams AM, Berg CD, et al. Reduced lung-cancer mortality with low-dose computed tomographic screening. *N Engl J Med*. 2011;365(5):395-409.
3. US Preventive Services Task Force. Final recommendation statement: Lung cancer: Screening. December 2013. Available at:
<http://www.uspreventiveservicestaskforce.org/Page/Topic/recommendation-summary/lung-cancer-screening>.
4. Centers for Medicare and Medicaid Services. Decision memo for screening for lung cancer with low dose computed tomography (LDCT) (CAG-00439N). February 5, 2015. Available at:
<http://www.cms.gov/medicare-coverage-database/details/nca-decision-memo.aspx?NCAId=274>.