



King County Medical Society  
COMMUNITY FOUNDATION

# ADVANCING CARE FOR METASTATIC/RECURRENT CERVICAL CANCER

Baseline Survey Results &  
Educational Strategies

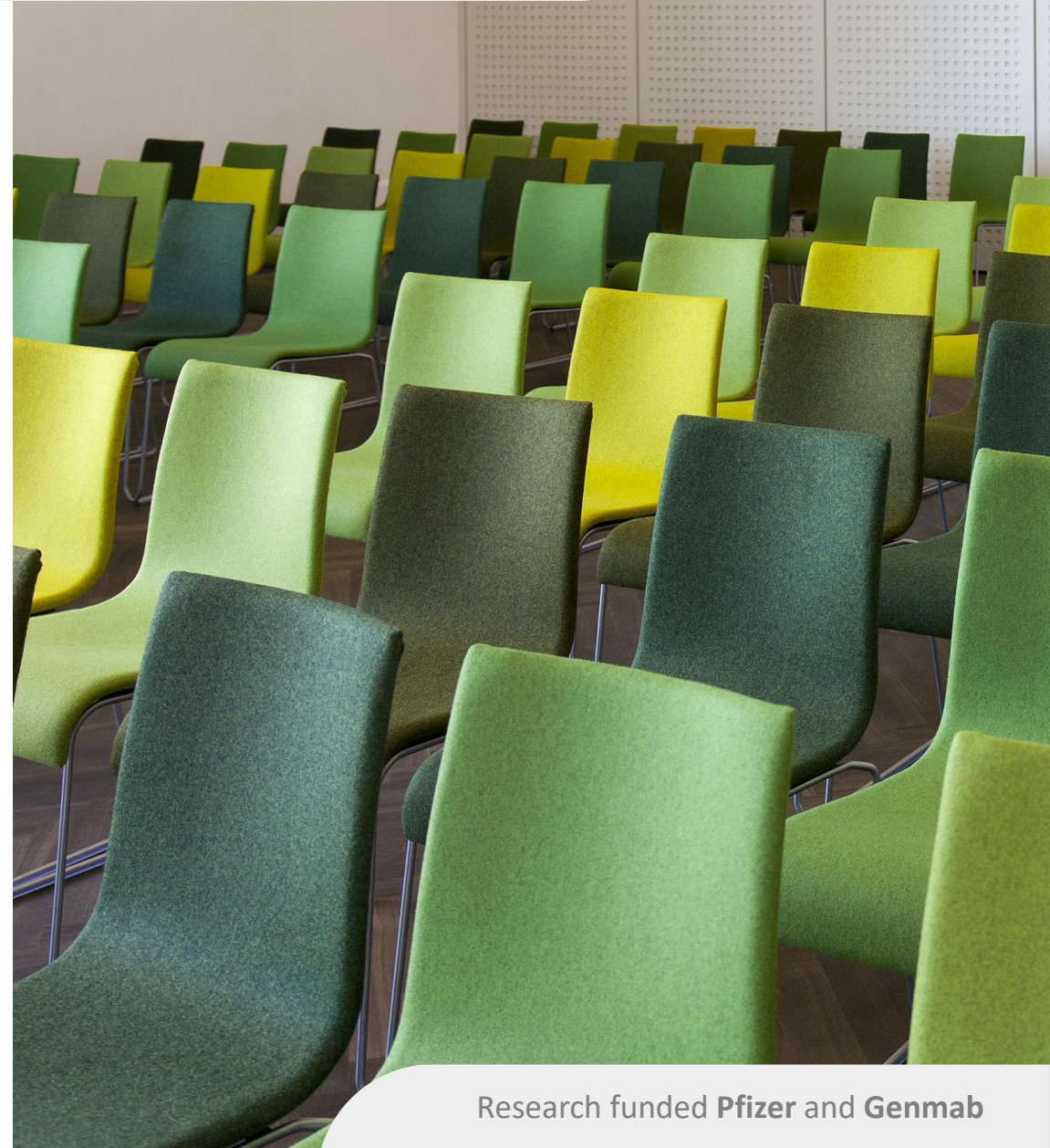
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# Agenda

## Topics covered

- Learning Objectives
- Disease Overview & Global Burden
- Survey Results Overview  
(Branch-Specific Insights)
- Thematic Insights Across Branches
- Barriers to Care:  
Breaking Down Challenges
- Actionable Recommendations & Next Steps



# Learning Objectives

By the end of this presentation, participants will be able to:

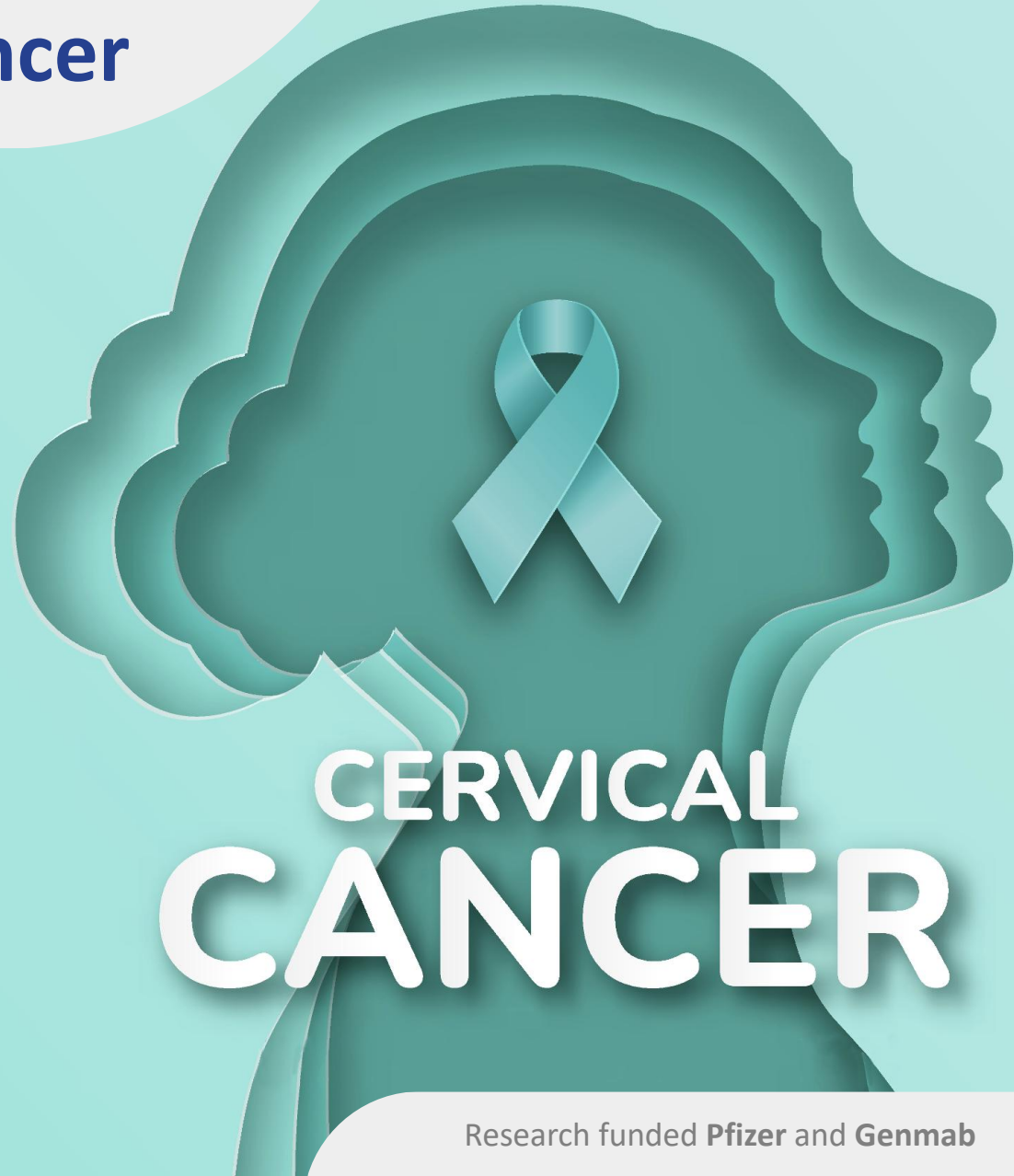
- **UNDERSTAND** the gaps identified by the KCMS survey on metastatic/recurrent cervical cancer care.
- **IDENTIFY** barriers to care and their impact on referral pathways and treatment outcomes.
- **RECOGNIZE** strategies to improve care for underserved populations and address systemic inequities.
- **EXPLORE** factors contributing to burnout and professional well-being to enhance resilience and prevent burnout among healthcare professionals.
- **LEARN** how these findings will shape actionable educational strategies.



# Epidemiology & Disease Burden of Metastatic/Recurrent Cervical Cancer

Cervical cancer remains a significant global health issue, with disparities in outcomes due to:

- Late-stage diagnoses
- Limited access to treatment
- Healthcare inequities



CERVICAL  
CANCER

# Global & U.S. Cervical Cancer Burden

## Worldwide cases (2023 estimates)

- **~604,000 new cases** of cervical cancer annually.
- **~342,000 deaths** per year.

Cervical cancer is the **4th most common cancer** in women worldwide, behind breast, colorectal, and lung cancers.

## United States cases (2023 estimates ACS)

- **~13,960 new cases** of invasive cervical cancer annually.
- **~4,310 deaths** per year.
- **~15–20% of patients experience recurrence** or develop metastatic disease after initial treatment.

**CALL TO ACTION:** Educational efforts should prioritize clinicians in high-burden areas and underserved populations.

*Source: World Health Organization (WHO), Global Cancer Observatory (GLOBOCAN 2023), American Cancer Society (ACS 2023).*



# Risk Factors for Metastatic/Recurrent Cervical Cancer

- **Persistent High-Risk HPV Infection:** >95% of cervical cancer cases are HPV-related.
- **Delayed Screening & Diagnosis:** Leads to more advanced-stage disease at presentation.
- **Limited Access to Healthcare:** Low-income and minority populations have higher mortality rates.
- **Non-Adherence to Follow-Up After Treatment:** Risk of late recurrence if surveillance is not maintained.
- **Aggressive Histology Subtypes:** e.g., adenocarcinoma, small-cell neuroendocrine variants are less responsive to treatment.

**CALL TO ACTION:** Address these risk factors through education, improved access to care, and enhanced follow-up strategies to reduce the burden of metastatic/recurrent cervical cancer.

Source: WHO HPV & Cervical Cancer Report 2023, SEER Database (NIH), ACS Cancer Facts & Figures 2023.

# Disparities & Global Inequities in Cervical Cancer Outcomes

## Global Perspective

In Low—and Middle-Income Countries (LMIC), limited access to HPV vaccination, screening, and treatment leads to an outsized burden.

- HPV vaccination, screening, and treatment access. >85% of cervical cancer deaths occur in LMICs due to limited
- Five Year Survival rates highlight the disparity:
  - 65–70% survival in high-income countries.
  - 20–30% survival in low-resource settings.

## U.S.-Based Inequities

- Black and Hispanic women experience **delayed diagnoses** and limited access, resulting in higher mortality.
- Rural areas face nearly a **30% higher mortality rate** than urban counterparts, often due to limited access to specialists.

**CALL TO ACTION:** Empower local healthcare professionals to address disparities and improve cervical cancer care.

Source: SEER Data (NIH), CDC Cervical Cancer Report 2023, WHO Cancer Inequities Report.



# Baseline KCMS Survey Results Overview

## BRANCH SPECIFIC FINDINGS

### Branch 1: Direct Management of Patients

- Knowledge gaps in treatment protocols and **emerging therapies** (e.g., immunotherapy, ADCs).
- Limited knowledge of **updated guidelines** for 1L/2L treatments.

### Branch 2 & 3: Diagnosis & Referral of Patients

- **Systemic barriers:** Long wait times and prior authorization delays.
- **Training needs:** Clear referral pathways for underserved populations.

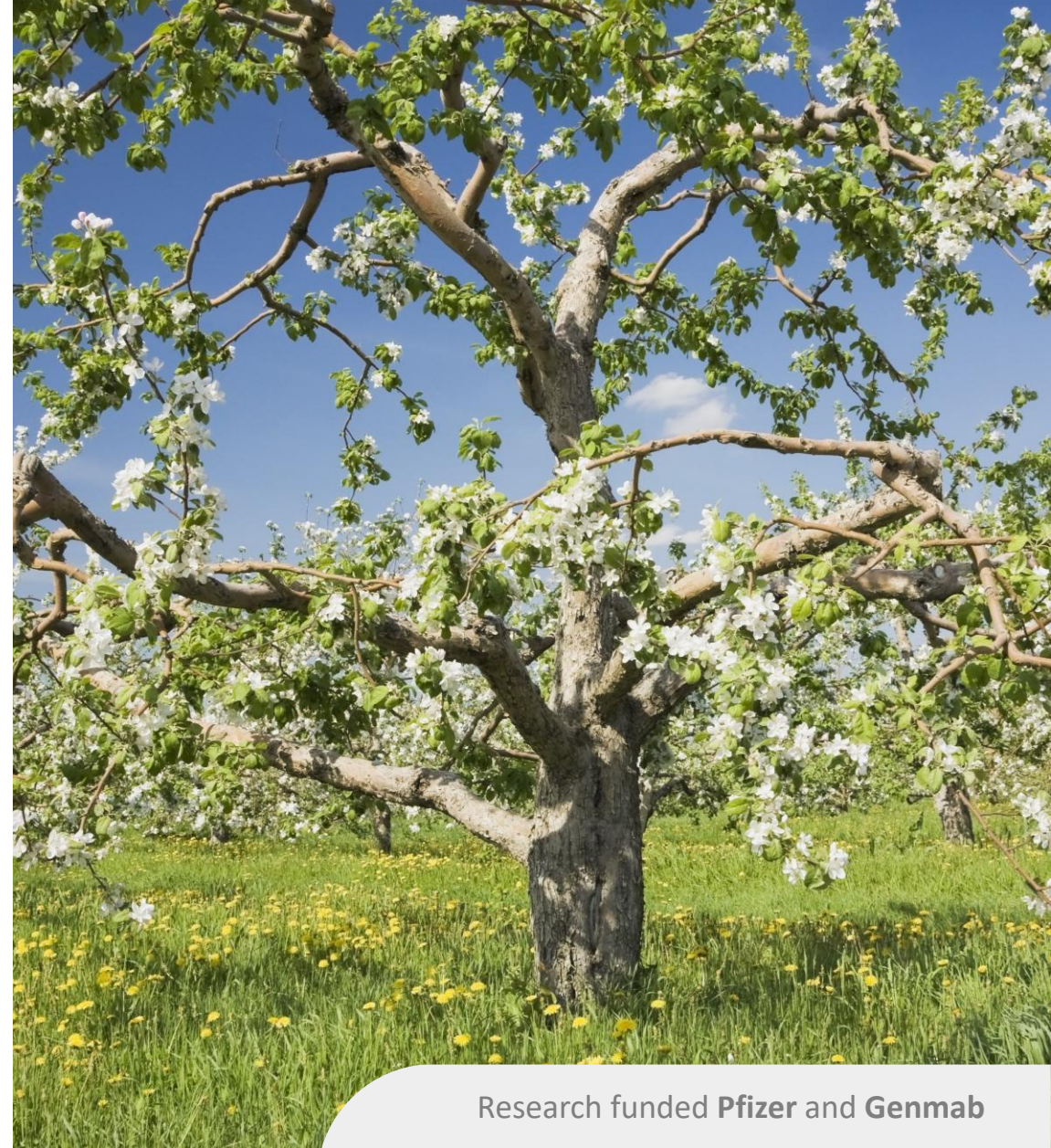
### Branch 4: Ongoing Care

- Challenges in managing **post-treatment follow-up** for side effects.
- Struggles to address **disparities in underserved populations**.

### Branch 5: No Patient Contact

- Increase awareness and streamline workflows by enhancing general healthcare professional education on referral systems.

**Key Insight:** Addressing these gaps requires targeted educational resources and improved referral systems to ensure equitable care.





# Thematic Insights Across Branches

## KEY THEMES IDENTIFIED

### Barriers to Care

- **Systemic:** Insurance delays, lack of specialists, long wait times.
- **Professional:** Limited guidelines, time constraints, & training gaps.
- **Patient-Related:** Non-compliance, financial and cultural barriers, transportation challenges.

### Learning Preferences

- Preferred formats: Case-based modules, webinars, tumor boards.
- High interest in **interactive** and **practical resources**.

### Equity Concerns

- Data shows gaps in serving **Limited English Proficiency (LEP) patients** and other underserved populations and reducing disparities.

**Call to Action:** Develop educational materials to address identified barriers, align with healthcare professionals' learning preferences, and improve cervical cancer care delivery.



Research funded **Pfizer** and **Genmab**

# Barriers to Care

## 1. Systemic Barriers

### Insurance Delays

- Prior authorization requirements for advanced therapies, such as bevacizumab and immunotherapy, cause treatment delays ranging from weeks to months.

### Specialist Access

- Long wait times for oncologists and gynecologic oncologists.
- Lack of healthcare professionals in rural or underserved areas.

### Administrative Burdens

- Extensive documentation requirements hinder timely approvals.

# Barriers to Care

## 1. Systemic Barriers

## 2. Professional Barriers

### Guideline Awareness Gaps

- Limited time for continuing education on updated NCCN/ASCO/ESMO guidelines.

### Time Constraints

- Overworked healthcare professionals have little time for professional development or tumor boards.

# Barriers to Care

1. Systemic  
Barriers

2. Professional  
Barriers

**3. Patient-Related  
Barriers**

**KEY TAKEAWAY:**

Addressing these barriers requires systemic solutions, education, and collaboration.

## Transportation and Financial Challenges

- Patients miss appointments due to cost and access.

## Cultural and Language Barriers

- Limited English Proficiency patients struggle to understand treatment plans without interpretation services.

# Planned Actions for Educational Materials

## 1. Systemic Barriers

### CALL TO ACTION:

Empower healthcare professionals to navigate systemic delays, address disparities, and streamline patient access to specialist care.

### TOOLS FOR PRIOR AUTHORIZATION

Create a step-by-step guide for healthcare professionals, including:

- Common documentation pitfalls.
- Appeal templates for denied authorizations.
- Contact information for insurer case managers.

### STREAMLINED REFERRAL PATHWAYS

Develop referral checklists tailored to metastatic cervical cancer care:

- Include required labs, imaging, and biomarker testing results (e.g., PD-L1 testing).
- Referral flowcharts for direct access to oncologists and gynecologic oncologists.

### ADDRESSING UNDERSERVED POPULATIONS

Focus on equitable access by creating tools, including:

- Educational resources highlighting disparities in care and strategies to overcome them.
- Materials to guide healthcare professionals in improving access for patients with financial or transportation barriers.

### ADVOCACY EFFORTS Train healthcare professionals to:

- Advocate for more straightforward prior authorization policies through professional organizations.
- Amplify the need for Medicaid/Medicare reimbursement policy changes.

# Planned Actions for Educational Materials

## 1. Systemic Barriers

## 2. Professional Barriers

### CALL TO ACTION:

Equip healthcare professionals with focused, accessible tools to address professional barriers and stay current on best practices

### ACCESSIBLE CONTINUING EDUCATION

- Develop case-based learning modules that are concise and practical for busy schedules.
- Provide bite-sized, web-based educational materials (15–20 minute segments) focused on guidelines and clinical application.
- Make all materials available on a dedicated webpage for easy access.

### STRENGTHENING KNOWLEDGE OF EMERGING THERAPIES

- Establish a tumor board to oversee educational content development and ensure accuracy.
- Create quick-reference guides summarizing NCCN/ASCO/ESMO guidelines and key updates.
- Include limited modules on toxicity management to address key concerns for emerging therapies.

### FOSTERING TEAM-BASED CARE

- Focus on virtual, taped tumor board sessions to share insights and guide learning.
- Disseminate materials to a broad distribution list to encourage interdisciplinary learning.

### FINAL MEDICAL CONFERENCE

- Host a capstone conference to present findings, share educational materials, and foster further collaboration across specialties.

# Planned Actions for Educational Materials

## 1. Systemic Barriers

## 2. Professional Barriers

## 3. Patient-Related Barriers

### CALL TO ACTION:

Equip healthcare professionals with culturally tailored tools and resources to better engage patients, reduce barriers, and improve long-term care outcomes.

### CULTURALLY COMPETENT CARE TRAINING

- Develop modules to train healthcare professionals on providing culturally sensitive care, with tips for improving communication with diverse patient populations.
- Include guidance on using interpreters and leveraging translation tools.

### MULTILINGUAL PATIENT EDUCATION RESOURCES

- Create easy-to-understand educational materials in multiple languages, including visual aids, to explain:
  - Treatment options and timelines (e.g., chemotherapy, immunotherapy).
  - Importance of follow-up care and surveillance for recurrence prevention.

### SUPPORT FOR TRANSPORTATION AND FINANCIAL BARRIERS

- Share information about patient assistance programs for financial support (e.g., co-pay assistance).
- Highlight solutions for overcoming transportation challenges, such as partnering with ride-sharing services or local community groups.

### CASE STUDIES TO IMPROVE ENGAGEMENT

- Develop real-world case examples that show how healthcare professionals can address patient-related barriers to:
  - Encourage follow-up care adherence.
  - Navigate conversations about financial constraints or treatment options.

# Next Steps: Translating Insights to Action

## **CALL TO ACTION:**

Help drive change by participating in tumor boards, reviewing educational tools, and sharing materials within your network.

## **EDUCATIONAL MODULES & TOOLS**

- Develop concise, case-based learning modules to address metastatic/recurrent cervical cancer management gaps.
- Include practical tools such as referral checklists, prior authorization guides, and quick-reference summaries of NCCN/ASCO/ESMO guidelines.

## **CLINICIAN ENGAGEMENT & KNOWLEDGE SHARING**

- Establish tumor boards to facilitate multidisciplinary collaboration, focusing on real-world case discussions and treatment decision-making.
- Hosted webinars to provide accessible education on emerging therapies, toxicity management, and referral pathways.

## **REDUCING BARRIERS TO CARE**

- Focus on underserved populations by integrating equity-focused content, including strategies for addressing cultural barriers and serving Limited English Proficiency (LEP) patients.
- Streamline referral processes with user-friendly tools and highlight policy issues (e.g., prior authorization delays) to improve system-level efficiency.

## **DISSEMINATION & OUTREACH**

- Share all materials via a dedicated webpage and email distribution to maximize reach among healthcare professionals.
- Target clinicians in high-burden areas to address disparities and improve access to evidence-based care.

## **FINAL CONFERENCE**

- Host a medical conference to present survey findings, educational tools, and best practices.
- Include opportunities for interdisciplinary discussions and sharing real-world experiences to amplify the impact of these initiatives.



# Expected Outcomes

## **CALL TO ACTION:**

By implementing these strategies, we aim to close knowledge gaps, address systemic barriers, and improve cervical cancer outcomes for all patients.

### **1. ENHANCED CLINICIAN KNOWLEDGE**

- Increased familiarity with 1L/2L treatment guidelines and emerging therapies.
- Improved ability to manage treatment toxicities and incorporate palliative care early.

### **2. REDUCED DISPARITIES IN CARE**

- Greater equity in access to care for underserved populations, including those with Limited English Proficiency (LEP) and rural communities.
- Increased use of culturally tailored resources to improve patient outcomes.

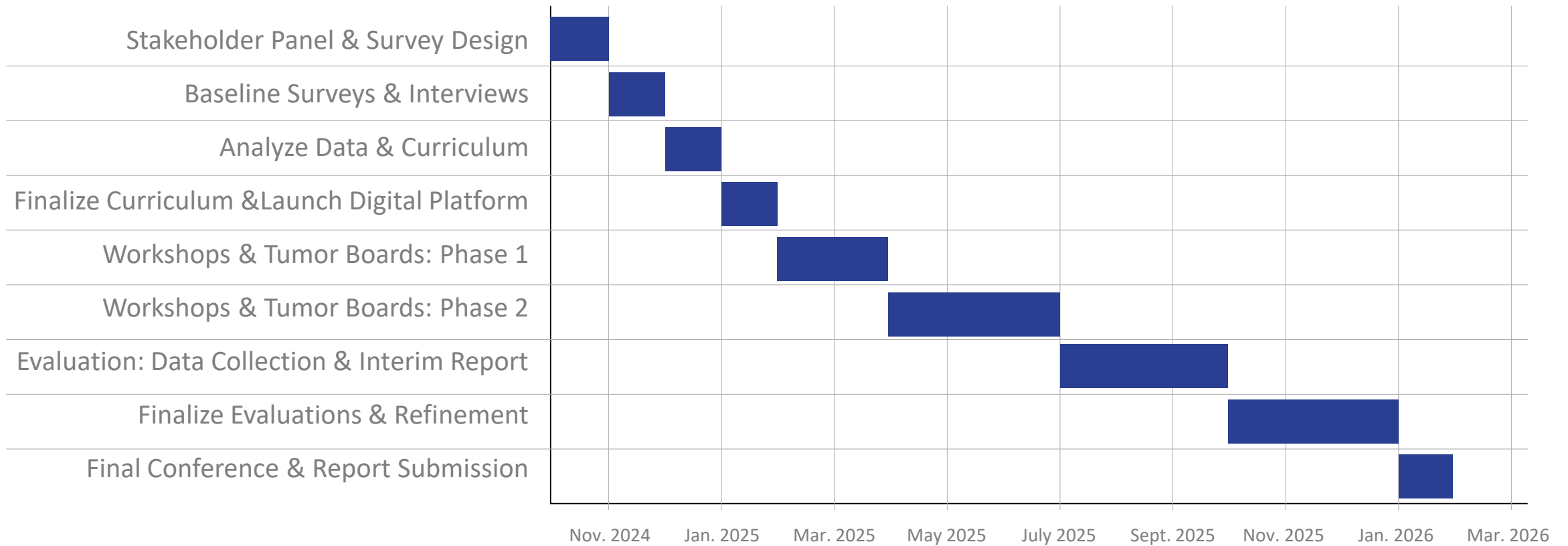
### **3. STREAMLINED REFERRAL & TREATMENT WORKFLOWS**

- Improved referral systems through standardized checklists and decision-making tools.
- Reduced delays caused by prior authorization and systemic inefficiencies.

### **4. MULTIDISCIPLINARY COLLABORATION**

- Fostered teamwork through tumor board involvement and cross-specialty workshops.
- Strengthened networks to address gaps in continuity of care.

# Timeline of Activities



# Measuring Success: Key Metrics to Track Impact

## **PARTICIPATION**

- Measure the number of healthcare professionals who access and complete the case-based modules, attend tumor boards, and download materials from the website.
- Track geographic distribution to evaluate reach, especially among clinicians serving underserved areas.

## **IMPROVED CONFIDENCE AND KNOWLEDGE**

- Conduct a follow-up survey at the end of the initiative to assess changes in clinicians' confidence levels and knowledge of metastatic/recurrent cervical cancer care.
- Include specific questions on their ability to apply updated guidelines and address care barriers.

## **IMPACT ON EQUITY**

- Collect data on engagement from clinicians serving underserved populations, such as those treating Limited English Proficiency (LEP) patients or low-resource settings.
- Use the follow-up survey to evaluate participant-reported changes in their capacity to provide equitable care.

## **FINAL ASSESSMENT**

- Analyze the post-initiative survey results to identify gaps that remain and opportunities for further education.
- Prepare a final report summarizing outcomes for dissemination at the project's concluding conference.



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# THANK YOU!

We appreciate the contributions of:

- Survey Respondents
- Healthcare Professionals & Experts
- Funders & Supporters

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