

NEW PARTNERS, SCALING GREATER HEIGHTS

ANNUAL REPORT
2018




Arkansas Cancer Coalition
www.arcancercoalition.org




MISSION
statement

The Arkansas Cancer Coalition's mission is to facilitate and provide partnerships to reduce the human suffering and economic burden from cancer for the citizens of Arkansas. **Together we:**



Provide a current overview of cancer control in Arkansas



Strengthen and sustain the cancer control partnership and support network



Direct goals and strategies in the Arkansas Cancer Plan

NEW PARTNERS, SCALING GREATER HEIGHTS.

Dear ACC Family,

At the Arkansas Cancer Coalition, our advocates, partners and survivors are the center of everything we do. For the past 20-plus years, we have continued to honor the traditions of our founders by offering compassion and strong, evidence-based strategies to reduce the burden of cancer in our state. Furthermore, our partners are committed to unparalleled levels of quality cancer services to everyone in their community.

We are proud to report an increase in partnerships to advance the goals of the Arkansas Cancer Plan in 2018. Our partnerships are the foundation of our mission because these partners deliver the direct services that decrease the burden of cancer in Arkansas communities.

We have made great strides this past year: Arkansas increased its colorectal cancer screening rates by 7.2 percent from 2015 to 2017. In 2018, Arkansas's achievement was recognized by the National Colorectal Cancer Roundtable (NCCRT). Additionally, Arkansas's vaccination rate against Human Papillomavirus (HPV) increased by 7.3 percent, contributing to a national vaccination rate increase of 5.2 percent. Only two states achieved a vaccination rate higher than Arkansas, and our performance was recognized by the CDC.

A total of 392 newly diagnosed patients were navigated to treatment resources including health care providers and the Arkansas Tobacco Quitline. Another 2,259 Arkansans were screened for the deadliest kinds of cancer.

We cannot say thank you enough to the selfless partners who commit themselves daily to ensure people in our communities are given every fighting chance to combat this deadly disease.

Pause for a brief moment to reflect on efforts that are leading to better health outcomes.

Pause for a brief moment to celebrate the success of the Coalition.

Pause for a brief moment to remember why you became a part of the mission!

The Arkansas Cancer Coalition extends its thanks to all coalition members — past and present — who have stood with us in this long yet rewarding challenge to defeat cancer in Arkansas.

We are honored and privileged to serve as the leadership of ACC; we are proud of the continued growth of our program and applaud the staff who work really hard to make every partnership successful. And we are grateful for the excellent leadership from our Board of Directors and the Arkansas Department of Health as we work together to reduce the burden of cancer in Arkansas.

Tina F. Gill

Tina F. Gill, MAIOC
Board Chair

Trena Mitchell

Trena Mitchell, MA, CNP
Executive Director



Colorectal Cancer
Screening

↑7.2%

Recognized by the
NCCRT

National Colorectal Cancer Roundtable

HPV Vaccinations

↑7.3%

Recognized by the

CDC

Centers for Disease Control
and Prevention

2,259

Arkansans
screened for the
deadliest kinds of
cancer

392

newly diagnosed
patients navigated
to treatment
resources

CONTENTS

3 Cancer in Arkansas

7 Our Impact

What Our Partners Are Saying

6 Arkansas Immunization Action Coalition

8 My Sisters Keyper, Inc.

14 University of Arkansas for Medical Sciences

9 Our Programs

11 Our Plan

15 Operations/Financials

CANCER IN ARKANSAS

The mortality rate associated with cancer in Arkansas is declining, but cancer remains the second leading cause of death in Arkansas. In many instances, cancer incidence and mortality rates are higher among Blacks than among Whites, although this is not the case for all cancers. Despite progress made in Arkansas, the state's cancer incidence and mortality rates are not improving as quickly as the nation as a whole.

These and other insights are found in the Arkansas Department of Health 2017 Arkansas Cancer Facts and Figures report. The information is both encouraging and concerning. The age-standardized incidence rate of all cancers combined in Arkansas was at or below the national average from 1999 through 2011, but by 2013 Arkansas's rate exceeded the national average.

CANCER MORTALITY TRENDS BY RACE AND SEX

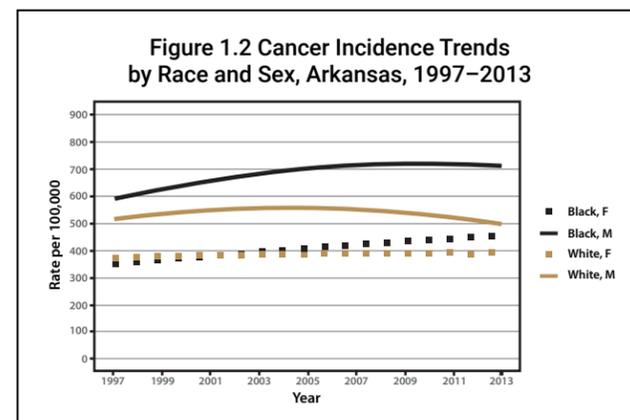
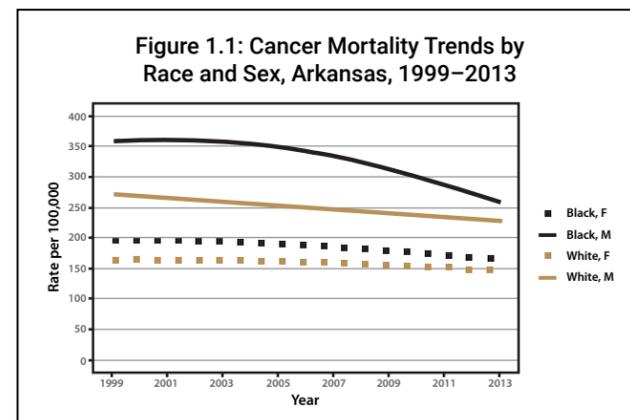
Cancer mortality rates are declining for both Blacks and Whites, and for males and females. Males are more likely to die from cancer than females, and Blacks are more likely to succumb than Whites. In 2013, the Arkansas mortality rates for all cancers combined were: Black males, 267.4 per 100,000; White males, 226.5; Black females, 153.8; White females, 148.9. From 1999-2013, rates for males of both races declined at an annual average rate of 2.9 deaths per 100,000; for females of both races the annual rate declined by 1.7 deaths. (Fig 1.1)

CANCER INCIDENCE TRENDS BY RACE AND SEX

Arkansas's incidence rate of all cancers continued to increase for much of the period between 1999 and 2013. White males experienced increases until 2005, when their rate began to decline; by 2013 their rate was similar to that of 1997. Black males showed year-over-year increases until 2009 when the rate began to decrease slightly. Black and White females continued to show yearly increases in incidence rates. (Fig 1.2)

The 2017 Arkansas Cancer Facts and Figures report notes that Arkansas's mortality rate for all cancers was more than 200 people per 100,000 in 1999, and 184.5 per 100,000 in 2013. This is a significant improvement, but the nation's mortality rate stood at 163.2 per 100,000 in 2013. Arkansas is making improvements, but much work remains to be done. The data show that 16,004 Arkansans were diagnosed with cancer in 2013, and 6,514 died from the disease.

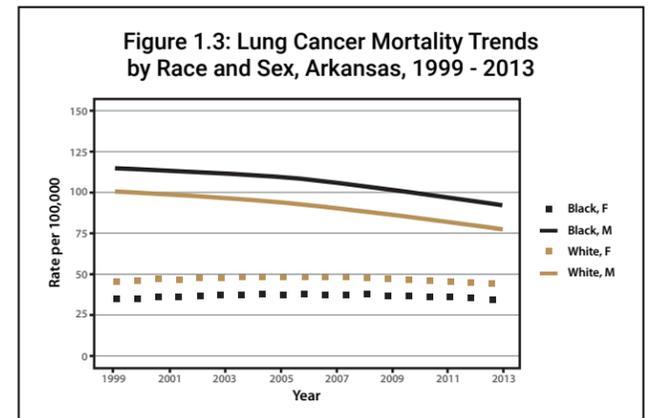
Following are some key facts about Arkansas's mortality and incidence rates for all cancers, and for the state's three deadliest cancers: lung, breast and colorectal cancer. The information is further organized according to race and sex.



CANCER IN ARKANSAS

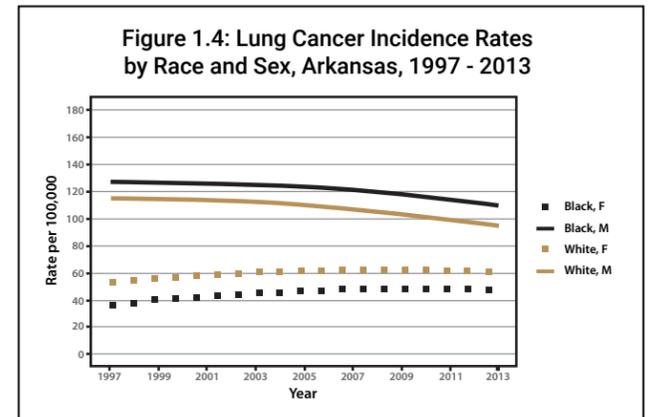
LUNG CANCER MORTALITY RATES BY RACE AND SEX

Mortality rates for lung cancer showed a substantial difference between males and females. Males had a decreasing trend in mortality but remained more likely to die than did women. In 2013, the age-standardized lung cancer mortality rates were: White males, 74.7 per 100,000; Black males, 96.5; White females, 46.9; and Black females, 33.2. (Fig 1.3)



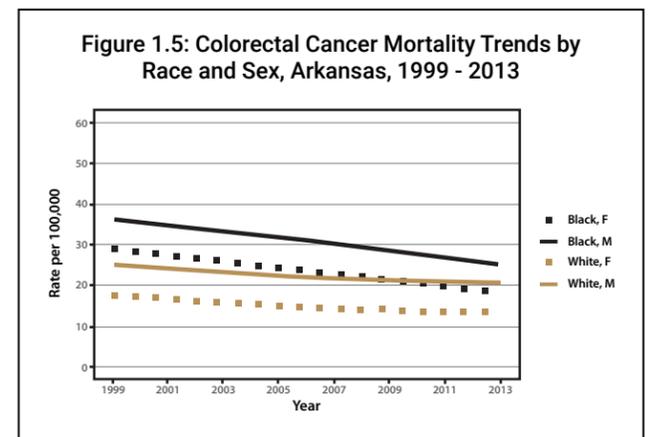
LUNG CANCER INCIDENCE RATES BY RACE AND SEX

In 2013, the age-standardized lung cancer incidence rates were: White males, 98.7 per 100,000; Black males, 115.9; White females, 63.4; and Black females, 48.1. During 1997 through 2013, males experienced an annual decline averaging 1.71 lung cancer cases per 100,000. The rate for lung cancer among Black and White females increased at an annual rate of 0.95 cases per 100,000 from 1995 through 2008, when their rates stabilized through 2013. (Fig 1.4)



COLORECTAL CANCER MORTALITY RATES BY RACE AND SEX

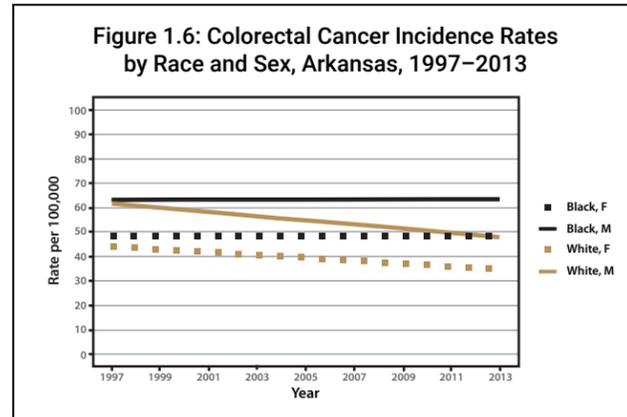
Blacks of both sexes continued to experience higher colorectal cancer mortality rates than did Whites. In 2013 the age-standardized mortality rates were: White males, 19.5 per 100,000; Black males, 20.8; White females, 14.4; and Black females, 20.7. Colorectal cancer mortality rates for both races declined between 1999 and 2013, although the decline for White males and females slowed in the latter years. (Fig 1.5)





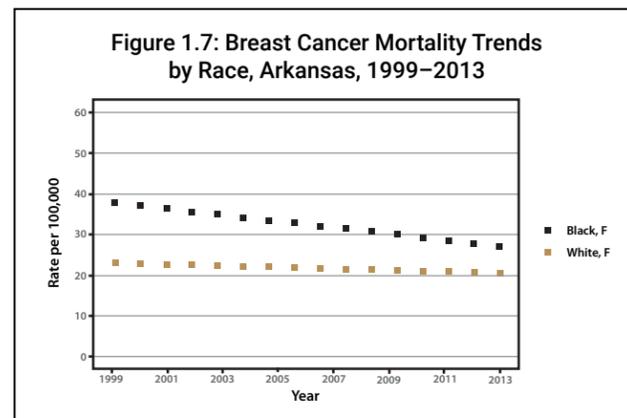
COLORECTAL CANCER INCIDENCE RATES BY RACE AND SEX

From 1999-2013, Arkansas experienced a significant decline in the age-standardized mortality rate for colorectal cancer. The annual rate of decline was 0.31 per 100,000. Males had a higher incidence rate of colorectal cancer than did females. Blacks of both sexes had higher incidence rates than did Whites. Colorectal cancer incidence among Black males averaged 63.4 per 100,000; for Black females, the incidence rate was 48.5. The incidence rate among White males decreased by an annual average of 0.87 cases per 100,000; White females saw a decrease of 0.57 cases per year. Incidence rates for Black males and females showed no significant change. (Fig 1.6)



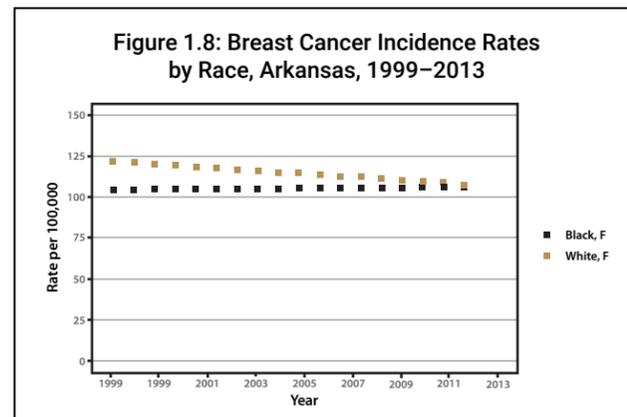
BREAST CANCER MORTALITY RATES BY RACE

Breast cancer mortality rates declined among both Black and White females between 1999 and 2013, although Black female breast cancer mortality rates remained higher than for White females. The Black female mortality rate in 2013 was 27.2 deaths per 100,000; for White females, the mortality rate was 20.6. (Fig 1.7)



BREAST CANCER INCIDENCE RATES BY RACE

In 2013, the age-standardized invasive breast cancer incidence rate for Black females was 121.9 per 100,000, higher than the White female incidence rate of 114.6 cases per 100,000. White females had an annual average decline of 1.0 incidences per 100,000 from 1997 to 2013. (Fig 1.8)



The Arkansas Immunization Action Coalition HPV Prevention Work Group has partnered with the ACC to raise awareness and increase vaccination rates against HPV (human papillomavirus) by bringing together groups that haven't traditionally been involved in that effort.

Q
&
A

Q: What is the HPV Prevention Work Group doing to raise the number of people vaccinated against HPV, and how is the ACC helping?

A: Through a grant from the ACC, we held our inaugural HPV summit for medical and dental professionals in May 2018. We have also put together an HPV Prevention Toolkit to educate community members about the vaccine. We also developed a postcard that dental professionals can use to start a conversation about oral cancers caused by both tobacco use and HPV and about the HPV vaccine as a preventative measure. The grant also allows us to pay an HPV coordinator who

plans and leads meetings. The ACC has helped us bring a lot of stakeholders to the table. We go to their quarterly meetings and their annual Arkansas Cancer Summit, and those events have helped us get exposure to people that our work group might not have been able to reach otherwise.

Q: Why have you sought to involve dental professionals in the fight against HPV?

A: Oropharyngeal cancers have surpassed cervical cancers in the number of cancers caused by the HPV virus. Dentists sometimes see children more often than pediatricians do, because dental visits are recommended twice a year

as opposed to annual visits to the pediatrician. Dentists don't vaccinate in their offices but they can write prescriptions that parents of children over the age of 7 can use to get those vaccinations in a pharmacy. We were early adopters in our attempts to partner with dental professionals. After we initiated our effort, the American Dental Association began focusing on HPV-related cancers as well and that may help us gain traction with dental professionals here.

Q: What successes can you point to in your work to raise awareness and increase HPV vaccine rates in Arkansas?

A: HPV vaccination rates appear to be on the rise since we started our work about four years ago. At that time, about 30 percent of girls were getting one shot of the vaccine. Now it's jumped to 61 percent. We need a three-year trend to be sure there is a true trend, but we think we are making a difference. Additionally, about 100 people attended our inaugural HPV Summit in May 2018, which is a good number for a one-vaccine specific summit.

Keep reading for more of our partner Q&A's



NATIONAL SPOTLIGHT

Statewide initiatives by the ACC and its coalition members and partners received national recognition for their favorable impacts in 2018:

National Colorectal Cancer Roundtable

Arkansas increased its colorectal cancer screening rates by 7.2 percent from 2015 to 2017. Arkansas was recognized by the National Colorectal Cancer Roundtable (NCCRT) for this achievement and staff of the ACC were invited to the NCCRT annual meeting in November 2018 to share the success of the Arkansas Colorectal Cancer Roundtable. The Arkansas roundtable was created with funding from NCCRT and Centers for Disease Control after Arkansas (Mississippi Delta) was identified as one of the three U.S. hot spots for excessive colorectal cancer deaths and low screening rates.

Members of the Arkansas Colorectal Cancer Roundtable increased the statewide screening rate by identifying and reducing structural barriers, modifying clinic hours for patients, providing transportation or translation services, improvements to administrative procedures and community outreach.

Centers for Disease Control and Prevention

Arkansas's vaccination rate against Human Papillomavirus (HPV) increased by 7.3 percent, contributing to a national vaccination rate increase of 5.2 percent. Only two states achieved a vaccination rate higher than Arkansas. The HPV vaccine can prevent cancers and other health issues caused by HPV. With a grant awarded by ACC, the Arkansas Immunization Action Coalition convened a statewide HPV work group, offered educational programming to healthcare providers, and achieved other HPV vaccination objectives to improve the immunization rate. Arkansas's progress was reported by the CDC in its Morbidity and Mortality Weekly Report issued on Aug. 24, 2018, and in subsequent news reports.

OUR IMPACT

ACCESS TO TRANSPORTATION

842 patients received gas cards

564 patients received transportation for treatment

10,500 patient visits were made by transporting staff and equipment to provide cancer treatments in rural areas

PATIENT NAVIGATION

392

newly diagnosed patients navigated to treatment resources including health care providers and the Arkansas Tobacco Quitline

AWARENESS & OUTREACH

6,520 Arkansans reached through **77** outreach events hosted by the Coalition throughout the state to raise awareness of Arkansas' deadliest cancers

870 community members surveyed to measure awareness of cancer, early detection screening and tobacco use

ACCESS TO CANCER EDUCATION

4,084

people reached with information on early detection, treatment, survivorship and other topics through educational forums hosted by ACC and coalition members to educate health care providers, public health professionals, health profession students, patients and the general public

CANCER SCREENING

2,259

people screened for the deadliest kinds of cancer

RESOURCE DEVELOPMENT

ONE

biobanking program encouraging African American women to donate tissue specimens for cancer research was funded by ACC; this enabled the program to develop new social media messages which reached people in the community

ONE

new statewide initiative to improve community level access to cancer genetic screening and improved testing through telehealth; ACC's grant funding helped this UAMS program to provide vital resource information about Lynch Syndrome Algorithm

ONE

new statewide initiative to help dental health professionals inform patients about cancer risks of HPV virus and benefits of HPV vaccine; ACC's partnership and funding led to the development of oral health post cards and reminder magnets that were distributed to clinics around the state

WHAT OUR PARTNERS ARE SAYING



ACC's partner My Sisters Keyper, Inc., assigns patient navigators to women who seek help in battling breast cancer. The organization's founder, Karolyn Taylor, is a breast cancer survivor who recognized that each woman's needs are unique. The organization seeks to "unlock doors one key at a time."

Q & A

Q: How does My Sisters Keyper's Patient Navigation program help women with breast cancer?

A: Women who request patient navigation services meet with our patient navigator, who determines what their needs will be during the next six months. We give them a list of suggested questions to ask their doctors as well as a survivor kit, including blankets, crossword puzzles, socks and things like that. If they need someone to go to the doctor with them, we arrange that, and if they need help getting to their appointments, we give them gas cards to help with transportation.

Q: Can you share something about the women helped through the Patient Navigation program's partnership with ACC?

A: With a \$1,000 grant we got from the ACC, we were able to help 25 women get to their appointments this year. This really relieved pressure on these women, who didn't know how they were going to get to their appointments otherwise. A couple of the women were from the Lake Village area and they had to travel to Little Rock, and a couple of women who lived in Ash Flat needed to go to Oklahoma for services. We helped one lady from Texarkana who was coming to Little Rock

for treatment and one from Texarkana who needed to travel to Baylor University Medical Center.

Q: How else does My Sisters Keyper work within the community to help women with breast cancer?

A: We try to determine what a woman needs to help her in her fight against cancer. Sometimes that need is financial, sometimes it's support or education and sometimes it's just a matter of putting the right people together. For example, we knew a woman with stage 4 metastatic breast cancer who had been driving from Pine Bluff to Little Rock every day during the hot summer months for radiation treatments, which already raised her body temperature, and her car had no air conditioning. We called a mechanic we knew and he drove to her place of employment and fixed her air conditioning as well as some other problems with her car, free of charge. Sometimes people may not have dollars but they have skills that they're willing to share.

Keep reading for more of our partner Q&A's

OUR PROGRAMS

ACC was an active partner or participant with numerous programs in 2018; these are the outcomes of some of our new partnerships for the year:

TOBACCO CESSATION PROGRAMS FOR HEALTH CARE PROVIDERS

East Arkansas Family Health Center (EAFHC) is a Federally Qualified Health Center providing primary care, dental care and support services to more than 2,000 patients per month in Crittenden, Poinsett, Mississippi and Phillips counties, many of whom identify Medicaid or Medicare as their primary insurance. An estimated 23.6% of adult Arkansans smoke, and the rate of smoking increases among low-income families. The Medicaid cost caused by smoking in Arkansas is \$293.1 million, and one-third of all Arkansas cancer deaths are related to smoking.

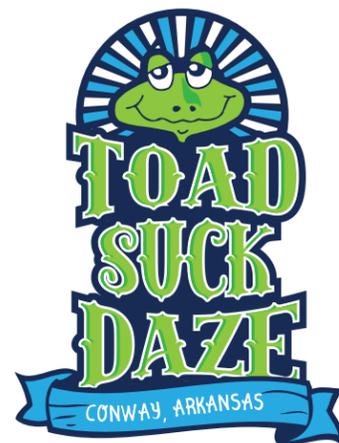
ACC partnered with EAFHC administration to organize training for 48 of their healthcare providers to communicate with patients about the cancer risks of tobacco usage. ACC helped EAFHC obtain eight carbon monoxide monitors to use with patients as well as educational brochures and information on the Arkansas Tobacco Quitline. EAFHC subsequently reported counseling 4,445 of the 5,496 tobacco users seen during January-June 2018, and providing other smoking-related services to 2,933 patients.



Staff of East Arkansas Family Health Center practice their Motivational Interviewing skills.

COMMUNITY OUTREACH AT TOAD SUCK DAZE

ACC hosted an outreach event during the Toad Suck Daze festival in Faulkner County, providing information about tobacco cessation and conducting a survey to gauge awareness of and attitudes on tobacco use, electronic cigarettes and the Tobacco 21 national campaign. The audience of predominately young professionals and students was provided information on the difference between evidence-based cessation devices and electronic cigarettes. Among survey respondents, 64.6% say the Clean Indoor Air Act should cover e-cigarettes and 72.9% say bars should be smoke-free. Only 34.4% say they are aware of the national campaign to raise the minimum age for purchase of tobacco and nicotine products to 21, but 87.5% say they favor the move. This indicates the need for a significant increase in education about the proposed Tobacco 21 law and the important benefits of the comprehensive Clear Indoor Air Act.



Celebrating life after cancer.



Dr. Joseph Banken trains dental health professionals on tobacco cessation and Motivational Interviewing.



Celebrating National Cancer Survivors Day.

PROMOTING TOBACCO CESSATION THROUGH DENTAL PROFESSIONALS

ACC partnered with the Arkansas Oral Hygiene Association to educate dental professionals on the use of motivational interviewing skills to encourage their patients to quit using tobacco. Training sessions in Central and Northwest Arkansas were attended by 64 dental professionals. Seventy-five percent of participants said they received information that will enable them to better treat and manage their patients, and 50% said they will implement the new skills in their daily practices.

ENGAGEMENT IN NATIONAL CANCER SURVIVORSHIP DAY

National Cancer Survivors Day is celebrated on the first Sunday in June to demonstrate that “life after a cancer diagnosis can be a reality.” In 2018, the event was hosted by a group of partners including: American Cancer Society; Arkansas Cancer Coalition; Baptist Medical Center; CARTI; CHI St. Vincent; Hospice Home Care; John L. McLellan VAMC; Little Rock Oncology Nursing Society;

Little Rock Blood Cancer Support Group; Leukemia and Lymphoma Society; UAMS College of Nursing; UAMS Medical Center; UAMS Myeloma Center. Almost 100 cancer survivors and caregivers participated in the celebration, which featured KTHV’s Ed Buckner as master of ceremonies.

ARKANSAS COLORECTAL CANCER ROUNDTABLE

ACC joined with the UAMS Winthrop P. Rockefeller Cancer Institute to host the Arkansas Colorectal Cancer Roundtable, as part of the 2018 oncology update and RASCO Symposium on Colorectal Cancers and GI Malignancies. Fifty-one health care providers participated in the Roundtable, along with community members. The March 8, 2018, Roundtable focused on using a multidisciplinary approach to managing gastrointestinal cancers. ACC delivered an update on the latest colorectal cancer data and grassroots outreach efforts to combat the disease. Trena Mitchell, executive director of ACC, presented on the history of the ACC and the National Colorectal Cancer Roundtable.

OUR PLAN

COMPETITIVE AND MINI GRANTS

The ACC helps cancer control programs across the state to better serve their patients by funding grant requests that subsidize the high costs of cancer programs. Grants are awarded through a competitive evaluation process. Recipient organizations must demonstrate that their programs have the capacity to implement the goals and strategies of the Arkansas Cancer Plan.

Additional priority consideration is given to grant requests for programs that support cancer patients who live in Arkansas's rural and "Red" counties. Red counties are defined by the Arkansas Department of Health as those where life expectancy at birth ranges from 6-10 years less than the Arkansas county with the highest life expectancy.

The state's 10 Red counties (from highest to lowest life expectancy) are: Poinsett, Phillips, Cross, Mississippi, Lafayette, Ouachita, Bradley, Jackson, Woodruff and Lawrence.

Competitive grants may range from \$25,000 to \$55,000 each. In FY 2018, competitive grants totaling \$345,120.22 were awarded by ACC to eight organizations.

Mini grants were awarded by ACC through its Cancer in YOUR Community: Communities for Change program. Grants were awarded in two cycles (spring and fall), and ranged from \$1,000 to \$2,500 each. For FY 2018, ten recipients received 12 grants totaling \$16,905.18

Competitive Grants

APPLICANT ORGANIZATION	PROGRAM	ARKANSAS CANCER PLAN CHAPTER	AMOUNT
Arkansas Cancer Institute	Patient Navigator Program	Palliative Care	\$40,369.49
Arkansas Immunization Action Coalition	HPV Prevention Work Group	Cervical Cancer	\$24,999.35
CARTI Foundation	Access to Treatment - Overcoming Barriers	Survivorship	\$45,000.00
Hope Cancer Resources	Patient Transportation - Access to Cancer Care	Survivorship	\$49,454.00
St. Bernards Development Foundation	Bringing Breast Cancer Care Services to Your Community	Breast Cancer and Survivorship	\$55,000.00
University of Arkansas for Medical Sciences	Improving Access to Cancer Genetic Counseling and Testing	Genomics	\$49,999.73
Washington Regional Medical Foundation	Cancer Support Home	Colorectal and Oral Cancer	\$35,000.00
Wells Bayou Development, Inc.	Community-Based Biobanking	Breast and Colorectal Cancer	\$45,297.65
TOTAL COMPETITIVE GRANTS			\$345,120.22

OUR PLAN

Mini Grants

APPLICANT ORGANIZATION	PROGRAM	ARKANSAS CANCER PLAN CHAPTER	AMOUNT
Donald W. Reynolds Cancer Support House	Skin Cancer Prevention: Sun SMART	Skin Cancer	\$2,500.00
Hope Cancer Resources	Skin Cancer Screening Clinic, Northwest Arkansas	Skin Cancer	\$1,000.00
Omegas of Little Rock	Omega Prostate/Colon Cancer Awareness 5K	Colorectal and Prostate Cancer	\$2,500.00
St. Bernards Cancer Center	Survivorship Library	Survivorship	\$1,000.00
Arkansas Immunization Action Coalition	HPV Workgroup	Cervical Cancer	\$1,505.18
Donald W. Reynolds Cancer Support House	Transportation Assistance	Survivorship	\$1,000.00
Mississippi County, Arkansas Economic Opportunity Commission, Inc.	Mississippi County Rural Transportation for Patients	Survivorship	\$1,000.00
White River Health System	Get Your Mammogram ("GYM")	Breast Cancer	\$1,000.00
The National Witness Project/ Arkansas Witness Project	Patient Navigation Training	Breast Cancer	\$2,400.00
Arkansas Cancer Institute	ACI Patient Transportation Assistance	Evaluation	\$1,000.00
My Sister's Keeper, Inc.	Be in the Know Women's Health	Survivorship	\$1,000.00
The National Witness Project/ Arkansas Witness Project	Patient Transportation Assistance	Survivorship	\$1,000.00
TOTAL MINI GRANTS			\$16,905.18

OUR PLAN



National Witness Project/Arkansas Witness Project



White River Health Systems, Inc.

NATIONAL WITNESS PROJECT/ ARKANSAS WITNESS PROJECT

One of the most daunting challenges facing many Arkansans is gaining access to affordable transportation so that they can receive timely and adequate cancer screening, prevention, treatment and related healthcare. To help address this issue, ACC awarded a \$1,000 mini grant to the Patient Transportation Assistance Program of the National Witness Project/Arkansas Witness Project. As a result, 40 gas cards valued at \$25 each were distributed to a total of 28 low-income patients to enable them to travel for healthcare services.

The Witness Project is a community-based program designed to increase mammography rates among African American and medically underserved women. The Witness Project provides education and other services, including training lay patient navigators to help women navigate through the continuum of care required to receive screening, diagnosis and treatment when required. The Witness Project transportation assistance program is active in 14 counties: Arkansas, Bradley, Crittenden, Cross, Jefferson, Lee, Mississippi, Monroe, Ouachita, Phillips, Poinsett, Pulaski, St. Francis and Woodruff.

WHITE RIVER HEALTH SYSTEMS, INC.

The community-based Get Your Mammogram (GYM) program was launched in 2007 to provide free services to low-income patients in IZARD, LAWRENCE and SHARP Counties who might otherwise end or avoid treatment due to lack of financial resources. Over the past decade, more than 2,600 women have received free services, 20 cases of breast cancer have been detected, and two analog mammogram machines have been upgraded to digital.

In FY 2018, ACC awarded a \$1,000 mini grant to support the GYM project, joining employees of White River Health Systems, Inc., and other local GYM donors who in 2017 raised more than \$40,000 through bake sales, personal donations and other methods.

The ACC grant helped cover the cost of transportation, which is one of the greatest barriers for women who need breast cancer screening or follow up care. Gas cards were distributed to 20 women in IZARD, LAWRENCE and SHARP Counties so that they could afford transportation to receive care.

The ACC grant also provided leverage to get more matching donations from the community.

WHAT OUR PARTNERS ARE SAYING

UAMS

Winthrop P. Rockefeller
Cancer Institute

The Improving Access to Genetic Counseling and Testing Through Telehealth program at UAMS helps patients and their families understand inherited risk for cancer based on a gene mutation, which helps them choose appropriate treatment and preventive care. Medical experts at UAMS used the telehealth network to counsel patients and healthcare providers in their home communities, reducing the need for patients to travel to Little Rock.

Q & A

Q: How often do genetic mutations lead to inherited cancer risks, and how can knowing about them benefit patients?

A: About 10 percent of cancer is caused by a germline mutation, or an inherited risk for cancer. By identifying those patients not only can we help them manage their cancer better, we can also try to find their family members who don't yet have cancer but are at risk of developing cancer and can be proactive about their cancer risk. With the Improving Access to Genetic Counseling and Testing Through Telehealth program, we were trying to take an algorithm used at UAMS to screen patients diagnosed with colon and endometrial cancer for Lynch syndrome, a hereditary syndrome that increases the risk of colon and endometrial cancer, and make it available to patients diagnosed in the community.

Dr. Kristin Zorn

director of the division of gynecologic oncology at the Winthrop P. Rockefeller Cancer Institute at the University of Arkansas for Medical Sciences

Q: How has your partnership with ACC furthered the program?

A: In December 2017, we had the first of our monthly telehealth conferences. We have nurses, nurse practitioners, physician assistants, genetics counselors and physicians, so I think we have a broad range of medical professionals participating. We've discussed how to talk to patients about genetic risks as well as about new things coming down the pike. ACC has helped us reach out to providers across the state about participating in the teleconference. After our grant ended, ACC helped to distribute a needs survey for providers across the state to see what they feel like their needs are in the genetics sphere so we can try to tailor the things that we offer to exactly what they feel like would be most helpful to them.

We have continued the teleconferences, even though our grant has ended,

meeting monthly and even broadening our scope so that we're talking about not just Lynch syndrome but other hereditary cancer syndromes. The ACC has really been helpful to us because they have such a broad penetration into the different areas of the state and they can help you access those folks without having to build that network yourself.

Q: What does the success of this program mean to the future of genetics work in our state?

A: This was truly a research question and the pilot funding we got from ACC for our research program that was just getting established was hugely helpful. My hope going forward is that we're going to be able to capitalize on having had that pilot funding to be competitive for larger grants. We want Arkansas-based research to really have a space in the national research community because we do definitely have some challenges coming from a smaller state. This idea of cancer genetics can seem really technical and overwhelming to people but, by the same token, this really is the future of not just cancer care but medical care in general. We focus a lot on genetics in terms of guiding treatment choices, especially in the cancer arena but I think this is going to be our opportunity to truly cut down on cancer rates by preventing it altogether. As an oncologist that's what's really powerful to me.

OPERATIONS & FINANCIALS

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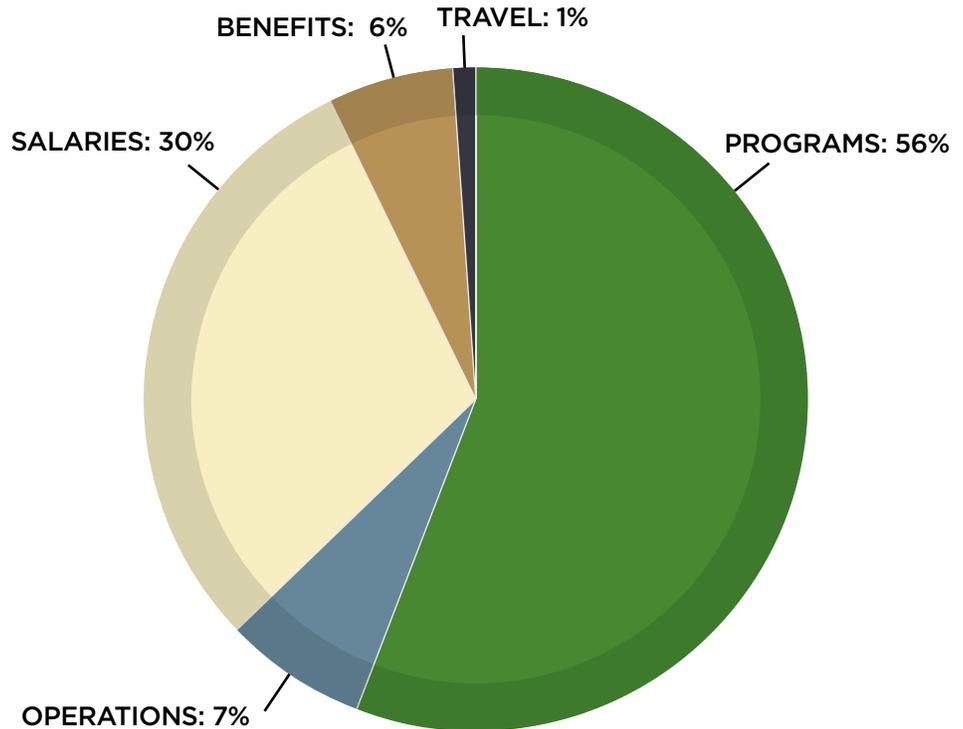
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Executive Assistant



EXPENDITURES

Programs	\$538,459
Operations	\$ 65,494
Salaries	\$282,495
Benefits	\$ 62,635
Travel	\$ 6,822
TOTAL EXPENDITURES	\$955,905



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