

\$4.2M Project Seeks to Connect Rural Coloradans With Cancer Prevention, Detection, and Care

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The difference in cancer outcomes between urban and rural Americans is so pronounced that the National Institutes of Health list “rurality” as a risk factor for death from the disease. For example, the 5-year survival rate for Coloradoans diagnosed with lung cancer is 70 percent, but the 5-year survival for rural Coloradoans with the same diagnosis is only 55 percent. While we certainly continue to learn more about this urban-rural cancer care gap, the picture is already pretty clear: Not just in Colorado, but across the country, rural Americans diagnosed with cancer are more likely to die from their conditions than are urban Americans. The question has been what to do about it.

Now a five-year, \$4.2 million National Cancer Institute award provided by the Beau Biden Cancer MoonshotSM and local supporters will help Colorado researchers discover, design, and implement interventions to close this rural/urban gap in cancer outcomes. The center established by this award is part of a larger, national consortium aimed at speeding the pace at which research is translated into practice to promote cancer control.

“Sometimes we do an incredible amount of really great science, but a lot of it doesn’t ever become practical. A lot of world-shaking research happens at cancer centers, but how much of that trickles down to the real world? A lot of the discoveries and technologies never move into these other settings where there is particularly high need. Our focus is practical. We hope to take a pragmatic approach to improving cancer prevention and care, developing interventions in Colorado that can be applied to rural communities,” says Russell Glasgow, PhD, research professor and director of the Dissemination and Implementation Science Program at the Adult and Child Consortium for Health Outcomes Research and Delivery Science (ACCORDS) at the CU School of Medicine, and principal investigator of the current grant.

The project includes the following five core areas:

Implementation Laboratory

“Calling it an Implementation Laboratory probably just makes sense to scientists, but what we really mean is the network of rural primary care facilities ranging from pediatrics to geriatrics across the state that want to be involved in this research,” Glasgow says. “They’re not at the University or federally funded, but they still want to be involved.” Headed by [Donald Nease, MD](#), the project’s Implementation Laboratory is composed primarily of two umbrella networks, the High Plains Research Network on the Eastern Plains, and PEACHnet on the Western Slope, each coordinating the research of primary care facilities in their catchment areas. “The really neat thing about this project is that after three years partnering with our Colorado networks, we’ll take what we find to the National Research Network, overseen by the American Academy of Family Physicians directed by Dr. Jennifer Carroll, which has a U.S.-wide network of 1,900 practices — including over 200 rural practices, to test and revise our strategies before disseminating them nationally,” Glasgow says.

Administrative Unit

Glasgow will share leadership of the project’s Administrative Unit with University of Colorado Cancer Center Deputy Director, [Cathy Bradley, PhD](#), overseeing the development, progress and integration of the other units, as well as coordinating the project’s internal and external stakeholder advisory committees.

Implementation Studies

These individual projects deliver practical strategies based on the group’s research. The first project seeks to provide resources aiding shared decision-making in lung cancer screening in rural Colorado. “Lung cancer is a perfect illustration of the challenges here,” Glasgow says. “It usually starts with a primary care provider and a patient, making sure you know things like a patient’s pack-year smoking history to identify which patients should be screened for lung cancer — and you have practical concerns like fitting that discussion in with the hundred other things primary care has to do in a 15-minute visit. Then in a rural setting, most often you cannot do lung cancer screening in your community, so have to make connections with radiology somewhere else and communicate the radiology findings back to the primary care physician. And if screening comes back positive, there’s a whole new role for the primary care physician about treatment and acting as a quarterback to oversee care. Even if lung cancer screening with a smoker comes back negative, that’s an opportunity to help patients with smoking cessation. All of these factors go into our implementation study with the goal of helping practices and patients in rural primary care address cancer prevention, screening and treatment decisions,” Glasgow says. This core is headed by [Dan Matlock, MD](#).

Outreach and Network

“This unit involves providing resources to help translate research to practice,” Glasgow says. For example, the group plans to provide interactive web-based and downloadable resources that both researchers and care providers can use to communicate and implement best practices in cancer prevention, screening and care with their patients. Another important aspect of this unit is to share the developed research strategies, methods, measures and resources with other cancer research programs around the country included in this newly formed consortium of centers, to

help advance the capacity for translating cancer research into practice, nationwide. This effort will be overseen by [Amy Huebschmann, MD](#), and [Borsika Rabin, MD, MPH, PharmD](#).

Methods

Increased screening and other strategies that could reduce the burden of cancer in rural areas aren't free. "That's where our health economics focus comes in," Glasgow says, pointing out that a unique strength of the newly-created center is collaboration with health economists Cathy Bradley, PhD, Debra Ritzwoller, PhD (Kaiser Colorado), and [Mark Gritz, PhD](#). "Our goal is to create practical and generalizable methods to assess cost and value from the perspective of different stakeholders — not just an overall healthcare system, but down to the level of individual clinics, physicians and staff, then of course patients and families. And those perspectives can all be somewhat different," Glasgow says.

Together these core areas represent a truly transdisciplinary approach that combines behavioral science, epidemiology, health economics, primary care, decision science, dissemination research, health services, and cancer research. Likewise, the project represents the collaboration and contribution of many institutions including ACCORDS at the CU School of Medicine, the University of Colorado Cancer Center, Colorado School of Public Health, the Data Science to Patient Value (D2V) program, also at CU School of Medicine as well as Kaiser Colorado and the University of California San Diego. Coordinating the project from ACCORDS on the CU Anschutz Campus is [Bryan Ford](#).

"We just feel like cancer care in rural areas has not received sufficient attention and resources — so many risks in rural areas are higher and these populations are so underserved," Glasgow says. "We have a great team, and we hope that in partnership with community and clinical stakeholders, that this pragmatic, multidisciplinary approach can help us realize real gains for rural communities."

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