RTI REPORT

Key Initiatives

Highlighting recent work (2020 – 2023)
# TABLE OF CONTENTS

- **p. 3** Welcome
- **p. 5** Capturing Lived Experiences: Survey Research Highlights
  - Biomarker Testing Perceptions
  - Impact of COVID-19
  - Cancer Experience Registry (CER)
- **p. 18** Creating New Measures of the Cancer Experience
  - Valued Outcomes in the Cancer Experience (VOICE)
  - CancerSupportSource (CSS)
    - CSS-Spanish
    - CSS-Caregiver
- **p. 28** Examining Real World Impact
  - Impact of Distress Screening on Care Utilization
  - Impact of CSS-Caregiver on Caregiver Well-Being
- **p. 34** Resources
- **p. 35** References
- **p. 37** Acknowledgements
The Cancer Support Community’s Research and Training Institute (RTI) was founded in 2008 with a commitment to engage, understand, learn from, and support people impacted by cancer.

Today, the RTI is a leader in cancer psychosocial research. By elevating patient and caregiver voices through research, we aim to:

- Understand the cancer experience and impact
- Enhance cancer care
- Guide program development
- Influence health-related policy

In this report, we highlight recent RTI initiatives from 2020 - 2023, which are driven by both comprehensive enduring needs in the cancer community, such as quality of life, access to care, and financial impact, as well as focused emerging needs, such as those related to COVID-19 and evolving approaches in cancer care, like biomarker testing.
This report will focus on three research approaches:

- Capturing Lived Experiences: Survey Research
- Creating New Measures of the Cancer Experience
- Examining Real World Impact

We will start each section by tell you more about **HOW we approach this work**. We will then provide specific examples that include:

- **THE OPPORTUNITY**: Why is this work needed?
- **WHAT WE DID**: How did we complete the work?
- **WHAT WE LEARNED**: What are some key learnings?

To the many cancer patients, survivors, and caregivers who have partnered with us, we say **THANK YOU FOR TRUSTING US** to share your experiences and use them to better the future of cancer care and support.

Please visit the **resource page** at the conclusion of this report to see the types of resources that Cancer Support Community has to offer you.
How do we do survey research?

- **Review** scientific literature to see what existing research tells us.
- **Submit** to institutional review board (IRB) to ensure research is ethical.
- **Capture** participant responses in secure environment.
- **Analyze** data and determine findings.
- **Engage** patients, caregivers, providers, and other experts to develop survey.
- **Share** survey opportunity through vast network of recruiting partners.
- **Disseminate** findings through publications and presentations.
A biomarker is a sign of disease or abnormal function that can be measured in your blood, tissue, or bodily fluid. In cancer, these biomarkers can be proteins, genes, or gene mutations, which may help to determine the best treatment for you. Learn more HERE.

BIOMARKER TESTING: PATIENT EXPERIENCES

THE OPPORTUNITY:
Biomarker testing in oncology is becoming the standard-of-care. We know that biomarker testing affects patients' treatment and prognosis, and can improve health outcomes,\textsuperscript{1,2,3} so it is important for us to develop a better understanding of biomarker testing experiences.

WHAT WE DID:
We conducted an online survey with 436 adults with breast, colorectal, and lung cancer who were diagnosed in 2018 or later. Participants were recruited through advocacy partners and through an online survey panel.

Participants answered questions about their biomarker testing experiences, including:

- Their familiarity with biomarker testing
- If they had biomarker testing during cancer care, and if so, what type
- Problems they experienced during biomarker testing
- How they learned and communicated about biomarker testing
WHAT WE LEARNED:

52% of participants were at least somewhat familiar with biomarker testing terminology, while 48% were slightly or not at all familiar.

85% of participants had biomarker testing, 9% did not have testing, and 6% were unsure if they had testing.

37% of participants reported no problems with their biomarker testing. Those with breast cancer were more likely to report no problems than those with lung or colorectal cancer.

The most commonly reported problems across cancer types were:
1) Difficulty understanding results
2) Long wait between test and results
3) Difficulty with scheduling the test

60% of participants talked with their medical oncologist about biomarker testing. Participants were also likely to talk with their primary care physicians (39%), family or friends (32%), and cancer support groups (27%).
THE OPPORTUNITY:
The COVID-19 pandemic continues to threaten the health and well-being of those living with a cancer diagnosis. Cancer patients and survivors have unique needs and areas of concern as a result of COVID-19, and the full impact of the pandemic on the cancer community, including delays in cancer screening and cancer care, remains to be seen.\textsuperscript{4,5,6}

WHAT WE DID:
We conducted online surveys with around 1,000 adults living with a cancer diagnosis at multiple time points throughout the COVID-19 pandemic.

Participants answered questions about their COVID-19 experiences, including:

- COVID testing, diagnosis, and vaccination
- Shifts in treatment procedures and cancer-care
- Primary fears and concerns about COVID-19
WHAT WE LEARNED:

Testing and vaccination rates increased over time. At Time 5 (June-July 2022), most survey respondents were fully vaccinated and had received at least one COVID-19 booster shot.

<table>
<thead>
<tr>
<th>Time</th>
<th>% Tested for COVID</th>
<th>% Tested COVID+</th>
<th>% Fully Vaccinated</th>
<th>% Boosted 1 or more</th>
<th>% Not Vaccinated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time 1</td>
<td>49%</td>
<td>3%</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Time 2</td>
<td>64%</td>
<td>4%</td>
<td>43%</td>
<td>NA</td>
<td>30%</td>
</tr>
<tr>
<td>Time 3</td>
<td>74%</td>
<td>8%</td>
<td>82%</td>
<td>NA</td>
<td>12%</td>
</tr>
<tr>
<td>Time 4</td>
<td>76%</td>
<td>13%</td>
<td>91%</td>
<td>26%</td>
<td>7%</td>
</tr>
<tr>
<td>Time 5</td>
<td>86%</td>
<td>25%</td>
<td>96%</td>
<td>86%</td>
<td>4%</td>
</tr>
</tbody>
</table>

Of those who received a COVID-19 booster \((n=353)\), they agree or strongly agree that they are now more likely to leave the house for:

- medical reasons (66%)
- acquiring basic essentials (65%)
- social reasons (59%)
WHAT WE LEARNED:

Disruptions in cancer care decreased at each timepoint, with 40% reporting any type of disruption at Time 1 and 18% at Time 5.

<table>
<thead>
<tr>
<th>Time</th>
<th>Any type of disruption to cancer care</th>
<th>Routine screening</th>
<th>Imaging service (x-ray, MRI, etc.)</th>
<th>Lab services</th>
<th>Cancer treatment</th>
<th>Supportive services (OT, PT, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time 1</td>
<td>40%</td>
<td>10%</td>
<td>13%</td>
<td>12%</td>
<td>5%</td>
<td>6%</td>
</tr>
<tr>
<td>Time 2</td>
<td>21%</td>
<td>9%</td>
<td>5%</td>
<td>6%</td>
<td>3%</td>
<td>1%</td>
</tr>
<tr>
<td>Time 3</td>
<td>16%</td>
<td>7%</td>
<td>5%</td>
<td>4%</td>
<td>&lt;1%</td>
<td>2%</td>
</tr>
<tr>
<td>Time 4</td>
<td>17%</td>
<td>6%</td>
<td>4%</td>
<td>4%</td>
<td>2%</td>
<td>3%</td>
</tr>
<tr>
<td>Time 5</td>
<td>18%</td>
<td>6%</td>
<td>5%</td>
<td>3%</td>
<td>3%</td>
<td>2%</td>
</tr>
</tbody>
</table>

Importantly, 6% of participants still indicated a delay in routine screening at Time 5, which can result in delay of diagnosis and required cancer care, highlighting the ongoing impact of COVID-19.

Half of participants (49%) reported use of telehealth in 2022. As such, we plan to continue to investigate telehealth use in the cancer community in the coming years.
WHAT WE LEARNED:

The top three concerns remained consistent across the time points, with concern being highest at Time 1 (Sep-Dec 2020). At Time 5 (Jun-Jul 2022), most people are still expressing significant concern (being somewhat to extremely concerned) in these top three areas.

1. Others’ lack of adherence to safety recommendations in public (like wearing masks)
   - Time 1: 86%
   - Time 5: 74%

2. Getting sick because I am a cancer survivor or patient
   - Time 1: 77%
   - Time 5: 65%

3. Worrying about a loved one’s health
   - Time 1: 75%
   - Time 5: 58%

To learn more about the psychological impact of the COVID-19 pandemic on the cancer community, see our recently published paper HERE.
THE OPPORTUNITY:
Over the next decade, more people will be diagnosed with cancer than ever before, and many are living longer with cancer as treatments extend life. At the same time, navigating care is becoming more and more complex. Despite the great need for actionable information about quality of life and care experience among people impacted by cancer, few large, data sources exist outside of academic settings.

CSC recognized the need to capture the lived experience of today's cancer patients, survivors, and caregivers, bringing to light unmet needs and gaps in care, by redesigning and sustaining the Cancer Experience Registry (CER).
WHAT WE DID:
For more than 10 years, CSC has been expanding an online program of surveys with a major change in 2021. The relaunch of the new surveys included a revised baseline survey, follow-up surveys, and spotlight surveys.

- **Cross-Sectional**: examining relationships at a single point in time
- **Longitudinal**: collecting prospective data
- **Dyadic**: capturing data from patient and caregiver pairs
- **Subgroup Analyses**: segmenting the data in different ways (e.g., by diagnosis, region, age)

As of April 2023, over **2600 patients and 600 caregivers** have participated in the CER sharing insights that can provide CSC and the broader cancer community with actionable information to improve support services, enhance cancer care, and influence healthcare policy.
WHAT WE LEARNED: *Patients and Survivors*

**Quality of Life & Distress**
- 44% were at risk for clinically significant levels of anxiety or depression
- About 1 out of 2 were moderately to very seriously concerned with exercising/being physically active

**Side Effects & Symptoms**
- Nearly 3 out of 10 were moderately to very seriously concerned about managing side effects of treatment
- 35% were moderately to very seriously concerned with thinking clearly (e.g., ‘brain fog’ or ‘chemo brain’)

**Treatment Decision-Making**
- 57% did not feel prepared to make cancer treatment decisions
- Nearly 3 out of 5 did not feel knowledgeable about each cancer treatment option before making a decision

**Financial Impact**
- 1 out of 3 used up or depleted their savings to pay for medical costs
- 77% did not feel knowledgeable about the financial impact of each cancer treatment option

**Practical Concerns**
- 30% experienced delays or barriers to accessing cancer care or treatment
- 1 out of 3 were moderately to very seriously concerned with changes in work, school, or home life
<table>
<thead>
<tr>
<th>WHAT WE LEARNED: Cancer Caregivers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Caregiver Roles</strong></td>
</tr>
<tr>
<td>54% reported <strong>always</strong> attending medical visits with the patient</td>
</tr>
<tr>
<td>1 out of 4 reported providing constant care</td>
</tr>
<tr>
<td>9 out of 10 wanted help understanding patients’ cancer, treatment options, and prognosis</td>
</tr>
<tr>
<td>88% were quite a bit or very much involved in talking to the patient about care goals and treatment preferences</td>
</tr>
<tr>
<td><strong>Impact on Employment</strong></td>
</tr>
<tr>
<td>43% went in late, left early, or took time off to provide care</td>
</tr>
<tr>
<td>Nearly 1 out of 5 went from working full-time to part-time, or cut hours</td>
</tr>
<tr>
<td>2 out of 3 reported worse emotional/mental health due to caregiving</td>
</tr>
<tr>
<td>62% reported worse sleep due to caregiving</td>
</tr>
<tr>
<td><strong>Caregiver Needs</strong></td>
</tr>
<tr>
<td>31% wanted help balancing work, life, family, and caregiver demands, <strong>but did not receive it</strong></td>
</tr>
<tr>
<td>2 out of 3 wanted help managing their negative feelings, <strong>but did not receive it</strong></td>
</tr>
</tbody>
</table>
WHAT WE LEARNED: Spotlight Survey

In August 2022, we conducted a spotlight survey of CER patients on barriers to accessing mental health care. A total of 658 who reported an emotional or mental health concern since cancer diagnosis took part.

Many patients with cancer are not receiving the mental health care they need.

60% of those in distress were not referred to a mental health professional by their cancer care team.

40% of those who wanted mental health support did not receive it.

Supportive care can be an important part of the cancer experience.

While 48% were prescribed depression or anxiety medication, many respondents wanted other support in improving emotional well-being.

- 66% Exercise Classes
- 62% Meditation Classes
- 61% Nutrition Programs
- 59% Support Groups
Creating New Measures of the Cancer Experience
How do we create new measures of the cancer experience?

Some of the steps for creating new measures of the cancer experience are similar to what we do in our survey research. However, we also want to take extra steps to make sure the new measure:

- Captures the concept we *want* it to measure
- Accurately reflects the patient experience, including the range and wording of items

Some critical steps in measure development include:

1. Focus groups and interviews
2. Create set of items for the measure
3. Test measure with survey
4. Analyze data for expected relationships
5. Test measure in real world settings
6. Finalize scale and share with others

Reduce the number of items and repeat this process if necessary.
THE OPPORTUNITY:
Perceived control can influence patients’ ability to achieve important care goals and can affect physical and mental well-being. Existing research shows that feelings of control can be changed and improved. While not all aspects of cancer can be controlled at all times, enhancing people's sense of control can positively impact their psychological well-being, hope, and resilience.⁷,⁸,⁹

WHAT WE DID:
We aimed to develop and validate a patient-centric measure of personal control over goals that are highly valued and relevant to cancer patients.

In 2022, we published a paper detailing our efforts in engaging over 1600 patients to develop, validate, and refine VOICE. The paper is available HERE.
WHAT WE LEARNED:

We found that patients’ sense of control and their hope are key components to their well-being. This is consistent with CSC’s Patient Empowerment Theoretical Framework.\textsuperscript{10}

VOICE is positioned to not only help us better understand cancer patients' experiences, but also to measure the impact of programs that increase people's sense of control and empowerment.\textsuperscript{10}
Distress screening is essential to cancer care, but there are still improvements to be made. Since 2008, CSC has been investigating the feasibility and effectiveness of screening, referral, and follow-up for cancer-related distress and unmet needs through the development of the CancerSupportSource (CSS) program.

CSS is a 25-item measure with five content areas, plus a single item evaluating substance use.

We want to ensure that all people impacted by cancer receive the support they need. As such, we tailored CSS to fit the unique needs of various groups impacted by cancer, including family and friend caregivers (CSS-Caregiver) and Spanish-speaking Latino and Hispanic individuals with cancer (CSS-Spanish).
CSS is a valid, flexible program that:

- automatically generates reports for clinicians and respondents that include tailored information based on respondents’ identified concerns
- links to free, accessible resources, which are provided by local CSC affiliates across the country
- flags respondents at risk for clinical levels of depression and anxiety

No screening tool alone can diagnose clinical depression or anxiety, but screening is an important step in identifying those in need of further follow-up evaluation and resources.

Through rigorous scale development and testing, we have found CSS measures to be reliable, valid, and multi-dimensional screening tools that can easily be integrated into cancer care across different groups.
DISTRESS SCREENING FOR SPANISH-SPEAKING HISPANIC AND LATINO COMMUNITIES

Healthcare disparities exist for Hispanic and Latino individuals living in the U.S. Following a cancer diagnosis, Hispanic and Latino individuals face unique barriers to quality of life. Cultural factors such as language barriers, health literacy, and beliefs surrounding medicine are often a large barrier to closing the gaps between the physical needs of this population and providers’ ability to deliver the support.12

THE OPPORTUNITY:
One way to bridge the gap in health care disparities is to increase access to distress screening, referral, and follow-up to people who are medically underserved. There is a lack of available distress screening and referral tools available for non-English speakers, including those in Spanish-speaking communities.13

WHAT WE DID:
Using gold-standard translation methods,14,15 we created a cultural adaptation of CSC for use in Spanish-speaking Hispanic and Latino communities, CancerSupportSource-Spanish (CSS-Spanish), which was then tested in a sample of 210 respondents from Hispanic and Latino communities.
CSS-Spanish is a 25-item measure with five content areas plus an optional item assessing substance use.

WHAT WE LEARNED:
CSS-Spanish is a reliable, valid multidimensional distress screener that rapidly assesses needs of Hispanic and Latino individuals. Embedded depression and anxiety risk flags can help quickly identify those in need of more support and resources.

Based on a sample of 210 respondents, we identified many at risk for clinical levels of anxiety and depression.

- **46% Both Anxiety and Depression**
- **13% Anxiety only**
- **12% Depression only**
- **29% Not at risk**
THE OPPORTUNITY:

Caregiver distress affects the quality of life and health of caregivers, as well as patient well-being. Rapid advancements in cancer treatment place caregivers in a critical patient and family support role before, during, and after treatment, substantively increasing risk for caregiver distress.\textsuperscript{16,17,18}

Supportive care is underutilized by cancer caregivers due to systemic gaps in access and lack of caregiver time.

WHAT WE DID:

We developed \textit{CancerSupportSource-Caregiver} (CSS-Caregiver), the first and only cancer caregiver distress screening, referral, and support program for family and informal cancer caregivers.
CSS-Caregiver is an 18-item measure with five content areas, plus an optional item evaluating substance use.

The goal is to rapidly identify and respond to unmet caregiver needs across key areas of life, thereby better enabling the caregiver to navigate care and treatment, practice self-care, and provide support for the unique needs of the patient.

In 2023, we published a paper detailing our efforts in engaging over 400 caregivers to develop, validate, and refine CSS-CG. The paper is available [HERE](#).
Examining Real World Impact
How do we promote whole-person care with comprehensive distress screening?

Start Here  ↓
Patient/Caregiver Completes Screener

Patient/Caregiver Customized Resource Report

Automated At-Risk Flags

Automated Staff Report

Referral and Follow-Up

Supporting all steps in the cancer care experience

Healthcare Utilization & Cost

Health-Related Quality of Life

Treatment Adherence
THE OPPORTUNITY:
When cancer patients’ distress is not addressed, it can lead to worse quality of life. Unsupported distress can also have a negative financial impact on patients and on institutions. Depressed cancer patients tend to have more emergency department visits and inpatient hospital admissions, and cancer patients with mental health diagnoses have higher healthcare costs.

Psychosocial distress screening can rapidly identify patients’ unmet needs and connect them to needed support. However, there is little research on the impact of distress screening on healthcare utilization and cost.

WHAT WE DID:
We partnered with Orlando Health Cancer Institute, a Network Partner of CSC.

We sought to understand the impact of distress screening with CancerSupportSource for breast cancer patients getting care there by looking at existing data records for 148 breast cancer patients over 2 years in a retrospective study design.
KEY LEARNINGS:

Patients screened with CSS who utilized Cancer Support Community supportive services at Orlando Health within one year following screening:

- had 50% fewer ED visits

And were more likely to access:

- integrative medicine department services
- patient and family counseling services
- financial counseling

There were no statistically significant differences in 2-year healthcare costs, after controlling for age and race/ethnicity.
**THE OPPORTUNITY:**

Distress screening is standard practice among cancer patients, yet there are few routine comprehensive distress screening programs for cancer caregivers, who typically report higher distress than patients.\(^{24, 25}\) Screening may increase caregivers’ access to supportive services and improve well-being.\(^{26}\)

**WHAT WE DID:**

We partnered with researchers at Memorial Sloan Kettering Cancer Center to understand the feasibility of using CSS-Caregiver at a large comprehensive cancer center, using a randomized controlled design.

- Caregivers randomly assigned to group
- CSS-Caregiver & consultative support
- Enhanced usual care (educational materials only)
- Compare caregiver distress and quality of life
KEY LEARNINGS:

Among 75 caregivers presenting with a patient with cancer to a cancer surgery center, CSS-Caregiver was:

- **Feasible**, with 95% completing the screening
- **Efficient**, connecting caregivers to wanted support
- **Acceptable**, helping caregivers feel cared for and integrated into cancer care

When compared to enhanced usual care of educational materials only, caregivers completing CSS-CG screening and referral program had significantly improved emotional well-being.
Cancer Support Community Homepage – You can navigate to all our free resources and support services from this page.

Find a CSC/GC location near you

Helpline – Call 888-793-9355 or chat a community navigator, resource specialist, or licensed social worker. Open Monday-Friday: 9:00 a.m.-8:00 p.m. ET & Saturday: 9:00 a.m.-5:00 p.m. ET.

MyLifeLine – Create a private website where you can document your cancer experience and invite your friends and family to join and support you through your journey. Connect with others like you through discussion boards monitored 24/7 by licensed mental health professionals.

Virtual Programs – Visit our virtual home and navigate through each room to access award-winning articles, videos, and podcasts on a variety of topics.

RTI Page – Visit our research page and explore some of our active projects, presentations and publications, and more.
ACKNOWLEDGMENTS
With gratitude to the patients, survivors, caregivers, CSC Network partners, recruitment partners, project advisory committee members, and sponsors who make our work possible.

Research and Training Institute Leadership Board

Mari Boggiano
Rebecca Cammy, MSW, LCSW
Elizabeth Franklin, PhD, MSW
Mitch Golant, PhD, FAPOS
Kelly Harris, MSS
Jill Holler Durovsik
John Jaeger, MPA
Diana Jeffery, PhD
Courtney Kronenthal, PhD

William Levin, MD
Paula Malone, PhD
Joey Mattingly, PharmD, MBA, PhD
Patricia Robinson, MD
Stephanie Stadlin
Ashley Tranter
Michael Zilligen
Heather Badt, MBA, LSS

Biomarker Testing Perceptions

Recruitment Partners
American Lung Association
Colorectal Cancer Alliance
Lung Cancer Research Foundation

Sponsors
Astellas Pharma Inc.
AstraZeneca
Bristol Myers Squibb
Lilly Oncology

Merck & Co, Inc.
Novartis
Sumitomo Pharma Oncology
Takeda Oncology

Impact of COVID-19

Recruitment Partners
Colorectal Cancer Alliance
Head and Neck Cancer Alliance
Living Beyond Breast Cancer
Men’s Health Network
Thelma D. Jones Breast Cancer Fund

Sponsors
AbbVie
Amgen
Astellas Pharma, Inc.
Bristol Myers Squibb
Genentech

Gilead Sciences
Lilly Oncology
Merck & Co, Inc.
Novocure
Takeda Oncology
ACKNOWLEDGMENTS (CONTINUED)

Cancer Experience Registry (2021-2023)

Recruitment Partners
Association of Community Cancer Centers
AnCan
A Ballsy Sense of Tumor
Bladder Cancer Advocacy Network
Blue Faery
Bone Marrow & Cancer Foundation
Cervivor
Colorado Cancer Coalition
Colorectal Cancer Alliance
Global Liver Institute
GRYT Health
Leukemia & Lymphoma Society
Lungevity
Lung Cancer Research Foundation
Man Up to Cancer
MBC Alliance
MDS Foundation

Sponsors
AbbVie
Acceleron Pharma, Inc.
Amgen
Anschutz Foundation
Astellas Pharma, Inc.
BeiGene
Bristol Myers Squibb
Genentech
Geron

Melanoma Research Foundation
Metavivor
Mohawk Mission
Montefiore St. Luke’s Cornwall
Multiple Myeloma Research Foundation
National Comprehensive Cancer Network
National Alliance for Caregiving
National Association for Proton Therapy
Ovarian Cancer Research Alliance
Patient Empowerment Network
Patient Power
Rocky Mountain Cancer Center
Sharsheret
Triage Cancer
Unite for HER
UPHS Marquette

VOICE

Recruitment Partners
AIM at Melanoma Foundation
American Sexual Health Association
Colorectal Cancer Alliance
Head and Neck Cancer Alliance
International Waldenstrom’s Macroglobulinemia Foundation

Sponsors
Pfizer Oncology
Genentech

National Cervical Cancer Coalition
Sarcoma Foundation of America
Sisters Network, Inc.
CancerSupportSource-Spanish

Recruitment Partners
Nueva Vida
SHARE

Sponsor
Boston Scientific Foundation

CancerSupportSource-Caregiver

Recruitment Partners
National Alliance for Caregiving

Sponsor
Novartis

Impact of Distress Screening on Care Utilization and Cost

Recruitment Partners
Orlando Health Cancer Center

Sponsors
Amgen
Celgene Corporation
Hitter Family Foundation

Implementation and Impact of Cancer Caregivers Distress Screening

Recruitment Partners
Memorial Sloan Kettering Cancer Center

Sponsor
MSK Projects in Patient and Family-Centered Care

A special **THANK YOU** to our **CSC Network Partners** and **CSC Healthcare Partners** who help recruit for many of our research projects!
Thank you

Have questions or comments regarding the contents of this report? Please feel free to contact us at research@cancersupportcommunity.org

The content of this report includes information as of May 2023 and is subject to change.