Journal of Medical Systems (2018) 42: 86
https://doi.org/10.1007/s10916-018-0927-4

SYSTEMS-LEVEL QUALITY IMPROVEMENT

Patient Access to Academic Cancer Centers

Stanton L. Gerson [1] · **Roy A. Jensen** [1]

Received: 23 January 2018 / Accepted: 23 February 2018 / Published online: 27 March 2018
© Springer Science+Business Media, LLC, part of Springer Nature 2018

Dear Editor:
The analysis of cancer center access by Wang and colleagues ("Disparities in Geographic Accessibility of National Cancer Institute Cancer Centers in the United States") draws attention to a persistent concern among cancer center leaders: How can we deliver uniformly high-quality cancer care to all patients, regardless of their geographic location?

Unfortunately, a number of shortcomings in the study's data collection, some of which the authors' acknowledge, casts doubt on their main conclusion; that poor, rural whites are the most underserved demographic group in terms of access to cancer care. We are concerned that the study's findings could be used to cast a negative light on many of the nation's top academic cancer centers.

Looking at National Cancer Institute-designated cancer centers, the study relies on the number of beds as its measure of cancer center capacity. However, more than 90% of oncology care is delivered on an outpatient basis.

Also perplexing is the study's apparent omission (judging from maps included in the paper) of highly respected cancer centers such as Fred Hutchinson Cancer Research Center's clinical care partner, the Seattle Cancer Care Alliance, and The University of Kansas Cancer Center. From a strictly numerical standpoint, while there are currently 69 NCI-designated cancer centers (seven are basic laboratory, research-only facilities), the study considered only 58 of them.

A broader roster of cancer centers is reflected in the membership of the Association of American Cancer Institutes (AACI). AACI is comprised of 98 cancer centers–two in Canada, 67 that are NCI-designated, and another 29 that meet stringent membership criteria. Many in that last group are seeking NCI designation and are in more rural states like Arkansas, Mississippi, Oklahoma and Louisiana. Ignoring these centers is a serious oversight, given the study's conclusion.

A recognized objective of the federal government's Cancer Moonshot initiative is to facilitate collaborations with researchers, doctors and patients to improve patient outcomes and health care value in the community. The need for such action is especially great at cancer center satellite locations where access to newer technology, decision-making expertise to handle advanced diagnostics, clinical trials, or multidisciplinary care may lag behind the larger, central cancer center sites.

To address those needs and improve service to patients in exurban and rural areas, AACI launched the Network Care Initiative in 2017. A growing number of cancer centers are delivering services through expanding networks of sometimes far-flung points of care (for example, UPMC Hillman Cancer Center, in Pittsburgh, now has more than 60 locations throughout western Pennsylvania and Ohio).

Managing these networks is a complex task. However, it dramatically engages a much boarder community of patients in NCI cancer center level care even when delivered far away from the main site. Many sites may not have been included in the database used in this study because, while linked in clinical management and exposure to center-level expertise, are not financially linked as part of a major center. Equally important is consideration of local access in congested urban areas where barriers to access may be considerable. Distance is not the only factor.

In the coming year, AACI will be publishing recommendations to help cancer centers improve patient care through standardized, evidence-based care paths, using optimal referral patterns, and providing advanced clinical trials to patients.

Stanton L. Gerson, MD
President, Association of American Cancer Institutes
Director, Case Comprehensive Cancer Center

Roy A. Jensen, MD
President-elect, Association of American Cancer Institute
Director, The University of Kansas Cancer Center

This article is part of the Topical Collection on *Systems-Level Quality Improvement*

✉ Stanton L. Gerson
chris@aaci–cancer.org

[1] Association of American Cancer Institutes, Pittsburgh, PA, USA