

Evaluating the Western PA Community Needs for Cancer Care, Education, and Treatment

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1. Background

National Cancer Institute (NCI)-Designated Comprehensive Cancer Centers are charged with identifying the major factors that characterize and influence the cancer burden in their catchment area (CA) to guide their outreach and research activities. A community needs assessment is often used to address this aim.

2. Goals

We sought to obtain beliefs and knowledge regarding cancer care, education, and treatment, specifically clinical trials (CTs), across our 29-county CA population using an online survey based on the Cancer Focused Needs Assessment (CFNA) developed by the Mayo Clinic Comprehensive Cancer Center.

3. Solution and Methods

The CFNA included 105 questions on demographics, health and well-being, health care access, health information, cancer history, digital literacy, cancer CTs, and engagement with the cancer center. The CFNA was randomly distributed via short message service (SMS)-text, phone-calling, and via Center of Excellence outreach events from April 1-August 30, 2025.

Eligibility criteria:

- Age 18-75 years
- Primary residence in our 29-county catchment area

Fraudulent and automated responses were minimized by implementing completely automated public Turing test to tell computers and humans apart (CAPTCHA) verification, duplicate email/internet protocol monitoring, and distribution of specific quick response (QR) codes. The respondent residential addresses were geocoded to confirm their county of residence and to determine their 2020 census tract and block.

4. Outcomes

Our final survey sample size was 1,037 (mean age = 52 years, standard deviation (SD)=15); 71 percent were women (n=809). We successfully achieved representation from minorities with cancer disparities in our CA; eight percent of respondents were non-Hispanic Black (n=89) and 23 percent were from rural counties (n=266). Almost a quarter reported financial strain (n=261). One-third had a personal history of cancer (n=339) and over 75 percent reported a family history of cancer (n=808).

When asked about their cancer beliefs, 37 percent reported that they were moderately or extremely worried about getting cancer (n=418). Non-Hispanic Black respondents were 1.8 times more likely to report being worried about cancer than non-Hispanic white respondents ($p < 0.001$). Over half of respondents disagreed or strongly disagreed that there was nothing you could do to lower your risk of cancer (n=614). Interestingly, 81 percent of respondents were interested in knowing if they had a genetic variant that increased their risk of developing cancer (n=907).

Two-thirds knew little or nothing about cancer CTs. Only 22 percent had experienced being invited to participate in a CT, and among those, almost two-thirds participated. Respondents from urban counties were 2.3 times more likely to experience being invited to participate in a CT compared to those from rural counties ($p < 0.001$). The primary reason for potentially participating in a CT was “I would be helping other people by participating” ($n=328$ [30 percent]), followed by “I would want to get better” ($n=264$ [24 percent]). Most respondents were willing to participate in a follow-up survey ($n=890$ [83 percent]).

5. Lessons Learned and Future Directions

The results from this CFNA provide a baseline assessment of cancer focused needs in the health care center CA. Respondents’ strong desire for genetic testing indicates that this could be incorporated into patient risk profiles and community outreach. We also identified a gap between CT knowledge and interest in participation, highlighting the need for more education about CTs in our CA. Future directions include comparing results with other cancer centers’ needs assessments, improving recruitment of men and younger populations in follow up needs assessments, and designing and conducting follow-up surveys for these respondents.