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Using Catchment Data to Improve Access and Outcomes

By Rebecca Jones, PhD; Russell McCulloh, MD; Samuel Takvorian, MD, MSHP; Karen Winkfield, MD, PhD



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Pictured, clockwise from top left: Drs. Rebecca Jones, Russell McCulloh, Samuel Takvorian, and Karen Winkfield

Earlier this month, 155 experts in cancer catchment area data analytics gathered in Atlanta for three days to discuss emerging topics in cancer prevention and control analytics and explore policies and methodologies to advance catchment area cancer surveillance.

The 2026 AACI Catchment Area Data Excellence (CADEX) Conference was the third catchment area data conference and the second hosted by AACI. The inaugural conference was hosted by VCU Massey Comprehensive Cancer Center in 2023, under the leadership of AACI Past President and VCU Massey Director **Robert A. Winn, MD**, and **Katherine Y. Tossas, PhD, MS**, founding director of Massey's Office of Catchment Area Data Analytics.

In his opening remarks, CADEX Planning Committee Chair **Dinesh Pal Mudaranthakam, PhD, MBA, MS**, The University of Kansas Cancer Center, noted, "Behind every data point there is a

human – and we deeply care about these humans." This focus on centering people in the collection and analysis of data was evident throughout the conference, even shaping its theme, *Bringing Data to Life: Connecting Catchment Area Science to People*.

Our own session, "From Gaps to Action: Using Catchment Data to Improve Access and Outcomes," highlighted the value of community engagement for contextualizing data and understanding where barriers exist in our catchment areas, ultimately improving outcomes for patients with cancer. The discussion, moderated by **Samuel Takvorian, MD, MSHP**, Abramson Cancer Center of the University of Pennsylvania, drew from our experiences working with a broad variety of communities, including immigrants, patients living in rural and urban areas, and sexual and gender minorities (SGMs).

Though our catchment areas and the populations we serve vary widely, common themes emerged in our conversation, including the importance of humanizing data, viewing patients through an intersectional lens, and reducing barriers to access in direct partnership with community members. To move the needle on screening, prevention, and access to care, a cancer center's mere existence in a community is not enough; outreach, engagement, and active listening are essential for building trust and maximizing the impact of a cancer center's services in the catchment area.

Data collected from community engagement efforts inform our decisions and activities. For instance, groups can be convened based on zip codes, risk factors for specific cancers, or incidence rates in their areas, ultimately influencing future outreach strategies.



Pictured above, left to right: Dr. Samuel Takvorian, Drs. Rebecca Jones and Russell McCulloh; and Dr. Karen Winkfield (Photos by Randy Belice)

Listening Sessions Reveal Community Perceptions and Needs

Rebecca Jones, PhD, Mays Cancer Center at UT Health San Antonio, has found listening sessions to be an effective strategy for discovering community perceptions and needs. Dr. Jones noted that these dialogues have provided important information about how people perceive the cancer burden in their area, the best methods for sharing information about cancer, and patients' experiences accessing cancer-related health care.

These conversations have been eye-opening. For example, Dr. Jones and her colleagues learned that residents who live in urban areas and further inland from the U.S.-Mexico border have different cancer-related access needs. For example, individuals who live in urban areas further away from the border perceive access as the ability to get a timely appointment and clinic operating hours, while individuals who live in rural areas along the border view barriers to access from a perspective that incorporates distance, costs, and immigration status. In some instances, this perspective has influenced individuals who choose to receive cancer-related care in Mexico.

Though individual cancer centers have little to no control over issues of financial toxicity, cancer centers have an important role to play in advocating for local, state, and federal policies that make cancer screening and treatment more affordable. This is especially important for accruing patients to clinical trials. For instance, clinical trial participants may receive access to treatments that are not covered by health insurance, and costs associated with travel and missed work are key considerations for many patients.

Trust is Key to Building and Sustaining Relationships in Our Catchment Areas

Russell McCulloh, MD, Fred & Pamela Buffett Cancer Center, shared his insights on the factors that encourage rural residents to participate in clinical trials. Underscoring the limitations imposed by financial barriers, he noted that individuals of higher socioeconomic status in rural areas are more likely to enroll in clinical trials. Additional factors that motivate patients' decisions include recommendations from a trusted source, such as a family member or physician, and the perceived benefits of a trial.

This information empowers oncology providers in rural areas to build trust with patients and tailor their messaging on clinical trials to address their unique needs and concerns. For example, Dr. McCulloh said that rural providers are more likely to feel comfortable referring patients for clinical trials that involve treatments the patient's health insurance did not cover.

Trust is essential, not only to informing our communication and outreach strategies, but to establishing relationships with understudied populations. For some groups, data are limited due to patients' hesitance to share sensitive information. **Karen Winkfield, MD, PhD**, Meharry-Vanderbilt Alliance and Vanderbilt-Ingram Cancer Center, emphasized the importance of partnerships between cancer centers and external organizations that have established trust with marginalized communities. While individuals may be alienated by more traditional, direct data collection methods, their voices and experiences are valuable. Further, those living in, or engaging directly with, specific communities have unique perspectives; what they see as important assets may be overlooked by data scientists.

As the field of catchment area data science evolves, we must find new ways to assess these community assets. We also must prioritize improving community trust where we find gaps, by applying our data collection and analysis skills to the objective measurement of screening rates and community members' trust in clinical research.

Crossing Disciplines and Breaking Down Barriers

Reflecting on AACI CADEx Conference, we were struck by the range of expertise and experiences represented by panelists and attendees alike. The conference brings people together from cancer centers across the country, from qualitative and quantitative backgrounds, across disciplines and domains. What unites us all is a common goal: helping people with cancer live longer, healthier, happier lives.

As two-time cancer survivor **Loriana Hernández-Aldama** noted in her keynote presentation, CADEx attendees and speakers demonstrated that catchment area science is about more than numbers, but encompasses many facets of a patient's identity. "When your science meets people where they're at, lives change," she said.

2026 AACI CADEx PLANNING COMMITTEE



We extend our deep appreciation to the 2026 AACI CADEX Planning Committee for organizing a dynamic educational experience for professionals in the growing field of catchment area data science.

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