

## 2022 Landscape Assessment

The goal of this Landscape Capacity Assessment is to assess infrastructure and capacity for Cancer Control and Cancer Care Delivery Research (CCDR) across the NCORP network. This assessment will provide useful and relevant data that will inform and enhance NCORP Research Base concept development. Previous Landscape data have informed the development of CCDR concepts, specifically pertaining to site eligibility, sample size and power calculations.

*Throughout this assessment we will refer to the term “affiliate/ subaffiliate”, which is defined as a hospital, clinic, cancer center, physician practice, or other institution where patients/participants are enrolled OR contribute to the overall accrual to the menu of NCI-approved clinical trials available to the NCORP Community or Community Minority Underserved Site. The affiliate/subaffiliate should generally have a single corresponding CTEP ID, unless you have notified the Wake Forest NCORP Research Base Team ([ncorp@wakehealth.edu](mailto:ncorp@wakehealth.edu)) that you intend to respond as part of a practice group, in order to minimize any duplicate responses.*

The answers to the questions below should apply generally to all aspects of an affiliate/subaffiliate and should be completed for each affiliate/subaffiliate that will participate in NCORP studies. **This survey should be filled out only by the Point of Contact designated by the NCORP Administrator for each participating affiliate site.**

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If your affiliate/ subaffiliate offers both adult and pediatric services that do not share resources, you can fill out the survey twice for adult and pediatric services separately. Please indicated if you are you completing this survey on behalf of adult services, pediatric services, or a mixture of both?

- Adult services
- Pediatric services
- Adult and pediatric services

### Section 1: Practice (Affiliate/Subaffiliate) and Clinical Staff Characteristics

If completing this survey for multiple CTEP IDs, complete Question 1 for each CTEP ID separately.

1. Does your affiliate/subaffiliate include
  - a. Outpatient oncology clinic(s) in or on a hospital campus
    - Yes How many different locations? \_\_\_\_\_
    - No
  - b. Free-standing outpatient oncology clinic(s) or private/group practice(s)
    - Yes How many different locations? \_\_\_\_\_
    - No
  - c. Inpatient services for oncology patients
    - Yes How many different locations? \_\_\_\_\_
    - No
  - d. Children’s hospital that treats pediatric oncology patients
    - Yes
    - No

If Yes to 1c, is your cancer program accredited by the Commission on Cancer (<https://www.facs.org/search/cancer-programs>)?

- Yes
- No

If yes to 1c, is your cancer program a designated Critical Access hospital (as designated by CMS:

<https://www.flexmonitoring.org/critical-access-hospital-locations-list>;

[https://www.cms.gov/Outreach-and-Education/Medicare-](https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/CritAccessHospfctsh.pdf)

[Learning-Network-MLN/MLNProducts/downloads/CritAccessHospfctsh.pdf](https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/CritAccessHospfctsh.pdf) )?

Yes

No

2. Which of these best describes the ownership of your affiliate/subaffiliate? (Please Select only one option)

Independently owned (i.e. single hospital or small regional network [up to three hospitals] or an independent clinic/physician practice]

Hospital, clinic, or physician practice owned by a large regional/multi-state health system that does include a health plan

Hospital, clinic, or physician practice owned by a large regional/multi-state health system that does not include a health plan

HMO/Payer owned

Publicly owned (e.g. state, county, city)

University owned

Other, please specify: \_\_\_\_\_

3. Does your affiliate/subaffiliate participate in the Center for Medicare and Medicaid Services Oncology Care Model (OCM) (List available here: <https://innovation.cms.gov/innovation-models/oncology-care>)?

Yes

No

4. Consider which oncology providers are available at your affiliate/subaffiliate and the number of providers. If you are reporting as a practice group, the numbers reported below should reflect total providers at your affiliates/subaffiliates across all included CTEP IDs in your group.

a. Does your affiliate/subaffiliate have Medical Oncology providers?

Yes

No

If yes to 4a, Please provide the estimated number of Medical Oncology providers (whole number): \_\_\_\_

How many of the medical oncologists (whole number) also meet the following criteria?

Are fellowship trained in Geriatric Oncology

Provide care for pediatric oncology patients (in addition to adult patients)

Is Medical Oncology available to recruit patients for participation in NCORP studies?

Yes

No

Unsure

b. Does your affiliate/subaffiliate have Neuro-Oncology providers?

Yes

No

If yes to 4b, Please provide the estimated number of Neuro-Oncology providers (whole number, fellowship trained and/or surgeons primarily focused on cancer): \_\_\_

How many of the Neuro-Oncologists (whole number) also meet the following criteria?

Perform surgeries

Is Neuro-Oncology available to recruit patients for participation in NCORP studies?

Yes

No

Unsure

c. Does your affiliate/subaffiliate have Orthopedic Surgical Oncology providers?

Yes

No

Unsure

If yes to 4c, Please provide the estimated number of Orthopedic Surgical Oncology providers (whole number, fellowship trained and/or surgeons primarily focused on cancer): \_\_\_

Is Orthopedic Surgical Oncology available to recruit patients for participation in NCORP studies?

Yes

No

Unsure

d. Does your affiliate/subaffiliate have General Surgery/ Surgical Oncology providers?

Yes

No

If yes to 4d, Please provide the estimated number of General Surgery/ Surgical Oncology providers (whole number): \_\_\_

Is General Surgery/ Surgical Oncology available to recruit patients for participation in NCORP studies?

Yes

No

Unsure

e. Does your affiliate/subaffiliate have Radiation Oncology providers?

Yes

No

If yes to 4e, Please provide the estimated number of Radiation Oncology providers (whole number): \_\_\_

Is Radiation Oncology available to recruit patients for participation in NCORP studies?

Yes

- No
- Unsure

f. Does your affiliate/subaffiliate have Gynecology Oncology providers?

- Yes
- No

If yes to 4f, Please provide the estimated number of Gynecology Oncology providers (whole number, fellowship trained only): \_\_\_

Is Gynecology Oncology available to recruit patients for participation in NCORP studies?

- Yes
- No
- Unsure

g. Does your affiliate/subaffiliate have Uro-Oncology providers?

- Yes
- No

If yes to 4g, Please provide the estimated number of Uro-Oncology providers (whole number): \_\_\_

How many of the Uro-Oncologists (whole number) also meet the following criteria?

- Perform surgeries

Is Uro-Oncology available to recruit patients for participation in NCORP studies?

- Yes
- No
- Unsure

h. Does your affiliate/subaffiliate have Pediatric Oncology providers (fellowship trained in Pediatric Oncology)

- Yes
- No

If yes to 4h, Please provide the estimated number of Pediatric Oncology providers (whole number): \_\_\_

Is Pediatric Oncology available to recruit patients for participation in NCORP studies?

- Yes
- No
- Unsure

i. Does your affiliate/subaffiliate have a General Survivorship clinic(s)?

- Yes
- No

If yes to 4i, Please provide the estimated number of providers practicing in the General Survivorship clinic:

\_\_\_

Is the General Survivorship clinic available to recruit patients for participation in NCORP studies?

- Yes
- No
- Unsure

5. Does your affiliate/subaffiliate utilize Advanced Practice Providers (APPs) for oncology patient clinical care activities?

- Yes
- No

a. If yes to 5, How many of each specialty below are in your practice? (Please use whole numbers for all responses)

- Nurse Practitioners (NP)
- Physician Assistants (PA)
- Clinical Nurse Specialists
- Other, please specify: \_\_\_\_\_

6. Are the APPs in your practice involved in any oncology clinical research activities?

- Yes
- No

a. If yes to 6, please select all of the oncology clinical research activities they are currently involved in:

- Screen patients/participants
- Present/explain clinical trials to patients/participants
- Consent patients/participants
- Assist with coordination of patients on trials
- Provide clinical care and documenting care in the medical record  
for patients enrolled on clinical trials
- Order/ prescribe investigational drug
- Serve as the enrolling investigator
- Serve as the site PI
- Participate in clinical trial development
- Participate in institutional clinical oversight activities such as selection  
of trials to activate, oversight of clinical trial conduct, IRB activities, etc.
- Other, please specify: \_\_\_\_\_

## **Section 2. Health Information Technology**

7. Does your affiliate/subaffiliate include an Information Technology (IT) Department (i.e., a department that establishes, monitors, and maintains information technology systems and services)?

- Yes
- No

a. If yes to 7, please indicate how the IT services are offered

- Onsite
- Referral to an outside independent IT contractor
- Combination of onsite and referral to an outside independent IT contractor

\_\_\_ Other, please specify: \_\_\_\_\_

8. Does your affiliate/subaffiliate have IT personnel to add assessment and/or education tools for research purposes in the electronic health record (EHR) in which oncology patients are recorded?

- Yes
- No
- Unsure

9. **Inpatient EHR:** Does your organization have an inpatient EHR in which oncology patient data are recorded?

- Yes
- No
- NA, no inpatient services offered

Inpatient EHR vendor # 1 \_\_\_\_\_ (See REDCap for options)

Inpatient EHR vendor # 2 \_\_\_\_\_ (See REDCap for options)

Inpatient EHR vendor # 3 \_\_\_\_\_ (See REDCap for options)

Inpatient EHR vendor # 4 \_\_\_\_\_ (See REDCap for options)

a. Are you planning on implementing a new inpatient EHR system in the next 2 years?

- Yes If Yes, which system? \_\_\_\_\_ (Make drop down list)
- No

10. **Outpatient EHR:** Does your organization have an outpatient EHR in which oncology patient data are recorded?

- Yes
- No
- NA. No outpatient services offered

Outpatient EHR vendor # 1 \_\_\_\_\_ (See REDCap for options)

Outpatient EHR vendor # 2 \_\_\_\_\_ (See REDCap for options)

Outpatient EHR vendor # 3 \_\_\_\_\_ (See REDCap for options)

Outpatient EHR vendor # 4 \_\_\_\_\_ (See REDCap for options)

a. Are you planning on implementing a new outpatient EHR system in the next 2 years?

- Yes, If Yes, which system? \_\_\_\_\_ (Will be drop down list)
- No

11. **Patient Portal:** Does your organization have a patient portal?

- Yes
- No

Patient portal vendor # 1 \_\_\_\_\_ (See REDCap for options)

Patient portal vendor # 2 \_\_\_\_\_ (See REDCap for options)

a. Are you planning on implementing a new patient portal system in the next 2 years?

- Yes If Yes, which system? \_\_\_\_\_ (Make drop down list)
- No

12. Which of the following technologies does your affiliate/subaffiliate routinely use to communicate with oncology patients for clinical care? (Select all that apply)
- Messaging through patient portal
  - Email
  - Text
  - Videoconferencing
  - Other, please specify: \_\_\_\_\_

13. Which of the following technologies are available at your affiliate/subaffiliate to communicate with oncology patients for research purposes? (Select all that apply)
- Messaging through patient portal
  - Email
  - Text
  - Videoconferencing
  - Other, please specify: \_\_\_\_\_

**Information Reported in EHR**

14. Does your affiliate/subaffiliate routinely collect and record information about oncology patients' sexual orientation in the EHR (e.g., Straight or Heterosexual; Lesbian, Gay, or Homosexual; Bisexual)?
- Yes
  - No
15. Does your affiliate/subaffiliate collect and record information in the EHR about oncology patients' gender identity in the EHR (e.g., Male; Female; Transgender)? This would be distinct from the standard male-female sex field.
- Yes
  - No
16. Does your affiliate/subaffiliate provide access to a WiFi network for oncology patients in outpatient clinics?
- Yes, for all patients
  - No, but planning is in progress
  - No
17. Does your affiliate/subaffiliate provide oncology patient access to internet-abled devices (e.g., iPad, tablet computer) or kiosks in clinics for research or clinical use?
- Yes, only available while onsite
  - Yes, only available for loan to take home
  - Yes, both available while onsite and for loan to take home
  - No, but planning is in progress
  - No
  - Other, please specify: \_\_\_\_\_
18. How has telemedicine been used for oncology research purposes at your affiliate/subaffiliate? (Select all that apply)
- Consent of research participants
  - Collection of patient reported outcomes or surveys
  - Collection of neurocognitive testing data
  - Collection of other types of biometric data (e.g., weight, blood pressure, or other)

- Delivery of behavioral interventions (e.g., coaching, counseling, or exercise)
- Delivery of health care interventions that involve the provision of health care (e.g., genetic counseling, virtual visits with health care providers)
- Conducting interviews to collect qualitative data
- Other, please specify: \_\_\_\_\_
- Not Applicable. Telemedicine has not been used for oncology research purposes at my affiliate/subaffiliate

### **Section 3. Cancer Care Delivery Services**

#### **Patient Reported Outcomes and Distress Screening**

19. Does your affiliate/subaffiliate routinely screen for distress (e.g., evaluate symptoms of anxiety & depression or psychosocial wellbeing in general) in your oncology patients?
- Yes
  - No
- a. If Yes to 19, What instrument(s) are used? (Select all that apply):
- Generalized Anxiety Depression Scale (GAD-7)
  - Hospital Anxiety and Depression Scale (HADS)
  - Edmonton Symptom Assessment System (ESAS)
  - NCCN Distress Thermometer
  - Patient Health Questionnaire (PHQ)
  - Psychosocial Assessment Tool (PAT) (pediatric only)
  - Patient-Reported Outcomes Measurement Information System (PROMIS scale(s))
  - Other, please specify: \_\_\_\_\_
- b. If yes to 19, Are the distress screening data recorded in a discrete searchable field (e.g. drop down options, radio buttons, or summary score in a designated field) in the EHR?
- Yes
  - No
  - N/A (No EHR in use)
- c. If yes to 19, What is (are) the primary strategy (ies) used by your affiliate/subaffiliate to manage oncology patients who screen positive for anxiety or depression on the distress screening instrument? (Select all that apply)
- Oncology provider assesses and manages patient
  - Referral to on-site service (e.g., counselor/mental health professional)
  - Referral to an outside counseling service/mental health professional
  - Referral to primary care provider
  - Other, please specify: \_\_\_\_\_
  - N/A (No strategies are in place)

20. Does your affiliate/subaffiliate routinely use any other Patient Reported Outcomes (PROs) (e.g., FACT, SF-36, PROMIS) to inform clinical care (not exclusively as part of specific research protocols) for oncology patients?

- Yes
- No

a. If Yes to 20, are the following PRO tools routinely used clinically (i.e. not exclusively for research)? (Select all that apply)

- FACT: Functional Assessment of Cancer Therapy
- EORTC: European Organization for Research and Treatment of Cancer
- SF-36: Short Form Survey
- MDASI: MD Anderson Symptom Inventory
- ESAS: Edmonton Symptom Assessment Scale
- PROMIS: Patient Reported Outcomes Measurement Information System
- Other single-item symptom severity rating (e.g., pain)
- Other, please specify: \_\_\_\_\_

b. Are the PRO data recorded in discrete searchable fields (e.g. drop down options, radio buttons or summary score in a designated field) in the EHR?

- Yes
- No
- N/A (no EHR in use)

21. Are mental health services available for oncology patients at your affiliate/subaffiliate?

- Yes
- No
- No, we do not offer at our affiliate/subaffiliate but we have referral relationships with mental health providers in the community

a. If yes to 21, please specify what services are offered (Yes/No for each):

Service	Yes	No
Screening for mental health needs	<input type="checkbox"/>	<input type="checkbox"/>
Individual psychosocial or behavioral therapy (e.g., coping support, counseling, smoking cessation, stress management)	<input type="checkbox"/>	<input type="checkbox"/>
Couples and family therapy to address relationship issues, family issues and/or distress	<input type="checkbox"/>	<input type="checkbox"/>
Group psychosocial services (e.g., support group, other psychosocial or psychoeducation group)	<input type="checkbox"/>	<input type="checkbox"/>
Education classes around self-care for mental health (e.g., healthy behaviors,	<input type="checkbox"/>	<input type="checkbox"/>

diet/nutrition, exercise, sleep, respite breaks)		
Help in getting respite care (e.g., when someone else takes care of the person a patient cares for, so that they can have a break)	<input type="checkbox"/>	<input type="checkbox"/>
Other, please specify: _____	<input type="checkbox"/>	<input type="checkbox"/>

b. If yes to 21, Are mental health services available via telemedicine for oncology patients at your affiliate/subaffiliate?

- Yes
- No
- No, but planning in progress

**Access to Potentially Underserved Patient Populations**

22. Does your affiliate/subaffiliate routinely screen oncology patients for health literacy?

- Yes
- No

a. If Yes to 22, do you use a standardized screening tool?

- Yes, If Yes, please specify: \_\_\_\_\_
- No

23. Does your affiliate/subaffiliate have mechanisms for the provision of language services for the purpose of recruiting non-English speaking oncology patients for NCORP studies?

- Yes
- No

a. If yes to 23, which of the following mechanisms are available to support recruitment of non-English speaking oncology patients for NCORP studies? (Select all that apply)

- Medical interpreter employed by the hospital or clinic
- Telephone/video interpreter service or other technology (e.g., tablet computer)
- Bilingual staff
- Bilingual Volunteer
- Other, please specify: \_\_\_\_\_

b. If yes to Medical interpreter employed by the hospital, approximately how many interpreters work (part or full time) on site? \_\_\_\_\_ (whole number)

24. Does your affiliate/subaffiliate have any staff members with time dedicated to community outreach with the goal of recruiting non-white and low-income oncology patients into clinical trials and/or NCORP studies?

- Yes
- No

25. Does your affiliate/subaffiliate have a mechanism in place for oncology patient and/or caregiver stakeholders (e.g. patient advisory boards, patient advocates, support groups) to partner with researchers?
- Yes
  - No

**Health Equity and Social Determinants of Health**

26. Does your affiliate/subaffiliate have formal written policies in place to recruit, retain, and promote a diverse staff that are representative of the demographic characteristics of the oncology service area?
- Yes
  - No
  - Unsure

**This section includes questions about services to assist with health-related social needs (sometimes referred to as Social Determinants of Health). Items 27-29 ask about services related to financial distress.**

27. Does your affiliate/subaffiliate routinely screen oncology patients for financial distress (i.e., to identify patients with financial distress or at high risk for developing financial distress)?
- Yes
  - No

28. If yes to 27, Which of the following methods are used to identify oncology patients' financial needs (Select all that apply)

- Questions completed by medical team (medical assistant, nurse, nurse assistant, etc.) during rooming
- Survey completed by patient (If yes, complete 28a and 28b below)
- Social worker evaluation
- Physician referral or documentation
- Risk factor-based screening (i.e., all Medicare patients without supplemental insurance are linked to financial counselor)
- Other, please specify: \_\_\_\_\_

- a. If Yes to patient survey: how is the patient survey completed? (Select all that apply)

- Patients complete electronically before appointment
- Patients complete paper form during appointment
- Patients complete electronic form during appointment
- Other, please specify: \_\_\_\_\_

- b. If Yes to patient survey, what tool is used for financial screening? (Select all that apply)

- Distress thermometer
- Single question screening, please specify: \_\_\_\_\_
- Comprehensive Score for Financial Toxicity (COST)
- Other, please specify: \_\_\_\_\_

29. Financial navigation refers to processes by which patients are aided in maximizing their financial assistance after a cancer diagnosis to avoid adverse financial consequences and hardship associated with cancer treatment (e.g., education about and assistance with accessing appropriate financial programs and services). How does your

affiliate/subaffiliate respond to oncology patients who have financial needs? (Select all that apply)

- Dedicated financial navigator or counselor who serves oncology patients
- Financial navigator or counselor that is not dedicated to oncology patients (e.g., an individual that serves the entire hospital or select departments)
- Social worker
- Billing staff
- Referred to outside counseling or case management service (If Yes, select all that apply below)
  - American Cancer Society
  - Other patient advocacy group, please specify: \_\_\_\_\_
  - Provide resources or educational materials (handout, brochure)
- None of the above
- Other, please specify: \_\_\_\_\_

**Questions 30-33 ask about services to assist with additional health-related social needs (excluding financial distress) including housing, transportation, food security, and employment.**

30. Does your affiliate/subaffiliate routinely screen oncology patients to identify health-related social needs (sometimes referred to as Social Determinants of Health) such as housing, transportation, food security, and employment?

- Yes
- No (skip to 34)

31. If yes to 30, what types of health-related social needs do you screen for or ask oncology patients about? (Select all that apply)

- Housing Stability and Safety (health and safety hazards within the home)
- Food security
- Access to transportation for medical appointments
- Utilities shut off or at risk of being shut off
- Interpersonal safety (such as intimate-partner violence, elder abuse, and child maltreatment)
- Employment
- Family and Social Support
- Other, please specify: \_\_\_\_\_

32. If yes to 30, which of the following methods are used to identify oncology patients' health-related social needs? (Select all that apply)

- Social worker evaluation
- Patient survey

If Yes to Patient Survey, What tool is used to screen for health-related social needs in oncology patients? (Select all that apply)

- CMS ACM Health-Related Social Needs Screening Tool
- PRAPARE Assessment Tool
- Survey/Tool developed by our clinic
- Distress Thermometer
- Other, please specify: \_\_\_\_\_

Other, please specify: \_\_\_\_\_

33. If yes to 30, how does your affiliate/subaffiliate respond to oncology patients who have health-related social needs? (Select all that apply)

Refer patient to social work

Refer patient to a navigator

Refer patient to outside community service provider

Provide resources or educational materials (handout, brochure)

Other, please specify: \_\_\_\_\_

NA.(No strategy in place)

### **Capacity for Genetic Testing**

34. Does your affiliate/subaffiliate offer genetic testing for high-risk individuals or family members of oncology patients who have or may have a hereditary predisposition?

Yes

No

35. Does your affiliate/subaffiliate offer genetic counseling for high-risk individuals or family members of oncology patients who have or may have a hereditary predisposition?

Yes

No

36. If yes to 35, how do you deliver genetic counseling for oncology patients (Select all that apply)?

In-person with an onsite genetic counselor

By the provider ordering the test

Via telemedicine with an onsite genetic counselor

Via a telemedicine service provided by the genetic testing company

Referral to an outside counseling service

### **Caregiver Research Experience**

37. Does your affiliate/subaffiliate have experience recruiting informal (unpaid/family) caregivers of oncology patients for research studies?

Yes

No

38. If yes to 37, in what settings have informal caregivers of oncology patients been recruited at your affiliate/subaffiliate (Select all that apply)?

Radiation Oncology

Medical Oncology

Surgical Oncology

Survivorship Clinic

Hospice Clinic

Other, please specify: \_\_\_\_\_

### **Palliative Care**

39. Do you have palliative care specialists (e.g., NPs, MDs) who see oncology patients at your affiliate/subaffiliate?

- Yes, at my affiliate/subaffiliate
- Yes, at a location affiliated with my affiliate/subaffiliate
- No

a. Which type of palliative care specialists see oncology patients at your affiliate/subaffiliate? (Select all that apply)

- Physician (MD or DO)
- Advance Practice Provider (NP or PA)
- Nurse
- Social Worker
- Chaplain
- Other, please specify: \_\_\_\_\_

40. Does your affiliate/subaffiliate provide palliative care to oncology patients in the following settings?

	Yes	No
Inpatient	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient	<input type="checkbox"/>	<input type="checkbox"/>
Palliative Care clinic embedded in oncology	<input type="checkbox"/>	<input type="checkbox"/>
Palliative Care clinic embedded outside of oncology	<input type="checkbox"/>	<input type="checkbox"/>
Hospice agency within your health system	<input type="checkbox"/>	<input type="checkbox"/>
Home Based Palliative care ( <i>not hospice</i> )	<input type="checkbox"/>	<input type="checkbox"/>
Telehealth based palliative care	<input type="checkbox"/>	<input type="checkbox"/>

**Fertility Preservation Services**

41. What fertility preservation services are available to male reproductive age oncology patients treated at your affiliate/subaffiliate? (Select all that apply)

- We do not have fertility preservation services available to male reproductive age patients.
- Sperm banking
  - On-site service available within our affiliate/subaffiliate
  - Referral to off-site service
- Testicular biopsy
  - On-site service available within our affiliate/subaffiliate
  - Referral to off-site service
- Testicular tissue cryopreservation
  - On-site service available within our affiliate/subaffiliate
  - Referral to off-site service
- Other, please specify: \_\_\_\_\_

42. What fertility preservation services are available to female reproductive age oncology patients treated at your affiliate/subaffiliate? (Select all that apply)

- We do not have fertility preservation services available to female reproductive age patients.
- Embryo cryopreservation
  - On-site reproductive endocrinology available within our affiliate/subaffiliate
  - Referral to off-site reproductive endocrinology
- Oocyte cryopreservation
  - On-site service available within our affiliate/subaffiliate
  - Referral to off-site service
- Ovarian tissue cryopreservation
  - On-site service available within our affiliate/subaffiliate
  - Referral to off-site service
- Other, please specify: \_\_\_\_\_

**Nutrition and Physical Activity Services**

43. Does your affiliate/subaffiliate offer nutrition counseling and intervention for oncology patients?

- Yes
- No

a. If yes to 43, how does nutrition counseling occur? (Select all that apply)

- In house nutritionist, no specialty oncology training
- In house nutritionist with specialty oncology training
- Telenutrition (i.e., nutrition services offered remotely by in house providers or staff with technology)
- Outside referral to nutritionist
- Educational materials (e.g., pamphlets) provided by our staff
- Educational materials on our website
- Other, please specify: \_\_\_\_\_

44. Does your affiliate/subaffiliate offer exercise, physical activity, or fitness counseling and interventions (excluding physical therapy services and research interventions) for oncology patients undergoing cancer therapies?

- Yes
- No

a. If yes to 44, what services are offered (Select all that apply):

- In house exercise/wellness or fitness center
- In house cancer exercise/wellness or cancer rehabilitation program
- In house tele-exercise
- Outside referral to a cancer exercise/wellness or cancer rehabilitation program
- Connected to an outside exercise/wellness program
- Educational materials provided by our staff
- Educational materials on our website
- Other, please specify: \_\_\_\_\_

**Pediatric and Adolescent and Young Adult (AYA)**

45. Does your affiliate/subaffiliate provide oncology care for pediatric patients?

- Yes
- No (Skip to 49)

46. If yes to 45, who delivers the majority of oncology care for pediatric patients at your affiliate/subaffiliate?

- Pediatric Oncologists whose practice is focused on pediatric patients deliver the majority of care.
- Oncologists who deliver care to adult, as well as, pediatric patients deliver the majority of care.

47. Does your affiliate/subaffiliate have a dedicated Pediatric Oncology Program, defined as tailored resources specifically targeting the pediatric population (which sometimes may include family caregivers) including treatment and supportive care?

- Yes
- No

48. Which of the following services are provided on site at your affiliate/subaffiliate by your Pediatric Oncology Program? (Select all that apply)

- Psychology
- Social work
- Financial navigation
- Peer support
- Chaplain
- Certified Child Life Specialist
- Nurse or Social Work Navigator
- Lay navigator (a person who is not a nurse or social worker who provides navigation services; sometimes includes a trained person recruited from the community)
- Provides post-treatment survivorship care for patients diagnosed as AYAs
- Provides medical treatment and/or guidance regarding treatment
- Other, specify: \_\_\_\_\_

49. Does your affiliate/subaffiliate have a dedicated Adolescent and Young Adult (AYA) Program, defined as tailored resources specifically targeting the AYA population including treatment and supportive care?

- Yes
- No (Skip to 52)

50. If Yes to 49, what is the age range of patients cared for in the AYA oncology program?

- Age (numeric) \_\_\_ to Age (numeric) \_\_\_
- Age of patients varies. Please explain: \_\_\_\_\_

51. Which of the following services are provided by your AYA Oncology Program? (Select all that apply)

- Psychology
- Social work
- Financial navigation
- Peer support
- Chaplain
- Certified Child Life Specialist
- Nurse or Social Work Navigator
- Lay navigator (a person who is not a nurse or social worker who provides navigation services; sometimes

- includes a trained person recruited from the community)
- Provides medical treatment and/or guidance regarding treatment
- Provides post-treatment survivorship care for patients diagnosed as AYAs
- Work/ vocational rehabilitation
- Other, please specify: \_\_\_\_\_

**Section 4: Oncology Patient Population**

52. Enter the estimated number of new analytic oncology cases/year at your affiliate/subaffiliate by disease site and age category, when available (for most recent year available):

	Total new cases	New cases ages 0-14	New cases ages 15-39	New cases ages 40-64	New cases ages 65 years and older
All cancers	__ cases	__ cases __ Select if not available			
Breast	__ cases	N/A	__ cases __ Select if not available	__ cases __ Select if not available	__ cases __ Select if not available
Colon	__ cases	N/A	__ cases __ Select if not available	__ cases __ Select if not available	__ cases __ Select if not available
Lung	__ cases	N/A	N/A	__ cases __ Select if not available	__ cases __ Select if not available
Prostate	__ cases	N/A	N/A	__ cases __ Select if not available	__ cases __ Select if not available
Head & Neck	__ cases	__ cases __ Select if not available			

53. Estimated proportion of new analytic oncology cases at your affiliate/subaffiliate that are members of the following ethnic groups (Numbers should total 100%):

- \_\_\_\_ % Hispanic
- \_\_\_\_ % Non-Hispanic

54. Estimated proportion of new analytic oncology cases at your affiliate/subaffiliate that are members of the following racial groups (Numbers should total 100%):

- \_\_\_\_ % White
- \_\_\_\_ % Black/African-American
- \_\_\_\_ % Asian
- \_\_\_\_ % Native Hawaiian/Other Pacific Islander
- \_\_\_\_ % American Indian/Alaskan Native
- \_\_\_\_ % More than one race
- \_\_\_\_ % Unknown

55. This question asks about primary insurance coverage for new analytic oncology cases that you see at your affiliate/subaffiliate. Please use the most recent 12-month data available. It may be useful to consult with your billing office when trying to locate the following information. Please estimate the % in each category based on your primary payer data. What proportion of the new analytic cases seen at your affiliate/subaffiliate are in the following groups?

	0-5%	6-10%	11-30%	31-49%	≥50%
a. Covered by Medicaid					
b. Covered by Medicare					
c. Self-pay/ Charity Care/ Uninsured					

56. What percentage of your clinical population is non-English speaking? Note that these data may be accessible from the EHR or interpretive services)

\_\_\_\_\_ %

a. What are the top 5 non-English languages for your oncology patient population at your affiliate/subaffiliate? Please provide percentages for up to 5 languages where available. The sum of the reported percentages should equal the percentage entered for Question 56. Note that these data may be accessible from the EHR or interpretive services.

- \_\_\_\_\_ % Spanish
- \_\_\_\_\_ % Arabic
- \_\_\_\_\_ % Chinese (Mandarin/Cantonese)
- \_\_\_\_\_ % French/French Creole
- \_\_\_\_\_ % German
- \_\_\_\_\_ % Hindi
- \_\_\_\_\_ % Italian
- \_\_\_\_\_ % Japanese
- \_\_\_\_\_ % Korean
- \_\_\_\_\_ % Polish
- \_\_\_\_\_ % Portuguese
- \_\_\_\_\_ % Russian
- \_\_\_\_\_ % Tagalog
- \_\_\_\_\_ % Vietnamese
- \_\_\_\_\_ % other, please specify: \_\_\_\_\_

57. Several NCORP community sites have requested permission to access the Landscape assessment responses of their affiliates/subaffiliates for planning, reporting, and grant writing purposes. Does your affiliates/subaffiliates consent to release the data from this 2022 Landscape assessment to the PI(s) and CCDR leads of the NCORP Community or Minority Underserved Community Site with which you are affiliated? Information would not be directly released to other affiliates/subaffiliates within your NCORP Community or Minority Underserved Community Site, nor would it

be shared with other NCORP community sites. All information will continue to be available to the NCORP Research Bases.

Yes, our affiliates/subaffiliates consents to release data to our NCORP Community or Minority Underserved Community Site

No, our affiliates/subaffiliates does not consent to release data to our NCORP Community or Minority Underserved Community Site