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) 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 Contacted designated by the NCORP Administrator for each participating affiliate site.

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-Learning-Network-MLN/MLNProducts/downloads/CritAccessHospfctsht.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
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
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
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)
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):

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

Other, please specify:_______

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?
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?

<table>
<thead>
<tr>
<th>Setting</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outpatient</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Palliative Care clinic embedded in oncology</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Palliative Care clinic embedded outside of oncology</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospice agency within your health system</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home Based Palliative care (not hospice)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Telehealth based palliative care</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

_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?
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):

<table>
<thead>
<tr>
<th>Disease Site</th>
<th>Total new cases</th>
<th>New cases ages 0-14</th>
<th>New cases ages 15-39</th>
<th>New cases ages 40-64</th>
<th>New cases ages 65 years and older</th>
</tr>
</thead>
<tbody>
<tr>
<td>All cancers</td>
<td>__ cases</td>
<td>__ cases</td>
<td>__ cases</td>
<td>__ cases</td>
<td>__ cases</td>
</tr>
<tr>
<td></td>
<td>Select if not available</td>
<td>Select if not available</td>
<td>Select if not available</td>
<td>Select if not available</td>
<td>Select if not available</td>
</tr>
<tr>
<td>Breast</td>
<td>__ cases</td>
<td>N/A</td>
<td>__ cases</td>
<td>__ cases</td>
<td>__ cases</td>
</tr>
<tr>
<td></td>
<td>Select if not available</td>
<td></td>
<td>Select if not available</td>
<td>Select if not available</td>
<td>Select if not available</td>
</tr>
<tr>
<td>Colon</td>
<td>__ cases</td>
<td>N/A</td>
<td>__ cases</td>
<td>__ cases</td>
<td>__ cases</td>
</tr>
<tr>
<td></td>
<td>Select if not available</td>
<td></td>
<td>Select if not available</td>
<td>Select if not available</td>
<td>Select if not available</td>
</tr>
<tr>
<td>Lung</td>
<td>__ cases</td>
<td>N/A</td>
<td>N/A</td>
<td>__ cases</td>
<td>__ cases</td>
</tr>
<tr>
<td></td>
<td>Select if not available</td>
<td></td>
<td></td>
<td>Select if not available</td>
<td>Select if not available</td>
</tr>
<tr>
<td>Prostate</td>
<td>__ cases</td>
<td>N/A</td>
<td>N/A</td>
<td>__ cases</td>
<td>__ cases</td>
</tr>
<tr>
<td></td>
<td>Select if not available</td>
<td></td>
<td></td>
<td>Select if not available</td>
<td>Select if not available</td>
</tr>
<tr>
<td>Head &amp; Neck</td>
<td>__ cases</td>
<td>__ cases</td>
<td>__ cases</td>
<td>__ cases</td>
<td>__ cases</td>
</tr>
<tr>
<td></td>
<td>Select if not available</td>
<td>Select if not available</td>
<td>Select if not available</td>
<td>Select if not available</td>
<td>Select if not available</td>
</tr>
</tbody>
</table>

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?

<table>
<thead>
<tr>
<th></th>
<th>0-5%</th>
<th>6-10%</th>
<th>11-30%</th>
<th>31-49%</th>
<th>&gt;50%</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Covered by Medicaid</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Covered by Medicare</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Self-pay/Charity Care/Uninsured</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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