

Avni Shridhar

L2

LSU Health Science Center, New Orleans, LA

Mentor's Name: Dr. Amelia Jernigan

LSUHSC, Department of Obstetrics and Gynecology, Section of Gynecologic Oncology

“STEEL MAGNOLIAS: Minimizing travel burden of gynecological cancer surveillance through a unique multidisciplinary telehealth program.”

Telehealth has burst on to the healthcare delivery scene and, due to the COVID-19 pandemic, has rapidly become a staple in cancer care. We previously described barriers to traditional virtual visits for our cancer patients stemming from lack of access to resources such as reliable internet (25%), smart phone (35%), or a personal computer (40%).¹ Traditional virtual visits also do not allow for guideline-adherent cancer surveillance: specifically for gynecologic cancer (GC), the ability to perform comprehensive pelvic exams. Thus, stand-alone virtual visits are not a comprehensive solution for our patients. However, in-person visits as frequent as every 3 months are often not feasible for patients that have to travel great distances. The Shared TEIEheaLth for MultidisciplinAry GyNecOLOGic cAncer Survivorship (STEEL MAGNOLIAS) program aims to bridge this gap by introducing multidisciplinary hybrid in-person and virtual video appointments. During these visits, rural patients on surveillance for a GC are seen in-person by a gynecologist close to home and provided with a clinic tablet to facilitate a virtual visit with a gynecologic oncologist (GON). Occasionally, patients are given the option to conduct their appointment from home on a personal device if feasible and an in-person clinic visit is deemed not necessary. Our objective was to demonstrate the feasibility of using STEEL MAGNOLIAS for GC surveillance by describing travel burden reduction, cancer outcomes, and compliance with guideline-adherent care. This study was a retrospective chart review of GC patients in remission and under surveillance in the STEEL MAGNOLIAS program in rural south Louisiana from March 2020 to July 2023. We measured travel metrics, cancer outcomes, survival status, topics discussed at appointments, and compliance. Compliance was defined as adherence to National Comprehensive Cancer Network (NCCN) guidelines for appointments, imaging, labs, and referrals. Descriptive statistics and two-sided t-tests were employed. 58 patients were included and partook in 171 STEEL MAGNOLIAS appointments for surveillance of 37 endometrial (63.8%), 4 uterine sarcoma (6.9%), 11 ovarian (19.0%), 2 vulvar (3.4%), 1 vaginal (1.7%), 6 cervical, and 5 other (8.6%) cancers. Of these, 50 patients (91.4%) were alive with no evidence of disease and 8 patients were alive with disease (13.8%). Patients traveled an average of 11.4 miles for STEEL MAGNOLIAS appointments when compared to the average of 138.7 miles that patients would have had to travel for in-person GON appointments ($p < 0.0001$). Six patients (11.3%) experienced recurrence of disease. Recurrence was discussed at 20 of the appointments (11.8%). Other common topics discussed included genitourinary complaints ($n=61$, 35.9%), symptoms secondary to cancer therapy ($n=63$, 37.1%), and the review of labs and imaging ($n=127$, 74.8%). The majority of appointments ($n=97$, 76.4%) were able to be made and attended in concordance with NCCN guidelines. The STEEL MAGNOLIAS program is feasible, delivers exceptional GC surveillance care and considerably reduces travel burden for our rural patients.

1. Jernigan A *et al.* STEEL MAGNOLIAS – Shared TEIEheaLth for MultidisciplinAry GyNecOLOGic cAncer Survivorship: an innovative model for addressing geographic barriers to survivorship for rural patients. SGO Annual Meeting on Women's Cancer 2022.