

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



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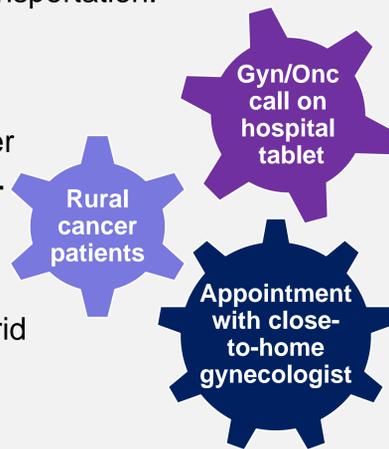
Introduction

Telehealth has rapidly become a staple in cancer care. We previously described issues with traditional virtual visits for our gynecologic cancer (GC) patients.

- Lack of access to resources such as reliable internet (25%), smart phone (35%), or personal computer (40%)
- Traditional virtual visits also do not allow for guideline-adherent comprehensive pelvic exams

In-person visits as frequent as every 3 months are often not feasible. Patients often must travel great distances, and many do not have access to a reliable means of transportation.

Shared TEIEheaLth for MultidisciplinAry GyNecOLOgic cAncer Survivorship (**STEEL MAGNOLIAS**) aims to bridge this gap by introducing multidisciplinary hybrid in-person and virtual video appointments.



Our objective was to demonstrate the **feasibility** of using STEEL MAGNOLIAS for GC surveillance by describing:

- **travel burden reduction**
- **cancer outcomes,**
- **compliance with guideline-adherent care**

Methods

- **Retrospective chart review** was performed
 - **63 gynecologic cancer patients** in remission, under surveillance in the STEEL MAGNOLIAS program in rural Louisiana
 - **178 appointments** from March 2020 to September 2023
 - 8 patients (13.8%) were lost to follow up

- Measured travel metrics, cancer outcomes, survival status, topics discussed at appointments, and compliance to National Comprehensive Cancer Network (NCCN) guidelines for appointments, imaging, labs, and referrals

- **Descriptive statistics** were employed

Results

Table 1.1: Demographics of patients at time of first STEEL MAGNOLIAS visit.

General Demographics	Median [IQ range]
Age (years)	63.71 [53.87-69.01]
BMI	38.60 [33.30-46.80]

Table 1.2: Demographics regarding STEEL MAGNOLIAS patients' gynecological cancer, including type of cancer, stage, treatment, and status.

Cancer Demographics	Values, n (%)
Type of cancer	
Endometrial	39 (61.9%)
Ovarian/fallopian tube/peritoneal	11 (17.5%)
Cervical	7 (11.1%)
Uterine sarcoma	5 (7.9%)
Vulvar	2 (3.2%)
Vaginal	1 (1.6%)
Other	6 (9.5%)
Highest confirmed stage	
I	36 (57.1%)
II	6 (9.5%)
III	12 (19.0%)
IV	1 (1.6%)
Treatment received	
Surgery	57 (90.5%)
Radiation therapy	22 (34.9%)
Chemotherapy	19 (30.2%)
Hormonal therapy	5 (7.9%)
Put into remission	53 (91.4%)
Experienced recurrent disease	6 (11.3%)
Current status	
Alive no evidence of disease	50 (86.2%)
Alive with disease	8 (13.8%)

Figure 1: Items addressed at STEEL MAGNOLIAS appointments.

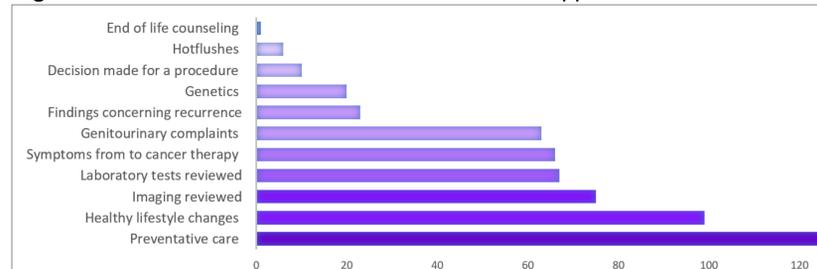


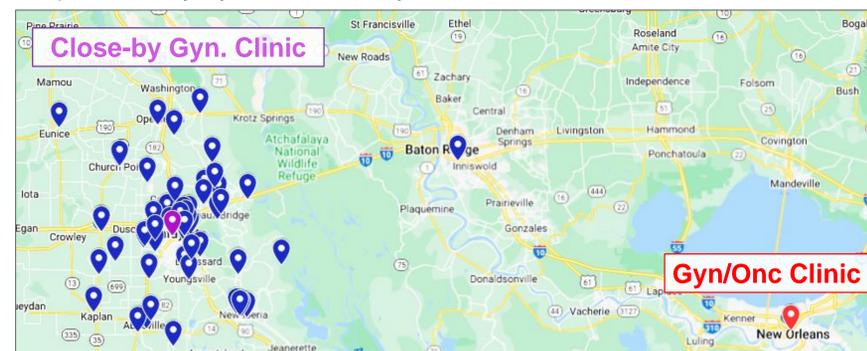
Table 2.1: Summary of STEEL MAGNOLIAS appointment accomplishments.

Appointment information	n (%)
Imaging tests ordered	22 (12.1%)
Imaging tests completed	18 (81.8%)
Lab tests ordered	14 (7.7%)
Lab tests completed	9 (64.3%)
Referral ordered	8 (4.7%)
Referral completed	7 (87.5%)
Follow-up appointments attended	100 (76.9%)

Table 2.1: Summary of travel metrics for STEEL MAGNOLIAS appointments.

Travel Metrics	Median [IQ range], n (%)
Originating site for visit	
Zoom from home	66 (36.3%)
Close-by Gyn. clinic	116 (63.7%)
Distance to close-by Gyn. clinic (miles)	16.9 [8.58-21.60]
Length of drive (minutes)	26 [18-35]
Distance to Gyn/Onc's clinic (miles)	137 [132-148]
Length of drive (minutes)	140 [130-150]

Figure 2: Map showing locations of patient homes in comparison to clinics. Purple: Close-by Gyn. clinic, Red: Gyn/Onc clinic, Blue: Patients' homes



Conclusion

The STEEL MAGNOLIAS program is feasible, delivers exceptional GC surveillance care and considerably reduces travel burden for our rural patients.

- Patients traveled an average of 10.45 miles for STEEL MAGNOLIAS appointments when compared to the average of 138.78 miles that patients would have had to travel for in-person Gyn/Onc appointments.
- Findings concerning for recurrence were discussed at 23 of the appointments (12.7%).
- The majority of appointments (n=100, 76.9%) were attended in concordance with NCCN guidelines.

This study had some **limitations**:

1. Due to its retrospective nature, we may have left patients out of the study who could benefit from the STEEL MAGNOLIAS program.
2. A larger sample size would enable us to see more instances disease recurrence, which would further show the value of STEEL MAGNOLIAS.
3. Except noting travel burden reduction, we did not compare outcomes of the program to traditional surveillance.

Future work will involve analyzing cost reduction in addition to travel burden. We also hope to expand the STEEL MAGNOLIAS program both geographically and across types of cancers, as well as using it to give rural patients access to participation in clinical trials.