



American Cancer Society

National Hematologic Cancer Collaborative

2024 Report





In June 2024, the National Roundtables and Coalitions Business Unit of the American Cancer Society (ACS) partnered with leadership and colleagues from the organization’s Patient Support Pillar, Discovery (research) Pillar, and the American Cancer Society Cancer Action Network (ACS CAN) to launch the **ACS National Hematologic Cancer Collaborative**. The purpose of the collaborative was to convene a diverse group of national thought leaders and advocates in the field of hematologic cancers to collectively identify and strategize around the barriers and challenges that no one organization can tackle alone.

Through a series of facilitated discussions, the participants defined high priority areas of coordination to accelerate progress in hematologic cancer care on a national scale. At the conclusion of this six-month process, the collaborative identified three priority areas, including strategies for each area, and agreed to ongoing support and next steps needed to activate these consensus-built recommendations.

Project Goals



Convene key thought leaders for action-oriented **dialogue** to establish opportunities that will have deep and lasting impact.



Facilitate purposeful discussions to **develop consensus-built recommendations** focused on reducing barriers to optimal care and improving outcomes, with the **patient experience** at the forefront of our conversations.



Focus on the **full breadth of the cancer continuum**, including diagnosis, treatment, and survivorship as well as end of life.

THANK YOU TO OUR SPONSOR





The ACS National Hematologic Cancer Collaborative is an invited group of over 34 individuals who represent leading cancer advocacy organizations, research institutions, professional associations and societies, leading public health organizations, patient advocates, and corporate partners, among other relevant industry leaders.

The American Cancer Society graciously thanks the following individuals for their participation, support, and many contributions to this initiative.

Anu Agrawal, MD ACS, Global Cancer Support	Kathy Giusti Multiple Myeloma Research Foundation; cancer survivor	Esther Obeng, MD, PhD St. Jude Children’s Research Hospital	Lauren Teras, PhD ACS, Epidemiology Research
Carl Allen, MD, PhD Baylor College of Medicine; Texas Children’s Hospital	Katie Creme Henry, MA Genentech	Casey O’Connell, MD, FACP Keck School of Medicine, USC	Pam Traxel ACS CAN, Alliance Development and Philanthropy
Jeffery Auletta, MD NMDP; The Ohio State University College of Medicine	Caroline Hoang Pfizer	Marilyn Prempeh National Minority Quality Forum	Lorna Warwick Lymphoma Coalition
Sharon Castellino, MD, MSc Emory/Children’s Healthcare Atlanta	Thomas LeBlanc, MD, MA, MHS, FAAHPM, FASCO Duke Cancer Center	Maggie Rogers ACS, Pediatric, Adolescent, and Young Adult Cancer Support	Jason Webb, MD, DFAPA, FAAHPM, FACP OHSU Health
James Cerhan, MD, PhD Mayo Clinic	Navneet Majhail, MD, MS, FASTCT Sarah Cannon Cancer Network	Rosemary Richardson Sanofi	William Wood, MD, MPH UNC School of Medicine
Kimberly Demirhan, MBA, BSN, RN Association of Cancer Care Centers (ACCC)	John Mascarenhas, MD Tisch Cancer Institute; Icahn School of Medicine at Mount Sinai	Rachel Saks, MSS, LSW, OSW-C Cancer Support Community	Ann Quinn Young, MPH Multiple Myeloma Research Foundation
Areej El-Jawahri, MD Massachusetts General Hospital	Yadira Montoya, MSPH National Alliance for Caregiving	Mikkael Sekeres, MD, MS University of Miami Health System	ACS Team Support:
Cathy Ferrone Kite Pharma	Izumi Nakano Lymphoma Research Foundation	Stephanie Schmid CaringBridge	Britta Vaughan
Marianne Gandee Pfizer	Gwen Nichols, MD The Leukemia & Lymphoma Society	Nancy Shockley, MSN, AOCNP, AGACNP-BC Sanofi	Caleb Levell, MA
		Shanthi Sivendran, MD, MSCR, MBA ACS, Cancer Treatment Support	Disa Patel
			Jessie Sanders
			Sarah Shafir, MPH





Process

13 key informant interviews were conducted prior to convening the larger group, gathering initial insights from subject-matter experts and those with a lived cancer experience.

3 virtual meetings were held to establish partnerships, identify focus areas, advance discussions on barriers and strategies, and define opportunities for collaboration.

An **in-person summit** on August 20 brought collaborative participants together for a day of facilitated dialogue, resulting in defined strategies and activities for future collaboration.

Surveys were administered to build consensus around decisions and gauge process effectiveness and participant satisfaction.

Timeline

Meeting 1

Purpose: Level set, share initial findings, establish collaborative.
Outcome: An established and acquainted collaborative with a clear path ahead.

Meeting 2

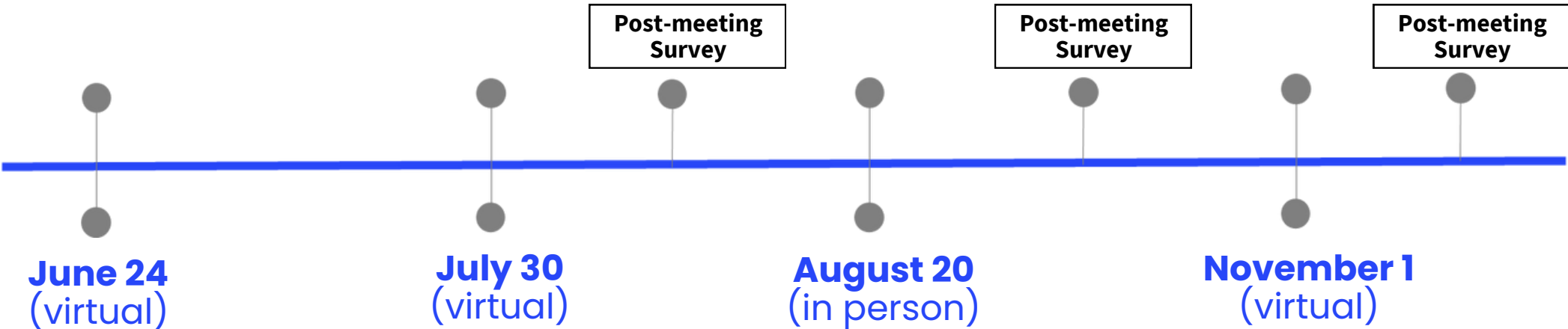
Purpose: Ideate on priority statements and define the “why.”
Outcome: 3-4 defined, broad priority statements.

Meeting 3 Summit

Purpose: Strategize the “how” and “what” to tackle identified barriers and challenges.
Outcome: Strategies and activities defined for each priority area.

Meeting 4

Purpose: Finalize collaborative recommendations.
Outcome: Clearly defined consensus-built recommendations.





Below are the final priority areas and accompanying priority statements, along with the six strategies the collaborative generated at the August summit.

Priority Areas

Addressing Equitable Access

By addressing systems and policy limitations that affect access to diagnosis, management, and survivorship, patients with blood cancer will receive more holistic, equitable, and high-quality treatment and supportive care.

Managing Complexities

By supporting the medical community in managing the complexity of blood cancers, there will be greater adoption of the standards of diagnosis, monitoring, management, and supportive care.

Enhancing the Blood Cancer Care Experience

By improving coordination of care, effective communication, education, and resource delivery, patients and their caregivers will receive a better care experience, quality of life during treatment, and transition into survivorship.

Strategies

Strategy 1: Ensure access to high-quality, continuous health care to optimize survivorship and quality of life for patients.

Strategy 2: Better support cancer care in the community setting, including diagnosis, treatment, and management to optimize equitable outcomes.

Strategy 1: Increase knowledge about all types/subtypes of blood cancers so all providers seeing patients with blood cancer can feel confident in point-of-care decision making.

Strategy 2: Coordinate care from diagnosis to survivorship so health care providers can better navigate care transitions for patients with blood cancer.

Strategy 1: Connect patients and caregivers to the resources (supportive care) they need to improve their care experience, quality of life, and clinical outcomes.

Strategy 2: Identify and address the unique, unmet needs of patients with blood cancers across the continuum of illness to improve patient outcomes.





Participants in the ACS National Hematologic Cancer Collaborative clearly demonstrated a commitment to working together to positively impact hematologic cancer outcomes, as well as the patients, families, and caregivers affected by a blood cancer diagnosis.

Through a survey sent out post- collaborative (n=15):



100% of respondents agreed or strongly agreed the collaborative process resulted in consensus-built recommendations.



100% of respondents agreed or strongly agreed they were provided opportunities to express their thoughts and areas of interest through collaborative activities.



93% of respondents agreed or strongly agreed that the meetings were a good use of their time.

Recognizing a clear need for continued collaborative energy and alignment, the American Cancer Society is committed to continuing to convene, collaborate, and catalyze on the recommendations defined through this process.

Please send questions to **Jessie Sanders**, director, ACS National Roundtables and Coalitions.
Jessie.Sanders@cancer.org



Scan to learn
more about
ACS National
Roundtables

