

NAVIGATING THE WATERS: THE USE OF NAVIGATION TO OVERCOME BARRIERS TO CANCER CARE, AN AMERICAN COLLEGE OF SURGEONS (ACS) COMMISSION ON CANCER (CoC) and NATIONAL ACCREDITATION OF BREAST CENTERS (NAPBC) QUALITY IMPROVEMENT COLLABORATIVE (QIC)

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Background: Navigation has been shown to improve oncologic outcomes by assisting patients with treatment adherence. Breaking Barriers, an ACS-CoC/NAPBC 2-year National Quality Improvement (QI) Collaborative, aimed to address modifiable barriers to missed radiotherapy treatments using a PDSA framework. Participating programs within the Collaborative that utilized navigation-based strategies to address radiation adherence were assessed.

Study Design: From January 2023-December 2024, 194 programs participated in this QI collaborative, with 47 (24%) selecting navigation as a strategy to address barriers to radiotherapy adherence. Programs submitted quarterly data, and missing three or more scheduled treatments ("no-shows") served as a surrogate for non-adherence. Effectiveness was assessed by program type, disease site, and barrier addressed.

Results: Among 47 programs, most were integrated networks (43%) and in the South (51%).

Breast cancer was the most common disease site (67%), and transportation was the most

frequently addressed barrier (78%). The overall cohort achieved a 47% reduction in the radiotherapy no-show rate (8.41% to 4.44%, $p<0.001$). Significant reductions were identified in breast (58%, $p<0.001$), prostate (60%, $p<0.001$), rectal (83%, $p=0.04$), and head and neck (74%, $p<0.001$) disease sites. Significant reductions were also identified when addressing patient illness- (48%, $p=0.007$) and transportation-related barriers (42%, $p<0.001$).

Conclusion: Implementing navigation as a strategy within a methodologic QI approach may contribute to improved radiotherapy no-show rates by mitigating modifiable barriers, including transportation- and illness-related barriers, with programs demonstrating rate reductions of nearly half. Further efforts to expand national QI collaboratives as an effective method to address barriers to cancer care are warranted.

Table 1. Missed appointment rate change by disease site and barrier addressed

	Missed Appointment Rate Change	p-value
Disease Site (n, patients)		
Breast (n=2411)	-58.1%	<0.001
Prostate (n=764)	-60.2%	<0.001
Head and Neck (n=188)	-73.9%	<0.001
Lung (n=193)	108.6%	0.12
Rectum (n=46)	-83.3%	0.04
GYN (n=41)	-64.6%	0.18
GI (n=53)	-52.8%	0.24
Other site (n=206)	-12.7%	0.78
Barrier Addressed (n, patients)		
Transportation (n=3752)	-42.2%	<0.001

Patient Sick (n=1517)	-47.5%	0.007
Conflicting Appointment (n=786)	33.2%	0.26
Other* (n=783)	-75.1%	<0.001

*Individual barrier unique to each program