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### What's the Latest Buzz?

Catch up on the latest episodes of ACCC's podcast, CANCER BUZZ. Episode 4: Survivorship Care After Immunotherapy discusses the transition from immunotherapy into post-treatment survivorship, how it differs from chemotherapy, and why coordination and communication among providers, patients, and caregivers is essential. In Episode 5: Rural Cancer Care learn about the challenges to care delivery in rural settings, and discover some of the innovative ways that providers are working to better serve this at-risk patient population.



### How Has Your Program Integrated Pathology Into Cancer Care?

Curious how your program stacks up when it comes to integrating pathology into the cancer care continuum? Assess the level of pathology integration at your institution with our new gap assessment. By completing the assessment, you will receive a personalized report to help identify opportunities for improvement and your program will qualify to host a complimentary process improvement workshop led by ACCC. Assess your program at [acc-cancer.org/pathology-assessment](http://acc-cancer.org/pathology-assessment).



### Optimizing Outcomes for Patients with Urothelial Carcinoma

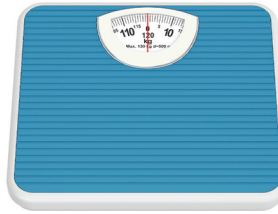
With the evolving treatment landscape for urothelial carcinoma, clinicians are challenged to keep abreast with evidence-based practice guidelines, the clinical efficacy for new therapies, monitoring and managing adverse events, and engaging patients sufficiently to help them make informed treatment decisions. Our audio-guided web course offers up to 4.0 CME/CNE/MOC credit hours and provides guidance on the practical issues associated with new and emerging therapies in the community setting and strategies to engage patients in the shared decision-making process. Enroll at [acc-cancer.org/urothelialcarcinoma](http://acc-cancer.org/urothelialcarcinoma).



### Challenges in Treating Renal Cell Carcinoma with Immunotherapies?

This CME, CNE, CPE-accredited educational program reviews the rationale for combining immunotherapies with an angiogenesis inhibitor, vascular endothelial growth factor receptor tyrosine kinase inhibitor (VEGFR TKI), optimal drug combinations, sequencing of therapies, patient selection criteria, and monitoring and managing immune-related adverse events (irAEs) in patients with renal cell carcinoma. Enroll at [acc-cancer.org/rcc-landscape](http://acc-cancer.org/rcc-landscape).

# fast



## Obesity Rates in the U.S. Continue to Rise

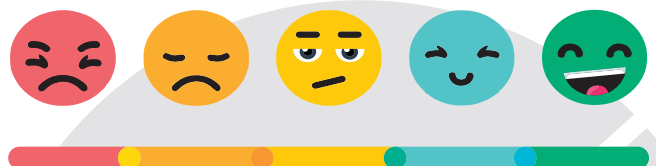
- Adult obesity rates are at or above **35%** in 9 states: Alabama, Arkansas, Iowa, Kentucky, Louisiana, Mississippi, Missouri, North Dakota, and West Virginia. (In 1985, no state had an adult obesity rate higher than **15%**; by 2015, half the states were above 30%.)
- **7 states**—Florida, Kansas, Minnesota, Missouri, New Mexico, New York, and Utah—saw their adult obesity rates increase significantly between 2017 and 2018.
- Obesity levels are highest in Black and Latino communities, low-income, and rural communities, places where residents often have limited access to healthy options. Adult obesity rates for Latinos (**47%**) and Blacks (**47%**) are higher than among Whites (**38%**) or Asians (**13%**).
- **34%** of adults living in rural areas have obesity compared to **29%** percent of adults living in metro areas.

Source. The State of Obesity: Better Policies for a Healthier America 2019. Trust for America's Health and the Robert Wood Johnson Foundation. [tfah.org/wp-content/uploads/2019/09/2019ObesityReportFINAL-1.pdf](http://tfah.org/wp-content/uploads/2019/09/2019ObesityReportFINAL-1.pdf).

## Are We Meeting the Needs of Our Cancer Patients?

- **53%** of cancer patients surveyed said they could have benefited from practical advice and support in dealing with the side effects of treatments.
- **36%** wanted better support in understanding long-term side effects of their treatment.
- **35%** of cancer patients wanted access to a cancer expert to act as an advocate.
- **31%** said they did not have an expert to talk to about worries and fears.

Source. The Wamberg Genomic Advisors Cancer Survey. [wamberggenomic.com](http://wamberggenomic.com).



# facts

## Americans Stressed Over the Cost of Healthcare

- Healthcare costs are a major stress for Americans (**62%**)—second only to money (**72%**).
- The “biggest healthcare fear” among U.S. adults (**35%**) is losing healthcare insurance because of a pre-existing condition; overall, **62%** report having a chronic illness.
- The ability to pay for needed care (**35%**) is the “most pressing issue” in healthcare.
- Half (**48%**) said they received an unexpected medical bill they thought would be covered by insurance.
- Nearly **1 in 5 (17%)** Americans cannot afford routine healthcare expenses, including prescription drugs.
- **69%** of U.S. adults are paying for significant healthcare expenses



through a variety of means, including savings (**35%**), credit cards (**28%**), disposable income (**24%**), loans from family (**8%**), or a 401k withdrawal (**6%**).

Source: Transamerica Center for Health Studies. Sixth Annual Healthcare Survey: Stressed Out: Americans and Healthcare. [transamericacenterforhealthstudies.org/docs/default-source/research/tchs2018-healthcare-consumer-research-report.pdf](https://transamericacenterforhealthstudies.org/docs/default-source/research/tchs2018-healthcare-consumer-research-report.pdf).

## 5 Myths About Cancer Prevention

- Myth 1.** Cancer is often genetic—I can't do anything about it.
- Myth 2.** Drinking red wine is good for me.
- Myth 3.** Drinking coffee can cause cancer.
- Myth 4.** Eating organic fruits and vegetables offer extra protection against cancer.
- Myth 5.** Eating soy increases breast cancer risk.

Source: American Institute for Cancer Research. [aicr.org](https://aicr.org).



## Top 5 Healthiest Communities in 2019

1. Douglas County, CO
2. Los Alamos County, NM
3. Falls Church City, VA
4. Loudoun County, VA
5. Broomfield County, CO

Source: U.S. News and Aetna Foundation. [usnews.com/news/healthiest-communities](https://usnews.com/news/healthiest-communities).

## Face Time?

- During the work day—physicians spent **27%** of their total time on direct, clinical face time with patients and **49%** of their time on EHR and desk work.
- While in the exam room with patients, physicians spent **53%** of their time on direct, clinical face time and **37%** on EHR and desk work.

- Outside of office hours, physicians spent another **1 to 2 hours** of personal time each night doing additional computer and other clerical work.

Source: Sinsky C., et al. Allocation of physician time in ambulatory practice: a time and motion study in 4 specialties. *Ann Intern Med.* 2016;165(11):753-760.

