The George Washington (GW) University Cancer Institute research team is committed to ensuring diverse stakeholder representation throughout the Oncology Community of Practice (CoP) Generation and Dissemination of Evidence (GATE) project. The approach to engaging stakeholders follows the guidance outlined by the PCORI Engagement Rubric, including seeking the participation of individuals who fit into several categories such as patient and stakeholder partners as well as patient and survivor partners who have no other roles on the project.

Figure 1 outlines the engagement approach. At the core of the project, the GW Cancer Institute team includes staff with patient and provider education expertise and leaders in cancer survivorship and oncology patient navigation. To expand the perspectives represented in the project, there are two groups of advisors: Faculty Advisors that include researchers and representatives from advocacy organizations, as well as a Community Advisory Board that includes survivors and caregivers, researchers, clinicians and representatives from government oncology organizations, advocacy groups and professional membership organizations. Additionally, Dissemination Champions will assist in dissemination of the Oncology Community of Practice (CoP), including six Comprehensive Cancer Control sites funded by the Centers for Disease and Control, as well as patient advocates who have an active social media following. Finally, survivorship and patient navigation community members will also be engaged through contributions to the CoP, including: 1) a user-generated research findings and intervention registry; 2) a user-generated best practices and lessons learned repository; 3) a question and answer (Q&A) bank; 4) ask the expert sessions; and 5) special interest groups on survivorship and patient navigation.

Figure 1: Engagement Approach

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<td>Survivors and caregivers</td>
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<th>Community Advisory Board</th>
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<td>Survivors and caregivers</td>
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<th>Dissemination Champions</th>
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<td>@tamikafelder, @CancerGeek, @CancerHawk</td>
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<th>Project Team</th>
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<td>GW Cancer Institute staff</td>
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Community Advisory Board Overview
The Community Advisory Board was established as a way to ensure a range of perspectives are included in the project approach and to solicit stakeholder feedback on the products developed for the project in a way that leverages each member’s unique perspective. Members of three communities were identified to serve on the board and include: (1) researchers; (2) healthcare professionals; and (3) patients, survivors and caregivers.

Researchers and healthcare professionals on the Community Advisory Board were selected for their expertise in cancer survivorship and oncology patient navigation as well as their organizational infrastructures and ability to assist in project activities. They helped to conceptualize the project and provided feedback on the project proposal. Each member will play a critical role in creating the CoP. These Advisory Board members are knowledgeable about the needs of cancer survivors and oncology patient navigation processes through their work in government, research and advocacy organizations and clinical practice with patients across the cancer treatment spectrum.

To identify survivors and caregivers for the board, a 17-question web-based application gathered demographic information and enabled applicants to provide a paragraph about their interest in participating. More than 60 individuals who had previously expressed interest in the Evaluating Cancer Survivorship Care Models project (a comparative effectiveness research study funded by the Patient-Centered Outcomes Research Institute) were contacted.

The 12-member Advisory Board includes: two survivors, two caregivers who are also survivors, two representatives of patient advocacy organizations, one oncology survivorship Nurse Practitioner, one academic researcher, two government research representatives and a representative from a professional membership organization who is also a survivor and a clinician. The board was convened by webinar on Sept. 30, 2015 to orient members to the project and introduce the members to each other. The summary of this meeting follows.

Meeting Participants

<table>
<thead>
<tr>
<th>Name</th>
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<tbody>
<tr>
<td>Margaret Farrell, RD, MPH</td>
<td>Government Representative, NCI Research2Reality</td>
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<tr>
<td>Elizabeth Glidden, MPH</td>
<td>Patient Navigator, GW Cancer Institute</td>
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<tr>
<td>Chien-Chi Huang</td>
<td>Survivor</td>
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<tr>
<td>Peggy Kupres, RN, BSN, MA, CBPN</td>
<td>Caregiver / Survivor</td>
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<tr>
<td>Deborah Mayer, PhD, RN, AOCN, FAAN</td>
<td>Researcher, University of North Carolina</td>
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<tr>
<td>Robert Parker</td>
<td>Caregiver / Survivor</td>
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<tr>
<td>Sherri Romanoski</td>
<td>BAG IT</td>
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<tr>
<td>Julia Rowland, PhD</td>
<td>Government Representative, NCI Office of Cancer Survivorship</td>
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<tr>
<td>Lillian Shockney, RN, BSN, MAS</td>
<td>Survivor, Clinician / Administrator, Johns Hopkins University/ Program Director, Association of Oncology Nurse and Patient Navigators</td>
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<tr>
<td>Ellen Stovall</td>
<td>Survivor, Senior Policy Leader, National Coalition for Cancer Survivorship</td>
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<tr>
<td>Carrie Tilley, NP</td>
<td>Clinician, University of Maryland</td>
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<tr>
<td>Jasan Zimmerman</td>
<td>Survivor</td>
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GW Cancer Institute Project Team Members in Attendance

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<th>Name</th>
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<tr>
<td>Elizabeth Hoffler, MSW</td>
<td>Project Advisor; Director of Policy and Engagement</td>
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<tr>
<td>Deena Loeffler, MA</td>
<td>Project Manager</td>
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<tr>
<td>Shaira Morales</td>
<td>Project Manager, Health Care Professional Education</td>
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<tr>
<td>Mandi Pratt-Chapman, MA</td>
<td>Principal Investigator; GW Cancer Institute Director</td>
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<tr>
<td>Kelli Vos, MA</td>
<td>Communications Coordinator</td>
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<tr>
<td>Anne Willis, MA</td>
<td>Co-Investigator; Project Director</td>
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Summary

I. Welcome
Mandi Pratt-Chapman welcomed Advisory Board members to the call and thanked everyone for their participation on the project. She provided an overview of the GATE project including the original concept to create a hub which could bring together research, information and tools on oncology patient navigation and cancer survivorship that could be utilized by many different types of stakeholders. She noted that during the call the team would provide further details on planned project activities and seek guidance from Advisory Board members.

II. Introductions
The members of the project team and Advisory Board introduced themselves and provided their name, location, affiliation and vision for the project’s impact. They included:

Margaret Farrell, RD, MPH
Location: Bethesda, MD
Affiliation: National Cancer Institute’s Division of Cancer Control & Population Sciences working on Research to Reality (R2R) Community of Practice; Comprehensive Cancer Control National Partnership
Vision for Project Impact: Leverage research-based interventions from research community for patients and survivors; provide conduit back to research community and NCI for patient-centered outcomes and survivor perspectives for future implementation

Elizabeth Glidden, MPH
Location: Washington, DC
Affiliation: George Washington University Cancer Institute; American Cancer Society Patient Resource Navigator
Vision for Project Impact: Use personal patient navigator experience to inform the project in both navigation and survivorship transitions and serve as a voice for cancer patients

Chien-Chi Huang
Location: Somerville, MA
Affiliation: Survivor; former project director, Asian Breast Cancer Project; Founder and President of Board, Asian Women for Health; committee member of the National Advisory Panel on Addressing Disparities for PCORI
Vision for Project Impact: Help find best practices for patient navigation; increase awareness in Asian communities

Peggy Kupres, RN, BSN, MA, CBPN
Location: Oak Lawn, IL
Affiliation: Caregiver; survivor; RN Research Coordinator for Cancer Research Program at Advocate South Suburban Hospital; former regional leadership board chair for American Cancer Society; certified Breast Patient Navigator
Vision for Project Impact: Provide tools to help patients thrive after cancer

Deborah Mayer, PhD, RN, AOCN, FAAN
Location: Chapel Hill, NC
Affiliation: Oncology nurse practitioner and director of cancer survivorship at UNC Lineberger Comprehensive Cancer Center and University of North Carolina-Chapel Hill
Vision for Project Impact: Provide information about implementing survivorship care plans; encourage communities to discuss survivorship care needs
Robert Parker
Location: Spokane, WA
Affiliation: Current caregiver for spouse with melanoma; survivor of prostate cancer
Vision for Project Impact: Learn from others about caregiving and survivorship and provide caregiver perspective

Sherri Romanoski
Location: Tucson, AZ
Affiliation: Founder and president, BAG IT; cancer survivor
Vision for Project Impact: Integrate approach to treatment and survivorship for patients and medical providers

Julia Rowland, PhD
Location: Bethesda, MD
Affiliation: Director of the National Cancer Institute’s Office of Cancer Survivorship
Vision for Project Impact: Examine challenges to dissemination of knowledge for survivorship research and care; outreach and answering research gaps with evidence-based research to stakeholders

Lillian Shockney, RN, BSN, MAS
Location: Baltimore, MD
Affiliation: Director of Johns Hopkins Breast Center and Johns Hopkins Cancer Survivorship Programs; Program Director, Leadership Council of the Academy of Oncology Nurse Navigators; two-time cancer survivor and caregiver to spouse and parents
Vision for Project Impact: Ensure the inclusion of metastatic cancer patients and their families in addressing patient needs

Ellen Stovall, joined by Shelly Fuld Nasso
Location: Silver Spring, Maryland
Affiliation: Senior Health Policy Advisor, National Coalition for Cancer Survivorship, three-time cancer survivor
Vision for Project Impact: Serve as expert on policy and survivorship

Carrie Tilley, NP
Location: Baltimore, MD
Affiliation: University of Maryland Baltimore Survivorship Clinic; consultant for CareVive on developing care plans
Vision for Project Impact: Share ideas for implementation in practice in community and academic settings

Jasan Zimmerman
Location: Palo Alto, CA
Affiliation: Survivor of two pediatric cancers and one young adult cancer; advocate and facilitator of support group for adolescent and young adult cancer survivors; winner of 2014 Survivor Circle Award from the American Society for Radiation Oncology
Vision for Project Impact: Facilitate process and provide personal survivorship perspective

III. Project Objectives and Structure
Ms. Pratt-Chapman indicated that this project is funded by the Patient-Centered Outcomes Research Institute (PCORI) via an engagement award with a focus on dissemination and implementation. These projects focus on engaging a diverse group of stakeholders and improving the dissemination and implementation of patient-centered outcomes research. The aim of the overall project is to fulfill this PCOR goal through a simple, easy-to-use CoP. The project will begin with two general patient-centered cancer care topics—survivorship and patient navigation. The long-term project objectives are to:

1) Aid in more rapid implementation of patient-centered outcomes research evidence into clinical practice;
2) Rapidly disseminate patient-centered outcomes research findings to a broad audience;
3) Foster collaboration in dissemination and implementation efforts; and
4) Ensure stakeholder engagement in patient-centered outcomes research dissemination and implementation.

Ms. Pratt-Chapman emphasized that the project team believes a highly collaborative approach is important to ensure the project provides useful information, so they are working closely with three groups of stakeholders:

1) Collaborators, including faculty advisors and dissemination champions. The faculty advisors convened with the project team in mid-September 2015 and provided feedback on project components before the first Community Advisory Board call.
2) Stakeholders, including researchers, healthcare professionals, survivors and caregivers.
3) The Advisory Board that includes survivors, caregivers, researchers, healthcare professionals and individuals from advocacy organizations.

Ms. Pratt-Chapman outlined a core component of the CoP, which is the online hub for information. The website is called the Generation and Translation of Evidence, or the GATE. This will be an interactive portal that allows users to find and submit information. Components of the GATE include:

**User-Generated Research Findings and Intervention Registry**

The research and intervention registry is a searchable database that will create an opportunity for researchers to disseminate research findings and/or interventions much more broadly and quickly than traditional approaches, connect with potential healthcare professionals and patients to participate in additional phases of the research and inform others in the field regarding current research in order to reduce redundancy and/or foster collaboration.

There are existing research registries, but the GATE will provide a simple, easy-to-use registry so users can quickly access information regarding cancer survivorship and oncology patient navigation. This will not only provide a registry of proven interventions for review, but will also create opportunities for potential collaboration among researchers and stakeholders. For example, if someone created an online wellness program that is evidence-based and are embarking on a larger study on its impact, they may be looking for survivors to participate. Survivors would then be able to connect with the researcher. Likewise, an intervention researcher might want to work with a dissemination and implementation researcher to help get the intervention into the hands of people that can benefit from it. Although, there are interventions on the National Cancer Institute’s Research-Tested Interventions Programs (RTIPS) site, there are currently few interventions related to survivorship and navigation. Collaboration with RTIPS can help drive interested users to from the GATE to RTIPS for additional evidence-based interventions or from RTIPS to the GATE for oncology-specific patient-centered outcomes research interventions and evidence-based initiatives (EBIs).

Researchers and practitioners will be able to submit research studies and EBIs using a simple online form that will collect information such as lead researcher and her/his contact information, funder, brief overview and aims, findings and tools or resources that can be used by healthcare professionals or patients. CoP visitors will be able to contact the GW Cancer Institute to facilitate communication with the researcher, which will allow the project team to better evaluate the process and outcomes. Our goal is to register five studies and interventions in Year 1 and 15 studies and interventions in Year 2.

**User-Generated Best Practices and Lessons-Learned Repository**

This component will include a searchable user-generated repository of best practices (strategies that have worked) and lessons learned (positive and negative takeaways from strategies implemented). The repository will include answers to frequently asked questions regarding successful interventions and lessons learned related to oncology patient navigation and cancer survivorship. This will be a simple and expedient way to compile and disseminate this information.

This section will include a form for user submissions. The project team will review, edit and post submissions in the repository by subtopic, and will develop a communications strategy to keep information current. Submissions will be
tagged with key words, and participants will be able to search through the repository by subtopic or key word. For example, a user could select best practices and survivorship care plans in the search function, and the results would include only the relevant best practices that are categorized as relating to survivorship care plans.

The project team will solicit submissions through the GW Cancer Institute’s e-newsletters and social media outlets. The team will also partner with six sites funded by the Centers for Disease Control and Prevention’s new Funding Opportunity Announcement focused on survivorship and navigation in Comprehensive Cancer Control programs. The team will work with each site to promote this component through their connections with healthcare professionals and cancer programs across their state to increase dissemination of evidence-based practices. The goal is to solicit and post a minimum of 10 best practices and lessons learned in Year one and 20 in Year two.

**Question and Answer Bank**
The goal of the question & answer bank is to compile research related to common topics of concern such as questions regarding survivorship care plans. The question and answer bank will provide evidence-based responses to such questions in an easy-to-use format.

The project team will use questions either posed by a site user or created by the team about specific topics. The team would then reach out to one or more faculty advisors or advisory board members, based on expertise, to provide an evidence-based answer to the question. The team will help with pulling together relevant research and the advisor(s) will summarize the research within provided word limits. This will be posted on the website and credited to the advisor who provided the answer. Links to questions answered will be broadly disseminated to ensure the target audience has access to these summaries.

**Ask the Expert:** Ask the Expert small group sessions will be quarterly interactive conversations held by webinar with approximately 15 participants. There will be a mix of stakeholders and these sessions will be an opportunity to brainstorm approaches related to dissemination and implementation. These will be small-group 60-minute web-based sessions that build patient-centered outcomes research dissemination and implementation capacity. Summaries will be made available through the web portal for others who do not attend.

These sessions could be structured less prescriptively and more like interactive workgroups or workshops on specific interventions or dissemination and implementation challenges, so participants could discuss case studies to work through with the help of the full group. Alternatively, the project team could have more senior participants, including a patient and health care professional, give brief presentations on a particular topic and then junior researchers and other stakeholders could ask questions.

**Special Interest Groups (SIGs):** SIGs serve as an opportunity to spur collaboration. The SIGs could be a place to review manuscript drafts, discuss research ideas, create collaborative research proposals and define a research agenda. The project team plans to initially have one group related to oncology patient navigation and one related to survivorship with the possibility of expanding. The focus will be on translation of research for patients and for health care professionals, centering on pressing, high-level questions for the field. The goal will be to connect dissemination and implementation researchers with patient-centered outcomes researchers to discuss how to approach implementation, spur research collaborations and identify possible future research needed. Each SIG will be staffed by a member of the GW Cancer Institute project team and chaired by one of the Advisory Board members, with a minimum of 15 researcher participants for each group.

**E-Newsletter:** The GW Cancer Institute e-newsletter currently reaches approximately 2,500 people across the country and information on this project will be incorporated into this newsletter. Highlights will include updates on the project, such as new interventions in the registry or new answers posted on the Q&A bank.

**Advisory Board Engagement and Expectations**
Ms. Pratt-Chapman noted that each member would receive a yearly honorarium of $500 for serving on the board if
permitted by their employer, then outlined various opportunities for Advisory Board members to be involved in project activities.

Ms. Pratt-Chapman provided a screenshot of how the web portal repository search function will look based on the Cancer Control Technical Assistance Portal (TAP), a similar web portal for another GW Cancer Institute project. The searchable repository is a key feature of the site. Users will be able to search for information and best practices by topic, subtopic, stakeholder type, resource type and target audience. Once they select the fields they want to search, they click apply and the results will show at the bottom so the user can scroll through. If there is a resource they would like more information about, they can click on it to learn more. For example, if they are interested in research findings, they would see the principal investigator of the study, contact information, target stakeholder type, target audience of the study, a description of the study and information on opportunities to collaborate.

Julia Rowland asked how often the project team anticipates refreshing data and if there is some way to note this on the landing page. She also inquired about sustainability of the project past its funding period. Ms. Pratt-Chapman responded that the team plans to use the funding from PCORI to build the website and launch engagement while remaining committed to maintaining the portal past the funding period by incorporating it into the operations of the GW Cancer Institute. The existing TAP website is updated with new resources on a weekly basis with over 400 contacts a month; similarly, the GATE site will be refreshed on a continual basis.

Lillie Shockney asked if there is a way to electronically send messages to people notifying them of updates in categories of interest. Ms. Pratt-Chapman responded that the team will use the existing listserv and social media to push out updates regarding new information on the website. Ms. Pratt-Chapman also encouraged Advisory Board members to follow up with the project manager with any other ideas for engaging general stakeholders.

**Research Findings and Intervention Registry**

The project team will ask for help from Advisory Board members in promoting the registry, and will provide templates for emails, e-newsletters and social media to assist in doing so.

Lillie Shockney recommended disseminating the project through the Academy of Oncology Nurse Navigators.

Deb Mayer recommended providing a screened link to survivorship and navigation studies on Clinicaltrials.gov. Ms. Pratt-Chapman responded that this is a great idea and the project team would contact investigators to confirm their willingness to be listed in the registry.

Carrie Tilley asked who the intended audience is for the GATE portal. Ms. Pratt-Chapman responded that the GATE project is focused on linking patients with clinicians, researchers, healthcare professionals and other stakeholders.

Jasan Zimmerman recommended reaching out to survivorship centers, such as LIVESTRONG Centers of Excellence, to figure out what research studies they’re conducting. Ms. Pratt-Chapman responded that Sarah Arvey from LIVESTRONG is a project faculty advisor and the team would work with her to obtain this information.

Deb Mayer noted that an upcoming ASCO project involves identifying directors of cancer survivorship programs to do an assessment, so there may be usable networks from this in a year or two.

Sherri Romanoski asked if the Department of Defense has any current projects focused on navigation and survivorship. Julia Rowland responded that there has not historically been much work on these topics but it depends on the definition of survivorship, and that the work was primarily focused on behavioral studies. Dr. Rowland also noted that funding has dropped and there are multiple cancer sites, so the portfolio is currently difficult to track.

Jasan Zimmerman asked about getting on the agenda for the biennial survivorship research conference. Julia Rowland responded and indicated that this conference is planned for June 2016 with partnerships from CDC, NCI, LIVESTRONG and ACS. She also noted that the agenda is already full but there may be space for a roundtable or poster submissions.
Julia Rowland noted that NCI is moving cancer clinical trials to a dedicated website and that funded intervention studies are strongly encouraged to be listed on clinicaltrials.gov.

Ellen Stovall mentioned a funded study with Claire Snyder at Johns Hopkins looking at informed decision making in the treatment and post-treatment phases and patient-reported outcomes. Ms. Pratt-Chapman noted that this sounds like a good fit for pre-populating content for the website. Ms. Stovall noted that the patients are drawn from the Hopkins Network is meant to be widely disseminated.

Deb Mayer noted that there’s a survivorship SIG through the Oncology Nursing Society, and there may be opportunities to disseminate through ASCO.

Carrie Tilley noted that all Commission on Cancer-accredited sites have an American Cancer Society representative, and asked if these sites could be encouraged to provide their clinical trials and link to the GATE site so patients can more easily be linked to survivorship studies seeking participation.

Chien-Chi Huang noted that there may be state-wide survivorship workgroups through their cancer control programs. Ms. Huang also mentioned the New England Cancer Coalition and cancer community partnerships for health as well as CTSI networks from Harvard.

Sherri Romanoski mentioned Friends of Cancer Research as another possible mode of dissemination.

Chien-Chi Huang encouraged the team to ensure the website is accessible for those with low and limited literacy. Ms. Huang suggested using pictures and images, and to think about access for those with visual or hearing impairment, including audio files. The IBM Worldwide Accessibility Center may be a good resource. Ms. Pratt-Chapman agreed that this is a good suggestion.

Carrie Tilley noted that some stakeholders may not feel like true experts. Ms. Pratt-Chapman responded by indicating that the team is differentiating between research and intervention registries so researchers with rigorous studies can provide that information while those who are doing patient-centered interventions with impact can respond to that need. Anne Willis added that the best practices and lessons learned component of the project may also be a good fit for this information.

Lillie Shockney asked about how users will learn about published and peer-reviewed studies. Ms. Willis responded that there will be a submission form on the online portal so information can be provided to the project team, who will provide this as a resource.

Deb Mayer noted that there used to be a SmartBrief (which is a fee-based news service) from LIVESTRONG on cancer survivorship. Ms. Pratt-Chapman responded that the team will look into this possibility for the current project.

Best Practices and Lessons Learned Repository
Ms. Pratt-Chapman paused for further thoughts from the Advisory Board members.

Chien-Chi Huang suggested sharing the website on the Patients Like Me website and other cancer-focused websites. Ms. Huang also noted that a link to the website could be sent to individuals who participated in the GW Cancer Institute’s online training courses to ask for their input on best practices. Ms. Huang can connect the project team to Marilyn Gartner in Massachusetts, who leads an online patient navigation forum. Ms. Huang also mentioned WeCare!, a peer navigator program at UC Davis. Ms. Huang also recommended looking at patient navigators who work with immigrant populations and those with limited or low English proficiency.

Jasan Zimmerman suggested the Smart Patients website.
Deb Mayer suggested creating a list of what people need best practices around. Ms. Pratt-Chapman responded that the Question and Answer bank will provide answers to questions posted on the ACCC listserv about survivorship and navigation. Lillie Shockney noted that the CoC might provide information about best practices from the Commission on Cancer surveys. Ms. Pratt-Chapman responded that the project team would look through the existing best practices posted on the Commission on Cancer’s website to see if a filtered link can be provided regarding survivorship best practices.

Margaret Farrell noted that this can be linked through the Research 2 Reality Community of Practice.

Ms. Pratt-Chapman asked if the group had ideas for topics beyond survivorship care plans. Deb Mayer responded that communication with non-oncology providers, including primary care physicians, would be a useful topic. Lillie Shockney recommended the topics of successful shared care models and a health economics perspective on primary care costs and decision-making for survivors. Elizabeth Glidden suggested a discussion of how to incorporate patient rehabilitation assessment and needs from the navigator perspective.

Carrie Tilley recommended a discussion of where providers can learn about survivorship care as well as the topic of validated and non-validated screening tools, such as nutrition and rehab. Ms. Pratt-Chapman responded that an interesting research question might be the feasibility of using certain screening tools in clinical practice, and any best practices or lessons learned. Ms. Tilley noted that there should be broad stakeholder engagement around this, including categories such as dieticians and rehabilitation therapists.

Sherri Romanoski added that a discussion of late- and long-term effects would be helpful, especially for primary care providers.

**Question and Answer Bank**

The project faculty advisors previously suggested having a particular time period during the project in which each of them would be asked to provide these answers, and to assign 1-2 questions per person. They also suggested that the faculty and advisory board members could collaborate to answer questions together. Ms. Pratt-Chapman added that the team would like answers to combine both data-driven and anecdotal responses. Ms. Pratt-Chapman then asked the Advisory Board members for questions or thoughts about this component.

Julia Rowland asked where the team will get the questions that will be answered. Ms. Pratt-Chapman responded that topics would be initially identified through the ACCC listserv so evidence-based responses can be provided. Dr. Rowland noted that cancer information services such as American Cancer Society, LIVESTRONG and Cancer might also have commonly asked questions asked by survivors that are posed to their call centers. Ms. Pratt-Chapman indicated that this is a great idea. Margaret Farrell also mentioned the NCI cancer information center’s existing evidence-based answers. Ms. Pratt-Chapman asked Drs. Rowland and Farrell to provide contact information for anyone who can provide information that is previously compiled. Dr. Rowland and Ms. Pratt-Chapman noted a couple of ideas for contacts: Mary Ann Bright, Carolyn Messner and Sarah Arvey. Ms. Pratt-Chapman encouraged the team to send links to the team for resources that already exist.

**Ask the Expert**

Ms. Pratt-Chapman added that one idea is to have a short presentation at the beginning of the session to set the stage and provide the questions ahead of time to the presenters, and asked for feedback about the format.

Jasan Zimmerman liked the idea of patients giving presentations. Ms. Pratt-Chapman noted that the team could pair a patient with a researcher who might be familiar with a specific topic.

Rob Parker noted that there are many people who have questions when they are initially diagnosed as well as people who have been dealing with questions for many years. Deb Mayer responded that there is a lot of information available to newly diagnosed patients, so to provide information focused on life after treatment for both acute and long-term survivors would be unique.
Dr. Mayer also recommended targeting the audience for each session and having participants to provide their questions ahead of time so their questions can be answered during the session. Jasan Zimmerman and Ms. Pratt-Chapman both agreed this was a great idea.

Ellen Stovall suggested the topic of hormonal treatment for ongoing surveillance and testing protocols. Ms. Pratt-Chapman agreed this could be a good way to address special needs.

Deb Mayer suggested the topic of addressing survivorship needs for those with more than one cancer.

Rob Parker suggested addressing communication practices, including practitioners answering concerns for patients without resorting to high-level medical language.

Ms. Pratt-Chapman also indicated that the Ask the Expert sessions will be hosted quarterly, and provided the following feedback from the project faculty advisors:

- Participants should ask one to two questions or provide a project/topic for discussion when they register to attend the Ask the Expert.
- Targeted participants should be surveyed ahead of time so they can provide key issues they’re faced with during their work.

Jasan Zimmerman asked if these will occur via webinar or in-person. Ms. Pratt-Chapman responded that they will take place via web or virtual conversations and the project team will use webcams to facilitate engagement. She also noted that these will not take place live due to stakeholders living in a range of locations.

**Special Interest Groups**

Each group will have a statement of purpose and be structured like workgroups. After each meeting, project team members will produce a content-driven summary for dissemination when appropriate. Ms. Pratt-Chapman provided the following suggestions from the project faculty advisors:

- Building Special Interest Group membership through the Society for Behavioral Medicine’s cancer Special Interest Group, the American Psychosocial Oncology Society, the Union for International Cancer Control and the Association of Community Cancer Centers
- Gathering Special Interest Group members for an in-person meeting or breakfast session at next year’s biennial survivorship research conference
- Producing materials for publication if each group takes something on collaboratively, such as a needs assessment
- Prescribing agendas, including a recommended format for moving things forward, and beginning with each group member volunteering to fill a role

Deb Mayer responded that it is important to reach out to non-oncology specialists, including nurse practitioners, family physicians and others. Ms. Pratt-Chapman agreed and mentioned reaching out to the Association of American Medical Colleges. Carrie Tilley suggested reaching nurse practitioners via the American Academy of Nurse Practitioners.

Ms. Pratt-Chapman asked the group to think how to provide recognition to members who are already busy with their own work, such as providing example tweets to group members for promoting their own. No members volunteered during the call to chair the group, so the group will reach out to individual Advisory Board members to provide further information on expectations.

**Dissemination and Engagement**

Chien-Chi Huang suggested including personal stories to garner attention and to work with media in different communities, such as ethnic media, so information can be provided in different languages. Ms. Pratt-Chapman noted that providing infographics might be a helpful way of communicating with community-based organizations.
Rob Parker emphasized that the intended audience needs to be defined. Ms. Pratt-Chapman noted that the project is focused on dissemination and implementation of patient-centered outcomes research in survivorship and navigation because there is no current space for doing so.

Sherri Romanoski encouraged the project team to provide information for caregivers. Jasan Zimmerman agreed and noted that minorities and non-English speakers need to be engaged along with the adolescent and young adult populations.

Carrie Tilley noted that engagement and dissemination efforts should target non-oncology specialists, including cardiologists and pulmonologists.

**Next Steps and Wrap Up**
Ms. Pratt-Chapman reiterated the project team’s appreciation of the board members’ participation. Board member engagement is critical to the project. In the next couple of months, the team will:

- Continue to build the online portal so the Community of Practice website can be launched in early 2016
- Finalize the Ask the Expert and Special Interest Group approaches, and send these to Advisory Board members
- Start recruiting website submissions to create pre-populated content for website launch
- Draft dissemination strategy: create templates for emails, e-newsletters and social media to help Advisory Board members in disseminating research findings and intervention registry
- Convene Dissemination Champions
- Schedule Advisory Board calls #2 and 3 by June 2016 so as many members as possible will attend

**Project Team Debrief of Advisory Board Meeting**
The project team was pleased at the successful launch of the advisory board. All members attended the call, expressed interest in the project and the potential for the significant contribution of the goals and objectives for the field. The team was impressed at the level of engagement of all members on the call, particularly the cancer survivors and caregivers, and their interest in how they can contribute to the overall goals of the project. The project manager sent the audio recording and presentation from the call to all Advisory Board members and solicited suggestions for ways to engage interdisciplinary practitioners on the project.