

Hutchinson Institute for Cancer Outcomes Research

2025 Annual Report



HICOR Research Portfolio



Financial Burden of Cancer

Understanding the causes and finding ways to prevent patients and caregivers from experiencing financial hardship.



Cost Effectiveness

Evaluating and comparing the costs and health outcomes of interventions to inform clinical practice and policy.



Cancer Screening

Developing methods to improve cancer screening rates and testing interventions to remove barriers in underserved populations.



Health Disparities

Identifying and addressing preventable differences in the burden of disease between population groups.



Cancer Care Delivery

Researching how the way care is provided impacts the health outcomes and well-being of patients and survivors.



Simulation Modeling

Developing computer models to estimate the population-level effects of a new health policy or treatment guideline.

Land Acknowledgment

Fred Hutch Cancer Center acknowledges the Coast Salish peoples of this land, the land which touches the shared waters of all tribes and bands within the Suquamish, Tulalip and Muckleshoot nations.

To read this report online, visit FredHutch.org/HICOR-Annual-Report

2025 HICOR Annual Report | Published April 2026 | HICOR-1025-00975

From the Directors



Scott Ramsey, MD, PhD
Director

In 2025, HICOR advanced its role as a national leader in cancer outcomes research and community partnership, driving meaningful progress to improve the quality, equity, and affordability of cancer care. Guided by our collaboration with clinics, payers, patients and community organizations, our efforts reflect a shared commitment to transforming the systems that shape cancer prevention, screening, and care.

We were honored to welcome health economist Dr. Christopher Cadham to our faculty this year. With a focus on decision science and cancer prevention modeling, Dr. Cadham strengthens our capacity to inform policies that are both evidence-based and equity-centered.



Veena Shankaran, MD, MS
Co-Director

This year, HICOR investigators secured significant new federal, foundation and industry funding for innovative research—particularly in medically underserved communities. Dr. Rachel Issaka received an NIH MERIT award to assess the effectiveness of multi-level interventions aimed at reducing disparities in colorectal cancer outcomes. Dr. Parth Shah launched a study focused on using pharmacy-based communication and training to improve HPV vaccination uptake. Dr. Lauren Shih earned an ASCO Young Investigator Award to examine barriers to accessing targeted therapies in lung cancer.

Built on our solid foundation, these expanding research portfolios position HICOR at the forefront of efforts to reduce the economic and human burden of cancer for all communities.

We remain deeply grateful for your continued partnership. Through rigorous research, trusted collaboration, and unwavering focus, we are building a future where cancer care is informed by evidence, shaped by community experience, and accessible to all.

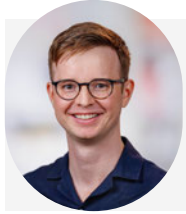
A handwritten signature in black ink, appearing to read 'S Ramsey'.

Scott Ramsey, MD, PhD

A handwritten signature in black ink, appearing to read 'V Shankaran'.

Veena Shankaran, MD, MS

Faculty Profiles



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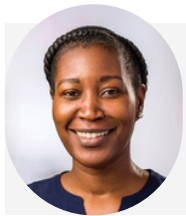
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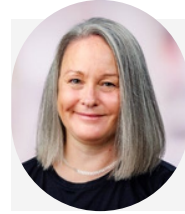


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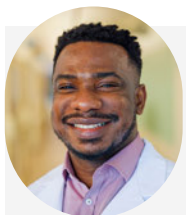


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Modeling, Meet the Real World

Modeling is a key tool in cancer prevention, allowing us to test how different screening strategies influence patient outcomes and health care costs across populations. But how do you make a model reflect reality—where health disparities exist, and social factors influence a person’s screening opportunities and outcomes? **Christopher J. Cadham, PhD, MPH**, is a decision scientist studying how behaviors at the individual level contribute to existing health disparities. He applies that understanding to design new modeling methods that support more equitable and effective health care policies.



Dr. Christopher Cadham.
Photo by Stefan Muehleis.

Welcome to the West Coast



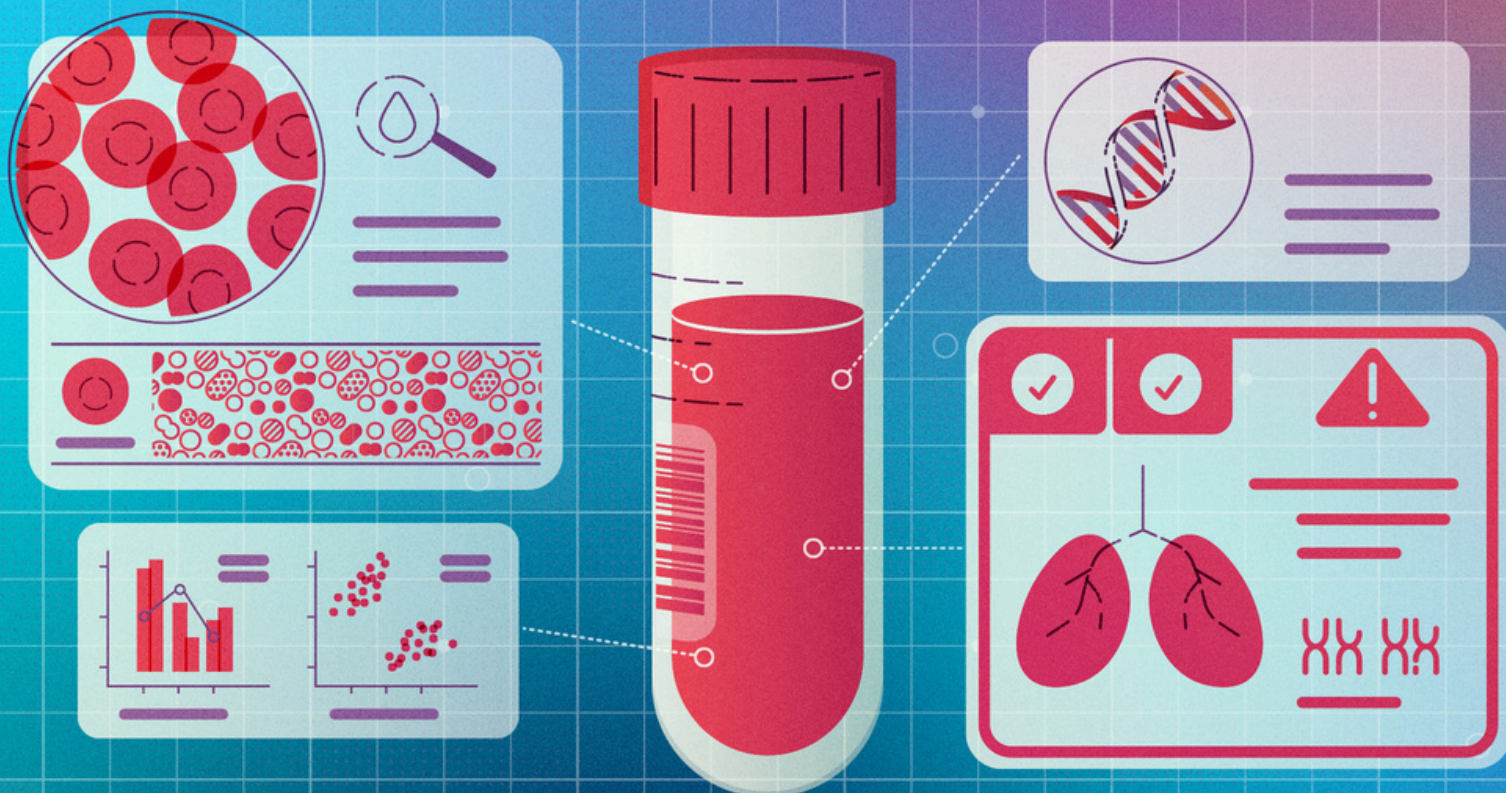
HICOR is thrilled to welcome Dr. Cadham as our newest faculty member in 2025. Originally from Ottawa, Canada, he received his PhD in Health Services Organization and Policy from the University of Michigan. He plans to apply for

an NIH Individual Career Development (K) Award to begin building his research portfolio. When he’s not busy studying the impact of how people make health care decisions, he can probably be found cooking or baking — but if the rain stops, he’s looking forward to exploring the amazing hiking in the Pacific Northwest.



People don’t make health care decisions in a vacuum. Our models should reflect how care happens in the real world by accounting for how people actually act — the choices they make about health care given their values, circumstances and constraints. By grounding models in real-world behavior, we can generate insights to inform interventions and policy that are both effective and equitable.”

— Dr. Christopher Cadham



The Future of Cancer Screening is *Now*

Cancer screening is rapidly evolving with the rise of multi-cancer early detection (MCED) blood tests that can screen for multiple cancers from a single sample. Though already being marketed to consumers,

their effectiveness, costs, and impact on outcomes remain uncertain. HICOR researchers are leading efforts to evaluate the effectiveness and real-world implications of these emerging tools.

Illustration by Stephanie Liszewski



“Cancer screening is one of the most powerful tools we have to shift the burden of disease from later-stage treatment to early intervention. As new technologies like MCEDs emerge, it’s vital to rigorously assess how they perform in the real world: Are they accessible? How do they guide follow up? And ultimately, do they improve outcomes for patients?”

— Dr. Scott Ramsey,
CSRN Principal Investigator

What are MCEDs?



Multi-cancer early detection tests are designed to detect biological substances released in the bloodstream by cancer cells. Each MCED test screens for several types of cancer at once. The Vanguard study will evaluate MCEDs that screen bladder, breast, colorectal, esophageal, stomach, liver, lung, ovarian, pancreatic and prostate cancers.

CSRN Vanguard Launch

In 2024, the National Cancer Institute (NCI) launched the Cancer Research Screening Network (CSRN) to evaluate emerging technologies for cancer screening. By conducting large screening studies in varied health care settings, the network aims to reduce cancer-related illness and deaths. Its first trial, the Vanguard Study, is evaluating the use of MCED blood tests.

Fred Hutch Cancer Center is the coordinating and statistical data management center for the CSRN. HICOR Director Scott Ramsey, MD, PhD, leads the coordinating and communications center, along with Garnet Anderson, PhD, and Ruth Etzioni, PhD.



Watch & Learn

Check out this Vanguard Study participant recruitment video developed by the HICOR team!

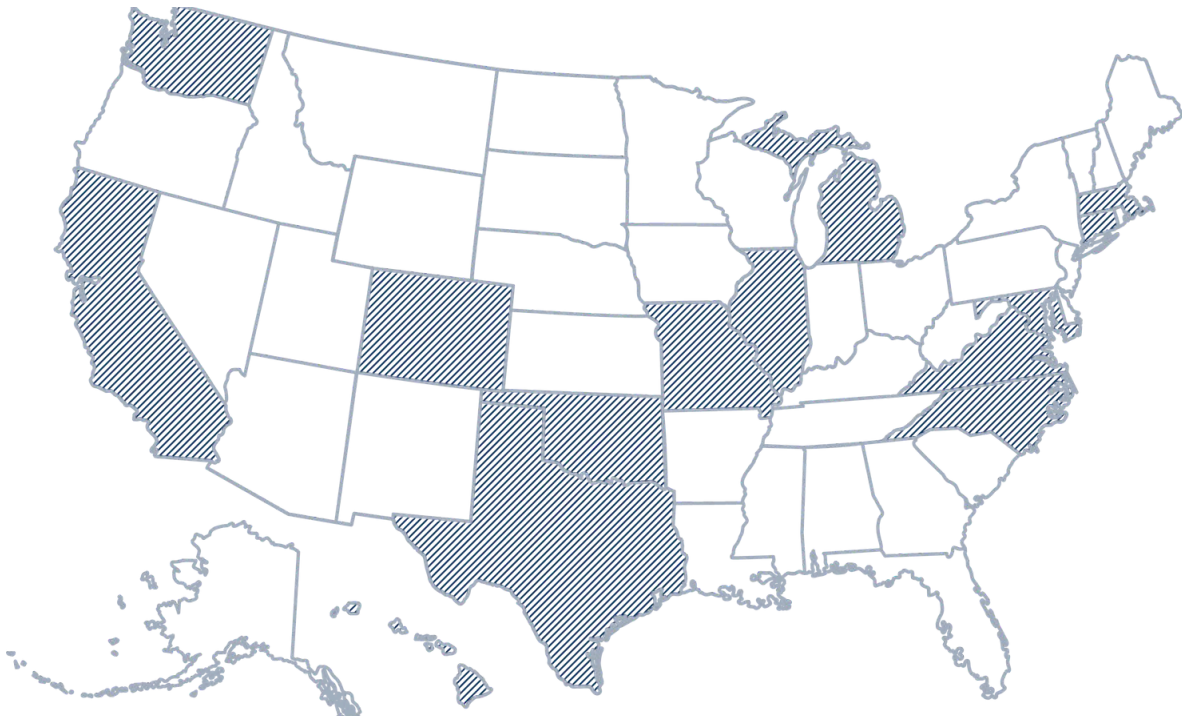


The CSRN Vanguard Study: Testing a new way to screen for cancer

The Vanguard is the first step in evaluating how well MCED tests work for U.S. adults ages 45-75 who are eligible for cancer screening. For any screening test to be successful, it must be easy to access, provide results in a timely fashion, and ensure appropriate follow-up care when there is an abnormal result. This study aims to learn if MCED tests can help people find cancer early, when it may be easier to treat.

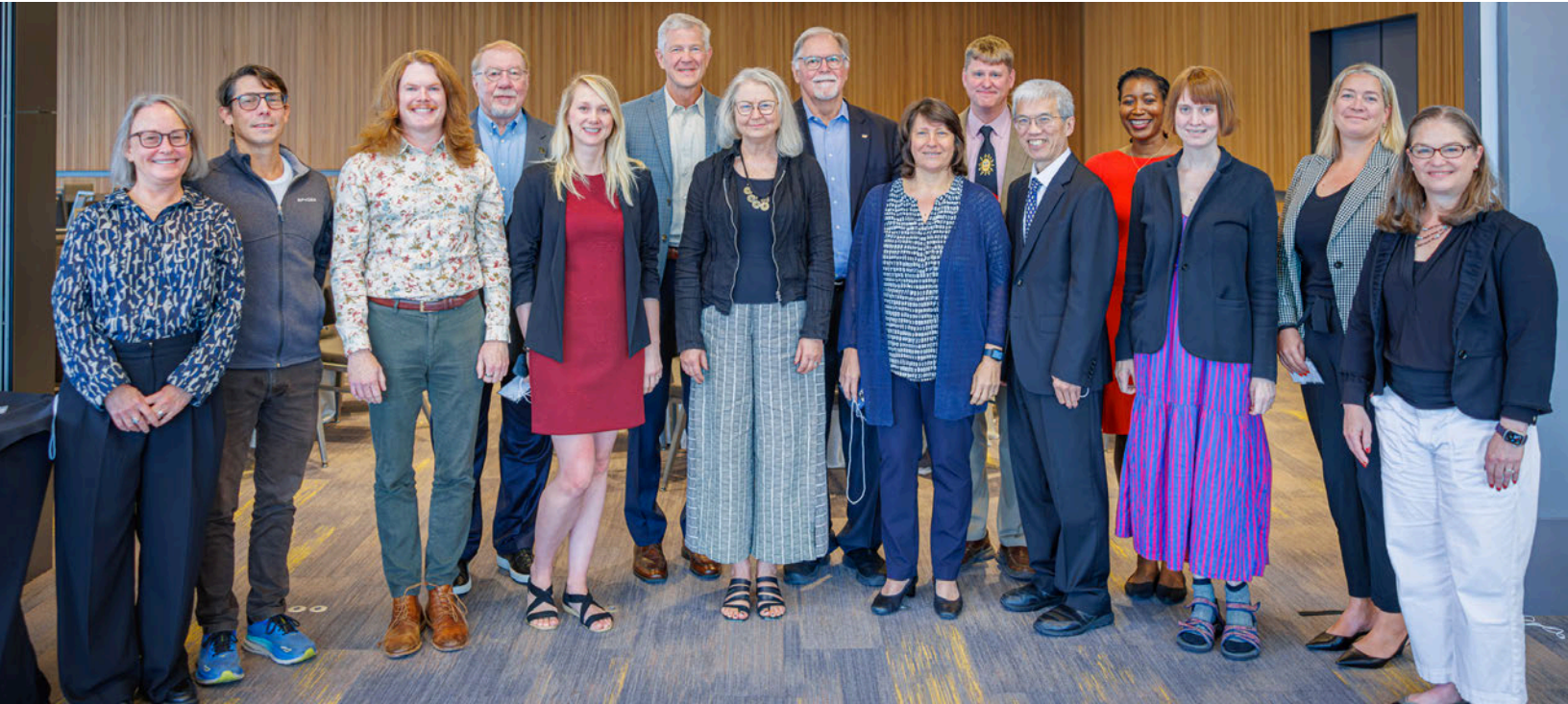


Maddie Ediger assembles specimen collection kits to be distributed to CSRN Vanguard Study sites nationwide.
Photo by Long Nguyen.



A map showing the states where enrollment sites for the Vanguard Study are located in blue.

Cancer Screening Intelligence for the Future 2025 Symposium



Symposium presenters left to right: Carolyn Rutter, Eric Collisson, Matty Triplette, Kenneth Schaecher, Natalia Kunst, Scott Ramsey, Garnet Anderson, Robert Smith, Ruth Etzioni, Alex Krist, John Wong, Rachel Issaka, Jane Lange, Catherine Richards, Dawn Mattoon. *Photo by Robert Hood.*



In September, HICOR helped convene national experts in cancer screening and early detection at Fred Hutch to examine the promise and challenges of blood-based multi-cancer early detection (MCED) tests. While these tests could revolutionize cancer screening, the evidence supporting their clinical benefit is limited: No randomized trials have yet demonstrated clear improvements in long-term outcomes.

Eric Collisson, MD speaks during a panel on the technology and evidence for blood-based cancer screening.

Cancer Screening Intelligence for the Future 2025 Symposium



During the meeting, attendees reflected on lessons from the past 50 years of cancer screening and discussed key considerations for MCED implementation including costs, equitable access, diagnostic follow-up pathways, and the risks of false positives or missed cancers. While the potential of MCEDs is immense, the discussions underscored the need for rigorous research to clarify the benefits, harms and optimal use of MCEDs in real-world community settings.

Rachel Issaka, MD, MAS speaks about historical disparities in cancer screening in the “Cancer Screening: Lessons Learned from 50 years of research and practice” panel discussion.



Carolyn Rutter, PhD speaks about what happens after a positive MCED test result in the “Impact of Cancer Screening Technologies on Health Systems and Health Care Costs” panel discussion.

Active HICOR Screening Studies



PACTS is a pilot study that collects feedback from patients, pharmacists and clinicians to develop a pharmacist-assisted comprehensive tobacco cessation and lung cancer screening intervention.

Parth Shah, Pharm.D., Ph.D.



PharmFIT evaluates the effectiveness of partnering with community primary care clinics and pharmacies to distribute fecal immunochemical tests (FITs) to patients due for colorectal cancer screening.

Parth Shah, Pharm.D., Ph.D.



PROACT will test a novel approach that combines evidence-based interventions including centralized patient tracking and navigation, patient-focused educational video support, and rideshare services to help patients complete colonoscopy following an abnormal stool-based test.

Rachel Issaka, MD., MAS

Partners in Research: The HICOR Operations Team

In research, the spotlight naturally falls on the science — the data, the discoveries, the breakthroughs. At HICOR, there's a small group quietly engineering the foundation that makes it all possible. Led by Judy Nelson, HICOR's director of strategy and Kristy Drury, program operations director, operations team members work behind the scenes to facilitate innovative science.

Small but mighty, this team ensures HICOR can deliver projects across our full project portfolio. Whether problem-solving with faculty and staff, planning leadership events, guiding proposals through the application and award process or helping to steer HICOR's strategic direction, the operations team has the expertise, tools and creative solutions that enable our colleagues to do their best work.

“

This team makes coming to work a joy. Each member brings exceptional expertise and a rare ability to listen and collaborate — all while navigating complex compliance and policy demands. More than that, they genuinely care about their colleagues. That combination of professionalism and compassion is part of HICOR's magic — and a key reason our work thrives.”

— Judy Nelson, Director of Strategy



Left to right: Sarah Miller, Administrative Coordinator; Kristy Drury, Program Operations Director; Judy Nelson, Director of Strategy; Anna Wehowsky, Research Administrator. Photo by Stefan Muehleis.



“I can't say enough about the strength of this team. Their genuine partnership with faculty makes our work possible. When things get complicated, they are already thinking two steps ahead — with expertise to navigate solutions and the creative energy to imagine new possibilities.”

— Dr. Veena Shankaran,
HICOR Co-Director

Value in Cancer Care

Summit 2025

Hutchinson Institute for
Cancer Outcomes Research



Stronger Together: Reimagining Systems to Empower Patients and Clinicians



HICOR's annual **Value in Cancer Care Summit** took place in November, bringing together providers, payers, researchers and patients to take on the difficult work of reimagining existing care delivery systems. Nearly 200 attendees were welcomed from across Washington state.

Speakers shared their experiences with challenges across the spectrum of cancer care, including navigating shared decision-making, preventing provider burnout, improving access to palliative care and pain management, confronting the modern (mis)information environment, and supporting treatment adherence for patients with substance use disorders. The day was filled with engaging conversations about practical solutions for many of these pain points.



Top: An audience member asks a question of Bárbara Segarra-Vázquez, patient advocate and professor at the University of Puerto Rico. **Middle:** Presenters Gwen Darien and Drs. Bárbara Segarra-Vázquez, Sibel Blau and Keith Eaton participate in a panel discussion on innovations in patient care and coordination. **Bottom:** Attendees connect during a break. *Photos by Robert Hood.*



“

We can't out-compete misinformation. We have to out-relate it. You, as a person, can make the difference.”

— Dr. Tony Back, University of Washington

Dr. Tony Back addressed the effects of the modern information landscape and how it affects patient-provider relationships. Age-old rumors about the medical industrial complex hiding cancer cures are able to spread wider and faster today due to social media. To counteract misinformation, Dr. Back recommends that providers promote a “healthy information diet” for patients with cancer, and referring those interested in doing their own research to trusted sources.

“

In 2023, 59% of American Society of Clinical Oncology members reported emotional exhaustion and/or depersonalization. Although, 63% still reported finding joy in their work — they love working with patients.”

— Dr. Fay Hlubocky, University of Chicago

Clinical health psychologist Dr. Fay Hlubocky discussed the drivers of provider burnout, an experience that is worsening among oncologists. They include work overload, exhaustion, depersonalization, feeling ineffective, and an abundance of occupational stress. She recommends strategies such as cultivating resilience, self-advocacy, and mindfulness to combat these stressors.



Community Cancer Care Report

HICOR Co-Director Veena Shankaran, MD, MS previewed datapoints that demonstrate the escalation in use of PET, CT and MRI imaging in Washington state over the last decade. More will be detailed in HICOR’s 2026 Community Cancer Care Report, available this summer. Our annual community reporting aims to examine regional trends in cancer delivery and identify opportunities for improving cancer care.



Read the 2025 Community Cancer Care Report





Monroe Street Bridge in Spokane, Washington. Photo by Gregory Olsen.

“

We are getting ready to start enrolling patients in the Talking About Cancer study in the next few weeks! I wanted to reach out and ask if there are any other opportunities for other trials we could open here this year.”

— Krystal Hartman, BSN, RN,
Clinical Research Nurse,
Skagit Regional Cancer Care Center

Expanding Clinical Trials Initiative

HICOR's Trials Expansion Initiative seeks to increase participation in cancer clinical trials by partnering with community oncology clinics in Washington and Alaska to develop strategies that make it easier for clinics and patients to participate in cancer care delivery research, and to design and launch new pilot studies that tackle the problems of greatest interest to local clinics and their communities.

By the Numbers: Key Accomplishments of the Initiative since 2023

6 pilot studies launched

2 completed studies with > 95% enrollment target met

108 participants enrolled across 3 open studies since 2024

25% of participants enrolled from sites serving majority rural populations in Eastern WA and on the peninsula

1 R01 under review based on pilot study data

11 community oncology clinics participating across WA and AK

New or Ongoing Studies Led by Fred Hutch Investigators in 2025



DISCOVER

Assess the relationship between insurance status, health-related social needs, and symptoms during chemotherapy.

Principal Investigator:
Scott Ramsey, MD, PhD

Status: **Accrual Completed**



PAYMENT

Test a randomized intervention of unrestricted payments to cancer patients following diagnosis to improve outcomes.

Principal Investigator:
Veena Shankaran, MD, MS

Status: **Near Activation**



PRO-ACTIVE

Assess if virtual fitness program reduces cancer-related fatigue in patients undergoing radiation for breast cancer.

Principal Investigator:
Erin Gillespie, MD, MPH

Status: **Accrual Completed**



Talking About Cancer

Assess if a remote training intervention helps patients with advanced cancer and their informal caregivers with advanced care planning.

Principal Investigator:
Megan Shen, PhD

Status: **Near Activation**



REGENT

Assess feasibility, uptake, and patient/provider satisfaction of a remote, comprehensive germline genetic testing program.

Principal Investigator:
Hiba Khan, MD, MPH

Status: **Administrative Start Up**



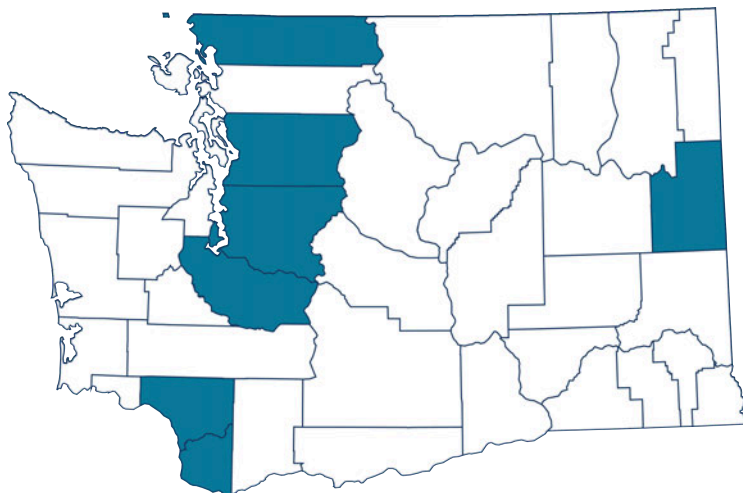
FLoC

Assess the impact of a social prescribing intervention on cancer survivor loneliness, quality of life, and receipt of survivorship care.

Principal Investigator:
Allison Cole, MD, MS

Status: **Open to Enrollment**

Studies active or opening in 7 Washington counties and Alaska



Read more in the
**2025 Expanding Clinical
Trials Initiative Report**



Select Publications

- Marcotte LM, Khor S, Wong ES, Akinsoto N, Lee ES, Onstad S, **Issaka RB**. A Pilot Analysis of Patient Portal Use and Breast Cancer Screening Among Black Patients in a Large Academic Health System. *AJPM Focus*. 2024 Nov 22;4(1):100305.
- Khor S, Carlson JJ, Basu A, Bansal A, **Yu K, Fedorenko CR, Ramsey S, Shankaran V**. The association between new cancer therapy innovations and financial toxicity. *J Natl Cancer Inst*. 2025 Oct 1;117(10):2021-2028.
- **Hopkins T, Bell-Brown A**, Martinez-Pinto P, Henderson V, Ko LK, Isler A, **Issaka RB**. A Video Decision Aid Decreases Fear of Colonoscopy After an Abnormal Fecal Immunochemical Test Result: A Pilot Study. *J Cancer Educ*. 2025 Apr 5.
- **Su CT, Ramsey SD, Shankaran V**. Can We Use Credit Data to Assess Cancer Financial Hardship? *JAMA Oncol*. 2025 Oct 23.
- Lu S, Rakovitch E, Hannon B, Zimmermann C, Dharmarajan KV, Yan M, De Almeida JR, Yao CMKL, **Gillespie EF**, Chino F, Yerramilli D, Goonaratne E, Abdel-Rahman F, Othman H, Mheid S, Tsai CJ. Palliative Care as a Component of High-Value and Cost-Saving Care During Hospitalization for Metastatic Cancer. *JCO Oncol Pract*. 2025 Feb;21(2):252-260.
- **Cadham CJ**, Reicher J, Muelly M, Hutton DW. Cost-effectiveness of novel diagnostic tools for idiopathic pulmonary fibrosis in the United States. *BMC Health Serv Res*. 2025 Mar 15;25(1):385.
- Teles MS, Lapen K, Huang J, Mao JJ, Bernstein MB, Braunstein LZ, Khan AJ, Daly B, **Gillespie EF**. Assessing the Implementation of Electronic Patient-Reported Outcomes (ePRO) to Reduce Follow-up Visits for Patients Undergoing Radiation Therapy for Breast Cancer. *Int J Radiat Oncol Biol Phys*. 2025 Sep 28:S0360-3016(25)06289-3.
- **Bell-Brown A**, Tawfik B, Segarra-Vazquez B, **Hopkins T, Watabayashi K**, O'Kane P, Carlos RC, Langer SL, Unger JM, Darke AK, Hershman DL, **Ramsey SD, Shankaran V**. Addressing Challenges in Research Aimed at Reducing Financial Toxicity Among Cancer Patients and Caregivers: An Example From the CREDIT Study (SWOG S1912CD). *Cancer Control*. 2025 Jan-Dec;32:10732748251344469.
- Odebunmi OO, Wangen M, Waters AR, Ferrari RM, Marciniak MW, Rohweder C, Wheeler SB, Brenner AT, **Shah PD**. Colorectal cancer screening knowledge among community pharmacists: A national survey. *J Am Pharm Assoc* (2003). 2025 Jan-Feb;65(1):102130.
- Nascimento de Lima P, Matrajt L, Coronado G, Escaron AL, **Rutter CM**. Cost-Effectiveness of Noninvasive Colorectal Cancer Screening in Community Clinics. *JAMA Netw Open*. 2025 Jan 2;8(1):e2454938.
- Harlass M, Knudsen AB, Nieboer D, van Duuren LA, Kuntz KM, **Rutter CM**, Nascimento de Lima P, Collier N, Ozik J, Hahn AI, Alarid-Escudero F, Zauber AG, Inadomi JM, Meester RGS, Lansdorp Vogelaar I. Benefits of colorectal cancer screening using FIT with varying positivity thresholds by age and sex. *J Natl Cancer Inst*. 2025 Jun 23:djaf149.
- **Issaka RB**, Matrajt L, de Lima PN, **Rutter CM**. Modeled Cost-Effectiveness of a Rideshare Program to Facilitate Colonoscopy Completion. *JAMA Netw Open*. 2025 Sep 2;8(9):e2530515.
- **Schwartz J**, Wangen M, Odebunmi OO, Waters A, Ferrari R, Marciniak M, Brenner AT, Wheeler SB, **Shah PD**. Patient preferences and perceived barriers to follow-up care in a pharmacy-based colorectal cancer screening program: a national survey. *Cancer Causes Control*. 2025 Aug 15.

FEATURED PUBLICATION

Financial Hardship Among Stem Cell Transplant Recipients: A Cost Diary Analysis

Allogeneic hematopoietic cell transplantation (HCT) is a powerful medical procedure where a patient receives healthy blood-forming stem cells from a donor to replace their own diseased or damaged stem cells, primarily treating blood cancers (leukemia, lymphoma) and immune disorders by using the donor's immune system to fight the patient's disease. In the recent Blood and Marrow Transplant Clinical Trials Network (BMT CTN) 1102 trial, HCT was associated with superior overall

survival compared to non-HCT approaches among elderly patients with higher-risk myelodysplastic syndrome (MDS).

While HCT for MDS appears to be a cost-effective strategy from the health insurer perspective, its impact on the patients' financial situation is less clear. Patients undergoing HCT can face prolonged periods of treatment and recovery, leading to high out-of-pocket (OOP) expenditures that may increase the risk for

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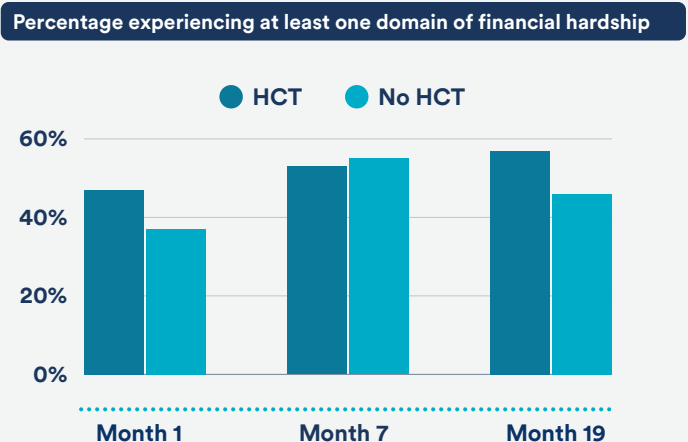
PUBLICATIONS

- Naidoo N, **Bell-Brown A**, **Kimura A**, Akinsoto N, Fang V, Peck A, Wood J, **Issaka RB**. Fecal Immunochemical Test Completion by Instruction Type: A Randomized Clinical Trial Comparing Quick Response Code-Linked Video to Pictorial Instructions. *Am J Gastroenterol*. 2025 Jul 7;10.14309/ajg.0000000000003637.
- Khor S, Basu A, **Shankaran V**, Lee K, Haupt EC, Hahn EE, Carlson JJ, Bansal A. Evaluating Long-term Health Disparity Impacts of Clinical Algorithms Using a Patient-level Simulation Framework. *Value Health*. 2025 Oct 15:S1098-3015(25)05623-2.
- Nascimento de Lima P, **Maerzluft C**, Ozik J, Collier N, **Rutter CM**. Stress-Testing US Colorectal Cancer Screening Guidelines: Decennial Colonoscopy from Age 45 is Robust to Natural History Uncertainty and Colonoscopy Sensitivity Assumptions. *Med Decis Making*. 2025 Jul;45(5):557-568.
- Tatanay K, Cohen S, Naylor LV, Handford CL, Jacobson A, **Shankaran V**, Oelschlager B, Grady WM, Sjoding B, Lally E, Facchini L, **Sun Q**, Laurino MY, Pritchard C, Konnick EQ, Dubard-Gault ME. Does paired genetic testing improve targeted therapy choices and screening recommendations for patients with upper gastrointestinal cancers and their families? A prospective cohort of 42 patients. *BMJ Open*. 2025 May 26;15(5):e091745.
- Brenner AT, Odeunmi OO, Waters AR, Wangen M, Marciniak MW, Ferrari RM, Wheeler SB, **Shah PD**. It Is a Good Idea, but Are They Willing? Assessing Pharmacist Willingness to Deliver Colorectal Cancer Screening.. *Cancer Epidemiol Biomarkers Prev*. 2025 Oct 3;34(10):1820-1827.
- Wittenauer R, Bacci JL, **Shah PD**, Stergachis A. Vaccination payments in states with provider status for pharmacists: A claims analysis. *J Am Pharm Assoc (2003)*. 2025 Jan-Feb;65(1):102301.
- Alson JG, Doll KM, Hempstead BH, Barr L, Lavallee DC, Sage L, Moore A, **Ramsey SD**, Wolff EM, Comstock BA, Monsell SE, Katz R, Gamble CR, Beavis AL, Watat M; SISTER Study Consortium. Advancing equity in cancer research through principled partnership: stakeholder engagement practices in The Social Interventions for Support during Treatment for Endometrial cancer and Recurrence (SISTER) Study. *Res Involv Engagem*. 2025 Aug 8;11(1):95.
- Duran MC, **Shah PD**, **Bell-Brown AM**, Rojina J, **Glascocock M**, Ramirez M, Ibarra G, Garza L, Linde S, Bishop S, Garrison MM, Pascoe KM, Drain PK, Zhou C, Ko LK. Back to school: a qualitative study evaluating a community-informed COVID-19 risk communication intervention for rural elementary school children and their families. *Transl Behav Med*. 2025 Jan 16;15(1):ibaf062.
- Mercon KR, Rose AM, **Cadham CJ**, Gebremariam A, Pike J, Wittenberg E, Prosser LA. Health Preferences in Transition: Differences from Pandemic to Post-Pandemic in Valuation of COVID-19 and RSV Illness in Children and Adults. *Children (Basel)*. 2025 Jan 31;12(2):181.
- Nascimento De Lima P, Bartholomew L, May FP, Coronado GD, **Rutter CM**. The triple-effect of colorectal cancer screening: reducing deaths, government spending and mortality disparities. *J Natl Cancer Inst*. 2025 Jul 30:djaf202.
- **Ramsey SD**, **Sun Q**, **Fedorenko CR**, **Li L**, Panattoni LE, **Kreizenbeck KL**, **Shankaran V**. Telehealth and Emergency Department Use Among Commercially Insured, Medicaid, and Medicare Patients Receiving Systemic Cancer Therapy in Washington State After COVID-19. *JCO Clin Cancer Inform*. 2025 May;9:e2400217.

financial toxicity. Dr. Chris Su and colleagues analyzed the cost diaries of 138 participants in the BMT CTN 1102 trial to gain insight into the financial burden associated with allogeneic HCT.

Results show that HCT patients paid higher out-of-pocket costs and experienced higher levels of financial hardship than participants who did not undergo HCT. Screening for financial toxicity may be prudent in the post-transplant period to provide an opportunity for interventions, such as referral to patient assistance programs.

- **Su CT**, Saber W, **Bansal A**, **Li L**, Nakamura R, Cutler C, Roth JA, **Wright W**, Steuten L, **Ramsey SD**. Out-of-Pocket Expenditures and Financial Hardship Among Patients With Myelodysplastic Syndrome Undergoing Allogeneic Transplant or Hypomethylating Agent / Supportive Care (BMT CTN 1102). *Transplant Cell Ther*. 2025 Jul;31(7):459.e1-459.e6.



HICOR External Advisory Board



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Chief Executive Officer, Patient Advocate Foundation and National Patient Advocate Foundation



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Director, Cancer Health Economics Research Program, Jonsson Comprehensive Cancer Center



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Physician-in-Chief, Linenberger Comprehensive Cancer Center, University of North Carolina

Director of Cancer Outcomes Research, University of North Carolina



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Executive Director, Pharmacotherapy Outcomes Research Center, University of Utah

Director of Outcomes, Program in Personalized Health Care, University of Utah



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Associate Director of Community Outreach and Engagement, Lineberger Comprehensive Cancer Center, University of North Carolina at Chapel Hill



Maria Lopes, MD, MS

Chief Medical Officer, CDMI/Magellan Health



Peter Yu, MD

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Raymond Osarogiagbon, MD, FACP

Chief Scientist, Baptist Memorial Health Care

Director, Multidisciplinary Thoracic Oncology Program and Thoracic Oncology Research Group, Baptist Cancer Center

Hutchinson Institute for Cancer Outcomes Research



Our Team

Back left to right: Erin Gillespie, Rachel Issaka, Parth Shah, Karma Kreizenbeck, Nahom Daniel, Jessie Schwartz, Morgan Glascock, Scott Ramsey, Long Nguyen, Chris Cadham, Winona Wright, Shannon Kestner, Veena Shankaran, Angie Madrid, Catherine Fedorenko, Talor Hopkins, Michelle Ndugulile

Front left to right: Hannah Abrams, C. Natasha Kwendakwema, Carolyn Rutter, Hiba Khan, Lily Li, Sarah Miller, Kristy Drury, Kate Watabayashi, Anna Wehowsky, Hayley Berger, Ari Bell-Brown

Not Pictured: Onyema Chido, Shelby Kantner, Janie Lee, Chris Maerzluft, Judy Nelson, Lauren Shih, Chris Su, Qin Sun, Anna Wehowsky



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