P20 PILOT PROJECT:

Disparities of Health Literacy in the Context of Kidney Cancer and Smoking

Project team

SIU School of Medicine

Shaheen Alanee, MD, MPH, MBA,

- Urologic oncology
- Cancer genomics

Danuta Dynda, MD

• Research assistant professor

Kevin McVary, MD, FACS

• Co-investigator/mentor

WU School of Medicine

Erin Linnenbringer, MS, PhD

- Social-behavioral scientist
- Population health disparities

Kidney Cancer Basics

Among the 10 most common cancers in both men and women

 Lifetime risk of approximately 1 in 63 (1.6%)

2015 American Cancer Society estimates:

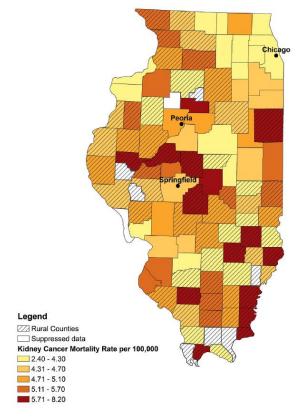
- 61,560 new cases of kidney cancer in the United States
- 14,080 people (9,070 men and 5,010 women) deaths from the disease

Average age at diagnosis = 64 years

Known risk factors:

- Smoking
- Obesity
- Rare genetic syndromes

Kidney Cancer: Regional perspective



Illinois county map shows age adjusted kidney cancer mortality rate per 100,000 individuals by quintile from 1990 to 2010.

Map of age-adjusted kidney cancer mortality rates across Illinois counties, 1990-2010.

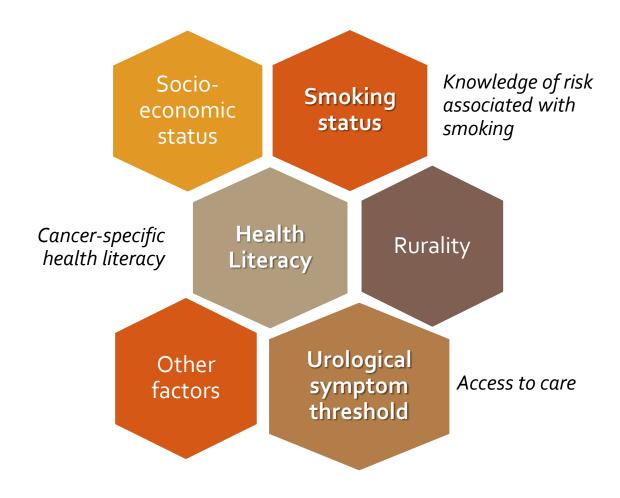
Published in:

Frye TP, Sadowski DJ, Zahnd WE, Jenkins WD, Dynda DI, Mueller GS, Alanee SR, McVary KT. Impact of county rurality and urologist density on urological cancer mortality in Illinois. *Journal of Urology*. 2015; 193(5)1608-13

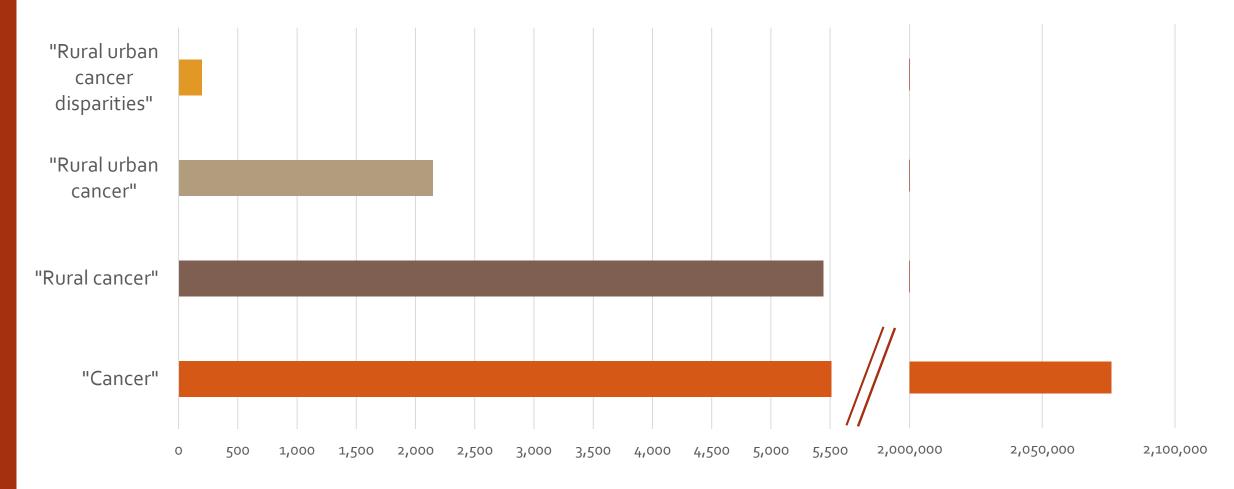
Kidney Cancer: Sociobehavioral perspective

Relationships among social & behavioral risk factors have not been adequately examined

- With regards to kidney cancer
- With regards to urban/rural disparities



PubMed citations



Filters set to "human" and "English"; retrieved November 19, 2015

Specific aims & research approach

Survey a total of 300 patients (ages 40+) from 5 urology and primary care clinics

By geographic region (urban vs. rural):

- 1) Examine health literacy and cancer literacy
- 2) Investigate knowledge of the relationship between smoking and kidney cancer
- 3) Compare threshold for bother caused by general urologic symptoms



How did we get here?

- SIU team, led by Dr. McVary, responded to the initial RFA
- Reviewed list of potential Washington University collaborators & found a good fit in Dr. Kim Kaphingst
- Pilot project was accepted and submitted with the P2o proposal
- Made changes to the project team following reviewers' comments & staffing changes

Why collaborate in the first place?

- Stronger transdisciplinary approach
- More diverse patient populations
- Opportunities for cross-site mentorship

Questions & Comments