

Lombardi Comprehensive Cancer Center

Optimizing an EHR Screening Workflow to Identify Parents with Cancer to Deliver Supportive Care Marcelo M. Sleiman, Jr, BA, CPPN,¹ Rachel Adams, MD,² Matthew G. Biel, MD, MSc,² Kimberly M. Davis, PhD,² Muriel R. Statman, BA¹ & Kenneth P. Tercyak, PhD^{1,2}

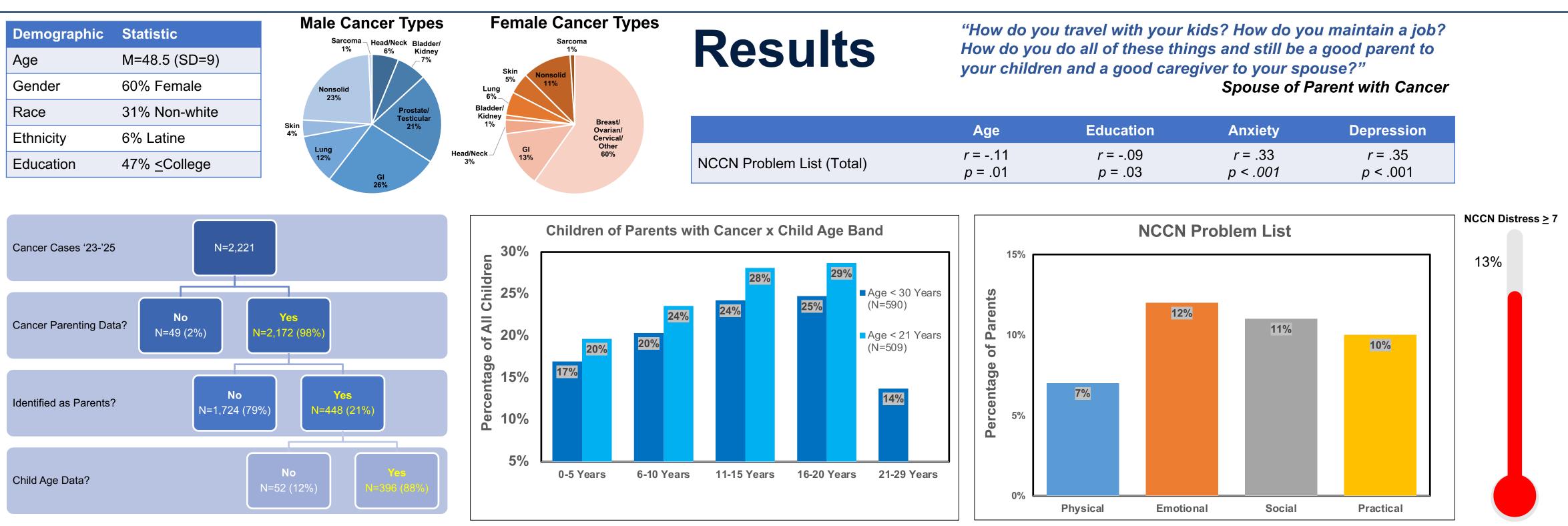
Background

When parents are diagnosed with cancer – balancing treatment and child caregiving - it is termed "cancer parenting." Consistent with NCCN guidelines for distress management, cancer parenting should be screened for and parents offered supportive care. Clinics vary in assessing parenthood and distress due to limited time and resources. Including household data collection within the EHR and delivering supportive care when parenthood is identified are critical to improving affected parents' quality of life.

Methods

At an NCI-designated cancer center serving N>5,000 adult patients with cancer annually; 50% female, 44% non-White, 10% Latine. We developed a cancer parenting screening item for inclusion in the EHR (Cerner) to determine if patients with cancer were also a parent to >1 child (age < 22). Clinical workflows were optimized for, and with the help of, medical assistants and nursing staff to incorporate household information into oncology outpatient visits. Data were abstracted from the EHR to describe the prevalence of cancer parenting over 2.5 years; focus groups were conducted with cancer parenting families to assess supportive care needs/preferences.

EHR Screening for Cancer Parenting is Feasible, Acceptable, and Actionable



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Results

Of the N>2,000 active cancer cases seen at one hospital between 2023-2025, 98% reported their parenting status: 21% identified as parents and 88% reported on their children's ages. These parents were raising a combined N>500 children: most children were preteens or teens (57%). On the NCCN Distress Screen, 13% of parents scored >7 ("distressed"): Emotional, Social, and Practical problems were more commonly endorsed over Physical problems. Parents' age and education levels were inversely associated with problems; anxiety and depression were positively associated.

Optimized EHR workflows can effectively identify parents with cancer, and the prevalence of cancer parenting is high. Systematically assessing, advising, and referring parents with cancer to supportive resources can address psychosocial burdens of cancer parenting to improve quality of life.

	Age	Education	Anxiety	Depression
em List (Total)	r =11	r =09	r = .33	r = .35
	p = .01	p = .03	p < .001	p < .001



Conclusions

Universal Screening for Cancer Parenting in the EHR

General Information	General Information		
Measurements	Verification of Patient ID		
Vital Signs	Yes O No		
Adult Pain Assessment			
Quality Measures	Information Given By	Reason Information Not Obtained	
AMB Influenza Vaccine Screer PHQ Nutritional Information NCCN Cancer Distress Screen Oncology Transfusion- Ambula	Patient Daughter Step sibling Unable to obtain Son Stepfather Spouse Grandmother Friend Grandfather Guardian Significant other Parent Caregiver Mother Father Foster father Other;		
ONC GYN History	O Family member O Sibling		
Obstetrical History			
Care Providers Domestic Violence Screen	Reason for Visit	Chaperone Name Title of Chaperone	
NVPS	Segoe UI 🗸 9 🗸 📾	O Self O Other	
	Preferred Method of Learning O Interpreter O Sign language O Verbal O Written	Preferred Language for Discussing Healthcare English C Italian American Sign Language Korean Amharic O Polish Arabic Spanish	
	O Written O Patient unable to communicate	O Arabic O Spanish O French O Other: O German	
	Interpreter provided by MedStar?		
	O Yes O No O Patient refuses	Please answer for all GUH/WHC patients with active cancer diagnosis. Patient is a parent/caregiver with	
	Interpreter ID/Number & Comments	child/ren <22 years of age. Ves O No	

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Poster