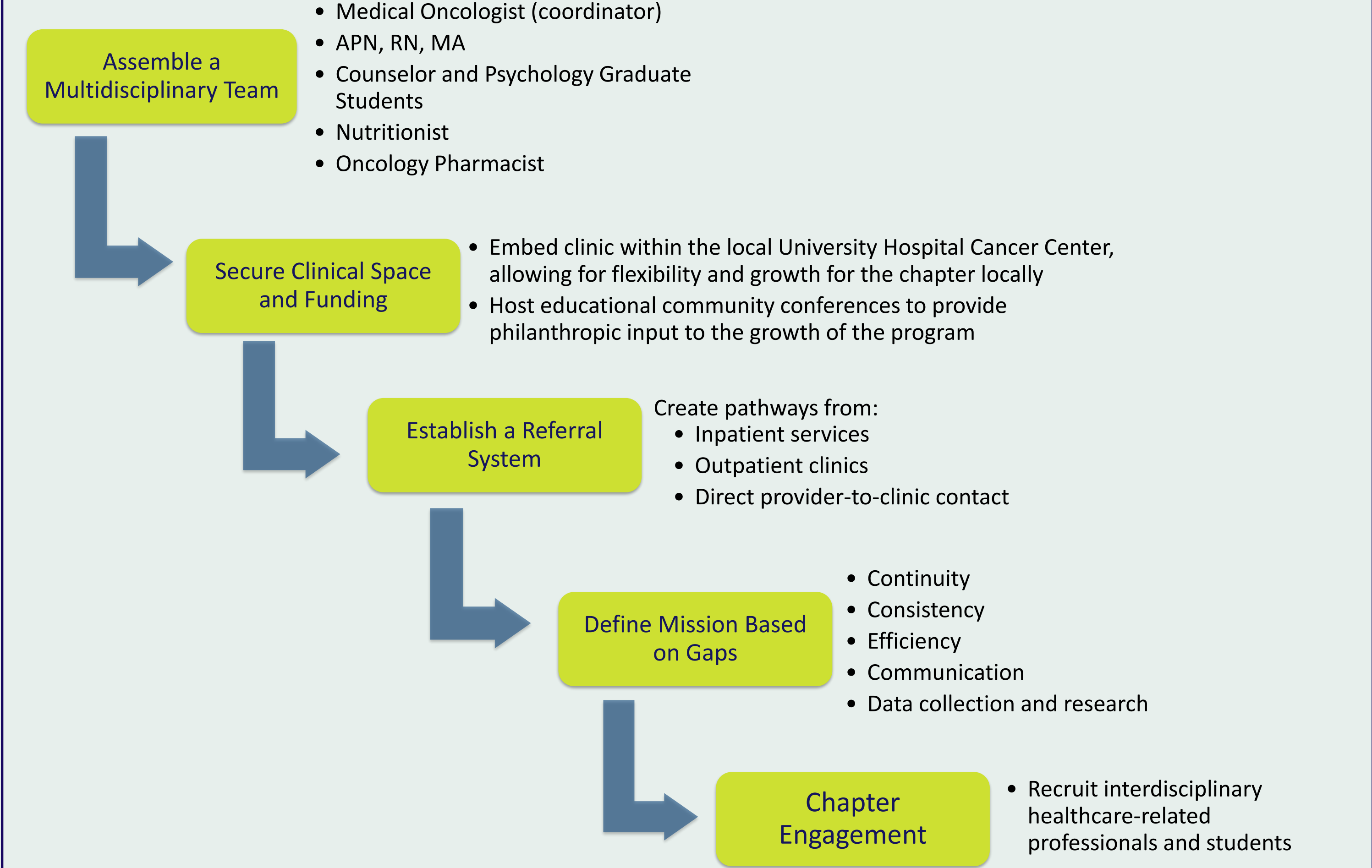


BACKGROUND

- Supportive Care in Cancer (SCC) is defined as the prevention and management of the adverse effects of cancer and its treatment, encompassing physical, psychosocial, and spiritual domains.
- Despite its recognized value, SCC remains inconsistently implemented across cancer centers in the United States; many institutions lack formalized, multidisciplinary supportive care programs that are necessary to cancer care.
- The Multinational Association of Supportive Care in Cancer (MASCC) has prioritized expanding the global footprint of SCC.
- In alignment with this initiative, we have established a local MASCC chapter that has been embedded within a freestanding academic cancer center and its affiliated University hospitals in Mobile, Alabama.
- Our goal is to enhance delivery, coordination, and research in SCC, while expanding on MASCC membership, mentorship, and educational opportunities for local healthcare professionals.
- The following outlines our process of chapter development, clinic integration, early outcomes, and major challenges encountered during this pilot initiative.

METHODS



ACKNOWLEDGEMENTS

Generous Support

The funding for this project was made possible through a charitable gift coming from the AHEPA 310 Housing Corporation\*  
\*which are not-for-profit style housing units for seniors at 12 different apartment sites throughout Mobile and Baldwin County\*

RESULTS

Achievements

- On-site mentorship and collaboration daily
- Local access to international MASCC collaboration
- Increased SCC academic activity
- Improved patient satisfaction
- Support group launched, including patient advocates
- Philanthropic support initiated (limited)

Challenges

- Corporate medicine model limits staffing and funding
- Institutional limitations which incited the decline in SCC clinic productivity
- Program expansion outpacing funding and staff recruitment
- Mental health support remains underdeveloped
- Physical space limitations in growing cancer center
- Community healthcare fragmentation affects overall care coordination

+267%

Membership Growth  
(2019 to 2025)

+7

New Research Endeavors  
(2019 to 2025)

304

Average New Consults  
per year (2019 to 2025)

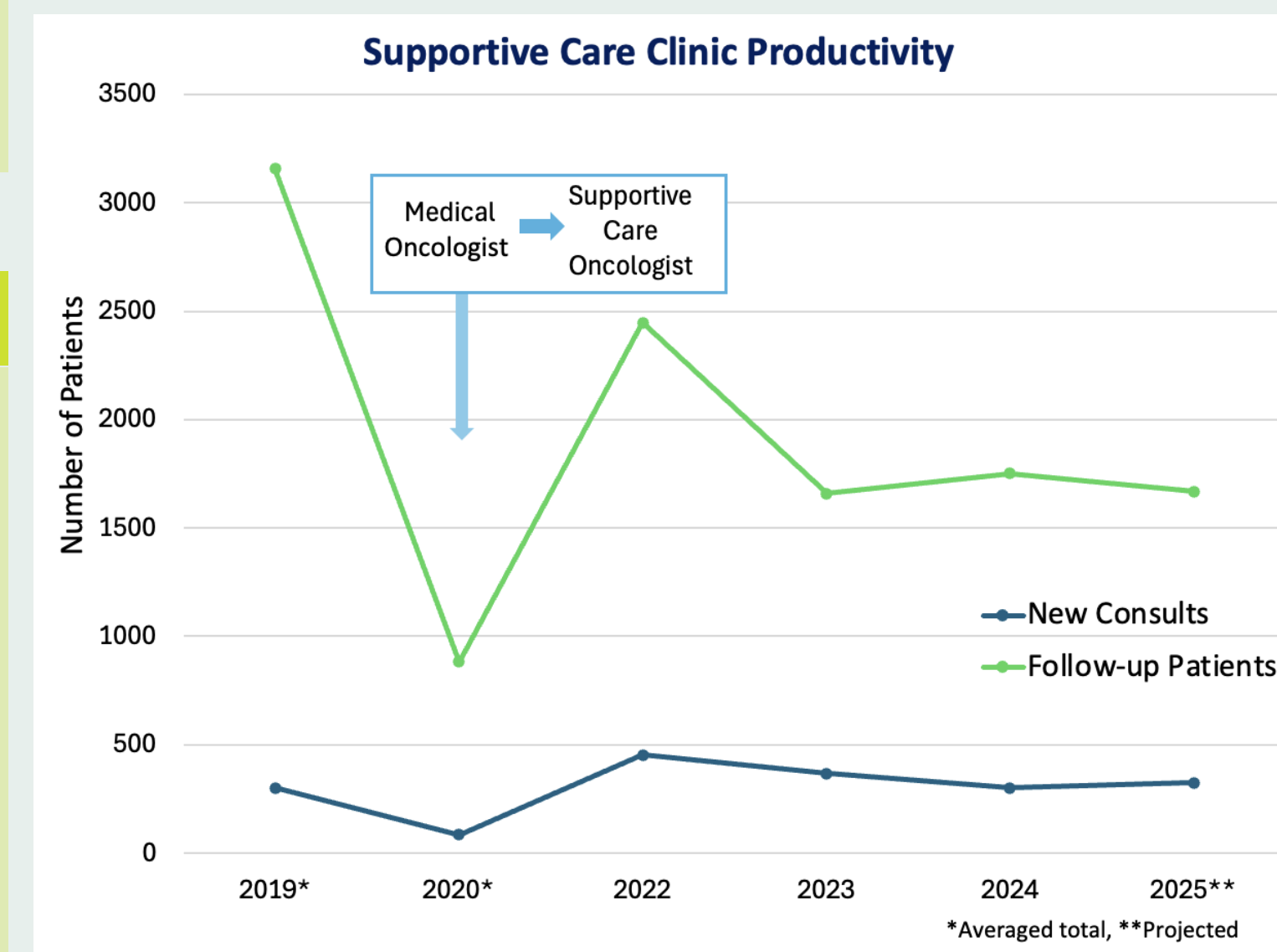


Figure 1. Overview of clinical productivity as a measure of new consults and follow-up patients over a 6-year period. Values from 2025 are projected.

Member Title	Number
Medical Student	5
Nurse Practitioner	3
Social Work	3
Resident	2
Oncologist	1
Fellow	1
Coagulopathy NP	1
Hospice Nurse Admin	1
Hospice Admin	1
Humanities in Medicine Professor	1
Art Therapy	1
Basic Science Translational Research	1
Information Technology	1
Total Gulf Coast Chapter	22

Table 1. Local MASCC chapter membership breakdown by title.

CONCLUSIONS

- The development of a MASCC local chapter embedded within an academic cancer center provides a valuable, community-based model for delivering high-quality supportive cancer care.
- The SCC clinic has led to improved patient satisfaction, increased access to multidisciplinary care, and greater education and mentorship opportunities.
- Engaging community members and local MASCC members can support chapter growth, promote sustainability, and drive long-term impact in both patient care and professional development.
- The challenges presented with establishing and maintaining this local chapter lead us to believe that staffing and resource allocation, visibility and institutional recognition, and consistent funding are the among the most important aspects to ensure growth and sustainability of a program such as this.

Our Next Steps

- Define impact metrics through the cancer committee and present the clinical value and cost-saving potential of this program
- Advocate for a standalone department of Supportive Oncology
- Educate and encourage institutional leadership to engage in the SCC clinic and apply to become a MASCC Center of Excellence

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