Mark L. Wieland, M.D.
Consultant, Primary Care Internal Medicine (Rochester)
Closing the Gap: Improving Cancer Screening in Patients With Limited English Proficiency

Abstract: Patients with limited English proficiency (LEP) receive fewer recommended preventive cancer screenings (breast, cervical, colorectal) than English-speaking patients, leading to detection of disease at later stages and higher disease-related mortality than patients who speak English well. We have documented this as the widest disparity gap in clinical practice within a large Rochester, MN primary care network. Innovative approaches arising from the affected communities are needed to create interventions that promote improved cancer screening among this vulnerable population. The overall objective of this work is to develop an intervention framework that incorporates patient, provider, health system, and community level contexts. The next step toward this objective and the purpose of this study is to conduct rigorous qualitative research with patients and stakeholders in order to understand the mechanistic underpinnings of screening disparities for this unique cohort of patients. These data will be used by community and academic partners to develop an intervention framework for cancer prevention among LEP patients. This study’s specific aims are: (1) Elucidate the beliefs, attitudes, motivations, and structural influences on cancer screening (colon, breast, cervical) among patients with LEP in a primary care practice. (2) Identify health care provider and community stakeholder perspectives on potential mechanisms for cancer screening disparities between LEP and non-LEP populations; and (3): Develop a community-informed, theory-based intervention framework for reducing practice-based cancer screening disparities among patients with LEP. The expected product is a theory-based, community-informed intervention framework for cancer prevention among patients with LEP that reflects the unique perspectives of patients and stakeholders. This work is significant because it addresses a common problem with difficult-to-reach populations, which may be addressed by a community-informed, primary care-based intervention. It is innovative because it addresses the full range of cancer preventive services and it acknowledges common barriers among otherwise culturally heterogeneous subpopulations of patients with LEP, through the patient-provider-system spectrum.
Young J. Juhn, M.D.

**Identification of Geographic Hotspots and Housing Features Associated With Accidental Falls Among an Elderly Population: A Population-Based Study.**

**Abstract:** Identifying geospatial patterns of domestic accidental falls requiring outpatient or emergency department visit and specific housing features associated with falls in an elderly population in Olmsted County. Dr. Juhn is a consultant in pediatric and adolescent medicine at the Rochester campus of Mayo Clinic.

Megan A. Allyse, Ph.D.

**Assistant Professor of Biomedical Ethics, Health Sciences Research (Rochester) Views of Women With Uterine Fibroids on Fertility Preservation and Restoration**

**Abstract:** Uterine fibroids (UF) affect nearly 70% of women of reproductive age and are clinically apparent in ~25% of those women, with nearly 25% of these women requiring treatment. Historically, the leading treatment option for UF has been hysterectomy, and surgical statistics indicate that 30 to 40% of hysterectomies are performed to treat UF. However, hysterectomy is not the best option for many women, especially those that want to maintain their fertility. Larger cohort studies have shown that women actively seek to avoid hysterectomy, even prolonging experiencing symptoms, in a search for other options. They have also shown prolonged disparities in the symptoms and treatment outcomes in African American women. For some women, there may be options for fertility preservation before beginning treatment for UF, including oocyte extraction and cryopreservation, and recent techniques have successfully experimented with autologous ovarian tissue transplant. For women who have no choice but to have a hysterectomy, there is increasing evidence that uterine transplantation may allow for the replacement of the uterus to restore child bearing potential. Mayo Clinic is one of the medical institutions considering whether a program in uterine transplantation (UTX) would be an appropriate expansion of its existing clinical offerings. However, very little is known of the
views of women with uterine fibroids on these approaches to maintaining or restoring fertility. Because they remain experimental (with the exception of oocyte cryopreservation), many women are unaware of their existence and have limited access to research protocols. Therefore, the specific aims of this study are to (1) Assess how African American and Caucasian women who have undergone treatment for UF view the experience, whether they prioritize experimental approaches to remedy fertility impacts, and the psychosocial and socio-economic factors most important to them in considering fertility preservation or restoration; and (2) Assess how African American and Caucasian women’s potential perceptions or experiences of disparities in the symptoms or and treatment options for UF may impact willingness or ability to pursue approaches to fertility maintenance and restoration.

Aaron L. Leppin, MD
RTP-Research Associate-HSR-PC
KER Unit

Abstract: Dr Lepin’s project, “Addressing Diabetes Together: Implementation of a regional partnership for population health management in Southeast Minnesota”, identifies diabetes, obesity and the complex social factors associated with these conditions as health concerns of vital importance to patients, the health system and society. Dr Lepin is a Research Associate in the Department of health Sciences and research and works at the Knowledge and Evaluation Research Unit.