

# O-10

## Expanding Access to Neuroendocrine Tumor Care: Early Impact of the University of Utah NET Destination Care Program

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### BACKGROUND

Neuroendocrine neoplasms (NENs) are rare cancers that require multidisciplinary management, yet access to specialized care remains limited—particularly in rural and frontier regions. These disparities can delay diagnosis, hinder coordinated care, and limit access to clinical trials. In 2022, the University of Utah launched the NET Destination Care Program to address these barriers through centralized referrals, integrated care delivery, and regional clinician engagement.

### METHODS

Data on new and follow-up visits for patients with NENs were extracted from the University of Utah's Enterprise Data Warehouse using ICD-10 codes. Referrals were tracked using a disease-specific EPC dashboard from January 2019 through December 2024. All data were de-identified before access and analysis. Patient ZIP codes were used to calculate travel distance, and virtual visit volumes were collected starting in 2020. Demographic data were analyzed to evaluate equity in access.

### RESULTS

Since program implementation, NET referrals and follow-up visits have increased substantially. Comparing pre-program years (2019–2021) to post-implementation years (2022–2024), the average number of new referrals rose from 180 to 258 per year (+43%), and follow-up visits from 1,330 to 1,936 per year (+46%). Direct year-to-year comparison shows new referrals increased from 158 in 2019 to 279 in 2024—a 77% increase. Follow-up visits more than doubled from 1,143 to 2,355 (+106%) over the same period. Virtual visits rose from 0 in 2019 to 573 in 2024, helping address geographic barriers. The proportion of patients traveling over 200 miles more than doubled for both new referrals and total visits. Access for Hispanic/Latino patients improved as well, rising from 1.0% of patients in 2019 to 4.6% in 2024.

### CONCLUSIONS

The NET Destination Care Program at the University of Utah has substantially expanded access to expert care, increasing patient volumes, enabling virtual care delivery, and extending reach across a large geographic area. Enhanced access for Hispanic/Latino patients and those traveling long distances underscores the program's role in reducing healthcare disparities. This model offers a scalable framework for rare cancer centers aiming to improve regional equity and connectivity.

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