Patients and family members are overwhelmed by the diagnosis of cancer and often do not know where to look for answers, information on the treatment options, or community resources for support during the cancer journey. A unique relationship was forged with a patient and health education librarian at the Mayo Clinic in Arizona and an American Cancer Society navigator, which encouraged collaboration to better meet the informational and supportive healthcare needs of patients. This article addresses the background of the project, the steps taken to establish the relationship, space allocation, and need for confidentiality. The innovations produced by this partnership also are discussed, including development of cancer pathfinders and cancer communication blogs for patients, as well as comarketing of services.

The Mayo Clinic in Scottsdale, AZ, is a multispecialty healthcare practice focused on the provision of high-quality and cost-effective care that reflects the organizational value: the needs of the patients come first. In 2002, the National Cancer Institute recognized the Mayo Clinic’s contribution to clinical care, education, and research on cancer-related issues by extending its Comprehensive Cancer Center designation in Rochester, MN, to include sites in Florida and Arizona (Mayo Clinic Comprehensive Cancer Center, 2011). The cancer center’s focus is on understanding the molecular basis of cancer and working to find innovative measures to predict, prevent, diagnose, and treat cancer. In addition, the philosophy of the program includes finding the most effective resources to assist patients and family members through their journey with cancer. More than 16,000 patients with cancer are treated at Mayo Clinic facilities each year, making it one of the largest and most geographically diverse cancer centers in the United States (Mayo Clinic Comprehensive Cancer Center, 2011).

The concept of providing guides to assist patients and family members through their cancer journey evolved through the leadership of Harold P. Freeman (Harold P. Freeman Patient Navigation Institute, 2011), a surgical oncologist at Harlem Hospital. After realizing that many patients encountered significant barriers to care because of a lack of understanding of available services, insurance issues, and confusion about tests and treatments for cancer, Freeman wanted to develop a patient navigator, a volunteer who would help patients and family members navigate their journey through cancer detection, treatment, and follow-up. “I compare it to providing a lifeboat. Navigators know where the rocks are and can guide [patients and family members] safely to shore,” Freeman said (American Cancer Society [ACS], 2009).

In 1990, the first program launched at Harlem Hospital showed remarkable increases in five-year survival rates and earlier diagnosis of cancers (ACS, 2009). The program was the basis on which the Patient Navigator and Chronic Disease Act of 2005 was signed into law. The law amended the Public Health Service Act to authorize a demonstration grant program to provide patient navigator services to reduce barriers, to improve healthcare outcomes, and for other purposes. Since that time, patient navigators through the ACS have reached out across the country and often are embedded in healthcare organizations such as Mayo Clinic. The ACS navigator program uses trained staff to work for the benefit of patients with cancer and their families to navigate through their illness and survival. ACS navi-