

Action Steps to Address Inequities in Cancer Care Access, Treatment, and Outcomes in Your Community

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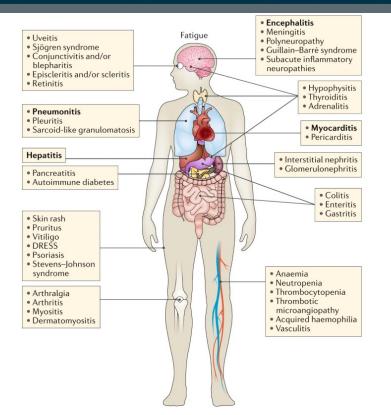
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Learning Objective

Develop strategies to reduce health disparities in patients experiencing irAEs

Overview of irAEs



- Disruption of the homeostatic mechanisms induces a unique spectrum of side effects called irAEs
- irAEs reported in 70-88% and ≥3 grade in 5-25% of patients
- Most common irAEs: dermatitis, enterocolitis, transaminitis, and endocrinopathies
- Most commonly reported irAEs of any grade: dermatologic toxicities
- Higher incidence of ≥grade 3 irAE: gastrointestinal toxicity
- If untreated, they can rapidly progress to lifethreatening conditions and may also be fatal

Martins F et al, Adverse effects of immune-checkpoint inhibitors: epidemiology, management and surveillance, Nature Reviews Clinical Oncology, 2019; Weber JS et al: Management of immune-related adverse events and kinetics of response with ipilimumab. J Clin Oncol 2012



General ASCO Guidelines

High level of suspicion that new symptoms are treatment-related.

Grade 1:

- ·ICI therapy should be continued with close monitoring.
- •Exception of some neurologic, hematologic, and cardiac toxicities.

Grade 2:

- •Hold ICI for most grade 2 toxicities.
- ·Consider resuming when symptoms and/or laboratory values revert to grade 1 or less.
- •Corticosteroids (initial dose of 0.5 to 1 mg/kg/d of prednisone or equivalent) may be administered.

Grade 3:

•Hold ICI.

- •Initiate high-dose corticosteroids (prednisone 1 to 2 mg/kg/d or methylprednisolone IV 1 to 2 mg/kg/d). Corticosteroids should be tapered over the course of at least 4 to 6 weeks.
- If symptoms do not improve with 48 to 72 hours of high-dose corticosteroid, infliximab may be offered for some toxicities.
- •When symptoms and/or laboratory values revert to grade 1 or less, rechallenging with ICI may be offered; however, caution is advised, especially in those patients with early-onset irAEs.

Grade 4:

•Permanent discontinuation of ICI, with the exception of endocrinopathies that have been controlled by hormone replacement.



Polling Question

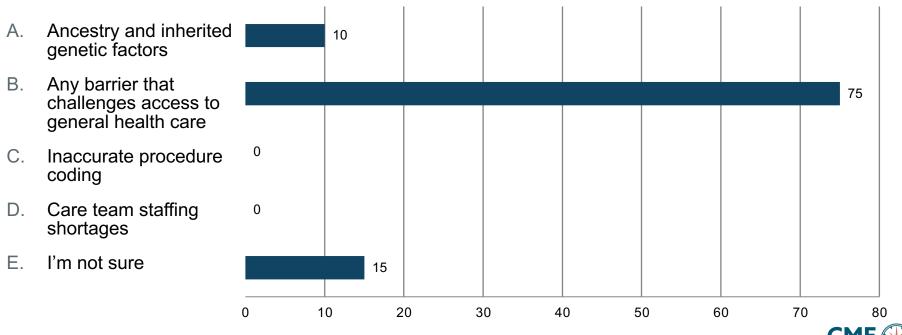
Which of the following could result in inequities in the management of immune-related adverse events?

- A. Ancestry and inherited genetic factors
- B. Any barrier that challenges access to general health care
- C. Inaccurate procedure coding
- D. Care team staffing shortages
- E. I'm not sure



Polling Question

Which of the following could result in inequities in the management of immune-related adverse events?



Barriers to Accessing Immunotherapies

- Patient level
- Provider level
- Systemic level
- Societal level

Barriers accessing and adhering to immunotherapies and managing irAEs, specifically, mirrors the challenges to accessing health care, generally

McLeroy KR, et al. Health Educ Q. 1988 Winter;15(4):351-77. Univ Washington. Ecology of Health and Medicine. https://blogs.uw.edu/somehm/2017/08/12/social-ecological-model/. Accessed August 5, 2022.





- Patient level
- Provider level
- Systemic level
- Societal level

- Comorbid conditions, overall health status
- Patient knowledge
- Health care beliefs
- Personal support system

Recognize the patient is not the "problem," but rather the broader culture and health care organizations and providers are sources of barriers

Osarogiagbon RU, et al. American Society of Clinical Oncology Educational Book. 2021(41):66-78.

- Patient level
- Provider level –
- Systemic level
- Societal level

- Failure to provide guideline-recommended care
 - Biomarker testing
 - Cancer treatments
 - Clinical trials
- Provider knowledge, training, skillsets, years of practice, specialty
- Beliefs and attitudes (eg, conscious and unconscious biases)



- Patient level
- Provider level
- Systemic level –
- Societal level

- Geographic location
 - Availability of culturally competent services
 - Inadequate medical interpretation services
- Health care worker diversity
- Affiliation with research or academic health care systems
- Inequities of physical infrastructure and technology
- Processes (eg, reimbursement contracts, scheduling and referrals, hours of operation, and availability of language options)
- Inadequate staffing (burn out and workload)



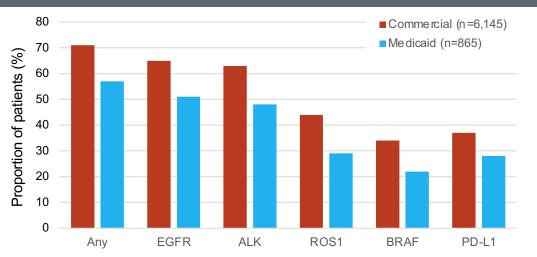
- Patient level
- Provider level
- Systemic level
- Societal level

- Social "drivers" of health
- Socioeconomic and health care policies
- A high proportion of uninsured or underinsured individuals in a population adversely affects access to care and overall quality of care in the whole population
 - Inadequate medical insurance
 - Unequal/disparate job opportunities
 - Unequal/disparate educational opportunities
 - Inadequate public transportation infrastructure



Disparities in Biomarker Testing in Lung Cancer

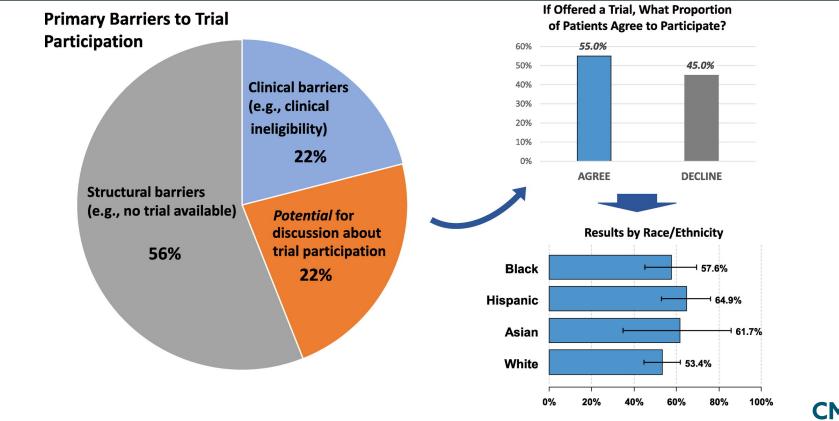
- Medicaid beneficiaries are less likely to receive biomarker testing (HR 0.81; p=.001)
 - Similar disparities exist in receipt of first-line treatment and first-line biomarker-driven therapy



- Black patients have lower next-generation sequencing (NGS) testing rates at any given time, including before first-line therapy, compared to White patients.
 - Similar disparities in NGS testing rates among patients with CRC
 - Biomarker and NGS testing associated with clinical trial enrollment



Access to Clinical Trials



Osarogiagbon RU, et al. American Society of Clinical Oncology Educational Book. 2021(41):66-78.

Providing a Platform to Hear the Missing Patient's Voice

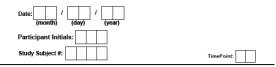
Monitor longitudinal changes in symptoms for early detection of irAEs

Open access

Original research

Evaluating the psychometric properties of the Immunotherapy module of the MD Anderson Symptom Inventory

> Tito Mendoza C, ¹ Ajay Sheshadri,² Mehmet Altan,³ Kenneth Hess,⁴ Goldy George,¹ Bettzy Stephen,⁵ Lilibeth Castillo,⁵ Enedelia Rodriguez,⁵ Jing Gong,⁵ Christine Peterson,⁴ Jordi Rodon Ahnert,⁵ Siqing Fu,⁵ Sarina A Piha-Paul,⁵ Shubham Pant,⁵ Ecaterina Dumbrava,⁵ Timonthy A Yap,⁵ Filip Janku,⁵ Apostolia M Tsimberidou,⁵ Vivek Subbiah,⁵ Daniel D Karp,⁵ Abdulrazzak Zarifa,⁵ Lacey M McQuinn,⁵ Charles Cleeland,¹ David S Hong,⁵ Aung Naing ⁵



M. D. Anderson Symptom Inventory - Immunotherapy

Part I. How severe are your symptoms?

People with cancer frequently have symptoms that are caused by their disease or by their treatment. We ask you to rate how severe the following symptoms have been *in the last one week*. Please select a number from 0 (symptom has not been present) to 10 (the symptom was as bad as you can imagine it could be) for each item.

		Not Present									As Bad As You Can Imagine	
		0	1	2	3	4	5	6	7	8	9	10
1.	Your pain at its WORST?	0	0	0	0	0	0	0	0	0	0	0
2.	Your fatigue (tiredness) at its WORST?	0	0	0	0	0	0	0	0	0	0	0
3.	Your nausea at its WORST?	$^{\circ}$	0	0	0	0	0	0	0	0	0	0
4.	Your disturbed sleep at its WORS1?	0	0	0	0	0	0	0	0	0	0	0
5.	Your feelings of being distressed (upset) at its WORST?	0	0	0	0	0	0	0	0	0	0	0
6.	Your shortness of breath at its WORS1?	0	0	0	0	0	0	0	0	0	0	0
7.	Your problem with remembering things at its WORST?	0	0	0	0	0	0	0	0	0	0	0
8.	Your problem with lack of appetite at its WORST?	• O	0	0	0	0	0	0	0	0	0	0
9.	Your feeling drowsy (sleepy) at its WORST?	0	0	0	0	0	0	0	0	0	0	0
10.	Your having a dry mouth at its WORST?	0	0	0	0	0	0	0	0	0	0	0
11.	Your feeling sad at its WORST?	0	0	0	0	0	0	0	0	0	0	0
12	Your vomiting at its WORST?	0	0	0	0	0	0	0	0	0	0	0
13.	Your numbness or tingling at its WORS1?	0	0	0	0	0	0	0	0	0	0	0



Role of Health Care Team in Supporting the Patient

- Health insurance coverage increases the likelihood of services across the cancer care continuum
- Improve patient's understanding and literacy on
 - The patient's cancer
 - The health care system
 - Treatment options
 - Cost of treatment
 - Importance of adherence to treatment
 - Potential adverse effects

Improve providers' and health systems' ability to successfully educate patients and help them navigate their cancer care



Health-related Social Needs Survey

Are you worried that in the next 2 months, you may not have a safe or stable place to live? (risk of eviction, being kicked out, homelessness)

Are you worried that the place you are living now is making you sick? (has mold, bugs/ rodents, water leaks, not enough heat)

In the past 3 months, has the electric, gas, oil, or water company threatened to shut off services to your home?

In the last 12 months, did you worry that your food could run out before you got money to buy more?

In the last 3 months, has lack of transportation kept you from medical appointments or getting your medications?

In the last 3 months, did you have to skip buying medications or going to doctor's appointments to save money?

Do you need help getting childcare or care for an elderly or sick adult?

Do you need legal help? (child/family services, immigration, housing discrimination, domestic issues, etc.)

Are you finding it so hard to get along with a partner, spouse, or family members that it is causing you stress?

Does anyone in your life hurt you, threaten you, frighten you, or make you feel unsafe?

Guzman V. Re: Montefiore In-field Example for NCQA SDOH Resource Guide. Published online April 28, 2020. Billioux, A, K. Verlander, S. Anthony, and D. Alley. 2017. Standardized Screening for Health-Related Social Needs in Clinical Settings: The Accountable Health Communities Screening Tool. NAM Perspectives. Discussion Paper, National Academy of Medicine, Washington, DC. https://doi.org/10.31478/201705b. Accessed July 28, 2022



Culturally Competent Care

- Our own positive or negative stereotypes about members of other groups
- Fear of being labeled racist, sexist, homophobic, etc. or discovering previously unrecognized prejudices within ourselves
- Expectation that we must be certain about issues of diversity and cultural competence
- Lack of awareness of hot buttons to which we are the most vulnerable
- Not knowing how to respond to angry comments or anger directed at us
- Being overwhelmed by our strong emotions caused by a situation
- Lack of skills for cross-cultural communication
- Siloing accountability

Colón Y.. Ethnic Diversity and Cultural Competency in Cancer Care. https://www.accc-cancer.org/docs/documents/oncology-issues/articles/2003-2016/2007/so07/so07-ethnic-diversity-and-cultural-competency-in-cancer-care.pdf Accessed July 28, 2022.

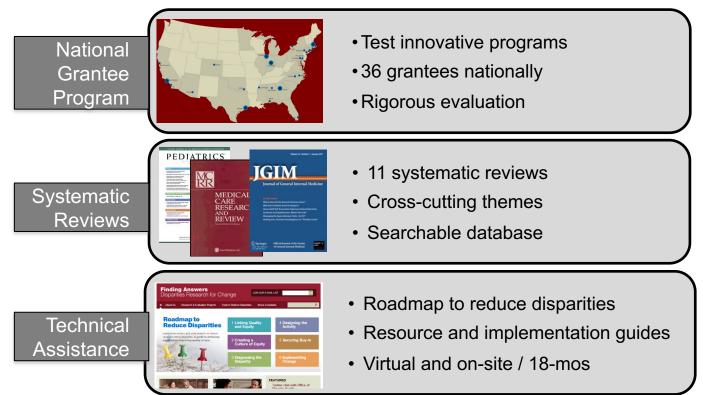


Best Practices for Cultural Competency

- Value diversity, equity, and inclusion
- Accept responsibility, accountability measures
- Adapt materials and approaches
- Use a team approach
- Implement structural changes
- Avoid generalizations about vulnerable groups and learn to recognize and reject preexisting beliefs
- Challenge racism, heterosexism, genderism, and sexism among colleagues, the institution, and the community
- Focus on understanding information provided by individuals within the context at hand
- Resist the temptation to classify or label; avoid fixed and generalized information



Advancing Health Equity





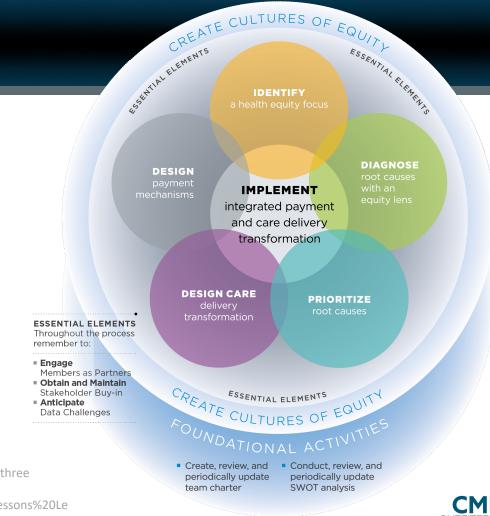
Principal Findings

- Multifactorial Interventions
- Culturally Tailored Quality Improvement
- Nurse-led Within Larger Systems Change
- Multidisciplinary Teams
- Interactive, Skills-Based Education
- Patient Navigation
- Family and Community Actively Involved
- Imbalanced Focus on Patients vs. Providers, Systems, Community Engagement, and Policy



Implementation of Systemic Changes

Systemic changes to improve irAE management will require implementation of integrated payment and care delivery



Cook SC, et al. Designing and implementing integrated care and payment transformation initiatives to advance health equity: Lessons learned from three pioneering health care provider and health plan partnerships. 2021. https://www.solvingdisparities.org/sites/default/files/AHE%202101%20Lessons%20Le arned%20v4.pdf, Accessed August 8, 2022.



- Barriers to accessing care in patients experiencing irAEs occur at all levels:
- Tools are available to identify, reduce, and eliminate SDOH and inequities
- Systemic changes to improve irAE management will require implementation of integrated payment and care delivery



SMART Goals Specific, Measurable, Attainable, Relevant, Timely

- Identify and be aware of your own biases
- Incorporate an equity lens into all clinical, research, and quality improvement activities
- Partner with patients and communities to improve health care systems and cancer care



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Questions & Answers

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Participants will be able to download and print their certificate immediately upon completion.



Oncology Hub

Free resources and education to educate health care providers and patients on oncology <u>https://www.cmeoutfitters.com/oncology-education-hub/</u>

Diversity and Inclusion Hub

Free resources and education to educate health care providers and patients on health-related inequities https://www.cmeoutfitters.com/diversity-and-inclusion-hub/