



Hutchinson Institute for
Cancer Outcomes Research

Early Career Opportunities in SWOG and Beyond

Veena Shankaran MD, MS

Professor, Division of Medical Oncology, University of Washington School of
Medicine

Professor, Clinical Research Division, Fred Hutchinson Cancer Center

Co-Director, Hutchinson Institute for Cancer Outcomes Research

Objectives

- 1** What is Cancer Care Delivery Research (CCDR)
- 2** Conducting CCDR Studies in NCORP / SWOG – My Journey
- 3** Career Development Opportunities in SWOG and ASCO

The Health Care Delivery System



Institute of Medicine, Lowering Costs and Improving Outcomes, 2011



Cancer Care Delivery Research

Cancer care delivery research (CCDR) is a multidisciplinary science that seeks to improve clinical outcomes and patient well-being by intervening on the patient, clinician, and organizational factors that influence care delivery



SWOG Cancer Care Delivery Committee

Co-Chairs: Scott Ramsey MD, PhD and Veena Shankaran MD, MS (taking over for Dawn Hershman MD, MS)

Patient advocate: Barbara Segarra-Vazquez

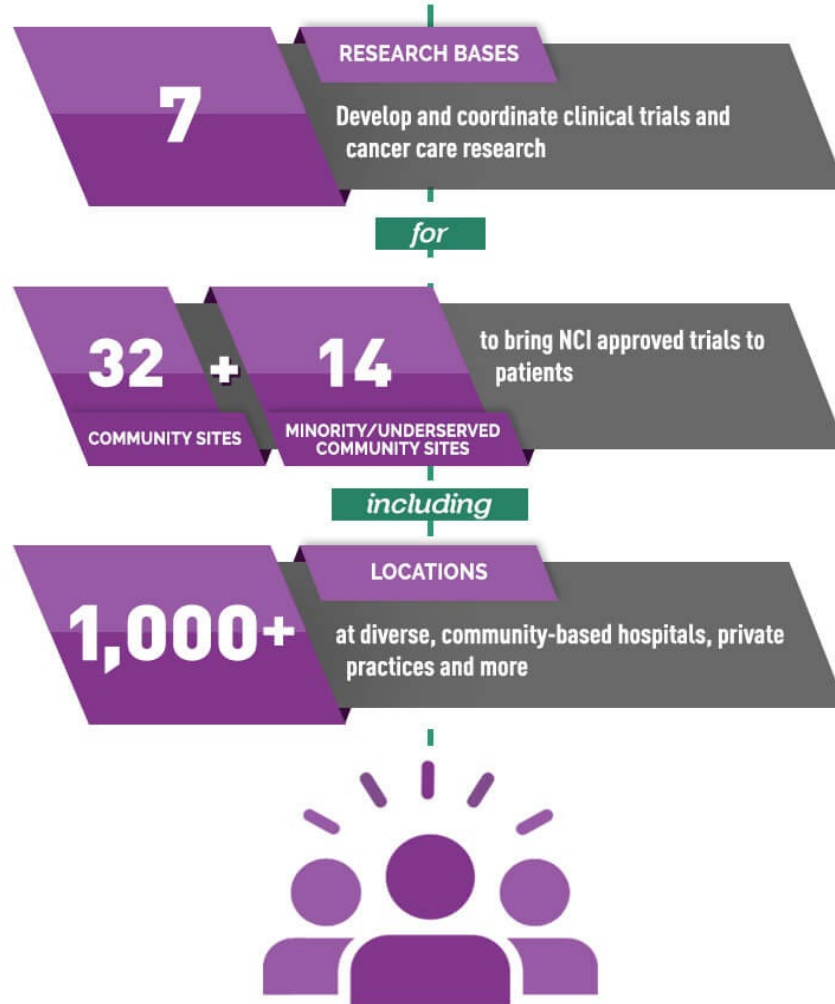
Statisticians: Joseph Unger PhD, Riha Vaidya PhD



Study Setting

NATIONAL CANCER INSTITUTE

The **NCI Community Oncology Research Program (NCORP)** brings cancer research studies and results to patients in a variety of community settings across the United States.



Active / Enrolling Cancer Care Delivery Studies

S2108CD: Cluster Randomized Trial Comparing an Educationally Enhanced Genomic Tumor Board (eGTB) Intervention to Usual Practice to Increase Evidence-Based Genome Informed Therapy (Reuter and Trivedi)

S1703CD: Randomized trial comparing overall survival of patients monitored with serum tumor marker directed disease monitoring (STMDDM) versus usual care in patients with metastatic hormone receptor positive breast cancer (Accordino)

S1912CD: A Randomized Trial Addressing Cancer-Related Financial Hardship Through Delivery of a Proactive Financial Navigation Intervention (CREDIT) (Shankaran)



Developing Studies

S2309CD – Preventing Financial Adversity Among Early-stage Cancer Patients through Unrestricted Cash (PAYMENT) – Dr. Veena Shankaran, M.D., University of Washington –.

S2417CD – A Pragmatic Randomized Controlled Trial to Evaluate the Effectiveness of an Intervention to Promote Guideline-Concordant Colorectal Cancer Surveillance – Dr. Christine Veenstra, M.D., University of Michigan

S2424CD – Lay Health Worker-led Intervention to Promote Goals of Care Communication – Manali Patel, MD, MPH, Stanford University; MS, Ravi Parikh, MD, University of Pennsylvania; Christopher Manz, MD, Dana Farber Cancer Institute

Patient-centered Video Education Intervention to Improve Rural Cancer Care Delivery – Randall Holcombe, M.D., MBA, Izumi Okado, Ph.D., University of Hawaii



Funding

Straightforward observational study – additional funding not needed

Complex observational or interventional studies – additional funding is needed



Hope Foundation

Dr. Charles A. Coltman Jr. Fellowship: 2-year fellowships of \$50,000 per year are provided as salary support ensuring that early career investigators' time is protected for research in the clinic or laboratory.

Secondary Data Analysis: connects SWOG researchers with the statistical support required to conduct database analyses of studies spanning multiple disease types and using SWOG clinical trials data alone or in combination with registry or claims data, or other potential linkages.

Career Engagement Award: 2-year awards of \$50,000 per year are provided as salary support ensuring that mid-career investigators' time is protected for research in the clinic or laboratory.



SWOG Early-Stage Investigator Training Course

Annually in September

Grant/Protocol Writing Workshop for early stage SWOG investigators

4-6 applicants chosen

Current or future SWOG trial concept



ASCO Funding Opportunities

ASCO Career Development Awards (\$200,000 over 3 years)

ASCO Young Investigator Award (\$50,000 over 1 year)

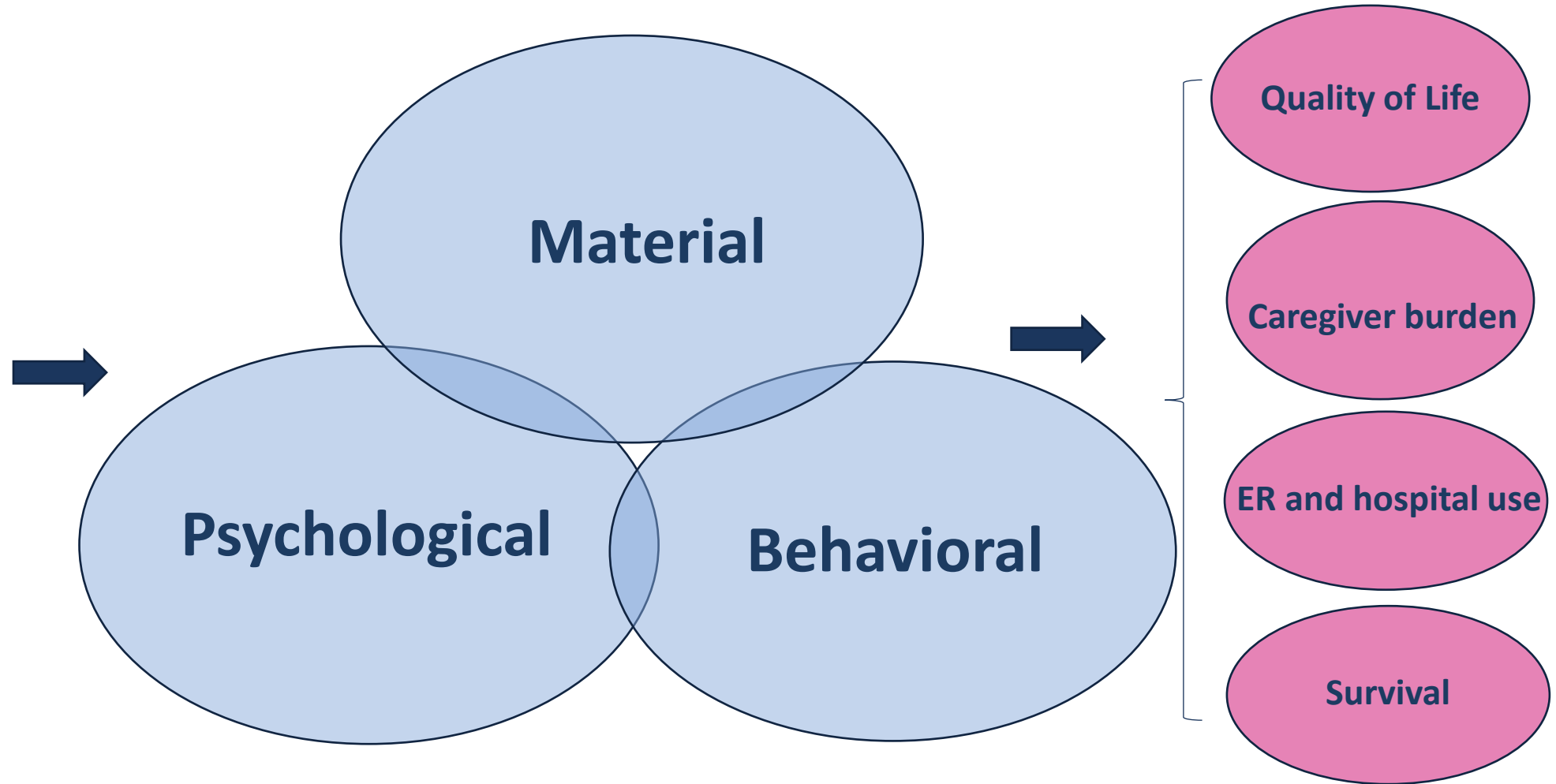
September deadlines



Cancer Care Costs and Financial Hardship --- \$1417CD and \$1912CD

Financial Hardship (Toxicity)

- Younger age
- Lower income
- Female
- Minority Race
- Cancer severity



Prior Research

- 25-40% of cancer survivors experience financial hardship
- Retrospective studies
- Long-term cancer survivors

Cumulative Incidence of Financial Hardship in Patients with Metastatic Colorectal Cancer: Primary Results of S1417CD

- Veena Shankaran, MD, MS; Joseph M. Unger, PhD; Amy K. Darke, MS; J. Marie Suga, MD, MPH; James L. Wade, III, MD; Peter J. Kourlas, MD; Sreenivasa R. Chandana, MD, PhD; Mark A. O'Rourke, MD; Suma P. Satti, MD; Diane Liggett, BS; Dawn L. Hershman, MD, MS; Scott D. Ramsey, MD, PhD



Funding

- ASCO Career Development Award
- SWOG Charles A. Coltman Jr. Fellowship

Timeline

**Feb 2014 –
Triage approved
capsule**

**June 2015 –
Revise/Resubmit
from DCP**

**Oct 2015 –
Protocol
Approved by
DCP**

**April 2016 –
S1417CD
Activated**



Developing a process to obtain consumer credit reports (TransUnion)

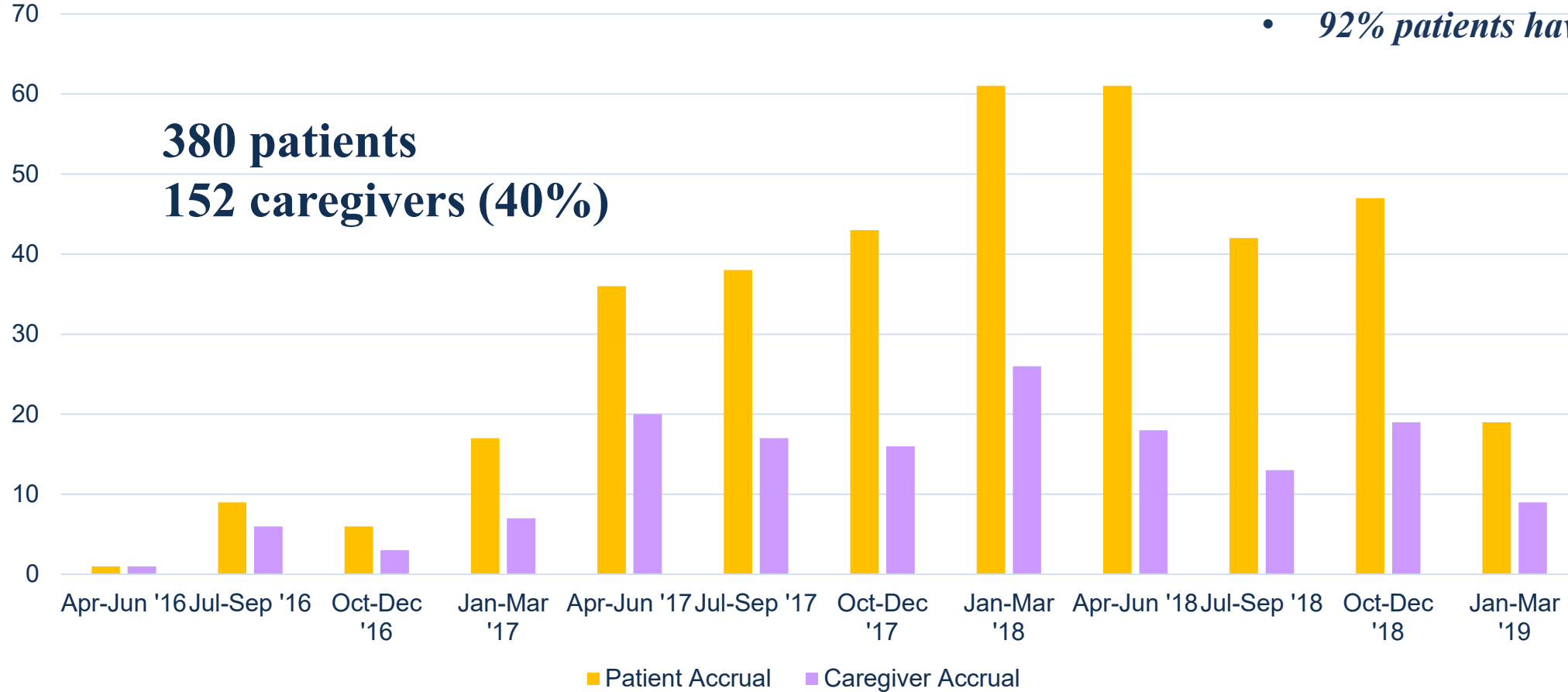
- Consumer credit reports have never been linked prospectively with patient data
- Legal review and contract
- Collection of SSNs and addressing patient privacy concerns
- Assurances that obtaining credit reports for research will not affect credit scores



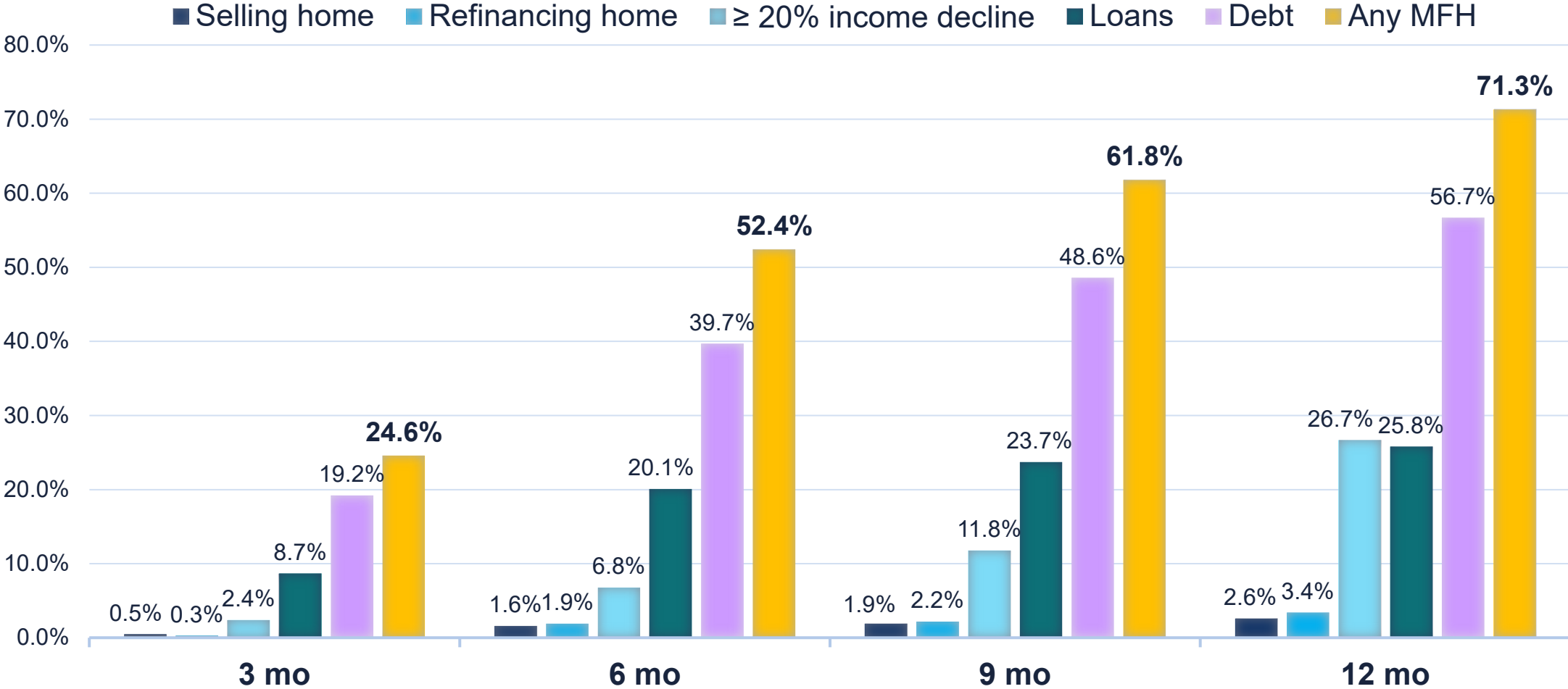
Accrual Timeline

- 60.2 median age
- 78% white
- 2% uninsured
- 62% employed
- 58% income \leq \$50K
- 92% patients have credit data

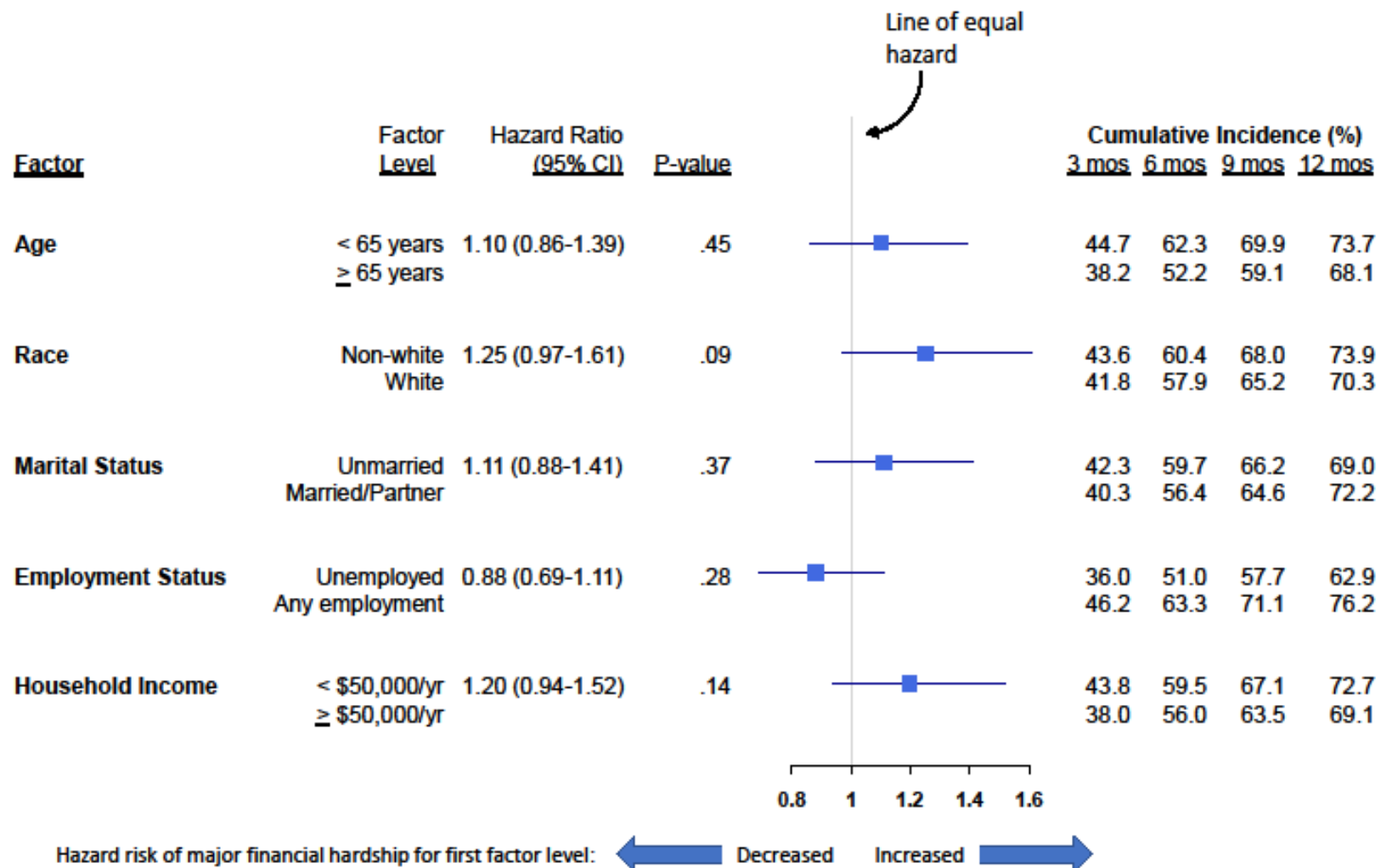
Patient and Caregiver Accrual by Quarter



SWOG S1417CD: Longitudinal Cohort Study



Risk Factors for Financial Hardship



Conclusions

- Patients and caregivers are willing to participate in research that aims to address their financial concerns.
- MFH accumulates over time. Nearly 75% of pts experienced MFH at 12 mo despite access to health insurance.
- Clinical and policy interventions are needed to protect cancer patients from financial devastation during and after treatment



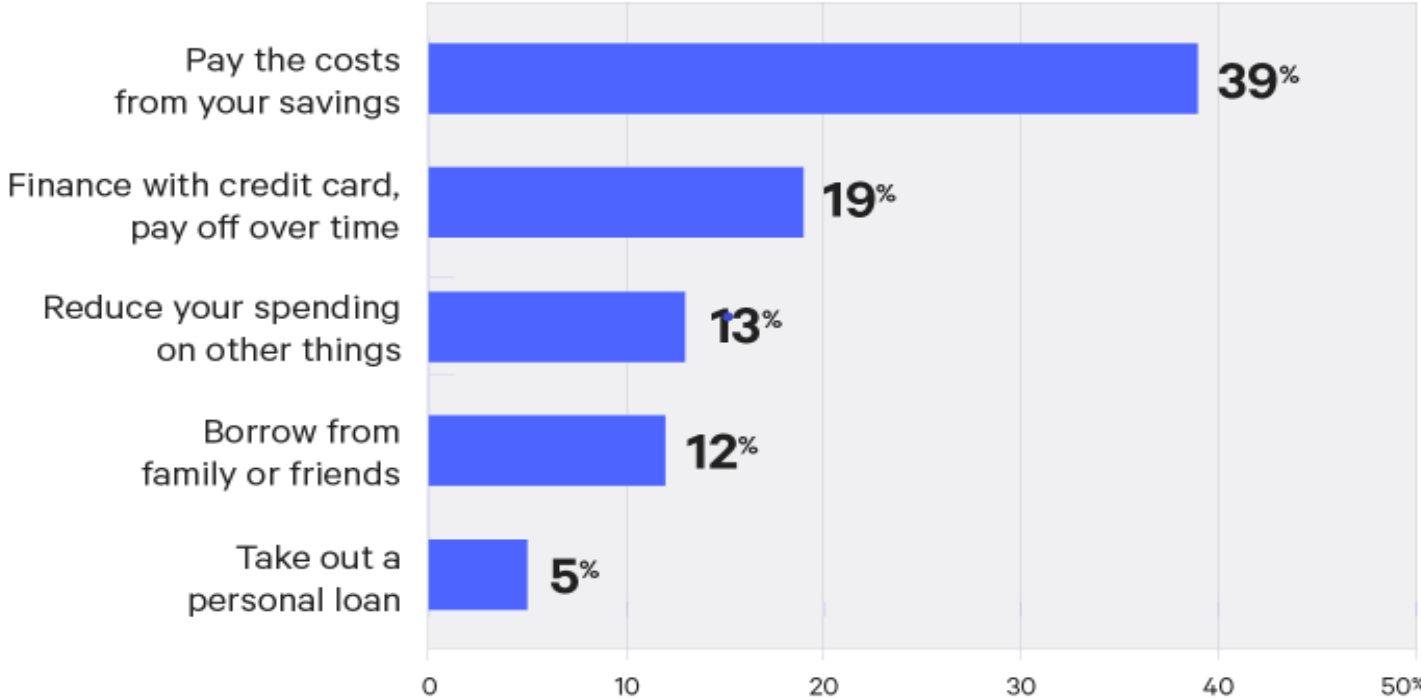
Contributors to Financial Hardship

Societal/Policy/Payer	Clinic / Health System	Provider
<ul style="list-style-type: none">• Economic downturns• Access (e.g. Medicaid eligibility)• Drug pricing• High cost-sharing / out-of-network care• SDoH / HRSN	<p>Lack of:</p> <ul style="list-style-type: none">• FT screening• Routine communication about cost of care• Cost estimates• Financial literacy resources	<ul style="list-style-type: none">• Low value prescribing (end of life, surveillance)• Inability to include costs to inform shared decision-making

Financial Fragility

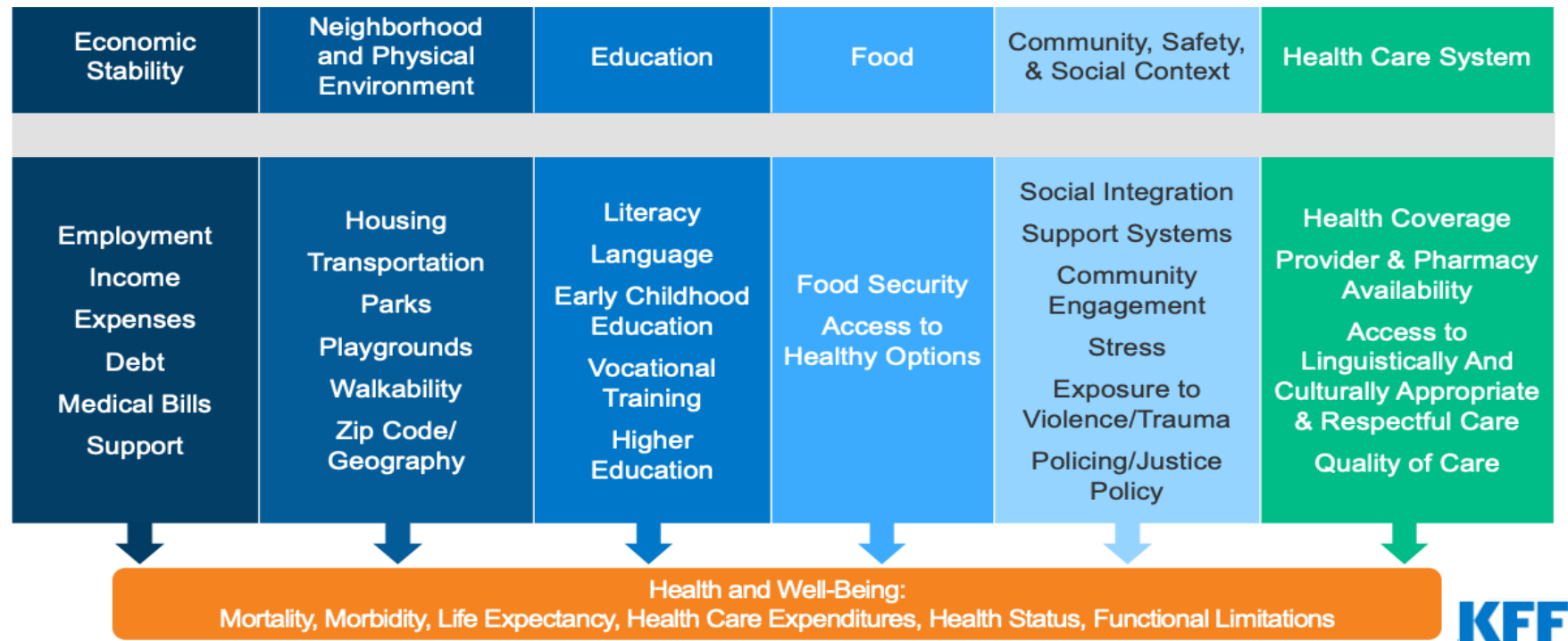
How Americans pay for unexpected expenses

How would you deal with a major unexpected expense, such as \$1,000 for an emergency room visit or car repair?



Social Determinants of Health (SDoH)

“Conditions in the environment where people are born, live, learn, work, play, worship, and age that affect a range of health, functioning, and quality-of-life outcomes and risks.”



Approach

Reactive

Late diagnosis → Treatment

Proactive

Universal Screening → High-Risk Patients → Prevention → Follow-Up



In the proactive model, more patients are diagnosed and more infrastructure is needed

FT Screening → Financial Navigation

- Only 44% of community oncology practices provide financial counseling
- < 40% of financial navigators meet *proactively* with patients to discuss insurance, cost of care, and copay programs
- Over 70% of centers could not identify how much a patient's treatment would cost

Financial Navigation Delivery Models

- Training social workers and financial counselors in the clinic
- Technology and Apps – cost estimation tools
- Partnering with non-profit financial counseling organizations

Partnering with Community Organizations



- 64 patients and 18 caregivers enrolled
- 1/3 reported decreased anxiety about costs
- \$11,000 in assistance (mostly cost-of-living) secured (mean \$772 per household)

SWOG “Credit” Study – S1912CD (PI Shankaran)

Newly diagnosed advanced solid tumor and hematologic malignancy patients (+ spouse caregivers)

Control

Financial Literacy Training



Intervention

Financial Literacy Training

Financial Counseling

Indirect and Non-Medical Cost Assistance

Direct Medical Cost and Healthcare Coverage Assistance

Primary Outcome = household financial hardship

Secondary Outcomes = QOL, Caregiver burden, Treatment adherence, hospital/ED use

Credit Study

- 234 patients enrolled (out of 356 goal)
- Dropped requirement for caregiver enrollment
- Listen to clinic sites / CRA / patient advocate feedback !!

Complementary Financial Navigation Studies

ECOG-ACRIN “Cost-Com” Study (PI Gelareh Sadigh)

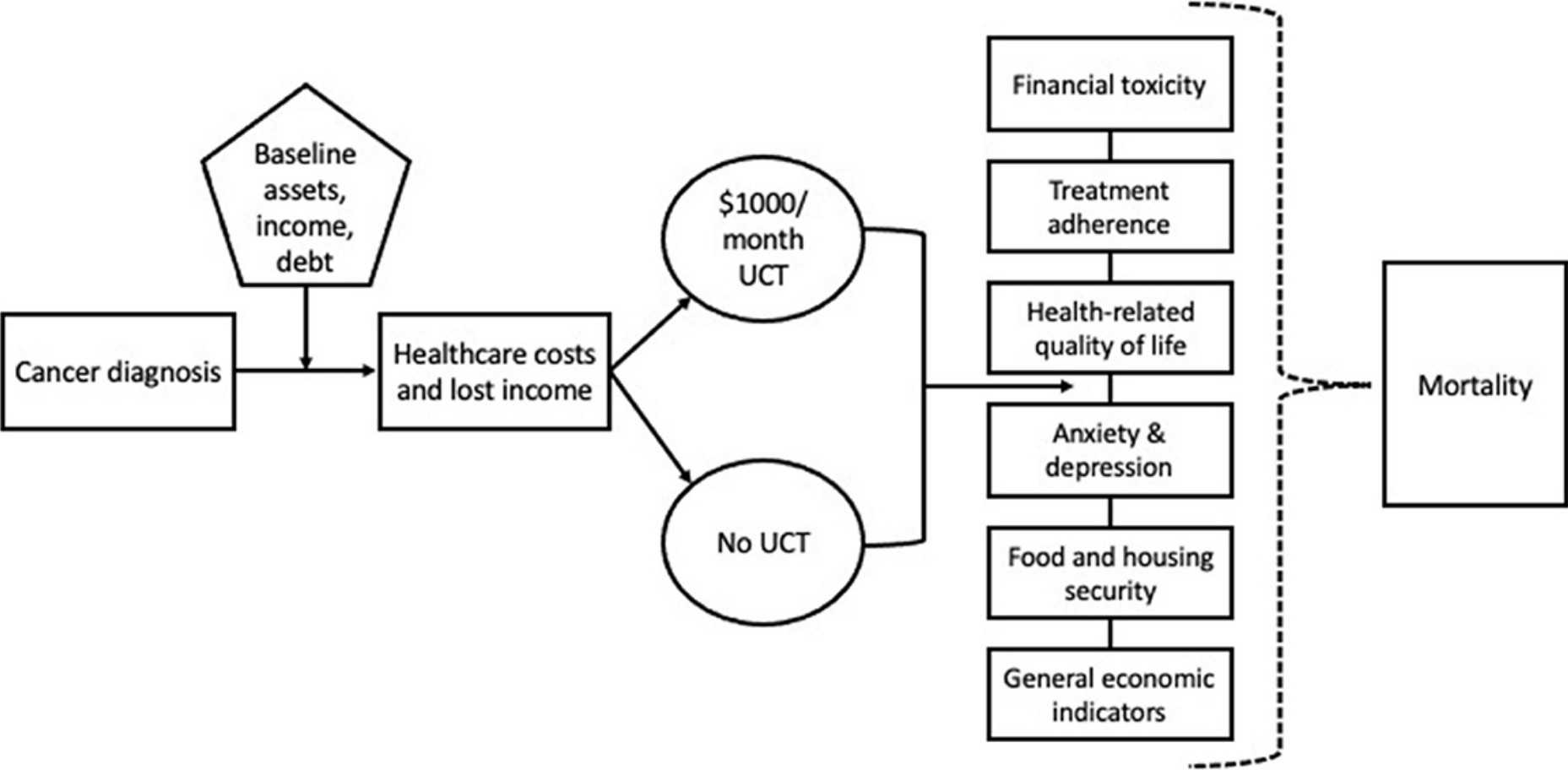
“Café” Study (Kaiser Pacific Northwest) (PIs Mateo Banegas and Nora Henrikson)

“LIFT” Study (Rural North Carolina clinics) (PI Stephanie Wheeler)

Ongoing Challenges

- Scaling up and quality control
- Real-world implementation ; when and how to approach patients in the clinic
- ***What about poor / underserved patients who have no assets, savings, resources, and/or preexisting debts?***

Unrestricted cash payments – Guaranteed Income and Financial Treatment (G.I.F.T) Study (PI Doherty)



S2309CD - PAYMENT Study (In Development)

Concept in development (SWOG)

Study population = Early-stage solid tumor patients receiving adjuvant therapy

Screen for financial fragility

Positive screen

Negative screen

R

Stratified by: paid employment (y/n), age, sex

High payment schedule

Low payment schedule

Both arms offered financial navigation services through Patient Advocate Foundation (PAF)

Primary outcome = treatment adherence

Observational arm: Option to utilize financial navigation services through Patient Advocate Foundation (PAF)

Future Directions

- Return on investment
- Technology solutions and EMR integration
- Cost transparency efforts
- Shared decision making

CCD Research in SWOG – Benefits and Drawbacks

Generalizable to Real-World

Completed studies → higher impact journals

Accrual can be very quick but Activation / Startup is Slow

Mentorship

Access to Patient Advocates

Funding Opportunities

In summary – a very worthwhile experience!!!

Acknowledgements

Collaborators / Co-Is

Dawn Hershman

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PAF

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- Erin Bradshaw
- Kate Gallagher
- Rebekah Angove
- Jennifer Obenchain



Funding

Conquer Cancer Foundation

- 2013 CDA
- 2009 YIA

SWOG Hope Foundation

- 2012 Charles Coltman Jr. Fellowship

Breast SPORE / Safeway Foundation

- 2014 Pilot Award

NCI R01CA248656-03

Kathryn Butler Foundation

Texas 4000 Foundation

NCI/Eli Lilly 2019



Thank you

