The Patient Experience with Immuno-Oncology: Education, Assessment and Access

Lee Schwartzberg MD, FACP
Institute of Medicine March 1, 2016
Immuno-Oncology Approvals—The Year in Review

- March 2015 – Nivolumab approved in squamous cancers following platinum-based therapy
- September 2015 - Nivolumab + Ipilimumab approved in BRAF V600 WT metastatic melanoma
- October 2015 – Pembrolizumab approved in PD-L1 positive NSCLC following platinum-based therapy (companion diagnostic)
- October 2015 – Indication expanded to nonsquamous NSCLC for nivolumab (complementary diagnostic)
- October 2015 - T-VAC approved for recurrent melanoma with injectable lesions
- October 2015 - Ipilimumab approved for adjuvant treatment of LN+ melanoma
- November 2015 - Nivolumab approved for Renal Cell Carcinoma after prior antioangiogenic therapy
- December 2015 - Pembrolizumab approved in metastatic melanoma
- January 2016: Ipilimumab and Nivolumab approved for advanced malignant melanoma in BRAF WT or mutated
Institute for Clinical Immuno-Oncology

- Coverage & Reimbursement
- Clinical Optimization
- Patient Access & Advocacy
- Management Best Practices
- Basic Clinical Immuno-Oncology Understanding
- Training & Development

accc-iclio.org
Provider familiarity of the concept of immuno-oncology, immuno-oncology drugs and biologics coming to market, and potential clinical applications of these agents

<table>
<thead>
<tr>
<th>Familiarity</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extremely Familiar</td>
<td>7%</td>
</tr>
<tr>
<td>Moderately Familiar</td>
<td>28%</td>
</tr>
<tr>
<td>Somewhat Familiar</td>
<td>26%</td>
</tr>
<tr>
<td>Slightly Familiar</td>
<td>26%</td>
</tr>
<tr>
<td>Not At All Familiar</td>
<td>13%</td>
</tr>
</tbody>
</table>

Immuno-oncology issues important to a practice or cancer program

- **Having I-O Specific Treatment Information Available to My Practice (n=626)**
  - Not At All Important/Low Importance/Neutral: 41%
  - Very to Extremely Important: 59%

- **Having Access to Experts for Consultation (n=618)**
  - Not At All Important/Low Importance/Neutral: 70%
  - Very to Extremely Important: 30%

- **Getting Reimbursed Appropriately (n=623)**
  - Not At All Important/Low Importance/Neutral: 61%
  - Very to Extremely Important: 39%

- **Having Ability to Work Directly with Payers (n=616)**
  - Not At All Important/Low Importance/Neutral: 61%
  - Very to Extremely Important: 39%
Level of challenge related to the introduction & application of immunotherapy patient planning activities:

- **Coverage and reimbursement issues**: 12% moderately-challenging, 88% not at all challenging
- **Education and training of practice staff**: 21% moderately-challenging, 79% not at all challenging
- **Patient education**: 26% moderately-challenging, 74% not at all challenging
Considerations for healthcare providers and patients when using immunotherapy to treat patients with cancer:

Response patterns to immunotherapy may differ compared to the responses observed with cytotoxic agents.

Novel therapies with novel mechanisms of action can result in specific treatment-related adverse events (i.e. immune-related Adverse Events (irAEs)).
Considerations for healthcare providers and patients when using immunotherapy to treat patients with cancer:

Response patterns to immunotherapy may differ compared to the responses observed with cytotoxic agents.

Is my cancer getting better or worse?

Novel therapies with novel mechanisms of action can result in specific treatment-related adverse events (i.e. immune-related Adverse Events).

What kind of side effects can I expect?
Real World Case Examples: Case Study

- 66 year old female with nausea, cough, weight loss of 40 lbs
- CT 5/23/13: RUL mass, multiple nodules in both lungs, bilateral hilar and mediastinal lymph nodes, ground glass opacities, confirmed by PET/CT
- CT guided biopsy R lung:
  - moderately differentiated adenocarcinoma
- Started treatment with Carboplatin/pemetrexed x 4
- CT 8/13: Good response to therapy
- Stable PR 12/13
- CT 5/14: progression treated with erlotinib
- 11/6/14: CT showed POD in lungs
Real World Case Examples: Case Study

- Evaluated for Nivolumab trial
- Initiated 11/21/14
- One week later, admitted to hospital with increased SOB, nausea and diarrhea
- Treated with aggressive pulmonary measures, O2, and antibiotics for VRE in urine
- Improved symptomatically and was able to resume nivolumab

Could early reporting and evaluation of I-O related adverse events prevented admission?
Determination of pseudoprogression vs. real progression critical
Real World Case Examples: Case Study

- Symptomatically improved despite new lesion on CT
- Continued on Nivolumab Q 2 week
- Back to work part-time
- 14 cycles of Nivolumab to date

- CT scan 7/6/15: 75% reduction in tumor size
What information do patients want and what are they currently getting?
Cancer patients report not having enough information about many aspects of their treatment— with clear gender differences.

<table>
<thead>
<tr>
<th>% of Patients With Enough Information About Aspects Of Cancer Treatment</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>The benefits of the treatment plan</td>
<td>66%</td>
<td>71%</td>
</tr>
<tr>
<td>The possible side effects of the treatments</td>
<td>60%</td>
<td>71%</td>
</tr>
<tr>
<td>The goals of the plan (cure, control, keeping you comfortable)</td>
<td>58%</td>
<td>71%</td>
</tr>
<tr>
<td>The reasons your team recommended this treatment plan</td>
<td>55%</td>
<td>69%</td>
</tr>
<tr>
<td>The symptoms you may experience</td>
<td>51%</td>
<td>70%</td>
</tr>
<tr>
<td>The medicines you need to take</td>
<td>47%</td>
<td>66%</td>
</tr>
<tr>
<td>The risks of the treatment plan</td>
<td>54%</td>
<td>61%</td>
</tr>
<tr>
<td>The impact on your activities of daily living</td>
<td>55%</td>
<td>58%</td>
</tr>
<tr>
<td>The emotional impact of cancer and its treatment</td>
<td>33%</td>
<td>50%</td>
</tr>
<tr>
<td>The care you will need at home</td>
<td>42%</td>
<td>44%</td>
</tr>
<tr>
<td>Whether or not you'll be able to work</td>
<td>38%</td>
<td>45%</td>
</tr>
<tr>
<td>The cost to you of the treatment plan</td>
<td>37%</td>
<td>36%</td>
</tr>
<tr>
<td>Other treatment options your care team considered</td>
<td>34%</td>
<td>31%</td>
</tr>
<tr>
<td>The responsibilities of your caregiver(s)</td>
<td>14%</td>
<td>20%</td>
</tr>
<tr>
<td>Clinical trial opportunities</td>
<td>11%</td>
<td>16%</td>
</tr>
</tbody>
</table>

14. From the list below, please select the aspects of your cancer treatment where you feel you have enough information?

*Indicates significantly greater at 90% Confidence Level*
Generally, fewer than half of patients are asked by their care team if they are distressed by the issues that people with cancer often find distressing. Women more often mention being asked about side effects, worry about the future, financial concerns and hair loss/body image while men are more often asked about sexual and intimacy concerns.

Letters indicate statistically greater at 90% confidence level

26. Has a member of your cancer care team ever asked if you were feeling distressed (e.g. anxious, extremely upset, or in emotional pain) related to any of the following issues? Please select all the issues about which you have been asked.
When diagnosed with cancer, African American patients ages 25-54 react differently than their white counterparts.

When diagnosed with cancer, African American patients ages 25-54 react differently than their white counterparts.
- **Immuno-Oncology (I-O)** is a new treatment modality different from other types of cancer treatment, so healthcare providers, patients, and caregivers all need help to understand this complex topic.

- **Co-creating** educational resources with those who would be using the resource, and those who would be receiving the resource is the right approach.

- **Different ideas are explored** before narrowing down to one idea/concept.

- **Online surveys** are helpful to quickly narrow down multiple ideas.

- **Validation** with end-users to make sure the resources meet their needs is vital.
We focus on education about I-O because it is completely different from what a lot of us are used to.
Educational resources co-created with community cancer nurses were validated with patients and caregivers to see whether their needs were being met.

293 online survey responses from patients and caregivers living with cancer (quantitative/qualitative)

Received comments from cancer patients and caregivers on the following:

- Educational analogy preference
- Content included
- Voice and tone
- Delivery/look and feel
- Usefulness and use case
- Etc.

with patients and caregivers living with cancer (qualitative)
Which explanation do you prefer? (n=293)
Which explanation do you prefer? (by age)

Ages 19-30 (n=14)

<table>
<thead>
<tr>
<th></th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>All</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ages 19-30</td>
<td>5</td>
<td>4</td>
<td>4</td>
<td>1</td>
<td>0</td>
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</table>

Ages 31-45 (n=99)

<table>
<thead>
<tr>
<th></th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>All</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ages 31-45</td>
<td>29</td>
<td>40</td>
<td>14</td>
<td>12</td>
<td>4</td>
</tr>
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</table>

Ages 46-60 (n=115)

<table>
<thead>
<tr>
<th></th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>All</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ages 46-60</td>
<td>59</td>
<td>35</td>
<td>11</td>
<td>10</td>
<td>0</td>
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</table>

Ages 60+ (n=65)

<table>
<thead>
<tr>
<th></th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>All</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ages 60+</td>
<td>28</td>
<td>25</td>
<td>5</td>
<td>5</td>
<td>2</td>
</tr>
</tbody>
</table>
Some qualitative feedback

With A, someone who doesn't read or comprehend well could benefit from the information. If a person's comprehension is above the level of A, they are probably already researching the IO therapy on their own.

The visuals and analogies are great to explain a complicated issue. Keeping the details as simple as possible can make it more memorable.

All three were good analogies of cancer but I believe that B depicts it the best for understanding out cancer can grow and get out of control, and then be put back in check.

I liked that it gave an analogy using plant materials, which most people would understand easier.

It depends on person what will keep their attention. BUT - I think A sounds 'professional', B sounds fun & imaginative, C is the 'simplest'!
Resource: A patient/caregiver’s guide to immuno-oncology

Features
• Paper-based (sheets for patients, booklet for caregivers)
• Space to take notes
• Mini calendar included in the back

Topics covered
• How does immunotherapy work with my immune system to fight cancer?
• How is immunotherapy different from other types of cancer treatment?
• What side effects should I expect when taking immunotherapy?
• How might the tumor respond to immunotherapy?
• What can I do to play an active role in treatment?
• Is it normal to feel this way?
• What can I do to cope?
• Where can I get more information?
Resource: A patient/caregiver’s guide to immuno-oncology

How does immunotherapy work with my immune system to fight cancer?

Immunotherapy targets your body’s own immune system to help fight cancer. Here’s an analogy to explain the concept:

Imagine your body as a garden, where the soil is rich and well-tempered, and the garden is green. Normally, the soil is able to prevent weeds from growing out of control.

Cancer cells are like weeds in your garden. Sometimes the soil can become rich and well-tempered, and the garden grows out of control, allowing the weeds to grow and spread, and destroying the healthy plants. In this analogy, your immune system competes for space and nutrients.

How might the tumor respond to immunotherapy?

Tumors can respond differently to immunotherapy based on how well your immune system can target the cancer cells. For some people, immunotherapy can help shrink the tumor or slow its growth. For others, the cancer may still be detectable, but could no longer be actively growing.

At your follow-up appointment, your care team will use scans to monitor your treatment progress. In the image, the tumor may appear the same, smaller, or larger compared to before. If your tumor looks larger after a round of treatment, it may not always mean that immunotherapy isn’t working.

Here’s an analogy to explain why this could happen:

Think of a bug bite, where the skin becomes red, hot, and swollen around the site of the bite. This is a sign of inflammation, which results from your immune system’s reaction to the bite, not from the bite itself.

Garden analogy to explain how I-O works on the immune system

Bug bite analogy to explain unconventional patterns of response

Iconography and simple line illustration throughout

What side effects should I expect when taking immunotherapy?

The side effects you may experience will depend on the immunotherapy you are taking and how your immune system reacts to that treatment. Everyone’s immunotherapy experience is unique, and side effects are possible during or after treatment.

Since your immune system takes care of your whole body, side effects can happen in many of your organs. Some of which may be serious.

Your care team will have a better idea of which side effects you may experience. Ask your care team for a list of side effects so you can recognize and manage them as soon as they come up.

To manage your side effects, it is important to report any you feel to your care team. No one knows your body better than you. Keep track of your symptoms and update your care team.
Resource: How is immunotherapy different from other cancer treatments?

Features
- Paper-based (printable or available as tearsheet pads)
- For healthcare providers to use with patients/caregivers
- Space for a healthcare provider to draw and write on a silhouette figure

Topics covered
- How is immunotherapy different from other cancer treatments?
- How does immunotherapy work?
Patients require education on irAEs related to immunotherapy

Adverse Events differ in patients taking cytotoxic agents versus patients taking immunotherapy checkpoint inhibitors

<table>
<thead>
<tr>
<th>irAEs associated with checkpoint inhibitors*</th>
<th>Dermatologic Toxicities</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Enterocolitis / Gastrointestinal related</td>
</tr>
<tr>
<td></td>
<td>Endocrinopathies</td>
</tr>
<tr>
<td></td>
<td>Hepatotoxicities</td>
</tr>
<tr>
<td></td>
<td>Pneumonitis</td>
</tr>
</tbody>
</table>
Time to First Grade 3-5 Adverse Event at IA1

<table>
<thead>
<tr>
<th>Treatment Arm</th>
<th>Median (range), days</th>
<th>HR (95% CI)</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pembrolizumab Q2W</td>
<td>59.0 (4-357)</td>
<td>0.59 (0.43-0.80)</td>
<td>0.00037</td>
</tr>
<tr>
<td>Pembrolizumab Q3W</td>
<td>64.0 (4-283)</td>
<td>0.52 (0.38-0.72)</td>
<td>0.00003</td>
</tr>
<tr>
<td>Ipilimumab</td>
<td>39.5 (4-94)</td>
<td>—</td>
<td>—</td>
</tr>
</tbody>
</table>

*Adverse events are presented regardless of causality.
Analysis cut-off date: September 3, 2014.
Managing patient side effects takes care coordination

- Communication between treatments
  - Phone calls by nurses to assess for irAEs
  - Symptom algorithm trigger
  - Monitor response to supportive care
- Communication after treatment
  - Long-term follow-up visits
  - Assessment and management of chronic irAEs
  - Survivorship issues
Electronic Patient Reported Outcome systems

Time for routine use
Symptom Monitoring With Patient-Reported Outcomes During Routine Cancer Treatment: A Randomized Controlled Trial

Ethan Basch, Allison M. Deal, Mark G. Kris, Howard I. Scher, Clifford A. Hudis, Paul Sabbatini, Lauren Rogak, Antonia V. Bennett, Amylou C. Duuck, Thomas M. Atkinson, Joanne F. Chou, Dorothy Dulko, Laura Sit, Allison Barz, Paul Novotny, Michael Fruscione, Jeff A. Sloan, and Deborah Schrag

Table 2. Mean Quality-of-Life Changes From Baseline at 8 Months

<table>
<thead>
<tr>
<th>Patients</th>
<th>N*</th>
<th>STAR (n = 277)</th>
<th>Usual Care (n = 193)</th>
<th>P(Univariate)†</th>
<th>P(Multivariable)†</th>
<th>Effect Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evaluable patients*</td>
<td>457</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EQ-5D at baseline</td>
<td>86.2 (84.7 to 87.7)</td>
<td>86.6 (84.7 to 88.5)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EQ-5D at 6 months</td>
<td>84.8 (83.2 to 86.4)</td>
<td>79.5 (76.7 to 82.2)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Point drop from baseline</td>
<td>1.4 (0.4 to 3.1)</td>
<td>7.1 (4.8 to 9.5)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Difference in point drop between arms</td>
<td>5.7</td>
<td>&lt;.001</td>
<td>&lt;.001</td>
<td>0.37</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Subgroup analysis

Computer-inexperienced subgroup* | 116 |                |                      |                |                   |             |
| EQ-5D at baseline | 83.6 (80.2 to 86.9) | 88.9 (81.9 to 91.9) |                |                |                   |             |
| EQ-5D at 6 months  | 81.8 (78.2 to 85.3) | 78.6 (71.2 to 86.0) |                |                |                   |             |
| Point drop from baseline | 1.8 (2.1 to 5.7) | 8.3 (3.6 to 13.1) |                |                |                   |             |
| Difference in point drop between arms | 6.5 | .06 | .11 | 0.38 |

Computer-experienced subgroup* | 341 |                |                      |                |                   |             |
| EQ-5D at baseline | 97.2 (86.7 to 98.6) | 98.5 (94.5 to 99.6) |                |                |                   |             |
| EQ-5D at 6 months  | 86.1 (84.3 to 87.8) | 79.7 (76.7 to 82.7) |                |                |                   |             |
| Point drop from baseline | 1.2 (0.7 to 3.1) | 0.9 (4.2 to 9.5) |                |                |                   |             |
| Difference in point drop between arms | 5.7 | <.001 | <.001 | 0.38 |

NOTE. Data presented as mean (95% CI) unless otherwise noted.
Abbreviations: STAR, Symptom Tracking and Reporting web-based self-reporting system; EQ-5D, EuroQol EQ-5D quality of life questionnaire.
*Patients without postbaseline EQ-5D scores were not included in the primary health-related quality of life analysis but were included in the sensitivity analysis with similar results.
†P values for between-arm comparisons. Multivariable analyses controlled for age, sex, cancer type, race, and education level. For overall analyses, subgroup assignment (computer experienced or computer inexperienced) was also included as a covariate.
Obtaining ePROs

PCM (Patient Care Monitor)

Symptom Survey: patient reported physical symptoms, functional status and psychosocial status for clinical assessment

- Complete Review of System at the POC
- Takes 7 minutes to complete

14+ years experience

- Multiple sites (community oncology, academic and hospital systems)
- 100,000 distinct patients; 1MM+ patient encounters
### PCM Symptom Survey Report: Direct input into EMR

<table>
<thead>
<tr>
<th>Date</th>
<th>1/03/13</th>
<th>1/24/13</th>
<th>2/14/13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Speciality Questions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prescription Needed?</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Change in Sx since last visit</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Recent hospital/ER visit?</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Current Radiation Rx?</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Surgery since last visit?</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Constitutional</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fever</td>
<td>[P] 0</td>
<td>[P] 0</td>
<td>[P] 0</td>
</tr>
<tr>
<td>Chills</td>
<td>[P] 0</td>
<td>[P] 0</td>
<td>[P] 0</td>
</tr>
<tr>
<td>Weight loss</td>
<td>[P] 3</td>
<td>[P] 0</td>
<td>[P] 0</td>
</tr>
<tr>
<td>Weight gain</td>
<td>[P] 0</td>
<td>[P] 3</td>
<td>[P] 3</td>
</tr>
<tr>
<td>Eyes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dry Eyes</td>
<td>[P] 0</td>
<td>[P] 0</td>
<td>[P] 0</td>
</tr>
<tr>
<td>Eyes tearing (watery eyes)</td>
<td>[P] 0</td>
<td>[P] 6H</td>
<td></td>
</tr>
<tr>
<td>ENT/Mouth</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sore throat</td>
<td>[P] 0</td>
<td>[P] 0</td>
<td>[P] 0</td>
</tr>
<tr>
<td>Trouble swallowing</td>
<td>[P] 0</td>
<td>[P] 0</td>
<td>[P] 0</td>
</tr>
<tr>
<td>Mouth sores/ulcers</td>
<td>[P] 0</td>
<td>[P] 3</td>
<td>[P] 3</td>
</tr>
<tr>
<td>Dry mouth</td>
<td>[P] 3</td>
<td>[P] 3</td>
<td>[P] 3</td>
</tr>
<tr>
<td>Difficulty hearing</td>
<td>[P] 0</td>
<td>[P] 0</td>
<td>[P] 6H</td>
</tr>
<tr>
<td>Change in taste of food</td>
<td>[P] 6H</td>
<td>[P] 9HH</td>
<td>[P] 10HH</td>
</tr>
<tr>
<td>Pain</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical pain</td>
<td>[P] 0</td>
<td>[P] 0</td>
<td>[P] 0</td>
</tr>
</tbody>
</table>

- **Highlights severe problems**
- **Shows symptom history**
PCM for Mobile Health Evaluation

- Web enabled
- Browser based
- Works anywhere with internet
- Hosted, secure cloud model
- Android, iPhone
- Windows, MAC
Mobile Patient Monitoring

Scheduled prompts on any mobile device

Patient reports new/worse AE (set by practice)

Tailored notifications to care team members

TEXT; EMAIL

Triggers content delivery to patient (i.e., management of rash)

Contact patient between visits to assess further, provide education +/- medication.

Keep patients on treatment and out of the hospital
PATIENT ACCESS To State-of-the-art I-O Care

“There’s no referring it away….”
Community oncologist/trialist with experience in Immuno-Oncology

But-will there be different levels of care?
Variation among sites of care for I-O

**AMCs**
- Sub-sub specialists
- External referrals
- Research/practice
- High expertise
- Innovators
- Few coverage issues
- Reimbursement concerns low/moderate

**Large community practice: 10-50 MDs**
- Some sub-specialization
- Internal/external referrals
- Practice/research
- Variable expertise
- Early Adopters
- High coverage issues
- Reimbursement issues mod but manageable

**Small community practice: 1-9 MDs**
- Generalists
- External referrals
- Practice
- Lesser expertise
- Late Adopter
- Few coverage issues
- Reimbursement issues severe
How will all patients have access to emerging technologies?

Checkpoint Inhibitors
Clinical Trials of combinations
Adaptive Cellular Therapies
ICLIO Resources

Webinars & Newsletters
- IrRC Response Criteria
- Navigating Patient Assistance Programs
- Immunotherapy in NSCLC
- Managing Adverse Events
- Coverage & Reimbursement Strategies
- Management Best Practices
- Coordination of Care

White Paper
“Advancing Immuno-Oncology in the Community Setting”

ICLIO National Conference
September 30, 2016
Immuno-Oncology: The future is here. Where are you?

No matter where you are on the path to integrate immunotherapy into your operations, ICLIO gets you to your destination. The Association of Community Cancer Centers created ICLIO as a vehicle to guide your implementation journey, one step at a time.

1. View an overview of immunoncology
   accc-iclio.org/about

2. Read why ICLIO is a critical resource for oncology providers
   accc-iclio.org/resources

3. Hear strategies for ensuring reimbursement of these new treatments
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4. Learn how to operationalize immunoncology at your cancer program
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