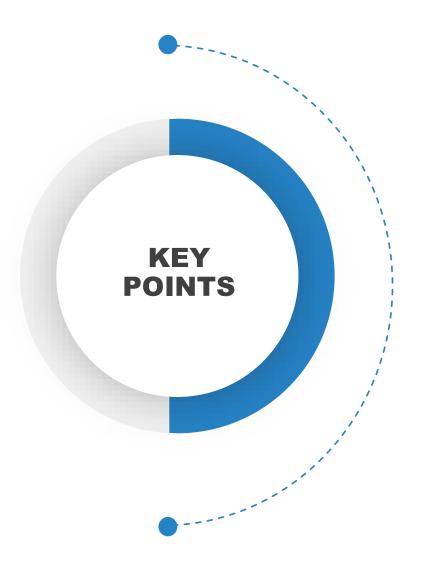
Integrated Health Systems for Better Cancer Survivorship

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Integrated health systems for better cancer survivorship



- I have no disclosure; no conflict of interest
- Trends in cancer medicine impacting health care delivery
- 360-degree approach for better cancer care survivorship
- Digital platform to enhance operation and outreach
- Expanding expert-level care delivery in all regions, including remote areas
- Operationalizing expert level care pathway and precision genomic medicine at touch point of care
- Risk stratified long term survivorship complete care program

Rapid advancement in medical knowledge and oncology drug development

Doubling time of scientific knowledge in cancer medicine





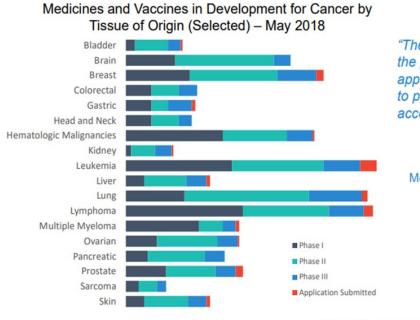


1980s: 7 years



2020s: 73 days

Promise in the Pipeline: More than 1,100 Medicines in Development for Various Cancers



"These are exciting times... the pace of discovery and application of new knowledge to patient care is rapidly accelerating."

Dr. Jose Baselga,
 Physician-in-Chief,
Memorial Sloan Kettering Cancer
Center.
Center.

*Some medicines may be in more than one therapeutic category.

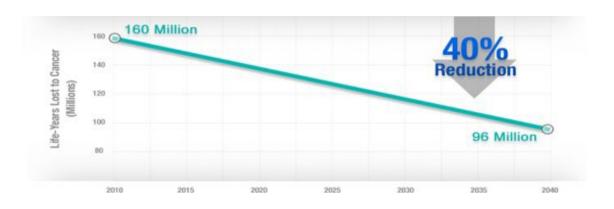
Sources: PhRMA, Medicines in Development for Cancer, May 2018; American Association for Cancer Research, Jose Baselga, MD, PhD*

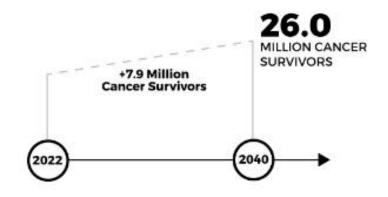
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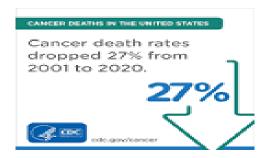
Sources: PhRMA Medicines in Development for Cancer, May 2018, American Association for Cancer Research, Jose Baselga, MD, PhD

Addressing care needs of growing cancer population

The number of cancer survivors in the United States is projected to grow to 26M by 2040 due to increasing prevalence of cancer and better survival rates.







Source: https://cancercontrol.cancer.gov/ocs/statistics

Innovating cancer care: KP's structured, 360-degree approach

Kaiser Permanente has invested in coordinated, connected, and personalized end-to-end cancer care. Care is patient centered and technology supported for structured multidiscipline and multispecialty care delivery.



Survivorship and Surveillance

- Wellness programs
- Peer support
- Tailored screening, H&P
- Complete chronic care
- Late/long-term side effects management
- Hereditary risk assessment and management
- Embedded primary care in cancer survivorship (EPICS) study



Treatment

- Clinical trials
- Expert Treatment care pathways, including Precision Medicine/genomic
- Oral chemo pharmacy program Safety
- Chemotherapy immunotherapy education
- Multidiscipline acute and chronic toxicity program & protocols (e.g., cardiac, ocular, pulmonary, neuro, lymphedema)
- Excellence in cancer Expert oncology protgram





- Complete preventive care
- Clinically effective lifestyle and health behavior change programs and services
- · Health coaching digital apps
- Mammography
- Colonoscopy/FIT kit
- Vaccination: HPV
- Pap smear and HPV screening
- Skin cancer screening



Diagnosis

- · immunohistopathology diagnosis
- Molecular Genomic tests
- Stage specific workup pathways
- Cancer care coordination
- Distress screening

Comprehensive digital cancer platform



Prevention and Screening

Population: 12.7M members **Goal:** Healthy communities **How:** Digital screening reminders proactive office encounters, best practice alert, sure net programs



Survivorship and Surveillance

Population: Cancer survivors **Goal:** Healthy communities **How:** Digital survivorship tool

Digital tools for:

- Actionable tracking system for virtual navigation
- Medical provider decision support tool
- · Patient reported outcomes
- Wellness coaching
- Risk stratification for multidiscipline involvement in care



Diagnosis

Population: Suspected cancer workup **Goal:** No sleepless nights; no low value care

How: Tracking and best access

Digital tools for:

- · Actionable tracking system for virtual navigation
- Medical provider decision supported ordering tool
- Patient reported outcomes
- Member healthy lifestyle engagement/education





Population: Active cancer treatment

Goal: Best possible outcome

How: Coordination, consistency, evidence-based

care

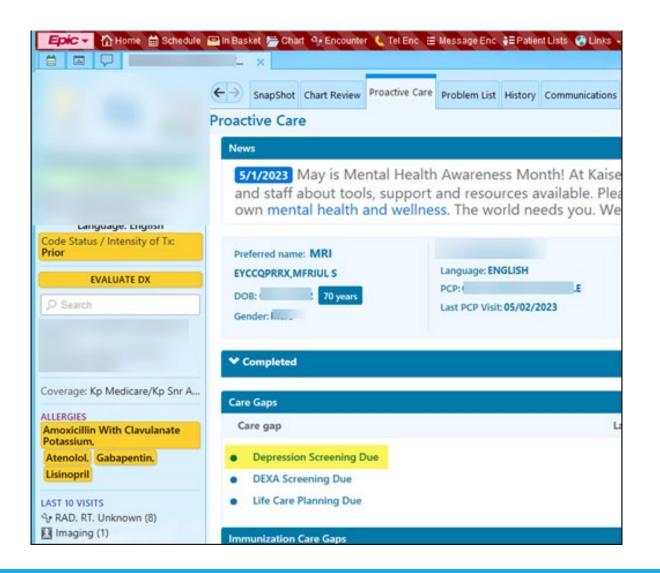
Digital tools for:

- · Actionable tracking system for virtual navigation
- Medical provider expert decision supported order options tool
- Patient reported outcomes
- Member healthy lifestyle engagement/education
- On EMR tele-consultations and tele-treatment
- Self care apps, automated E-visits, telehealth visit

The digital tool activates when a member joins KP and seamlessly guides prevention, diagnosis, and treatment.

Complete care programs: Proactive care

- All KP clinicians, including those in Oncology departments, act on patient's 'Proactive Care Checklists' to address care gaps on day of visit or E-visit
- Example: Member is due for a depression screening, ...mammography, colon check



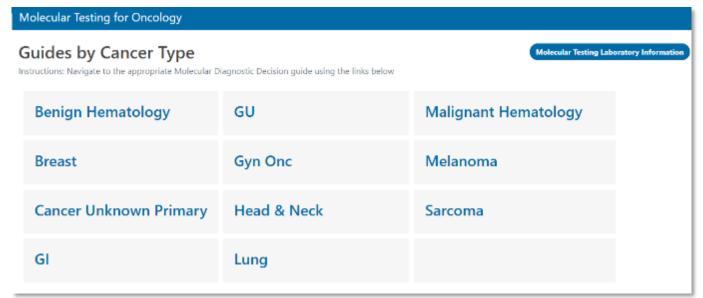
KP digital pathway: 150+ pathways, Aim 80% adherence in 2023

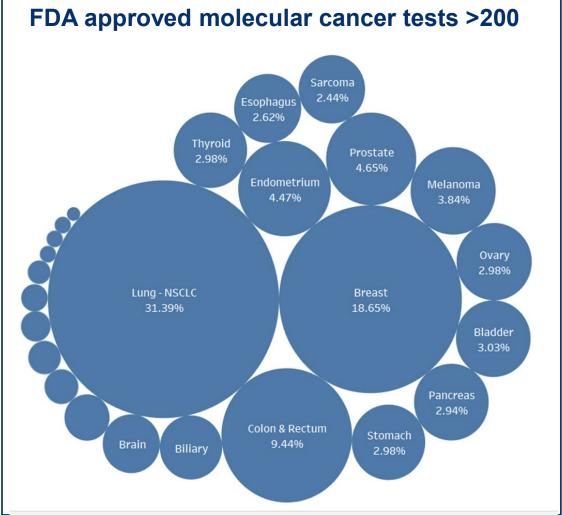
Organ System	Regional Subspecialty Draft	National Subspecialty Consensus	IR Oncology Chiefs Approval	Beacon Integration on Platform	Metrics
Breast	HR+(adj), HR+/HER2- (neoadjuvant, adj, met), HER2+ (neoadjuvant, adj, met), TNBC (neoadjuvant, adj, met), Supp Care*^				
Cutaneous	Melanoma (adj, in-transit, met), BCC (neoadjuvant, met)				
CNS	GBM (New, Recurrent)*, Radiation Necrosis*				
Colorectal	CRC (Stage IV)*				
Gastrointestinal	Biliary (met)*, E/GEJ/GAC (curative, neoadjuvant, met), ESCC (met), HCC (stage B/C), Pancreas (adj, met)				
Genitourinary	Prostate (nmHSPC,mHSPC, nmCRPC, mCRPC), Bladder (met)*, RCC (adj, met)				
Gynecologic Oncology	Ovarian (Stage II/III/IV), Cervical (locally adv, met), Endometrial (adv)*				
Head and Neck	Nasopharyngeal, Non-Nasopharyngeal				
Hematology-Benign	VTE*^, ITP*^, TMA*^				
Hematology-Malignant	APL*, ALL, CML, CLU/SLL, DLBCL, FL, HL, MM, PCNSL*, AML, MCL, MF, WM				
Neuroendocrine	Gastrointestinal, Pancreatic, Lung, NET/NEC				
Thoracio	NSCLC (Stage II, III, IV) SCLC (Stage I-IIA, IIR-IV) Mesothelioma Thymoma				

Digital pathways for genomic-guided diagnosis and treatment

KP Diagnostic Pathways: Molecular

Searchable by cancer type, the integrated tool provides recommendations and an easy button to order tests immediately.





'Excellence in Cancer Care' subspecialty expert & expert review programs

11 National subspecialty cancer expert programs form the base of Kaiser Permanente's national cancer expertise.

11 Programs

Thoracic/Lung

Genitourinary

Gastrointestinal

Breast

Head and Neck

Sarcoma

Malignant Hematology

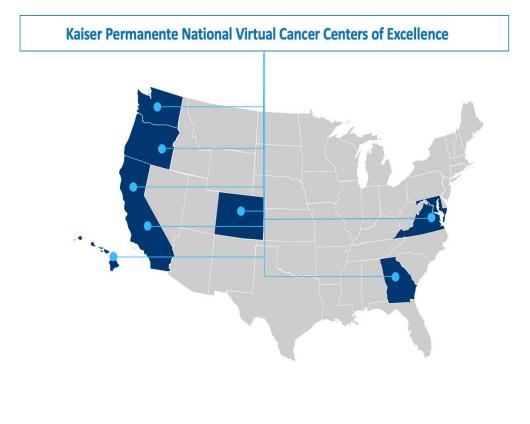
Cutaneous/Melanoma

Central Nervous

System

Genomics

GYN Oncology





Benefits:

- KP members in all regions will have access to expert level care and opinions
- National experts are at the touchpoint of care to all KP oncologists

Cancer research: Guiding care from diagnosis to survivorship

Department of research and evaluation

Integrated clinical trials options within the care pathway at touch point of care

- Cancer control studies
- Basket studies
- Clinical trials
- Genomic research Bank

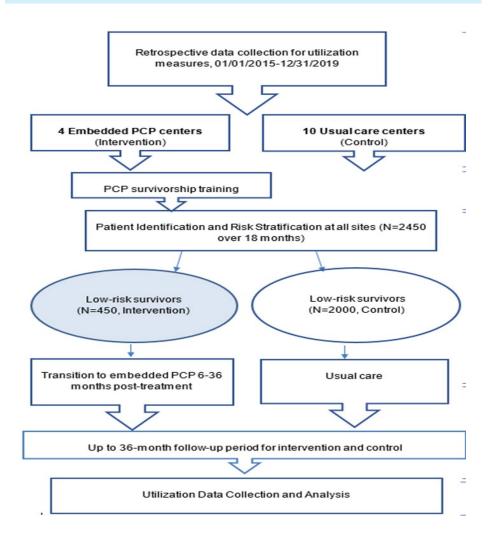
Examples of research in cancer survivorship:

- Health care delivery and implementation
- Quality of life
- Health disparities (mitigated in integrated health care systems)
- Late effects of cancer treatments
- Risk factors for breast cancer recurrence



Long Term Survivorship Health care delivery EPICS Research Study

Risk stratified long term survivorship care,



Integrated Cancer Survivorship and Primary Care

We are enhancing how we provide your cancer survivorship care.

We are building the right team for the best care after your cancer treatment.

Our new integrated cancer survivorship approach is designed for early-stage breast cancer and colorectal cancer patients who have finished treatment. We will place trained Survivorship Care Physicians (PCPs) within your oncology team to provide care for you.





Providing the best possible cancer survivorship care.

Our Survivorship Care Specialist PCPs have received training by our oncologists on how to care for cancer survivors.

Our Survivorship Care Specialist PCPs will·

- Lead your post-treatment survivorship care
- Provide specialized cancer surveillance and survivorship services
- Allow you to manage all general and survivorship health needs with one physician
- Provide your care in your oncology clinic



- Our Survivorship Care Specialist PCPs are partnering directly with your oncology team.
- Speak to your oncologist today about this new program!





Risk stratification: Algorithm performance

Patients sent to oncologist for review	1319
Eligible for referral per oncologist	774
Not eligible per oncologist	193
Not followed by oncologist	110
No reply from oncologist	240
Patients referred	705
New consultations completed	501

76% eligible (excluding not followed/no response)

Concurrently running algorithm for control patients

 Potential issue: No oncologist review for control patients → matching

Reasons for ineligibility:

- Suspicious for recurrence (6%)
- New primary disease (3%)
- Considered high-risk based on genetic/tumor factors (9%)
- Co-occurring heme/oncology disorder (9%)
- Treatment-related concerns (e.g., declined chemotherapy) (7%)
- Complex case/condition (11%)

- Patient preference per conversation with oncologist (32%)
- Other (19%)
- Lost to follow-up (4%)



Digital and in person Collaborative multidiscipline and multispecialty care programs

https://healthy.kaiserpermanente.org/health-wellness/cancer-care/recovery

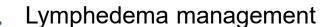
Cancer recovery and survivorship

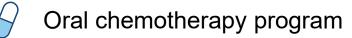
Clinical support programs

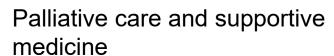












Infectious reactivation prevention







Cancer patient's care journey isn't over when treatment ends. It still requires careful planning, attention, and support. And staying healthy physically, mentally, and emotionally is vital to recovery. At Kaiser Permanente, we're committed to caring for the whole person at every step.

Providing support services for survivors and caregivers on Kp.org:

- Recovery plan: After cancer treatment
 - Getting back to good health
- Survivorship tools: Life after cancer
 - Body, mind and spirit
- Guidance for caregivers: A resource guide
 - Tools and tips







Click on the resource or scan the QR code for more information.

Wellness Programs and Tools for Cancer Survivorship

Take the next steps to help improve your health and wellness throughout and beyond your cancer diagnosis and recovery.

Discover tools and resources to help you manage a healthy lifestyle.



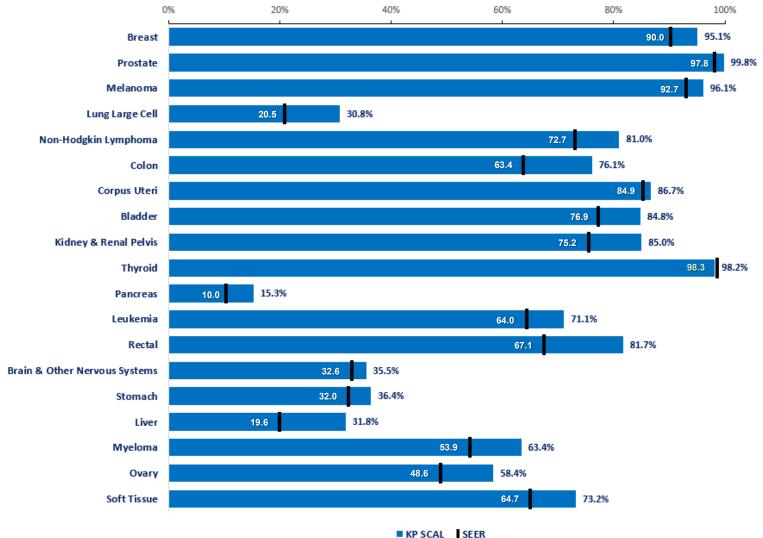
Wellness Coaching by Phone



Wellness Coaching by Phone

SCAL cancer survival rates are above SEER National Averages¹

KP 5-Year 2011 – 2017 Relative Survival by Site All Stages



¹Top 20 above SEER rates except for Thyroid (0.1% difference); Data source: 2020 Annual Cancer Registry Report Surveillance, Epidemiology, and End Results (SEER) National Cancer Institute Program



Summary

- Medical knowledge and technology growth has led to unprecedented success in cancer survivorship
- Telehealth and technology assisted programs are a major part of care delivery, not as an add-on service. Patients have access to great care <u>however and whenever they choose</u> to engage with us at Kaiser Permanente
- Integrated <u>seamless</u> care is feasible with connected and coordinated care of multidiscipline multispecialty.
- Technology-assisted design with risk stratification care plans has forged the path for all hands in for survivorship in our fight against cancer.
- Digital Pathways at touch point of care with direct order capability enable multidiscipline multispecialty physicians to provide personalized cancer treatment.
- Our structured Virtual Cancer Center will ensure that members across the country have access to all KP cancer experts.

Recommendations

- If we treat health as nation's number one asset¹, national planning and funding to get cancer care delivery right can curb rising health care cost
- Better Payer pay model for telehealth services is needed as it is a significant seamless part of care delivery, not as an add-on service.
- Invest in Integrated health care delivery and AI technology.
- Increase oncology trained workforce: more physicians to allow full sub-specialization and more oncology trained nursing
- Current standard recommended follow up post treatment is not evidence based and has caused fear based overflown unmanageable Oncology clinic access demand. Nationally funded long-term evidence-based studies including pt engaged digital care models are needed
- Incorporate survivorship care in curriculum of primary care physician and nursing.
- Retain oncologists in longer time practice: turn the anxiety generated life-long board exams to Structured CME learning modules in this fast-paced field where board questions do not apply any longer.
- 1.Clarence James Gamble Professor of Economics and Demography)https://www.hsph.harvard.edu/news/magazine/public-health-



R&E Publications in Cancer Care (Selected)

Survivorship: Quality of Life

Chen LH, Irwin MR, Olmstead R, Haque R. Association of Physical Activity With Risk of Mortality Among Breast Cancer Survivors. JAMA Netw Open. 2022;5(11):e2242660. doi:10.1001/jamanetworkopen.2022.42660

Haque R, Hsu JW, Avila C, Olmstead R, Carroll JE, Irwin MR. Insomnia and Susceptibility to Depressive Symptoms and Fatigue in Diverse Breast Cancer Survivors. J Womens Health. 2020 Oct 9;. doi: 10.1089/jwh.2019.8135. PubMed PMID: 33035108.

Hahn EE, Munoz-Plaza CE, Pounds D, et al. Effect of a Community-Based Medical Oncology Depression Screening Program on Behavioral Health Referrals Among Patients With Breast Cancer: A Randomized Clinical Trial. JAMA. 2022;327(1):41–49. doi:10.1001/jama.2021.22596

Hahn EE, Wu Y, Munoz Plaza CE, Garcia Delgadillo J, Cooper RM, Chao C: Use of recommended post-treatment services for adolescent and young adult survivors of Hodgkin lymphoma. *Cancer*; 2019 May 1;125(9):1558-1567; doi: 10.1002/cncr.31953; PMID 30620388

Hahn EE, Munoz-Plaza CE, Schottinger JE, Brasfield FM, Gould MK, Parry C: Developing innovative models of care for cancer survivors: use of implementation science to guide evaluation of appropriateness and feasibility. *Support Care Cancer*. 2019 May;27(5):1737-1745. doi: 10.1007/s00520-018-4425-5; PMID: 30120193.

Hahn EE, Tang T, Lee JS, Munoz-Plaza C, Shen E, Rowley B, Maeda JL, Mosen DM, Ruckdeschel JC, Gould MK: Use of post-treatment imaging and biomarkers in early stage breast cancer survivors: inappropriate surveillance or necessary care? Cancer, 2016 Mar 15;122(6):908-16; doi: 10.1002/cncr.29811; PMID 26650715

Slezak J, VanDenEeden S, Cannavale K, Chien G, Jacobsen S, Chao C. Long-term Follow-up of a Racially and Ethnically Diverse Population of Men with Localized Prostate Cancer Who did not Undergo Initial Active Treatment. Cancer Med. 2020, Sept 23 Epub. https://onlinelibrary.wiley.com/doi/epdf/10.1002/cam4.3471

Chao C, Bhatia S, Xu L, Cannavale K, Wong L, Huang PS, Cooper R, Armenian S. Chronic Comorbidities among Survivors of Adolescent and Young Adult Cancer. *J Clin Oncol*. 2020;38:3161-3174. PMCID: PMC7499612. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7499612/pdf/JCO.20.00722.pdf

Health Disparities - mitigated in integrated health care systems

Haque R, Xu X, Shi J, Kwan ML, Chlebowski RT. Breast Cancer Outcomes in a Racially and Ethnically Diverse Cohort of Insured Women. Ethn Dis. 2018 Fall;28(4):565-574. doi: 10.18865/ed.28.4.565. eCollection 2018 Fall. PubMed PMID: 30405302; PubMed Central PMCID: PMC6200302.

Cooper RM, Chung J, Hogan T, Haque R. Influence of health care systems on mortality in adult patients with cancer. Am J Manag Care. 2021;27:182-185. DOI:10.37765/ajmc.2021.88631

Rosenthal A, Reddy S, Chung J, Kim C, Robert Cooper RM, **Haque R**. Disparities in overall survival in patients with melanoma by race/ethnicity, socioeconomic status, and healthcare systems: Disparities in overall survival in patients with melanoma. SKIN The Journal of Cutaneous Medicine. 2022; 6(1):44-47.

Patel J, Attaluri V, Basam M, Ryoo J, Wu D, Mukherjee A, Chung J, Cooper RM, **Haque R**. Investigating mortality disparities among insured patients with colon cancer treated in an integrated healthcare system and other private settings. The American Surgeon. 2023; Vol. 0(0) 1–9. doi: 10.1177/00031348221146950

Cooper RM, Chung J, Hogan T, Haque R. Patterns of overall mortality by race/ethnicity and socioeconomic status in insured cancer patients in southern California. Cancer Causes & Control. 2021. DOI: 10.1007/s10552-021-01414-4. https://rdcu.be/chNyl

Late effects of cancer treatments

Haque R, Shi J, Schottinger JE, Chung J, Avila C, Amundsen B, Xu X, Barac A, Chlebowski RT. Cardiovascular Disease After Aromatase Inhibitor Use. JAMA Oncol. 2016 Dec 1;2(12):1590-1597. doi: 10.1001/jamaoncol.2016.0429. PubMed PMID: 27100398.

Haque R, UlcickasYood M, Xu X, Cassidy-Bushrow AE, Tsai HT, Keating NL, Van Den Eeden SK, Potosky AL. Cardiovascular disease risk and androgen deprivation therapy in patients with localised prostate cancer: a prospective cohort study. Br J Cancer. 2017 Oct 10;117(8):1233-1240. doi: 10.1038/bjc.2017.280. Epub 2017 Aug 24. PubMed PMID: 29017178; PubMed Central PMCID: PMC5674100.

Xu X, Chlebowski RT, Shi J, Barac A, **Haque R**. Aromatase inhibitor and tamoxifen use and the risk of venous thromboembolism in breast cancer survivors. Breast Cancer Res Treat. 2019 Apr;174(3):785-794. doi: 10.1007/s10549-018-05086-8. Epub 2019 Jan 18. PubMed PMID: 30659431; NIHMSID:NIHMS1041808.

Bradley MC, Zhou Y, Freedman AN, Yood MU, Quesenbery CP, Haque R, Van Den Eeden SK, Cassidy-Bushrow AE, Aaronson D, Potosky AL. Risk of diabetes complications among those with diabetes receiving androgen deprivation therapy for localized prostate cancer. Cancer Causes Control. 2018 Aug;29(8):785-791. doi: 10.1007/s10552-018-1050-z. Epub 2018 Jun 29. PubMed PMID: 29959604; PubMed Central PMCID: PMC6660131.

Risk factors for breast cancer recurrence

Haque R, Shi J, Schottinger JE, Ahmed SA, Cheetham TC, Chung J, Avila C, Kleinman K, Habel LA, Fletcher SW, Kwan ML. Tamoxifen and Antidepressant Drug Interaction in a Cohort of 16,887 Breast Cancer Survivors. J Natl Cancer Inst. 2016 Mar;108(3). doi: 10.1093/jnci/djv337. Print 2016 Mar. PubMed PMID: 26631176; PubMed Central PMCID: PMC5072369.

Kwan ML, Shi JM, Habel LA, Song J, Chung JW, Avila CC, Schottinger JE, Cheetham TC, Fletcher SW, Haque R. Effectiveness of bisphosphonate use and risk of contralateral breast cancer and recurrence in women with early-stage breast cancer treated with tamoxifen. Breast Cancer Res Treat. 2016 Apr;156(2):379-89. doi: 10.1007/s10549-016-3763-6. Epub 2016 Mar 22. PubMed PMID: 27002508.

Chun Chao

Tanenbaum HC, Wolfson J, Xu L, Hahn E, Bhatia S, Cannavale K, Cooper R, **Chao CR**. Adherence to cardiovascular screening guidelines among high-risk adolescent and young adults cancer survivors. *J Cancer Surviv*. 2020. https://link.springer.com/article/10.1007%2Fs11764-020-00965-w

Tanenbaum HC, Xu L, Hahn EE, Wolfson J, Bhatia S, Cannavale K, Cooper R, Chao C. Preventive health service use among survivors of adolescent and young adult cancer. *Prev Med*. 2020, In press. https://doi.org/10.1016/j.pmedr.2020.101278

Armenian S, Xu L, Cannavale K, Wong L, Bhatia S, Chao C. Cause-Specific Mortality in Survivors of Adolescent and Young Adult Cancer. 2020;15:2305-2316. https://acsjournals.onlinelibrary.wiley.com/doi/epdf/10.1002/cncr.32775

Anderson C, Smitherman AB, Meernik C, Edwards TP, Deal AM, Cannizzaro N, Baggett CD, Chao C, Nichols HB. Patient/Provider Discussions About Clinical Trial Participation and Reasons for Nonparticipation Among Adolescent and Young Adult Women with Cancer. J Adolesc Young Adult Oncol. 2020;9:41-46. PMCID: PMC7047091. https://pubmed.ncbi.nlm.nih.gov/31545129/

Chao C, Bhatia S, Xu L, Cannavale K, Wong FL, Huang PY, Cooper R, Armenian S. Incidence, Risk Factors, and Mortality Associated With Second Malignant Neoplasms Among Survivors of Adolescent and Young Adult Cancer. JAMA Netw Open. 2019;2:e195536. PMCID: PMC6563559. https://pubmed.ncbi.nlm.nih.gov/31173129/