Cost and Complexity Can Restrict Access to Life-Saving Precision Oncology

Data Is Giving More Cancer Patients a Voice

By Dr. Debra Patt, MD, PhD, MBA, Texas Oncology

The Cancer Treatment Battleground: Why Barriers to Access Persist

The US spends over $200 billion per year on cancer care, much of it on the development of new, more precise drugs.[1] While this investment is welcome, it is increasingly difficult to track how that investment is translating into better care for individual cancer patients. Quality of care can depend greatly on where cancer patients live, the types of insurance coverage they have – if they have it at all – and even what race they are. Discrepancies in healthcare are nothing new, but in oncology, an area of healthcare where vast amounts of money are spent to ensure every patient has the best outcome, it is concerning to see that those dollars are not making a significant difference for as many Americans as they should.

Even with the proliferation of new, more targeted cancer drugs, a lack of standardized care means not all patients will receive the life-changing, and even lifesaving, genomic testing and precision treatment options they deserve. The will to deliver appropriate care to cancer patients clearly exists. Billions of dollars are set aside to provide patients that care. So, why is it still so difficult to ensure every patient has the best chance to beat cancer?

As a practicing oncologist, breast cancer specialist and Executive Vice President of Texas Oncology, I have put a lot of thought into this very question. I have seen firsthand the impact poor access to healthcare can have on cancer patients – especially those in late stages who could and should have had their cancers diagnosed earlier. I also have the benefit of over a decade of experience in health economics and outcomes research as well as applying that knowledge to improving cancer care delivery. I have made it my mission to understand the dynamics at play that limit standardized care in precision oncology, and what I have found is it often comes down to two key challenges: cost and complexity.

When I point to complexity as a key challenge, I am referring to the sheer volume of clinical information providers and payers must take in every day. A 2021 survey of nearly half of NCI-designated cancer centers in the US revealed that the field is moving too quickly for oncologists to keep up with ever-changing guidelines. Oncologists can be too overwhelmed by information to apply the latest evidence at the point of care.[2]

About 80% of American cancer patients are treated in the community setting where oncologists may see as many as 30 patients a day, each with a unique history, health background and tumor type.[3] Without tools to standardize how testing and treatment should occur, doctors in those settings can quickly become overwhelmed by the vast number of new testing and treatment options. Over the last five years there have been around 83 new cancer medications introduced in the US alone.[4] Many of these require molecular testing to identify patients who may benefit from them. How can we expect oncologists to keep up without the benefit of technology or automated tools?

Payers are tasked with the same challenge. How can they know why an oncologist has chosen a certain test or treatment unless those 83 new treatments and the associated molecular tests have been seamlessly incorporated into their workflow? How can they incorporate those changes swiftly when they keep coming? And how can they be sure a provider is not over-testing or under-testing based on lab reports that use decades-old coding systems that are largely opaque?

As previously noted, the second challenge is cost. Cancer is expensive to treat, and insurers want to know they are spending on evidence-based care. Much like molecular labs, their process for deciding what appropriate care looks like cannot keep up with the pace of innovation. As a result, insurer denials and restrictive prior-authorization processes are limiting care and even leading patients to abandon treatment.

These factors are both symptoms of the cost and complexity of cancer care and part of an ongoing problem. The endless dispute over what constitutes appropriate care is the one thing standing in the way of patients receiving it, and, in the midst of this battle, patients have lost their voices.

Cancer patients may not understand this debate and may not even be aware it is influencing their care. I believe evidence-based data can raise the white flag and put this battle to rest by giving all stakeholders the confidence that every individual involved in a patient's care is basing his or her decisions on the latest clinical evidence in oncology.

How Data Cuts Through the Complexity

Cancer is a complex disease, and that complexity is amplified by a steady stream of new biomarker tests

and precision therapies, both of which are being developed at a breathtaking pace. Pharmaceutical companies spend more money on the research and development of new cancer drugs than any other disease category, and that regularly generates new clinical trials, new research findings and new guidelines. How can any of us working in cancer care keep up? The reality is that it is not possible; especially not for community oncologists who spend most of their time speaking with patients who may be dying.

Dr. Tuffia Hadad, an oncologist at the Mayo Clinic, described the volume of emerging tests and treatments this way: "Ten years ago there were ten new cancer therapies a year. Today, the pace is one a week."[3]

Community oncologists are overwhelmed by the tsunami of precision medicine data being released almost daily, and they are typically not receiving evidence-based decision support at the point of care.

A 2021 Precision Oncology News (PON) Survey revealed that 30% of oncologists believe the field is moving too quickly, and they say it is difficult to keep up with all the biomarker guidelines.[5] 10% of respondents had no clinical decision support software or automated tools available to help them make decisions at the point of care. (See **Figure 1** for a breakdown of responses.)

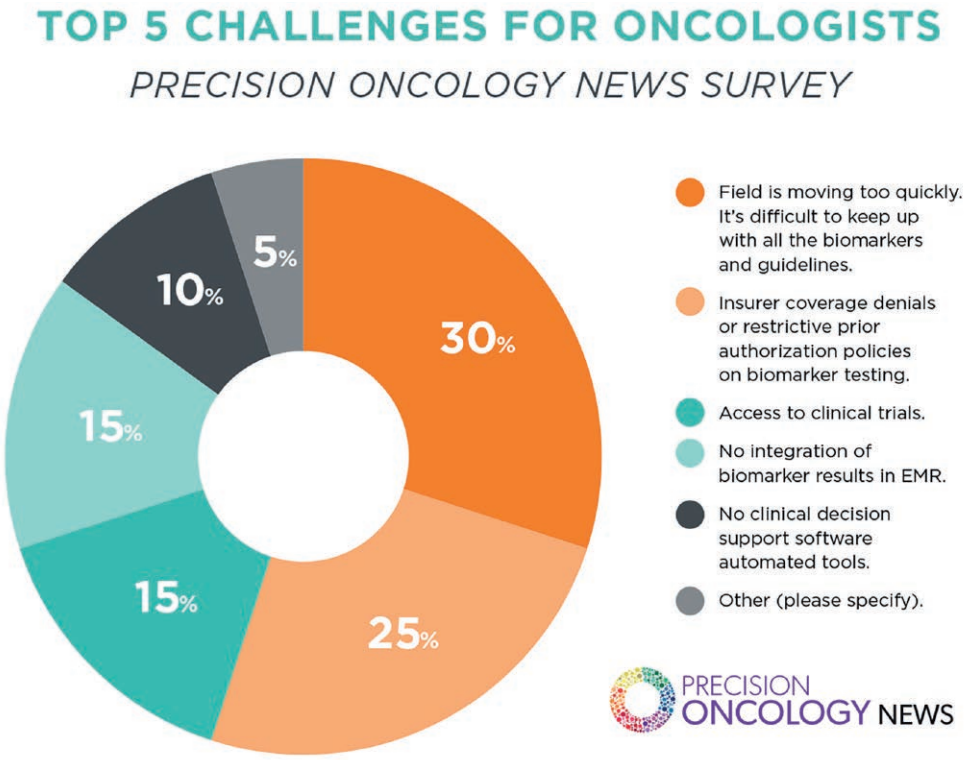


Figure 1: Precision Oncology News survey reveals top challenges for oncologists in implementing precision medicine.

Collaboration Between Texas Oncology and Trapelo

I am a huge proponent of technology-based, evidence-based, decision-making tools because they can give overburdened oncologists nudges to respond to clues about a patient's cancer and alert them to the types of genomic testing that might help them treat it. I often use the analogy of a lock and key to explain the importance of genomic testing. We have locks that represent different types of molecular aberrations that cause cancer, and we have the keys of scientific discovery that can unlock a better outcome. When genomic testing is not performed, or is not performed comprehensively, we cannot identify the lock. So, even if we have the key, we are unable to connect the right treatment to the right patient.

Chemotherapy has historically been the go-to treatment for cancer but, in many cases, it may not be necessary. Genomic testing can tell an oncologist when chemotherapy is appropriate and when other approaches, like estrogen blockers or drugs that attack specific proteins on the surface of tumors, may be more effective. Ultimately, testing before treating can help oncologists and their patients avoid expensive, ineffective treatments from the start, so cancer patients get the most appropriate care available, early on. For this to happen, oncologists will need standardized clinical decision support that is based on the latest available evidence.

At Texas Oncology, we use a decision-support platform called Trapelo® to manage this complexity and help oncologists decide when genomic testing is appropriate. Trapelo provides us with an 'easy button' that nudges our providers to do the appropriate genomic testing and assess tumors for possible therapeutic interventions. We can also use it to assess provider performance, which gives us insight into how often the appropriate tests are being ordered and what affect that had on treatment decisions.

Trapelo helps oncologists recognize which genomic tests may be appropriate for a patients and, since it is integrated with Texas Oncology's EMR, we have been better able to standardize its use. The quality of information that is derived from this decision-support platform is incredibly important. The team behind the Trapelo platform performs an end-to-end, detailed review of over 100 new disease guideline releases every year to ensure consistency with the latest recommendations and FDA approvals. Without the support of data-driven technology – all those changes would be incredibly challenging – if not impossible, for oncologists and payers to absorb.

Cancer patients are often unaware that their oncologists are not able to keep up with the latest evidence, but they expect to be given access to the best available testing and treatments. Technologies that utilize evidence-based data provide an objective voice that speaks for those patients and helps ensure consistency across a practice, delivering the best possible options to every patient at the appropriate stage of his or her cancer journey.

How the Cost of Cancer Has Created a "Battle Royale"

The second major challenge, cost, manifests as the "Battle Royale" between payers and oncology providers. This battle is caused by outdated payer reimbursement processes that have failed to keep up with the speed of innovation. When new biomarkers and associated treatments or therapies are introduced, it can take a long time for them to be accepted and incorporated into the guidelines to which payers adhere. As a result, cancer providers feel unable to provide the right tests and treatments at the right time, even when they know those tests and therapies are evidence-based and appropriate.

In the previously cited PON survey, oncology providers were clear that prior-authorization processes are putting an undue burden on their ability to deliver the best care. I have seen it firsthand. I decided early in my career to stand at the intersection of care delivery and healthcare

Figure 2: American Medical Association survey reports the burden of prior authorization continues to interfere with patient care and can lead to adverse clinical consequences.

policy to help close this gap, because one of my first cancer patients was dying of metastatic cervical cancer due to a lack of access to healthcare and early detection. We have all these amazing tools to treat cancer patients, but if those patients do not have access to them, they will have a bad outcome.

Timely, evidence-based data can help close this gap by helping both providers and payers stay current with advancements in precision oncology. At Texas Oncology, Trapelo gives our team the evidence-backed data to defend testing and treatment options, and our platform includes a QuickPath™ option that enables participating payers to pre-approve certain precision testing and therapy options based on the latest evidence. For example, when we are choosing a test, we know from the start which options will be covered by a patient's insurance, making it easier to stay aligned with payer policies and avoid delays and disruptions that can result from traditional prior-authorization processes.

Payers often lack the insight as to why oncologists choose a particular test, and because of the way labs code tests – a system that pre-dates the role biomarkers now play – payers may be largely in the dark about whether or not those tests are evidence-based and will lead to treatment choices that are in line with current evidence.

In a recent webinar, Simone Ndujiuba, Director of Clinical Strategy + Innovation Oncology at Magellan Rx Management, said that there is a broad misconception that payers do not want to pay for genomic testing. "Payers do want to pay for molecular testing," she said. "The concerns are around over-testing and under-testing. In one study, it was found that 69% of oncologists in the community setting were not utilizing molecular testing, and that can lead to costs associated with inappropriate treatment choices.[5] If a patient is tested and an actionable biomarker is found, if there is a therapy specific to that target, overall survival is improved. But testing and therapies must be thought of together. We need a prior-authorization process that aligns therapy with the results of testing. We use evidence-based, decision-support technology to help decrease the gap in testing, therapy selection and initiation and make the process more seamless."

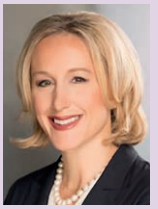
The Takeaway

Every individual cancer patient has unique biomarkers that can inform which precision oncology treatments and therapies are appropriate and which are not. And while about 20% of advanced cancer patients are candidates for precision medicine solutions, all patients must be tested appropriately to find patients who might be candidates.[6]

Data-driven tools like Trapelo® can standardize the use of molecular testing within a provider group to ensure oncologists and their patients know if their cases are candidates for precision medicine before treatment decisions are made. This standardization benefits providers, payers and patients who all want to know without a doubt that the most appropriate treatment options are being used at the right time.

Cancer patients may not understand the behind-the-scenes processes and dynamics at play that can slow or even stop them from receiving the most innovative, appropriate treatment options early on. They still deserve a voice in their own care. Data-driven, evidence-based, decision-making tools give patients that voice, ensuring that all stakeholders are basing decisions on the latest available data and on the patient's unique biological make-up. Isn't that what every cancer patient deserves? JoPM

For more with Dr. Debra Patt, tune in to the latest Precision Medicine Podcast, episode #57, at **precisionmedicinepodcast.com**



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As Vice President of Texas Oncology, I direct public policy, academic affairs, and strategic initiatives. After completing fellowship training at the MD Anderson Cancer Center, I began clinical practice as a breast cancer expert at Texas Oncology. I simultaneously led Healthcare Informatics for US Oncology from 2008-2015.

I currently lead ASCOs JCO Clinical Cancer Informatics journal, a platform aimed at heightening awareness of clinical cancer informatics initiatives around the world. I also serve as a medical director at McKesson Specialty Health and The US Oncology Network, where my team uses multiple integrated data assets to understand outcomes in cancer. Using these tools, our team can use a large system of electronic health record data and other data assets and aggregate them to perform health economics and outcomes research. This HEOR work then contributes to the advancement of oncology knowledge so we can learn more from each patient, not just the small percentage of patients enrolled in prospective clinical trials.

I have over a decade of experience in health economics and outcomes research ranging from linked claims analysis studies through SEER-Medicare, cancer registry analysis, private insurance claims data, and electronic health record data. I also have experience in the integration of these EHR data sources to inventory management, patient facing portals, claims data, and other data sources to integrate these tools to enhance patient care and practice efficiency. I am passionate about the innovation and change we are driving in cancer care through progress in cancer therapeutics and in clinical informatics.

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