

Closing the gap between cancer innovation and standard practice



Cancer research and treatments are developing at an extraordinary pace, leading to a knowledge gap between large academic institutions and community practices.

Considering that different cancers are increasing in complexity, precision medicine is rapidly evolving, and certain new clinical guidelines haven't even been published yet, the gap is only widening. By working together to address specific challenges, we can close it while leveling cancer health disparities across the country.



Common challenges widening the gap

In the current state of standard practice, these concerns may be hindering delivery of the most-optimal care:

Barriers to clinical practice guideline adherence

Community oncologists deliver about 80% of cancer care in the United States, treating a wide variety of malignancies.¹ However, cancer innovations are advancing so quickly that the latest developments often haven't yet made it into the available publications, which may prevent timely application in clinical practice.

Shortage of oncologists

The American Society of Clinical Oncology (ASCO) estimated that the need for oncologic services would increase by 48% by 2020.² However, the number of oncologists was projected to only increase by 14%, resulting in a projected shortage of up to 4,000 oncology providers.³ The COVID-19 pandemic has only exacerbated physician burnout.⁴

Limited clinical trial enrollment

Despite their importance, clinical trials aren't drawing participation from many of the people who need them most. In fact, less than 5% of adult cancer patients enroll in cancer clinical trials, although an estimated 70% are willing to participate.⁵

What are the reasons for the low participation? Researchers can't always find patients who fit the increasingly selective criteria for trials on targeted treatments,⁶ perhaps partly because physicians aren't yet aware of the emerging opportunities. Alternatively, oncologists may prefer to administer a specific treatment, treat the patient off-protocol (using one arm of the trial without actually enrolling the patient), or avoid introducing any uncertainty of their expertise.

Yet, clinical trials are key in advancing new treatments from the research setting to the cancer care clinic. 87% of community oncologists agree that trials provide high-quality care, while 83% believe they benefit enrolled patients.⁵

Lack of genetic testing

Research indicates that only 40% of oncologists feel very or extremely familiar with biomarker testing guidelines for lung cancer, and only 48% of community oncologists (compared to 73% of academic oncologists) use biomarker testing to guide discussions with lung cancer patients on their prognosis.⁷ Additionally, certain biomarker tests must be handled by specialized laboratories, which can make them hard to access.¹

Yet, 1 in 8 people with cancer have an inherited cancer-related gene mutation, and it wouldn't have been detected in half of them using a standard guideline-based approach.⁸ These results indicate that oncologists could better understand biomarker testing and the role it plays in guiding treatments, and collaborate with major cancer centers that have the resources to work around barriers.



Access that closes the knowledge gap in cancer care

Community oncologists can overcome these challenges by easily accessing groundbreaking insights, leading discoveries, and ongoing expertise and support in cancer care, regardless of their location—through:

Close collaborations with leading cancer centers

With a collaborative community, oncologists gain unique perspectives from peer colleagues, access subspecialty expertise as needed, gain confidence in treatment plans, and leverage evidence-based recommendations associated with improved outcomes and fewer low-value interventions. Knowing that community doctors want the best for their patients, a subspecialist can offer support and insights on emerging clinical trials and the newest treatments, so they can decide if an available option is right for their patients.¹

Expert case reviews

With AccessHope, eligible employees can access our cancer support services, including an expert case review, through their employer-sponsored benefit. Our specialists connect with our members' community oncologists to provide recommendations they may use to optimize treatment plans while engaging them in collegial peer-to-peer consultations.

In turn, physicians easily access subspecialists deeply knowledgeable in the latest guidelines, which can positively impact patient outcomes and quality of care, while helping extend cancer innovation nationwide.

Cancer health disparities

A troubling gap exists between cancer treatment and outcomes based on race, ethnicity, socioeconomic status, sexual orientation, and other characteristics. The contributing factors to these cancer health disparities are complex, such as genetics, a lack of medical research across diverse study subjects, and differences in access to care. Those living in disadvantaged neighborhoods are more likely to be diagnosed with late-stage cancer and face poorer survival rates, and precision medicine may not consider the genetic differences of racial and ethnic minorities.

Through collaboration that prioritizes cancer health disparities, closing the gap to level these disparities for the social justice of health equity is possible.

A direct line to emerging guidelines

AccessHope offers community oncologists access to expertise from National Cancer Institute (NCI)–Designated Comprehensive Cancer Centers. Given that these centers are at the forefront of the latest evidence-based research and lifesaving discoveries, our subspecialists know of the newest personalized treatments such as breakthrough medications, genetic/genomic testing, and targeted therapies. They can also help interpret genetic testing results, discuss treatment plans based on the patient's molecular profile, and provide knowledge on the latest diagnostic technologies that can close the gap between targeted treatments and those who will respond to them.

References

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