New Campaign to Boost Cancer Screenings Delayed by COVID-19

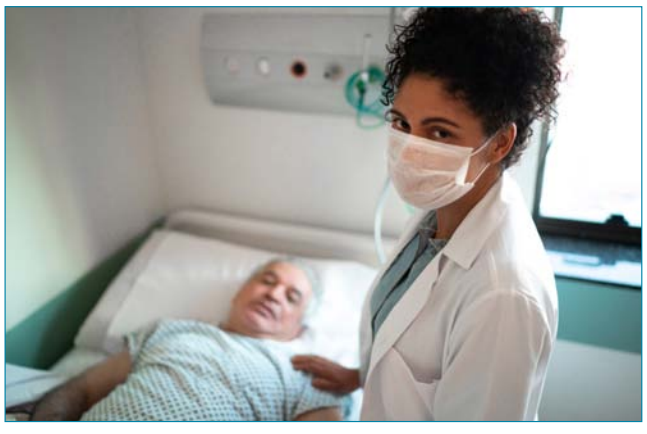
BY PEGGY EASTMAN

The Community Oncology Alliance (COA) and CancerCare have launched the "Time to Screen" campaign to urge Americans to return to regularly scheduled cancer screening tests delayed or skipped because of the COVID-19 pandemic. COA, a national nonprofit representing independent oncology practices, announced the new campaign, which has a toll-free helpline (1-855-537-2733), during its virtual 2021 Community Oncology Conference. Oncologists are very concerned that such delays and missed screenings may cause cancers to be detected at later stages when they are less treatable. CancerCare is a national nonprofit that provides support to cancer patients.

"COVID-19 has caused many people to delay recommended cancer screenings, which are now at dangerously low levels. 'Time to Screen' is a reminder that everyone can now do something essential for their health," said Kashyap Patel, MD, COA President, as well as President and CEO of Carolina Blood and Cancer Care Associates. "It's safer to get screened now, rather than delaying getting checked for cancer, because early detection catches cancer when it's most treatable. It may even save your life."

Patricia J. Goldsmith, CEO of CancerCare, added, "Early detection of cancer through regular screenings saves lives. 'Time to Screen' connects Americans with local screening options and support to make appointments."

As previously reported by *Oncology Times,* a survey conducted for COA by Avalere Health showed that in 2020 the pandemic caused reductions in screenings for breast cancer of 85 percent, 75 percent for colon cancer, 74 percent for prostate cancer, and 56 percent for lung cancer, compared to comparable times in 2019.



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As also previously reported by *Oncology Times,* the "Cancer Progress Report 2020" from the American Association for Cancer Research stated that delays in cancer screenings and treatment are projected to lead to more than 10,000 additional deaths from breast and colorectal cancer over the next 10 years.

Speakers at the COA virtual conference confirmed that COVID-19 has had a chilling effect on cancer screening. Most oncologists have had patients who postponed screenings, said Lucio Gordan, MD, Managing Physician and President of Florida Cancer Specialists & Research Institute. "I think it's a matter of time to see an uptick in stage migration," he noted.

James Perry, MD, Chief Medical Officer of Alliance Cancer Specialists in Southeastern Pennsylvania, said he has seen patients with cancer in late stages who had symptoms and attributed them to COVID-19, rather than cancer. "Those cases were quite tragic," he said.

Bret Jackson, President of the nonprofit Economic Alliance for Michigan, said concern abut cancer screening delays is "very top of mind, and something we take very seriously." Candace Shaffer, MS, CWPM, Senior Director of Benefits and Vice President for Human Resources at Purdue University, said she is now encouraging people "to get back out there and talk to their providers about getting screened." Deborah Kamin, RN, PhD, Vice President for Policy and Advocacy at the American Society of Clinical Oncology (ASCO), noted that the drop in screening is leading to "a lot of pent-up demand" and sicker patients, stating it will take a community effort to help people catch up on cancer screening tests.

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Most conference speakers said their practices are now making the transition back to pre-pandemic normalcy, with fewer telemedicine visits and more face-to-face patient appointments.

"Telemedicine is now the exception," said Jennifer Pichoske, MS, AOCNP, FNP, Chief Clinical Officer for Hematology-Oncology Associates of Central New York. Telemedicine will still have its place, but "we will maintain telemedicine for a minority of folks going forward."

While the pandemic has placed much stress on practices, most speakers said it has also had some benefits.

"I think we became much better at resource management," said Gordon, citing the resilience, teamwork, and cooperation of staff. He believes that lessons learned during the pandemic will place practices in a much better position if a pandemic occurs again.

Agreeing was Jeff Patton, MD, CEO of OneOncology and Chairman of the Board of Tennessee Oncology. COVID-19 "has forced innovation." He believes practices are now better at protecting vulnerable patients, more skilled at working remotely, more skilled at recruiting and monitoring patients on clinical trials remotely, and more adept at using technology, including not only telemedicine but also telephone applications and secure texting. Patton, like Gordon, said these practice innovations will be valuable if another pandemic occurs.

Highlighting Innovative Initiatives

Other practice issues discussed at the COA conference included bringing state-of-the art treatments into the community, use of biosimilars, defining value in cancer care, and legislative and policy directions in a new administration.

Noting that oncology drug approvals are the highest they have ever been, David R. Spigel, MD, Chief Scientific Officer for the Sarah Cannon Research Institute and a partner in Tennessee Oncology, said the use of immunotherapy and gene therapy in community practices will grow rapidly. He noted clinical trials at the community level will become more feasible and more frequent.

"Clinical research in the community is imperative to advance care," said Spigel. He predicted that the research on messenger RNA (mRNA) technology, which has led to COVID-19 vaccines, is likely to produce fruit in new therapeutic cancer vaccines, ultimately even those for solid tumors. "We know this is a viable strategy," he said.

Patton agreed that the mRNA technology used for COVID-19 vaccines to produce an immune response could lead to innovative therapeutic cancer vaccines.

Lutetium Lu 177 dotatate injection therapy in community practices is feasible and can be done if there is a buy-in from practice leaders, educational awareness, pre-therapy teamwork, and nuclear medicine resources including a "hot lab," said Tony Abraham, DO, MPA, Director of PET/CT & Theranostics, NY Imaging Specialists. "Physical space design is very important," said Abraham. He noted that more and more of these specific therapeutic agents will be available in the future.

During a session on biosimilars in cancer care, speakers noted that they provide major potential for cost savings, and discussed specific issues such as whether to switch a cancer patient to a biosimilar if the patient is stable on a branded drug.

In terms of using biosimilars, "for the most part, it's gone well," said E. Randolph "Randy" Broun, MD, Blood and Marrow Transplant Specialist at Oncology Hematology Care in Cincinnati.

He shared that his practice started using biosimilars for supportive care drugs, and noted that since the practice is part of US Oncology, it received educational information on biosimilars from that network.

"I think data is really lacking in this area," said Broun, and noted that relevant data will help physicians with prescribing decisions and give patients confidence in biosimilars. Studies should include scientific data on interchangeability, biosimilars in the pipeline, and cost data on an ongoing basis, he stated.

There is an inventory overload challenge with biosimilars for practices because payers select different ones, said Sonia Oskouei, PharmD, BCMAS, DPLA, Vice President for Biosimilars at Cardinal Health. Agreeing was Sandeep Parsad, PharmD, MBA, BCOP, Assistant Director of Pharmacy for Hematology/Oncology and Investigational Drug Services and Director of the PGY2 Oncology Pharmacy Residency Program at University of Chicago Medicine. "We just don't have space on the shelves for all this inventory," she noted, and having to stock multiple biosimilars takes time away from other activities, such as pharmacy education.

During a session on cancer quality, two speakers described a new pilot Oncology Medical Home (OMH) model they referred to as OCM 2.0. This roadmap model includes care delivery, a case management fee, case mix (such as co-morbidities), payment, shared savings, and risk tracks, according to Michael Diaz, MD, Director of Patient Advocacy and Assistant Managing Physician at Florida Cancer Specialists & Research Institute and COA Immediate Past President, and Lalan Wilfong, MD, Executive Vice President for Value Based Care and Quality Programs at Texas Oncology, who is the COA Payment Reform Co-Chair.

According to COA data, there are 35 distinct oncology payment reform models underway or planned in 37 states, which compares to 19 in 2010. What is needed is a commitment to build a new cancer care system "one block at a time," said Diaz.

Wilfong said the COA model includes patient engagement, accessibility and access, and evidence-based pathways. He noted that COA is working with ASCO on a pilot program for the new OMH model, which is projected to start in July 2021 with 12 practices and three payers. Florida Cancer Specialists & Research Institute and Texas Oncology will participate in the pilot. While the federal Center for Medicare and Medicaid Innovation plans to introduce a new Medicare oncology care model, Diaz noted that people under age 65 who are still working have different needs from Medicare patients, stating that COA and ASCO hope to work with large employers in the commercial space on the new OMH model.

In a conference session on health policy and legislation, speakers agreed that national drug pricing reform is going to be on the table in the near future. This reform will be seen as a way to pay for the huge infrastructure improvement bill which the Biden administration wants, said Ben Jones, BS, Vice President for Government Relations and Public Policy for the US Oncology network. Speakers emphasized that, as part of drug pricing reform, pharmacy benefit managers, who are seen as a control on drug prices, must never interfere with or delay high-quality care for cancer patients.

Under the Biden administration, the Federal Trade Commission is likely to be "far more robust" in regulating the trend of hospital mergers and consolidation, predicted Christian G. Downs, JD, MHA, Executive Director of the Association of Community Cancer Centers.

This summer, the Supreme Court will hear a case on the constitutionality of the Affordable Care Act (ACA). If the ACA, which is beneficial to U.S. cancer patients, is repealed, "that will be huge," said Rebecca McGrath, JD, Vice President for Government Relations and Public Policy at Cardinal Health. Under the American Rescue Plan signed into law by President Biden on March 11, 2021, health coverage under the ACA has been expanded, open enrollment has been extended, and the plan includes incentives for the 12 states that have not yet expanded Medicaid to do so. OT

Peggy Eastman is a contributing writer.

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Learning Objectives for This Month's Activity:

After participating in this activity, readers should be better able to: 1. Identify issues related to cancer screening during the COVID-19 pandemic. 2. Select practice issues discussed at the most recent Community Oncology Alliance (COA) virtual conference.

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