NRG Cancer Care Delivery Research Committee Meeting

Mary Cooley, PhD, RN, FAAN, CCDR Chair
Matthew Hudson, PhD, MPH, CCDR Vice-Chair

NRG Oncology Summer Meeting
July 23, 2021

NCORP Spotlight

NRG will begin highlighting one NCORP site each month in the NRG newsletter. If you'd like your NCORP site to participate please contact Erica Field, fielde@nrgoncology.org

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NRG NCORP Cancer Care Delivery Research Priorities

Concepts/protocols focused on:

- Integrating patient-reported outcomes into clinical practice (extends survival);
- Enhance access to proven survivorship and palliative care strategies optimizing survivor and family quality of life;
- Optimize screening strategies based on disease risk including patients in the post-treatment surveillance phase of care; and
- Implement evidence-based symptom management strategies addressing patients' needs during both active adjuvant and palliative treatment.

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Pilot Project Awardees

Aasma Shaukat, MD

Boosting Colorectal Cancer Screening through proactive outreach in a Native American Community

Clinic

Ilana Graetz, PhD

Leveraging mobile health to improve oral chemotherapy adherence among women with non-metastatic triple negative breast cancer.

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NRG CCDR Research Fellowship Scholarship

Megan Mullins, PhD

Sexual orientation and gender identity (SOGI) measurement for patient centered cancer care in sexual and gender minority (SGM) populations

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Developing CCDR concepts and protocols

Developing CCDR concepts and protocols	
A Randomized Phase II Study of Physical Activity Monitoring to Enhance the Delivery of Definitive Radiotherapy for Locally Advanced Non-small Cell Lung Cancer (NRG Foundation trial)	N. Ohri, MD
Exercise is Medicine in Medical Oncology	K. Schmitz, PhD; J. Trilk, PhD
Implementation of Guideline-based Molecular Profiling of Early-Stage Endometrial Cancer through NCORP/NRG Oncology	A. Hagemann, MD

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Open NRG NCORP Trials

****accrual as of June 30, 2021**

Study No	Disease Site	Description	Date Activated	Target Accrual	Total Accrual	NCORP Accrual (%)	Expected Closure Date
NRG-CC007CD	Prostate	Survivorship care plan for prostate ca survivors on ADT to increase blood glucose and cholesterol checks in yr 2 after starting ADT & lower CVD risk	03/27/19	544	344	100%	March 2022

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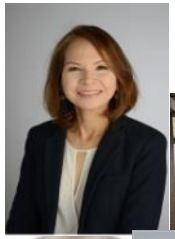
NRG-CC007CD Top Accruing Practices

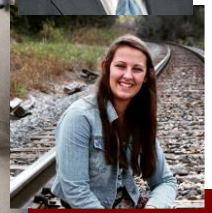
Maine Health Radiation Oncology

AnMed Health Cancer Center

Medical Group of the Carolinas – Radiation Oncology

The University of Kansas Cancer Center





NCORP of the Carolinas

Managing symptoms and psychological distress during oral anti-cancer treatment

Alla Sikorskii, PhD, FAPOS

Department of Psychiatry

Terry Badger, PhD, RN, PMHCNS-BC, FAPOS, FAAN

College of Nursing

University of Arizona

Michigan State University

Collaborators

- Barbara Given, Michigan State University
- Charles Given, Michigan State University
- Chris Segrin, University of Arizona
- Tracy Crane
- TBN, expert on dissemination and implementation science

Oral anti-cancer treatment

- More than 50 FDA-approved chemotherapeutic or targeted agents (not including hormonal for breast cancer)
- Taken at home with relatively little contact with providers, especially for survivors living in rural areas
- Survivors must self-manage symptoms
- In the proposed trial, we deliver a need-based sequence of two psychosocial interventions: ATSM and TIPC in English or Spanish, based on preference

The Automated Telephone Symptom Management (ASTM)

- Weekly telephone calls to assess severity of 24 symptoms from the PRO-CTCAE, delivered via an interactive voice response (IVR) telephone system
- For elevated symptoms (grade 2 or higher), suggestion to use a printed Symptom Management and Survivorship Handbook (SMSH) with evidence-based self-management strategies
- Shown efficacious in past trials including a recent trial with cancer survivors on oral anti-cancer agents (Cohen's d effect size 0.53 at week 8).

The Telephone Interpersonal Counseling (TIPC)

- Designed to address depression and anxiety, prominent barriers to symptom self-management
- Based on interpersonal psychotherapy, delivered by trained social worker
- The 8-week program shown efficacious in past trials, d=0.36-0.37 for depression and anxiety over an educational intervention

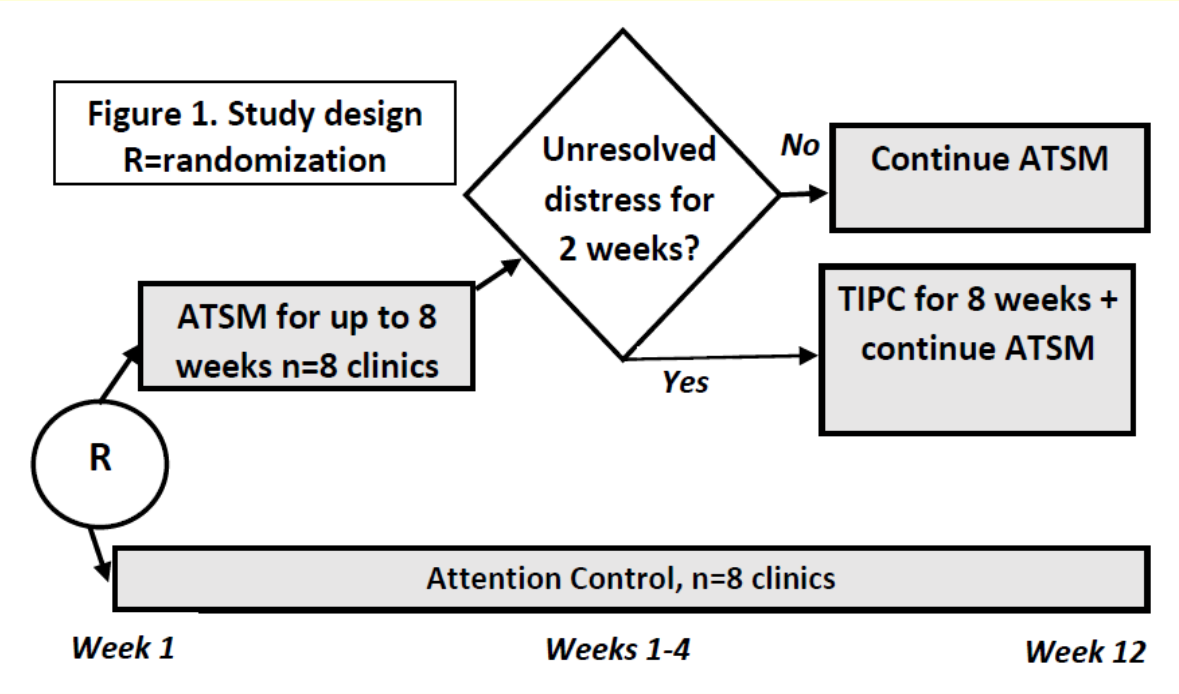
Sequencing of ATSM and TIPC

- Ongoing sequential multiple assignment randomized trial (SMART) (current N=279 completing baseline)
- Initial randomization to SMSH delivered by a person versus SMSH+TIPC; non-responders to SMSH after 4 weeks are re-randomized to continue with SMSH alone or add TIPC
- **Findings:**

  a) non-response rate to SMSH alone is 35%

  b) addition of TIPC for non-responders results in significant reductions of depression, anxiety, and other symptoms (d range 0.34-0.75)

Study design



Sample: oncology settings

- Community oncology settings that have master's prepared social workers (N=20 total, 4 clinics for intervention adaptation in year 1, 16 for the trial part in years 2-4)
- Clinics may or may not already collect PROs
- Attention control: IVR symptom monitoring with automated symptom summary report sent to providers

Sample: survivors

- Survivors beginning new oral agent treatment
- 21 months of recruitment during years 2-3 of the project
- 2 survivors recruited per month per clinic
- If 16 clinics are on board for the randomized phase, N=672 survivors total over 2 years of recruitment
- At any given month, clinic will have approximately 6 survivors on study; 2 of them are expected to need TIPCs resulting in less than 1.5 hours of social worker's time a week for TIPC delivery

Outcomes

- Summary index of PRO-CTCAE, PROMIS depression and anxiety short forms – survivor level
- Unscheduled health services use (clinic visits for burdensome symptoms, hospitalizations, urgent care and emergency department visits) - survivor level with summary to the clinic level
- Savings to clinics due to reduced unscheduled health services use

Questions

- Appreciate the feedback

Advancing Uptake of the Serious Illness Care Program for Community Cancer Care Providers

Joanna (Jo) Paladino, MD

Suzanne Mitchell, MD, MS

Financial relationships to disclose

- Dr. Mitchell is a presenter for Merck for non-product topics on relationship-centered care
- Dr. Mitchell has an equity interest in a digital health enterprise, See Yourself Health, LLC
- Dr. Paladino has no financial relationships to disclose

All patients with serious illness have timely, person-centered conversations with their clinician about their values and priorities to inform their care

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Serious illness communication is an evidence-based practice

- Increased goal-concordant care
- Improved well-being and quality of life
- Higher patient satisfaction
- Improved quality of communication with their clinician
- Better patient and family coping
- Fewer hospitalizations and more & earlier hospice
- Improved bereavement outcomes for family

Bernacki et al 2019; Curtis JAMA IM 2018; Au Chest 2012; Epstein JAMA Onc 2017; Clayton Palliat Med 2013; Mack JCO 2010; Wright JAMA 2008; Chiarchiaro AATS 2015; Detering BMJ 2010; Zhang Annals 2009.

Serious illness communication is hard to pull off

<1/3

of patients have a conversation

<1/3

of clinicians have formal training

<1/3

of clinicians have a formal system in their practice

National survey of primary care and specialist physicians. Cambia Health Foundation; California Healthcare Foundation; John A. Hartford Foundation. 2016.
Heyland DK et al. *Open Med*. 2009;3(2):e101-10.
Wright AA etl. Al *JAMA*. 2008;300(14):1665-1673. doi:10.1001/jama.300.14.1665
Clark MA et. al *J Palliat Med*. 2018;21(8):1078-1085. doi:10.1089/jpm.2017.0374

No system for conversations

No conversations or Very late conversations

Poor outcomes, Avoidable suffering

Mack JCO 2010; Wright JAMA 2008; Chiarchiaro AATS 2015; Heyland Open Med 2009

A multitude of factors influence serious illness conversations in practice

Organizational

- Fragmentation of care (multiple specialties, settings)
- Institution or practice-based culture and norms; lack of incentives
- Inconsistent, ‘hard to find’ EHR documentation

Clinician

- Variation in clinician attitudes and beliefs
- Concerns about harming patients; discomfort with conversations
- Inadequate training; time constraints

Patients & families

- Diverse religious and cultural beliefs
- Poor access to care
- Family-based decision-making

You JJ et. al *J Card Fail*. 2017;23(11):786-793 Ethier J-L et. al *J Palliat Care*. 2018;33(3):125-142. Lakin JR *JAMA Intern Med*. 2016;176(9):1380-1387. Fulmer T et. al *J Am Geriatr Soc*. 2018;66(6):1201-1205. Chandar M *Am J Hosp Palliat Care*. 2017;34(5):423-429. Dzeng E et. al *J Pain Symptom Manage*. 2018;55(2):282-289.e1 Lamas D et. al *J Palliat Med*. 2018;21(4):522-528. Periyakoil VS et. al *PLoS One*. 2015;10(4):e0122321. Patel MI Am J Hosp Palliat Care. 2018 Mar;35(3):497-504.

Serious Illness Care Program: Multi-Component Care Delivery Intervention

Communication tools

- Serious Illness Conversation Guide
- Patient and family preparation materials

Clinician training

- Skills-based clinician training to use the Guide

Structure and process changes

- Patient identification
- Coaching for clinicians
- EHR documentation template
- Reminders
- Data feedback and reporting

Improved Outcomes in Cluster RCT in Oncology at Specialized Cancer Center

- ✔ Significantly **more**, **earlier**, and **better** serious illness conversations in a **more accessible EHR template**
  - 89% vs 44% Values and Goals (p<0.001)
  - 90% vs 45% Prognosis (p<0.001)
  - 144 vs. 71 days prior to death (p<0.001)
- ✔ Sustained **reduction by half** in rates of moderate to severe anxiety and depression symptoms
- ✔ **High feasibility and acceptability of the Guide**; patients and clinicians report positive experiences
- ✔ Did not see changes in GCC or resource utilization at the EOL; significantly underpowered

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Bernacki R, JAMA Oct 2019 Paladino J, JAMA IM 2019 Lakin, J Health Affairs 2017. Paladino et. al Cancer Medicine 2020.

Implementation Support

Train-the-trainer & Team workshops

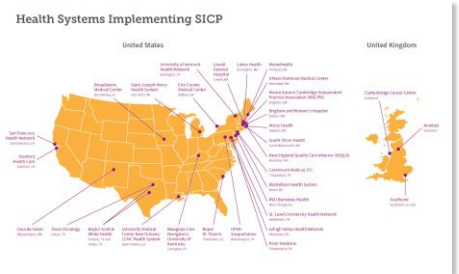
Learning Collaborative (LC)

Adaptable Implementation Tools

Technical Assistance (TA)

Open access web-based platform

Pragmatic Evaluation



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SICP Evidence In Real-World Contexts

Communication tools

- Serious Illness Conversation Guide for clinicians & patients
- Patient and family preparation materials

Clinician training

- Scalable skills-based clinician training to use the Guide

Structure & process changes

- Patient identification
- Coaching for clinicians
- EHR documentation template
- Reminders
- Data feedback and reporting

Adaptation & Pilot Study of SICG

SICG is acceptable to Black Americans with advanced cancer (n=23) & feasible and acceptable to oncology clinicians (n=6).

Training evaluation (n=297, 3 systems)

Significant improvements in patient-centered communication skills after SICG training ($p<0.0001$); site variation informed changes

Implementation study, 3 systems (PARIHS Framework)

Qualitative analysis of technical assistance notes across three health systems

Paladino et. al JPM J Palliat Med. 2020 Mar;23(3):337-345
Sanders et. al Acceptability of a Serious Illness Conversation Guide to Black Americans: Results from a focus group and oncology pilot study, In process

Findings

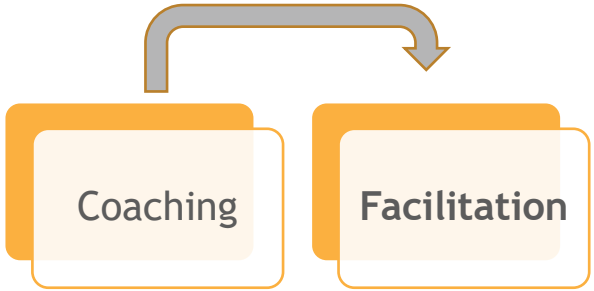
Internal teams employed **facilitation strategies** to address a range of clinician barriers to adoption of serious illness conversations (e.g. motivation, opportunity, emotional, attitudes & beliefs)

EHR-based structures and processes are needed *prior* to communication skills training to provide **data feedback and reminders** to frontline clinicians to increase adoption of serious illness conversations

Paladino et. al. BMJ Quality and Safety, Under Review July 2021

Facilitation

"**Change agency role** to identify elements of **evidence** and **context** that might influence implementation and then utilizing **appropriate facilitation methods and processes** to enable the implementation process"



- **Specialty leadership involvement** - messaging, incentives, governance, data and technology
- **Champions providing longitudinal support** – documentation, adapting the workflow & EHR, communication challenges
- **Engaging clinicians with data and stories** -celebrating success, social recognition, stories, data review

Kitson A et. al Implement Sci. 2008;3:1 Harvey et al. Implement Sci 2018;13:141

SICP in Community Cancer Centers

The *long-term goal* is to improve serious illness conversation rates, timing, and quality in community oncology settings. We hypothesize that these three improvements can improve cancer care quality (Communication, Experience, Care Delivery)

The *objective of this proposal* is to adapt, implement, and study the SICP evidence-based intervention in community oncology settings in a hybrid implementation trial (PARIHS).

The *rationale* for the project is that CCCs need evidence-based serious illness conversation tools and care delivery models that—with training and support—they can implement and sustain efficiently and effectively.

Thank you!

Sexual orientation and gender identity (SOGI) measurement for patient centered cancer care in sexual and gender minority (SGM) populations

Megan A. Mullins, PhD, MPH
T32 Postdoctoral Research Fellow, Rogel Cancer Center, University of Michigan
CCDR Fellow, NRG Oncology

NRG Oncology CCDR Meeting
July 23, 2021

Cancer care for SGM populations

- SGM were formally designated a health disparity population by National Institute of Health in 2016.
- Cancer disparities
  - Lower rates of cancer screening
  - Higher rates of certain cancers (anal, cervical, skin)
  - Later stages at diagnosis
  - Lower quality of cancer care
    - Patient-provider communication
    - Discrimination

(Kent et al. 2019, IOM 2011, Quinn et al. 2015, Boehmer et al. 2011, Agenor et al. 2014, Machalek et al. 2012, Singer et al. 2020)

We cannot improve SGM cancer care if we do not measure SOGI

A 2017 assessment found that **only 1 in 5** NCORP practice groups routinely **collect sexual orientation data,** and only **1 in 10** routinely collect **patient gender identity** beyond male or female.

Cathcart-Rake et al, 2019

Sexual Orientation Question

Do you think of yourself as:
Lesbian, gay, or homosexual
Straight or heterosexual
Bisexual
Something else(e.g. queer, pansexual, asexual)
Don’t know
Choose not to disclose

(National LGBT Health Education Center, 2020)

Gender Identity Questions

What is your current gender identity?
Male
Female
Transgender man/transgender male
Transgender woman/transgender female
Other (e.g. non-binary, genderqueer, gender fluid, gender-diverse)
Choose not to disclose

What sex were you assigned at birth?
Male
Female

Specific Aims

Aim 1: To identify barriers and facilitators to SOGI measurement at the provider and system levels.

Aim 2A. To identify and prioritize implementation strategies to support SOGI measurement across NCORP sites.

Aim 2B: To refine intervention strategies and assess preliminary acceptability, feasibility, and appropriateness of identified strategies among a sample of targeted end users.

SOGI Measurement Concept

10 Practice Sites

- 1 physician
- 1 practice administrator
- 1 clinical staff member (nurse, APP)

Interviews over Zoom

Participants will be compensated for their time

Next steps

Reach out to me at mamull@umich.edu

After this meeting we will send an email to practices, please follow up if you are interested!

References

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Questions

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