

Creating a Partnership Between Academia and Community Practices in Delivering Cellular Therapies for Hematologic Malignancies

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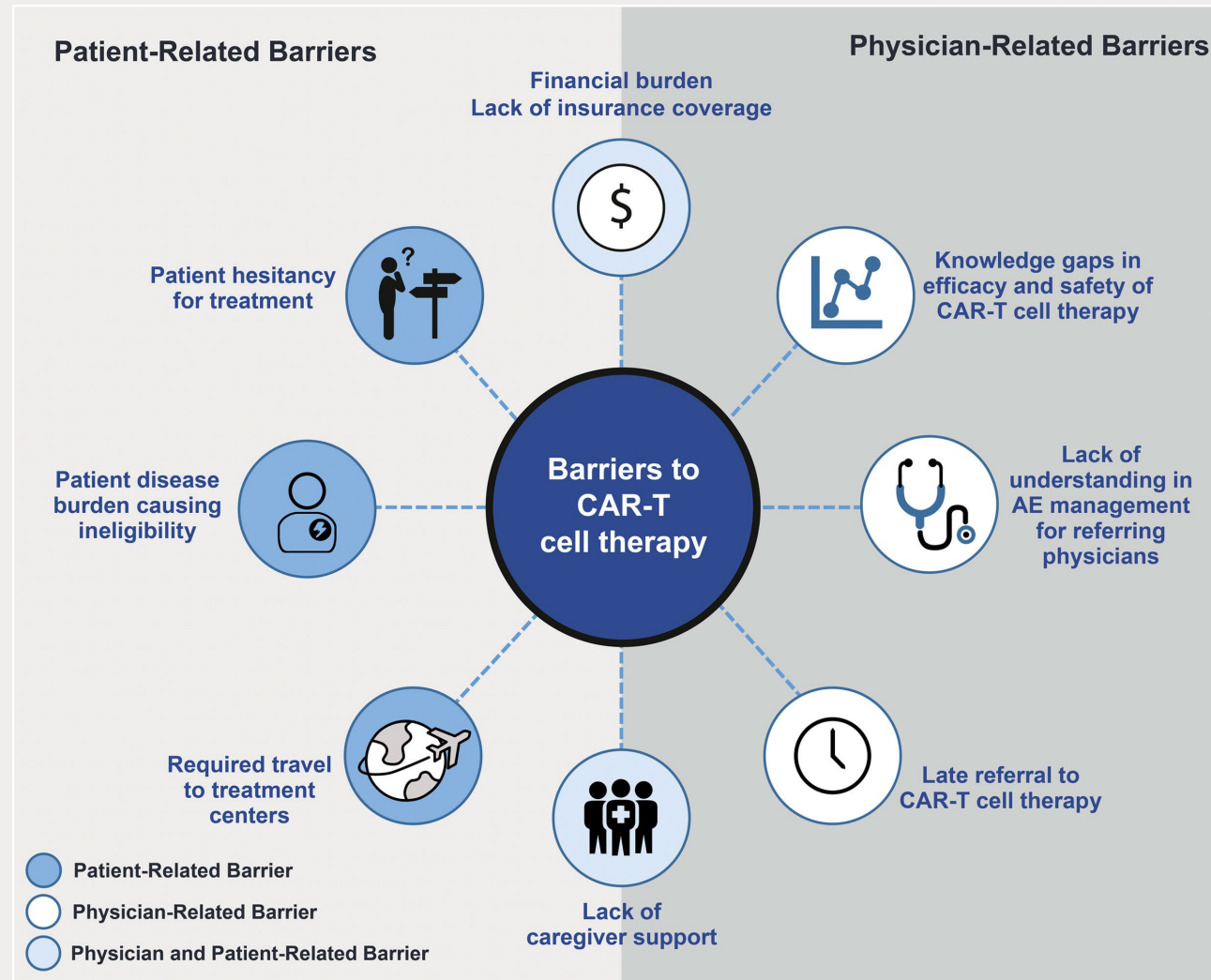
Shortage of Oncologists

- ASCO predicts a shortage of 2393 oncologists by 2025
- 13365 Oncologists in US as of 2022
- 20% more oncologists needed for cancer care services
- 1 in 6 Americans lives in rural area
- 66% of rural counties have no oncologist
- Difficult for community oncologist to see more patients and keep up to date with latest advancements

Growing gap in cancer expertise

- 85% of oncology patients are in rural areas
- 40-50% of eligible patients receive CAR-T therapy
- Main reason is physician non-referral
- Poor KPS and patient declining CAR-T therapy

Potential barriers to CAR-T treatment access



Myths about CAR-T

- **Some patients are too old for CAR T cell therapy or autologous stem cell transplant.**

Older age does not exclude patients for CAR T cell therapy or autologous stem cell transplant. There are abundant studies showing that patients over the age of 70 have similar outcomes to younger patients with these therapies.

Myths about CAR-T

- **My patient has a lot of health issues, CAR T cell therapy too aggressive for them.**

Studies show that patient comorbidities do not strongly affect outcomes after CAR T cell therapy. We have safely treated patients with heart, lung, or kidney problems, as well as with chronic infections and other issues.

Myths about CAR-T

- **Patients may have long term cognitive or other health issues after CAR T cell therapy or autologous stem cell transplant.**
In studies of both objective and subjective outcomes, almost all patients recover physical and cognitive function within months after these therapies. In truth, patients feel worse when they have uncontrolled cancer, and if the therapy provides durable disease control, patients often feel much better after treatment.

Myths about CAR-T

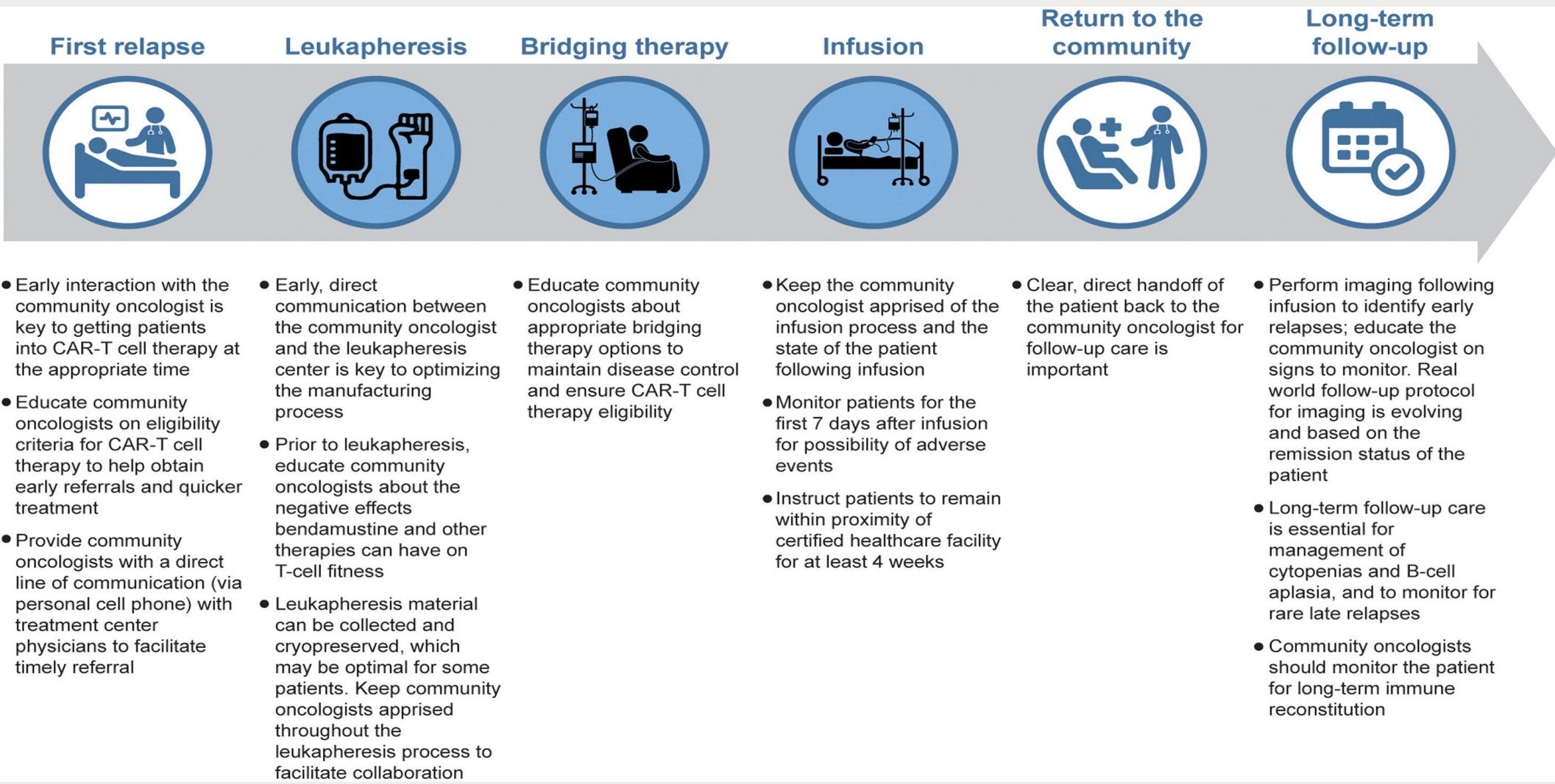
- **My patient will be in the hospital for a month for CAR T cell therapy or autologous stem cell transplant and it will take them a long time to recover.**

Patients are spending much less time in hospital than in the past. Some patients can have their CAR T cell therapy or autologous stem cell transplant entirely as outpatients, or with only a brief admission. However, some patients do require longer hospitalizations, and the provider and team will guide patients on their expected stay and recovery that is unique to their situation. In terms of recovery, most patients feel close to their pre-admission energy levels and personal functioning by 6-8 weeks after therapy.

Communication is the Key

- Patient's fear- Lose their primary oncologist
- Also need to travel away from home to receive treatment
- Community oncologist – fear of losing patients -Academia is considered a “Black Hole”
- Periodic phone conversations during initial referral, and options for bridging therapy
- Phone conversation at the time of hand –off (day 30) for cytopenia, IV fluids, labs, Imaging needs and infection risks

Recommendations for effective partnership between community oncologists and academic treatment centers to enhance patient journey during CAR-T therapy



ACCESS Initiative by ASTCT and NMDP

To address these recurring themes of access barriers and disparate outcomes associated with patient race and lower SES in the HCT/CT ecosystem

Summary of Initial Committee Projects

Awareness Committee
<ul style="list-style-type: none">• Create case-based educational toolkits for community physicians
<ul style="list-style-type: none">• Perform gap analysis for new standards of care in popular reference resources and guidelines (eg, UpToDate and National Comprehensive Cancer Network)
<ul style="list-style-type: none">• Partner with disease-specific groups and health-focused community organizations
Poverty Committee
<ul style="list-style-type: none">• Form a task force to identify available psychosocial and financial resources for patients and caregivers
<ul style="list-style-type: none">• Form physician-led, state-specific advocacy "swat" teams
<ul style="list-style-type: none">• Create request for proposals to identify barriers to HCT/CT for private and public health insurance
Racial/Ethnic Inequity Committee
<ul style="list-style-type: none">• Create a health equity dashboard at piloted HCT/CT centers
<ul style="list-style-type: none">• Educate HCT/CT providers about individual, structural, and systemic barriers for Indigenous, African, Asian, and Latino diasporic populations

Alliance members of an Academic center

- Faculty physically travels to Alliance sites to teach about various topics such as Stem cell transplant and CAR-T therapies
- Invited to participate in weekly, disease specific tumor boards and discuss challenging cases with expert opinion
- Also help in transitioning patient care and establish continuity of care

Greater collaboration can optimize cancer care

- Subspecialists can help run expert case reviews or Discussions with in-person or Virtual platforms
- Promote clinical trials: Subspecialist can keep community oncologists aware of clinical trials that are open and enrolling
- Genetic testing to improve cancer care- make them personalized and evidence-based treatments

Sharing resources

- Protocols for CRS, ICANS management, ID prophylaxis could be shared between academic and community oncologists
- Periodic phone conversations between Academia and community oncologists
- Communications can be also improved at coordinator and nursing level between the Academia and community oncology practice
- Pathology slide sharing, imaging and medical records should be readily requested and processed in a timely manner

'Shared Ownership' Model

- Personal cell phone of the CAR-T Champion at academic institution
- Consider administration of the drug either at your place or the first 1-2 cycles at the certified treatment center
- Periodic reassessment with collaborating center to look for late/ atypical complications
- Patient is able to get quality care close to home and avoid long travel

Key Mantras

- Where there is a will there is a way- Believe in the efficacy of CAR-T therapies
- Patient-centered care: It takes two to tango - Collaboration
- Patient safety and satisfaction are a top priorities!!
- *“Of all the forms of inequality, injustice in health care is the most shocking and inhumane.”* Martin Luther King, Jr