CoC Member Organization Representatives Meeting

October 22, 2023
Upcoming Events

Today

• CoC Plenary Session
  • 3:00 to 5:00 pm/Momentum AB

• CoC Reception
  • 5:00 to 6:00 pm/Momentum C

2024 ACS Cancer Conference

• February 22-24
• Austin, TX
Organization Update:
Focus on Patient Navigation

Elizabeth Holtsclaw, MA
Director, Payor and National Partnerships
Elizabeth.Holtsclaw@cancer.org
American Cancer Society

Every cancer. Every life.

Our vision
End cancer as we know it, for everyone.

Our mission
Improve the lives of people with cancer and their families through advocacy, research, and patient support, to ensure everyone has an opportunity to prevent, detect, treat, and survive cancer.

Our impact
3.8 million fewer cancer deaths
Invested $3.1 billion in cancer research since 1991, contributing to 3.8 million fewer cancer deaths from 1991-2020.

Access to care for all
Advocating for high-quality, affordable health care for everyone, including closing the Medicaid coverage gap, through our American Cancer Society Cancer Action Network™.

Prevention and screening
Educating and advocating for healthy lifestyles and environments, including promotion of regular screening, and trusted source of screening recommendations for health care professionals.

Direct patient support
Providing multiple support programs for people with cancer and their caregivers, including a home away from home at our Hope Lodge® communities when they need to travel for treatment and free access to cancer information via our 24/7 helpine.

Every cancer
Only nonprofit supporting people with all types of cancer through advocacy, research, and patient support.

Every life
Ensuring everyone has an opportunity to prevent, detect, treat, and survive cancer.

Who we are
The American Cancer Society is a leading cancer-fighting organization with a vision to end cancer as we know it, for everyone. We are improving the lives of people with cancer and their families as the only organization combating cancer through advocacy, research, and patient support, to ensure that everyone has an opportunity to prevent, detect, treat, and survive cancer.

Whom we serve
People living with cancer are at the heart of all we do. We work across many groups to make a difference.

Our model
More than 80% of our revenue is invested in delivering our mission.

1 M+
The only nonprofit with over one million volunteers working in local communities across the US and Puerto Rico.

55 million total lives impacted each year. And counting.

Additional resources: Inclusive Language & Writing Guide | ACS Brand Guidelines | Editorial Style Guide
Person-centered support across the cancer continuum

Cross-continuum work:
- Health equity
- Global health
- Caregivers
What no other organization could do

The American Cancer Society: Patient Support Pillar

Total lives touched in 2022: 50.8 million

1.48 million Lives touched (-cancer.org)

141,539 Recipients of patient programs/services

24,000 Hope Lodge guests

41,000 Rides to treatment

220,000 NCIC callers/chats

1.29 million CSN participants

1,471 partner organizations engaged in ACS initiatives

141,539 recipients of patient programs/services data source: -cancer.org

24,000 hope lodge guests data source: -cancer.org

41,000 rides to treatment data source: -cancer.org

220,000 ncic callers/chats data source: -cancer.org

1.29 million csn participants data source: -cancer.org

1,471 partner organizations engaged in acs initiatives data source: -cancer.org
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<th>Patient Support Teams</th>
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<td><strong>Patient Support Strategy &amp; Operations</strong></td>
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A Deeper Dive: ACS Navigation Support Reach

Building Expertise, Advocacy, and Capacity for Oncology Navigation (BEACON) Initiative

National Navigation Roundtable and ACS CAN

Health Systems Navigation Capacity-Building Grants

ACS CARES Navigation Support
Overview of the ACS BEACON Initiative

With a grant from the MSD Foundation, the ACS BEACON Initiative supports health systems in LMICs to design, implement, and sustain oncology patient navigation programs, which includes:

- The creation and pilot of a program development and implementation toolkit for health facilities and organizations.
- A peer learning collaborative to enhance use of the toolkit.
- Targeted grant support for Kenyatta National Hospital (KNH) in Kenya and the Uganda Cancer Institute (UCI) in Uganda
- Evaluations of the KNH and UCI patient navigation programs and the toolkit pilot
National Navigation Roundtable (NNRT)

https://navigationroundtable.org/

**Mission:** High quality cancer care for all through evidence-based patient navigation

**Vision:** NNRT is a collaborative advancing patient navigation efforts that eliminate barriers to quality care, reduce disparities in health outcomes and foster ongoing health equity across the cancer continuum.

**5-Year Aim:** To support the creation of a sustainable model for oncology patient navigation to achieve health equity across the continuum of cancer care.

*Patient Navigation is one of the only evidenced-based interventions to eliminate health disparities and improve health equity across the cancer continuum. **
The **Steering Committee** meets monthly to provide leadership to advance the mission, guide strategic planning and implement projects.

**Task Groups** comprised of subject matter experts meet bimonthly to implement action items.

- Evidenced Based Promising Practices
- Policy
- Workforce Development
- Membership Committee
Follow Us On:

@NNRTnews

linkedin.com/in/nationalnavigation-roundtable

Visit the NNRT website for updates:
https://navigationroundtable.org/
ACS CAN Patient Navigation Campaign Approach

Ensuring access *across* the cancer care continuum

PREVENTION → EARLY DETECTION → DIAGNOSIS → TREATMENT → SURVIVORSHIP

CLINICAL TRIALS

Multi-pronged, layered *advocacy strategy*

Broad *stakeholders* involvement
Reimbursement/Payment Models Options

**Medicaid**
- Targeted Case Management
- Health Homes
- Community Health Workers (CHWs)
- Patient Navigation Assistance Act

**Medicare**
- New CMS Innovation (CMMI)
- Enhancing Oncology Model (EOM)
- New Conditions for Coverage (CfC)
- Legislation Requiring Patient Navigation Services through CMMI, Medicare Shared Savings Program (MSSP) and/or Medicare Advantage
## Navigation Capacity-Building Initiative Grants

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<td>Boston, MA</td>
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<td>City of Hope</td>
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<td>Fred Hutchinson Cancer Center</td>
<td>Seattle, WA</td>
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<td>Harris Health System</td>
<td>Houston, TX</td>
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<td>Harold C. Simmons Comprehensive Cancer Center, UT Southwestern</td>
<td>Dallas, TX</td>
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<td>HIMA San Pablo Oncologico-Caguas</td>
<td>Caguas, PR</td>
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<td>Huntsman Cancer Institute at the University of Utah</td>
<td>Salt Lake City, UT</td>
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<td>Markey Cancer Center, University of Kentucky</td>
<td>Lexington, KY</td>
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<td>Montefiore Einstein Cancer Center</td>
<td>Bronx, NY</td>
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<td>Rush University Medical Center</td>
<td>Chicago, IL</td>
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<td>Stanford Cancer Institute</td>
<td>Palo Alto, CA</td>
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<td>Stephenson Cancer Center, University of Oklahoma</td>
<td>Oklahoma City, OK</td>
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<td>University of Alabama at Birmingham</td>
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<td>University of Chicago Medicine</td>
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<td>University of Colorado-Denver</td>
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<td>University of New Mexico Comprehensive Cancer Center</td>
<td>Albuquerque, NM</td>
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<td>University of North Carolina at Chapel Hill</td>
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<td>University of Southern California</td>
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<td>University of Texas Health</td>
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<td>Virginia Commonwealth University Massey Cancer Center</td>
<td>Richmond, VA</td>
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Capacity-Building Initiative: Primary Activities & Objective

Key Program Components: Provide capacity building and support to select health systems to advance high-quality cancer care through innovative, sustainable models of oncology patient navigation that address barriers to care for under-resourced populations.

Financial resources and capacity-building support
3-year grants to enhance institutional navigation, especially those from populations traditionally excluded
build upon, innovate & improve existing navigation programs

Learning Community
platform for grantees to share best practices, lessons learned, and access training and expertise.
multi-institutional

Comprehensive evaluation and data sharing
data will be harmonized and analyzed with the intent to:
share with the larger oncology community and support
the development of future programs and policy objectives

Grantees will be required to convene or leverage an existing patient or community advisory group that represents the community to provide input
ACS CARES (Community Access to Resources, Education, and Support) equips those facing cancer with curated content, programs, and services to fit their specific cancer journey.

Customized Guidance
Download the app and get personalized information and resources that update as you age, your situation changes or new information becomes available.

Access to Information
24/7 access to receive over-the-phone support from trained American Cancer Society (ACS) staff.

Support System
Virtual support from trained ACS community volunteers and in person support from clinic volunteers.

Providing Virtual Services When and Where You Need Them

The American Cancer Society's online programs ensure you can access information and resources anytime, from anywhere. To learn more, scan the QR codes below.

A Personalized Support System
If you or someone you love has been diagnosed with cancer, deciding what's next can be overwhelming. The American Cancer Society can help through ACS CARES™ (Community Access to Resources, Education, and Support), a new patient navigation support program that connects people with quality curated information and one-on-one support.

To learn more, download the ACS CARES™ app from Google Play or the App Store.

You Don't Have to Face Breast Cancer Alone
Through the Reach To Recovery® website and mobile app, people facing breast cancer can be matched with a trained volunteer who has experienced a similar type of breast cancer, stage, and treatment. Connect one-on-one with your volunteer through online chat or a phone call at a time that is convenient for you.

Visit reach.cancer.org or download the ACS Reach app on Google Play or the App Store.

Stay Connected
Caring Bridge®, an American Cancer Society partner, is a free online tool that helps people dealing with illnesses like cancer stay in touch with their friends, family members, and support network by creating their own personal page where they share their journey and health updates.

Visit caringbridge.org to learn more.

Get Peer Support Online
The Cancer Survivors Network® (CSN) is an online community for cancer patients, survivors, and caregivers. CSN is available 24/7 for members who support one another, share their personal experiences, and offer practical tips for dealing with the side effects of cancer and its treatment.

Visit csncancer.org to learn more.

Love Your Look, Every Day
Everyone's cancer journey is different, but everyone affected by cancer deserves to feel good about the way they look. That's why the "It's Our Time to Thrive" program makes hard-to-find items like wigs, hats, and mastectomy bras easy to order from the comfort of your home.

To learn more and order products, visit tcdirect.org, or call 1-800-850-9445.

cancer.org | 1.800.227.2345
Quick Guide to American Cancer Society Resources

The American Cancer Society (ACS) offers support in your community and online at every step of your cancer journey. Below are just some of the resources we provide. Visit cancer.org or call us at 1-800-227-2245 for more information.

24/7 CANCER HELPLINE

The American Cancer Society helpline provides 24/7 support by connecting you with trained cancer information specialists who can provide guidance and help find answers through phone, video calls, and online live chat.

- **Cancer Information Specialists:** Our trained staff are available to provide guidance and help find answers through phone, video calls, and online live chat. Assistance in English, Spanish, and 280 other languages via translation service.
- **Nurse Support:** Oncology and pediatric oncology nurses are available to assist you with more medically complex questions.
- **Health Insurance Assistance Services:** Our trained specialists can help you understand your options and rights relating to health insurance and coverage.

CANCER.ORG

Our website is a highly trusted source of accurate, evidence-based cancer information for people facing cancer, their families, and their caregivers.

- **Survivorship, Diagnosing, and After Treatment**
  - Support and treatment
  - Tools to help you understand your cancer and make treatment decisions
  - ACS Programs and Services
  - Information about treatment options available to you
  - Caregivers and Family
  - Information to help caregivers care for patients and themselves throughout the cancer journey.

Road to Recovery – Free Rides to Treatment for Cancer Patients

One of the biggest roadblocks for people needing cancer treatment can be the lack of transportation. That’s why the American Cancer Society Road To Recovery® program provides free rides to treatment through volunteer drivers.

- **Trained volunteer drivers donate their time to help people with cancer get to the treatments they need.**
- **Transportation is provided based on volunteer availability and capacity.**

PERSONAL HEALTH MANAGER

It can be hard to keep track of all the information you receive about your diagnosis and treatment. Sharing this information with your care team can help you feel less overwhelmed and more prepared to talk with your doctors. Your Personal Health Manager can be printed and used to help organize your notes about your treatment plan.

Cancer Survivors Network

The Cancer Survivors Network (CSN) is a free online community where survivors and caregivers share their stories, ask questions, and get support from each other. With a chat room, more than 40 discussion boards, and a large list of sources to connect with others who have a similar cancer experience, you can find support, messages, and resources to build your own support network.

Caregiver Support

Our ACS Caregiver Resource Guide provides information for people who are caring for someone with cancer. It can help you better understand what you lived one to go through, develop skills for coping and caring, and learn how to care for yourself as a caregiver, and take steps to help protect your health and well-being.

Hair-loss And Mastectomy Products

Cancer and cancer treatment can have profound effects, including some that can alter a patient’s appearance, such as hair loss. The American Cancer Society’s Bad Hair Banking program helps women with alopecia related side effects by offering them a variety of affordable wigs, hats, and scarves as well as a full range of mastectomy products that can be purchased from the privacy of home.
Speaking of Resources.....

Stay connected with the “Cancer Programs News”

American Cancer Society Update

Browse through upcoming webinars hosted by the American Cancer Society and National Cancer Institute, and more.

From the Field

American Cancer Society Update

September 21, 2023

1 Min Print Share

- The special supplement, A Decade Later: The State of Patient Navigation in Cancer, was published in the Cancer journal in June 2022. The supplement is a collection of 13 articles that focus on improving care disparities across the cancer continuum by highlighting the critical role of evidence-based navigation.
- Register today for the American Cancer Society National Navigation Roundtable Call to Action webinar series.

From the Field

New Toolkit Helps to Increase Food Security Efforts Across the Cancer Continuum

August 3, 2023

1 Min Print Share

A new food security toolkit for Comprehensive Cancer Control coalitions from the American Cancer Society contains resources and recommendations that are aligned with the White House National Strategy for improving food access and affordability and integrating nutrition into disease management. The prevalence of low food security among people with cancer and their caregivers is much higher than the prevalence in the general population.

Launch of New CancerSpeak podcast from CANCER

August 31, 2023

1 Min Print Share

CancerSpeak is a new podcast from CANCER, an interdisciplinary international journal of the American Cancer Society. The inaugural podcasts feature a special 4-part series highlighting a conversation between members of the National Navigation Roundtable on patient navigation in cancer care.

www.cancer.org
Thank You
Enhancing Collaboration between American College of Physicians (ACP) and the Commission on Cancer

Ana Maria Lopez, MD MPH MACP
Professor of Medical Oncology, Sidney Kimmel Medical College
Associate Director, Diversity, Equity, and Inclusion, Sidney Kimmel Cancer Center
ACP Representative

October 22nd, 2023
Overview: the American College of Physicians (ACP)

• Established in 1915, ACP is an association of internal medicine physicians, specialists and subspecialists with 161,000 members worldwide.

Mission: To enhance the quality and effectiveness of health care by fostering excellence and professionalism in the practice of medicine.

Internal medicine physicians serve as a foundation for clinical care. We are leaders, experts, connectors, and detectors addressing clinical complexities. As IM physicians, we specialize in adult medicine, partnering with other medical professionals, and caring for our patients throughout the entirety of their healthcare journey.
ACP’s Activities Relevant to the CoC

ACP advances physician, student, and patient education and cancer care through:

• Research and publications (*Annals* and other publications)
• Medical Education (MKSAP, IMM, multiple learning hubs)
• Public policy/advocacy
• Clinical guidelines development
• Quality improvement programs
Annals of Internal Medicine

Annals of Internal Medicine consistently ranks as one of the most widely cited medical journals in the world.

- Annals of Internal Medicine 2022 Impact Factor is 39.2
- Annals ranks 6th overall in the categories of Medicine, General and Internal Medicine (Clarivate Analytics)
- Receives over a million page views each month, along with significant coverage in the general media
**Annals of Internal Medicine** recent engagement on cancer

- Annals regularly publishes articles related to cancer.
- ACP periodically covers cancer related topics as part of Annals’ *Beyond the Guidelines* and *In the Clinic* series.

Beyond the Guidelines October 2022

*How Would You Screen This Patient for Colorectal Cancer?: Grand Rounds Discussion From Beth Israel Deaconess Medical Center*

Beyond the Guidelines February 2022

*When and How Would You Screen This Patient for Cervical Cancer?: Grand Rounds Discussion From Beth Israel Deaconess Medical Center*
Medical Education: MKSAP®19

The Medical Knowledge Self-Assessment Program® (MKSAP) is a “go-to” resource for board prep and lifelong learning.

MKSAP 19 continues to offer an all-inclusive, personalized learning system.

The program includes:

- 12 medical content sections
- Over 2,000 self-study questions
- Flash cards
- Multimedia enhancements

MKSAP 19 includes 13 chapters on Oncology.
Internal Medicine Meeting

- The Internal Medicine Meeting (IMM) is ACP’s premier scientific meeting, occurring annually in the spring, and welcomes over 8,000 physicians, faculty, and students to participate in a broad array of interactive clinical and practice topics.

- Some cancer-related sessions at Internal Medicine Meeting 2023 included:
  - Clinical Triad: Advances in Cancer Screening: Breast, Colon, Lung
  - Clinical Triad: Prognosis, Cancer Screening, and Deprescribing: When Should We Stop?
  - Colon Cancer Screening: Increasing Access With New Guidelines
Medical Education: Online Learning Center

• Comprehensive platform for CME and MOC activities.

• Podcast Feature: "Radiation Oncology Side Effects: 5 Pearls Segment" by Core IM team - bridging the knowledge gap in radiation therapy and enhancing patient care.

• Annals Consult Guys episode "Cancer and Deep Venous Thrombosis: A Serious Combination" - discussing the complexities of this medical challenge with engaging discourse and real-world scenarios.
Public Policy/Advocacy

• ACP regularly advocates for regulatory and legislative solutions to increase access to quality and equitable cancer prevention, screening, treatment, and long-term care.

• Recently, ACP has signed several cancer-related joint letters to policymakers, including:
  • Joint Letter Regarding Tobacco Provisions in the FY2024 Ag-FDA Appropriations Bill
  • Joint Letter to EPA Regarding Passenger Vehicle Emission Standards
  • Joint Letter Opposing United Healthcare's GI Endoscopy Prior Authorization Program
  • Joint Letter to Senators Supporting FDA Proposals to Ban the Manufacture and Sale of Menthol Cigarettes and Flavored Cigars (2023)
ACP Clinical Guidelines Development and Dissemination

• ACP guidelines recommend appropriate screenings for all cancers, noting the importance of:
  • inclusion of appropriate reimbursement
  • acknowledgement of screening frequency recommendations
  • the essential need to collaborate to educate diverse communities
  • the benefits of positive messaging to the public

• Most recent ACP Guidelines Advisory regarding cancer was the August 2023 update on colorectal cancer screening.
Policy Development for End of Life/Palliative Care

- Policies by ACP’s Ethics Committee in *ACP Ethics Manual Seventh Edition*
  - Care of Patients Near the End of Life
  - Palliative Care
  - Making Decisions Near the End of Life
  - Advance Care Planning
  - Withdrawing or Withholding Treatment
  - Artificial Nutrition and Hydration
  - Do-Not-Resuscitate Orders
  - Futile Treatments
  - Determination of Death
  - Physician-Assisted Suicide and Euthanasia
  - Disorders of Consciousness
  - Solid Organ Transplantation

- Updated education resources by Medical Education
  - Podcast series “Patient Priorities Care” and “The Last Breath”

- Clinical modules included at IMM
Affiliations and Collaborations

• Council of Medical Specialty Societies - Diagnostic Excellence Project, Colorectal Cancer TEP

• National Cancer Institute – Roundtable PCP Cancer Risk Assessment

• American Cancer Society – Guidelines Development Group, Lung Cancer Screening Recommendation Review

• American Cancer Society – National Roundtable on Cervical Cancer

• American College of Obstetricians and Gynecologists – Cancer Evidence Review

• American Society of Clinical Oncology – Head & Neck Cancer Guidelines, Stage IV NSCLC With Driver Alterations Living Guideline Recommendations
IM Physicians are Foundational to the Cancer Care Delivery Team

ACP embraces the role of IM physicians to help eradicate cancer and improve quality care for all:
- prevention
- early detection
- survivorship
- palliation
Thank you!

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University of Pittsburgh School of Medicine
Past President, American College of Sports Medicine
Founder, Moving Through Cancer
American Cancer Society Clinical Research Professor
schmitzk@upmc.edu
Who are we?

• The American College of Sports Medicine (ACSM) is an international membership association comprised of more than 50,000 physicians, scientists, educators and certified health fitness professionals.

• Representing 70 occupations and 90 countries around the globe, ACSM is the only organization that offers a 360-degree view of the sports medicine and exercise science profession.

• The diversity and expertise of our membership make ACSM the largest, most respected sports medicine organization in the world.
ACSM Mission Statement

The American College of Sports Medicine advances and integrates scientific research to provide educational and practical applications of exercise science and sports medicine.
ACSM Annual Meeting is in May: Boston 2024!

Where Science, Research and Practice Build Healthy, Active Lives
Regional and Specialty Conferences

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2024 Inaugural Meeting: International Society of Exercise Oncology

• May 28, 2024
• Boston
• Preceding ACSM Annual Meeting
ACSM Publishes Journals...
And Books.... (Wolters Kluwer)

• Forthcoming in 2024
  • Essentials of Exercise Oncology
    • Authors:
      • Kathryn Schmitz
      • Anna Schwartz
      • Anna Campbell
RCTs in the Field of Exercise Oncology

**PubMed Search / RCTs**

- EX + Cancer
- EX + Cancer + rando*
- PA + Cancer
- PA + Cancer + rando*

- Friedenreich Review 4 RCTs
- Schmitz meta-analysis
- ACSM 1st RT (151 + 76)
- ACSM 2nd RT (556 + 308)

- + 281% (RCTs)

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Documented Benefits of Exercise during Cancer Tx

- Fatigue
- Sleep
- Quality of life
- Anxiety
- Depression
- Body composition
- Function
- Breast cancer related lymphedema

Exercise Guidelines for Cancer Survivors: Consensus Statement from International Multidisciplinary Roundtable
ASCO GUIDELINE: Medical oncologists ‘SHOULD’ refer patients receiving chemotherapy to exercise programming to address common symptoms and side effects.
Current State

• 30-47% of cancer patients are adequately active (Blanchard 2008, Webb 2016)

• 15% of patients report being referred to an exercise program by their oncologist (Ligibel 2022)
• GOAL:
  – What needs to happen for exercise to be standard of care in the setting of oncology by 2029?
Agenda Areas

- Policy, funding, and sustainability
- Program development
- Workforce enhancement
- Stakeholder awareness, empowerment, engagement
- Research and evaluation
Policy, Funding, Sustainability

• Advocate for policies that support exercise oncology programming
NAPBC Standards Revision

• New standards, recently adopted, will require breast programs to declare a plan for
  • Functional evaluations prior to/after surgery (leading to referrals)
  • Exercise referrals in medical oncology
  • Exercise referrals at the point of survivorship
• Effective in 2025
NCD Application Written

• Focus on BREAST CANCER
• Request for CMS to cover
  • Triage and referral to exercise and rehabilitation
  • Supervised exercise sessions
    • Individual or group
    • In person or telehealth
• SEEKING BUY-IN FROM
  • COC
  • NAPBC
  • + 20 other organizations

Formal Request for an NCD
10/10/2023

Background

Despite the curative impact of anticancer therapies including surgery, radiation, and medical treatments, the adverse physiologic effects frequently lead to long-term consequences such as cardiometabolic disorders and impairments in performance status. Metabolic dysfunction is a highly prevalent risk factor for the occurrence and recurrence of breast cancer and is paradoxically induced or exacerbated by standard cancer therapies including chemotherapy, hormone therapies, and immunotherapy. Obesity is a common state of metabolic dysfunction, however other manifestations such as insulin resistance and cardiovascular diseases also develop independent of obesity and are frequent long-term sequelae of breast cancer therapy. For example, breast cancer survivors have a 50% increased risk of developing diabetes compared to populations unaffected by breast cancer, and some cancer treatments such as hormone therapy more than double this risk. In addition to metabolic disorders, patients exposed to breast cancer treatments typically suffer long-term physical impairments such as diminished cardiopulmonary capacity (i.e. deconditioning, fatigue) and musculoskeletal disorders such as lymphedema.

Approximately 12% of women will be diagnosed with breast cancer during their lifetime, and the number of breast cancer survivors in the United States is projected to increase by 25% over the next decade. Accordingly, the cardiometabolic and performance status deficits from breast cancer treatment will increasingly burden individual and public health systems.
Programming
US Map of Exercise Oncology Programming
Disparities in Exercise Oncology Program Availability

• 39% of the U.S. population lives in a census tract > 10 miles from EOP

• Distribution of programming varies (p<0.01) by:
  – Population density (less in rural)
  – Proportion of Non-white residents
  – Neighborhood deprivation index
National Exercise Oncology Directory

Survivors - Exercise is Medicine
Workforce
ACSM Cancer Exercise Credentialing

ACSM/ACS Certified Cancer Exercise Trainer℠

The ACSM/ACS Certified Cancer Exercise Trainer specialty certification will be sunset at the end of May 2023. The course is moving to an advanced, online course. The last delivery date of the specialty certification exam is May 31, 2023 with Pearson Vue.

Current, CET professionals may continue to use the designation if the certification remains in good standing.

CanRehab

education and training for health and fitness professionals
Stakeholder Awareness
Stakeholder Awareness, Empowerment, Engagement

- Ensure everyone living with cancer is aware of exercise benefits
  - Brochure development and distribution
- Goals:
  - Distribution of brochures, postcards
    - Social media campaign
    - TX Oncology
    - >25K @ National Coalition of Breast Centers
  - Translate the brochure into Spanish
  - Evaluation of current knowledge
Being physically active can be challenging after a cancer diagnosis. But research clearly shows that most people who are more active during cancer treatment have:

- Fewer side effects
- Faster recovery from treatment
- Less risk of cancer returning (in some cases)

If possible, consult with an exercise oncology professional or physical therapist if you have questions about exercise during and after your cancer treatment.

For a screening survey and to find help in your area, scan this code:
The primary messages of their recommendations are:

**SOME MOVEMENT IS BETTER THAN NONE.**

**MOVEMENT MATTERS!**

Helen rides her bike in the park on weekends for one hour and enjoys online dance exercise videos two days after work.

Maria walks each day for 20-25 minutes.

Malik attends a 60-minute ballroom dancing class once a week and goes to the gym on two other days.*

Earl does a 60-minute water exercise class and walks 30 minutes 3x/week.
Exercise Oncology as Standard of Care

- Awareness
- Referrals
- Define Eligibility
- Ensure programs are available
- Define workforce
- Protocolize
Current MTC Task Force

Kelley Covington
Neil Iyengar
Melissa Maitin-Shepard
Kathryn Schmitz
Anna Campbell
Jess Gorzelitz
Bernadine Pinto
Mary Kennedy
Anna Schwartz
Jonas Sokolof
Chris Wilson
Kristen Sullivan
Cancer Care in the Department of Defense

Commission on Cancer
Member Organization Representatives Meeting
October 22, 2003

MAJ Jessica Weiss, MD
Disclosures

• The views expressed are those of the author(s) and do not reflect the official policy of the Department of the Army, the Department of Defense or the U.S. Government.
Who are we?
Who are we?
Who are we?
DoD as a stakeholder in cancer care
DoD as a stakeholder in cancer care

- Acquisition & Sustainment
- Budget & Financial Management
- Intelligence & Security
- Personnel & Readiness
- Policy
- Reform
- Research & Engineering

Direct Patient Care

Dedicated Research Funding
DoD as a *provider* of cancer care

The MHS serves **9.5 million** beneficiaries

### Patient Care Numbers in the Military Health System (FY 2022)

<table>
<thead>
<tr>
<th>Service Category</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient Visits</td>
<td>86,000,000</td>
</tr>
<tr>
<td>Emergency Department Visits</td>
<td>3,750,000</td>
</tr>
<tr>
<td>Inpatient Admissions</td>
<td>865,800</td>
</tr>
<tr>
<td>Prescriptions Filled</td>
<td>105,200,000</td>
</tr>
</tbody>
</table>

- **Active Duty Service Members**: 2.23
- **Active Duty Family Members**: 2.65
- **National Guard/Reserve Beneficiaries**: 1.57
- **Inactive Guard/Reserve Beneficiaries**: 0.61
- **Retired Service Members**: 0.5
- **Retiree Family Members**: 0.36
- **Survivors**: 0.36
- **Other**: 0.36
DoD as a *provider* of cancer care

- 4% of the DoD beneficiary population carries an invasive cancer diagnosis exclusive on non-melanoma skin cancer
- Colon, breast, prostate, and lung are the most common cancers in the DoD beneficiary population
DoD as a *provider* of cancer care

** CONTRIBUTIONS OF THE DEPARTMENT OF DEFENSE CONGRESSIONALLY DIRECTED MEDICAL RESEARCH PROGRAMS TO ADVANCES IN CANCER THERAPEUTICS**

*Melanie Neaglov, PhD*; *Alexie Heisel, PhD, MPH, t; Regina Buachie, MPH t; Tracy Bohrer, PhD*; *Sagar Ghosh, PhD, MBA*; *Gayle Vaday, PhD*; *Melissa D. Cunningham, PhD*

<table>
<thead>
<tr>
<th>Condition</th>
<th>Active Service Members</th>
<th>Other DoD Beneficiaries</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Prostate Cancer</strong></td>
<td>1,416</td>
<td>210,209</td>
</tr>
<tr>
<td><strong>Active Service Members</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Other DoD Beneficiaries</strong></td>
<td>350</td>
<td>22,607</td>
</tr>
<tr>
<td><strong>Outpatient Encounters</strong></td>
<td>14,628</td>
<td>423,545</td>
</tr>
<tr>
<td><strong>Hospital Bed Days</strong></td>
<td>1,549</td>
<td>87,923</td>
</tr>
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</thead>
<tbody>
<tr>
<td><strong>Female Invasive</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Breast Cancer</strong></td>
<td>1,531</td>
<td>203,384</td>
</tr>
<tr>
<td><strong>Active Service Members</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Other DoD Beneficiaries</strong></td>
<td>438</td>
<td>48,915</td>
</tr>
<tr>
<td><strong>Outpatient Encounters</strong></td>
<td>40,541</td>
<td>321,015</td>
</tr>
<tr>
<td><strong>Hospital Bed Days</strong></td>
<td>2,093</td>
<td>8,764</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Condition</th>
<th>Active Service Members</th>
<th>Other DoD Beneficiaries</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Male Invasive</strong></td>
<td>61</td>
<td>2,131</td>
</tr>
<tr>
<td><strong>Breast Cancer</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Active Service Members</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Other DoD Beneficiaries</strong></td>
<td>339</td>
<td>26,700</td>
</tr>
<tr>
<td><strong>Outpatient Encounters</strong></td>
<td>41</td>
<td>537</td>
</tr>
</tbody>
</table>

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<tr>
<th>Condition</th>
<th>Active Service Members</th>
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<td></td>
</tr>
<tr>
<td><strong>Hospital Bed Days</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
DoD as a _funding source_ for cancer research

- Collaborations across DoD facilities and with other government and private partners
  - Cancer Moonshot (2023)
  - DoD Congressionally Directed Medical Research Programs
DoD as a *funding source* for cancer research

- Cancer Moonshot (2023)
  - $47 million for the Murtha Cancer Center
  - Applied Proteogenomics Organizational Learning and Outcomes (APOLLO) project
  - Project for Military Exposures and Toxin History Evaluation in U.S. Service Members (PROMETHEUS)
- DoD Congressionally Directed Medical Research Programs
DoD as a *funding source* for cancer research

- Cancer Moonshot (2023)

- DoD Congressionally Directed Medical Research Programs
  - Founded in 1992 with the goal of supporting potentially high risk-high reward research projects through military-civilian-congressional partnership
  - Multiple cancer-specific research programs
    - Total funding for Peer Reviewed Cancer Program from 2009-2022: $784.4M
## DoD as a funding source for cancer research

- **Cancer Moonshot (2023)**
- **DoD Congressionally Directed Medical Research Programs**

### TABLE 1: The utilization of CDMRP-Funded Drugs Within the MHS (Through December 31, 2018)

<table>
<thead>
<tr>
<th>Research program</th>
<th>Drug</th>
<th>Approval year</th>
<th>Patients</th>
<th>Prescriptions</th>
<th>FDA-approved indications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast cancer</td>
<td>HERCEPTIN® (trastuzumab)²</td>
<td>1998</td>
<td>673</td>
<td>9,527</td>
<td>Breast cancer, Stomach cancer, Breast cancer</td>
</tr>
<tr>
<td></td>
<td>KADYLA® ( ado-trastuzumab emtansine)</td>
<td>2013</td>
<td>47</td>
<td>362</td>
<td>Breast cancer</td>
</tr>
<tr>
<td></td>
<td>IBRANCE® (palbociclib)</td>
<td>2015</td>
<td>2,473</td>
<td>23,503</td>
<td>Breast cancer</td>
</tr>
<tr>
<td></td>
<td>KISQALI® (ribociclib)</td>
<td>2017</td>
<td>90</td>
<td>428</td>
<td>Breast cancer</td>
</tr>
<tr>
<td></td>
<td>KISQALI FEMARA CO-PACK® (letrozole and ribociclib)</td>
<td>2017</td>
<td>26</td>
<td>268</td>
<td>Breast cancer</td>
</tr>
<tr>
<td></td>
<td>VERZELO® (abemaciclib)</td>
<td>2017</td>
<td>227</td>
<td>796</td>
<td>Breast cancer</td>
</tr>
<tr>
<td>Ovarian cancer</td>
<td>RUBRACA® (rucaparib)</td>
<td>2016</td>
<td>105</td>
<td>481</td>
<td>Ovarian cancer, Prostate cancer</td>
</tr>
<tr>
<td>Prostate cancer</td>
<td>XGEVA® (denosumab)</td>
<td>2010</td>
<td>740</td>
<td>7,094</td>
<td>Bone metastases, Multiple myeloma, Prostate cancer</td>
</tr>
<tr>
<td></td>
<td>ZYTIGA® (abiraterone acetate)</td>
<td>2011</td>
<td>5,478</td>
<td>54,244</td>
<td>Prostate cancer</td>
</tr>
<tr>
<td></td>
<td>XTANDI® (enzalutamide)</td>
<td>2012</td>
<td>4,436</td>
<td>41,097</td>
<td>Prostate cancer</td>
</tr>
<tr>
<td></td>
<td>ERLEADA® (apalutamide)</td>
<td>2018</td>
<td>176</td>
<td>787</td>
<td>Prostate cancer</td>
</tr>
</tbody>
</table>
Challenges of Cancer Care in the DoD
Challenges of Cancer Care in the DoD

- In aggregate, the DoD manages a large number of cancer patients but at the individual facility level, the numbers are small
  - Fewer opportunities for patients to participate in clinical trials
  - Individual providers have lower volumes
Opportunities to Improve Cancer Care in the DoD

- Developing partnerships with civilian counterparts
  - Clinical trial enrollment
  - Tumor boards
  - Augmentation of operative volume for Active Duty cancer surgeons
  - Research

- Enhancing integration of care across the spectrum of service
  - MHS Genesis electronic medical records system
Questions?
SITC Quality Measures Initiative

Sara I. Pai, MD, PhD, FACS
SITC Representative
Professor of Surgery, Yale University School of Medicine

CoC Member Organization Meeting
Boston, MA
October 22, 2023
MISSION STATEMENT
The Society for Immunotherapy of Cancer (SITC) is the world’s leading member-driven society dedicated to professionals working in the field of cancer immunotherapy. It is the mission of the Society for Immunotherapy of Cancer to improve cancer patient outcomes by advancing the science, development and application of cancer immunology and immunotherapy through our core values of interaction/integration, innovation, translation and leadership in the field.

About SITC: Founded in 1984 by 40 Charter Members

4,650 members representing 35 medical specialties in 63 countries
About SITC

*SITC Roots in Surgery:* Many of SITC’s founding members were surgeons including multiple past SITC presidents including Dr. Michael Lotze and Dr. Howard Kaufman. SITC lifetime achievement award winner Dr. Steven Rosenberg. SITC currently maintains a Surgery Committee focused on Immunotherapy issues related to surgeons including neoadjuvant care and TIL therapies.
SITC Quality Initiative - Background

- Presidential Directive
  - Initiated under SITC past president Dr. Howard Kaufman (2014-2016)
  - Belief that quality improvement would be among the most impactful mechanisms for SITC to impact day-to-day patient care as it became standard of care
  - Serves as foundation for development of national benchmarks for Immunotherapy care

- SITC Leadership approved 2-phase quality pilot project:
  - Phase 1: Identify quality measure concepts via Quality Expert Panel
  - Phase 2: Fully develop quality measures and submit to CMS
SITC’s Quality Efforts to Date

• 2019 Quality Expert Summit
  • Panel of clinicians, IO experts, and quality experts designed to identify the current gaps in IO quality of care, and draft quality measure concepts for potential development
  
  • Results published in the *Journal for ImmunoTherapy of Cancer* (JITC) “Defining current gaps in quality measures for cancer immunotherapy: consensus report from the Society for Immunotherapy of Cancer (SITC) 2019 Quality Summit”
    • [https://jitc.bmj.com/content/8/1/e000112](https://jitc.bmj.com/content/8/1/e000112)

• Quality Measure Development
  • SITC formed a Technical Expert Panel (TEP) to fully develop and test two IO-specific quality measures
  
  • SITC contracted a measure development team from ASCO to assist in the technical development of the measure
SITC’s Quality Measures

• **Appropriate Intervention of Immune-Related Diarrhea and/or Colitis in Patients Treated with Immune Checkpoint Inhibitors (QI 490)**
  - Intended to improve timely and appropriate treatment for IO patients experiencing grade 3 diarrhea and colitis leading to improved outcomes
  - Accepted into CMS Merit-based Incentive Payment System (MIPS) program (Nov 2022)
  - Recently included into CMS Oncology MVP

• **Positive PD-L1 Biomarker Expression Test Result Prior to First-Line Immune Checkpoint Inhibitor Therapy (MUC2023-141)**
  - Intended to ensure biomarker testing is taking place prior to first line treatment within appropriate indications
  - Accepted onto Measures Under Consideration (MUC) list (2023-24)
SITC’s Quality Cycle

**Identify:** Identify gaps in quality of care for Immunotherapy and propose quality measure concepts

**Develop:** Develop quality measures based on identified concepts of need

**Validate & Benchmark:** Collecting data on quality measure utilization to establish national benchmarks for IO quality of care

**Disseminate:** Ensure uptake by widely distributing quality measures and concepts across the field
SITC Quality Initiative – Future Directions and Potential for Collaboration

• **Stewardship of SITC’s current quality measures**
  • Integration of current quality measures into national accreditation programs
  • Exploration of national benchmarking projects related to current quality measures including data collection and validation
    • Ex: Optimal time to treatment with steroids using the previously described colitis measure
  • Further integration of measures into other educational programing
  • Upkeep of current measures in CMS MIPS program

• **Continued quality measure development**
  • Hold second quality measure concept panel in 2023/2024
  • Development of new IO-specific quality measures
  • Submission of developed quality measures to CMS
Questions?
Open Forum
Thank you!

Staff Liaisons:
Melissa Leeb at mleeb@facs.org
Rebecca Medina at rmedina@facs.org