



Hutchinson Institute for
Cancer Outcomes Research

Access to Cancer Care in Washington State: Data and Dialogue

Dr. Scott Ramsey

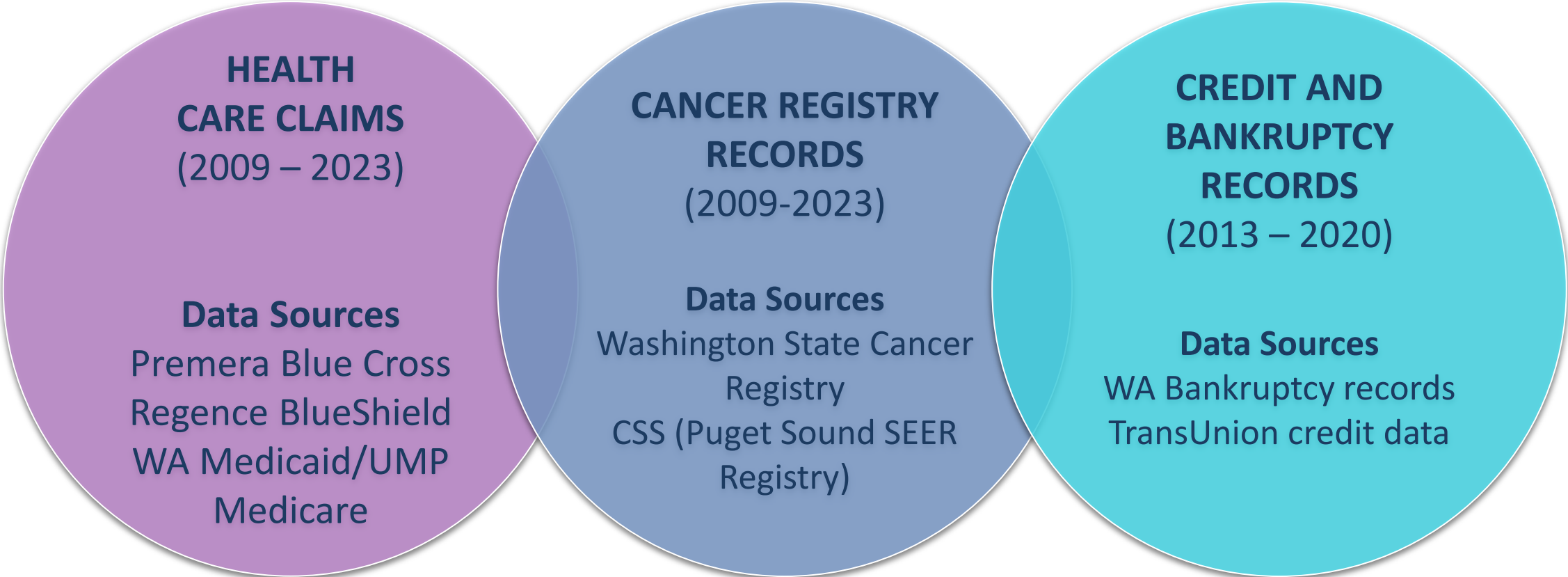
Dr. Veena Shankaran

Hutchinson Institute for Cancer Outcomes Research (HICOR)

HICOR Vision

We believe that every cancer patient should get quality care that meets their goals at a reasonable cost, wherever they live.

HICOR Data Repository



Currently includes 466,865 patients; Represents 70% of insured WA cancer patients

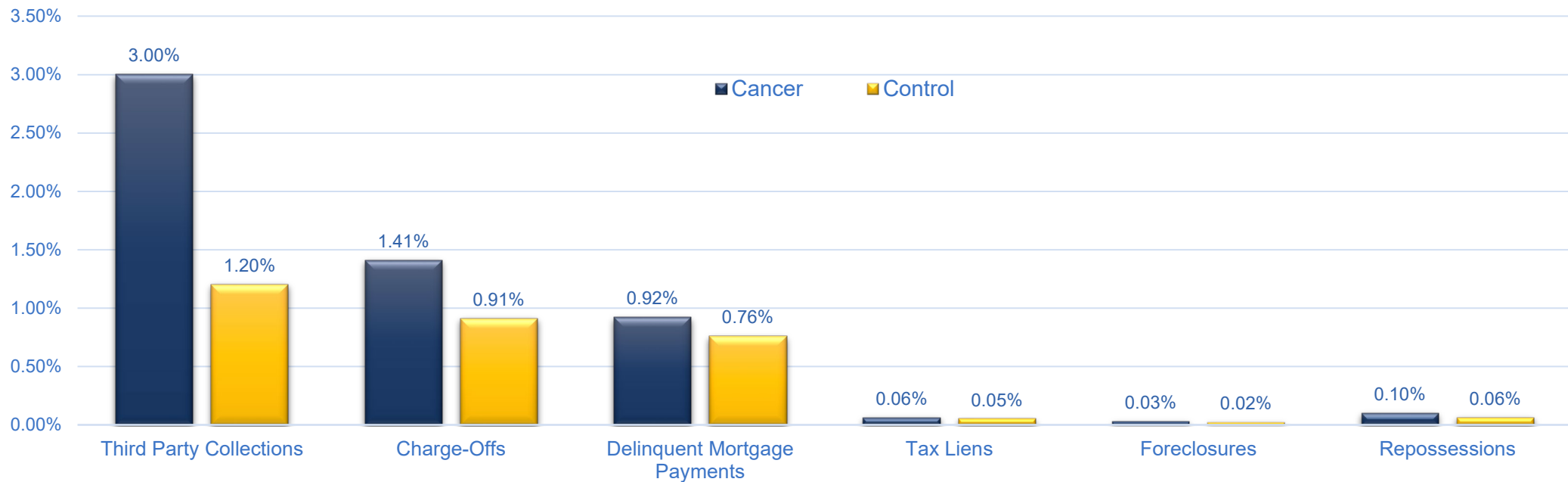
Barriers to Cancer Care



- **Affording / Accessing Care**
- **Receipt of biomarker and germline testing**
- **Participation in cancer research studies.**

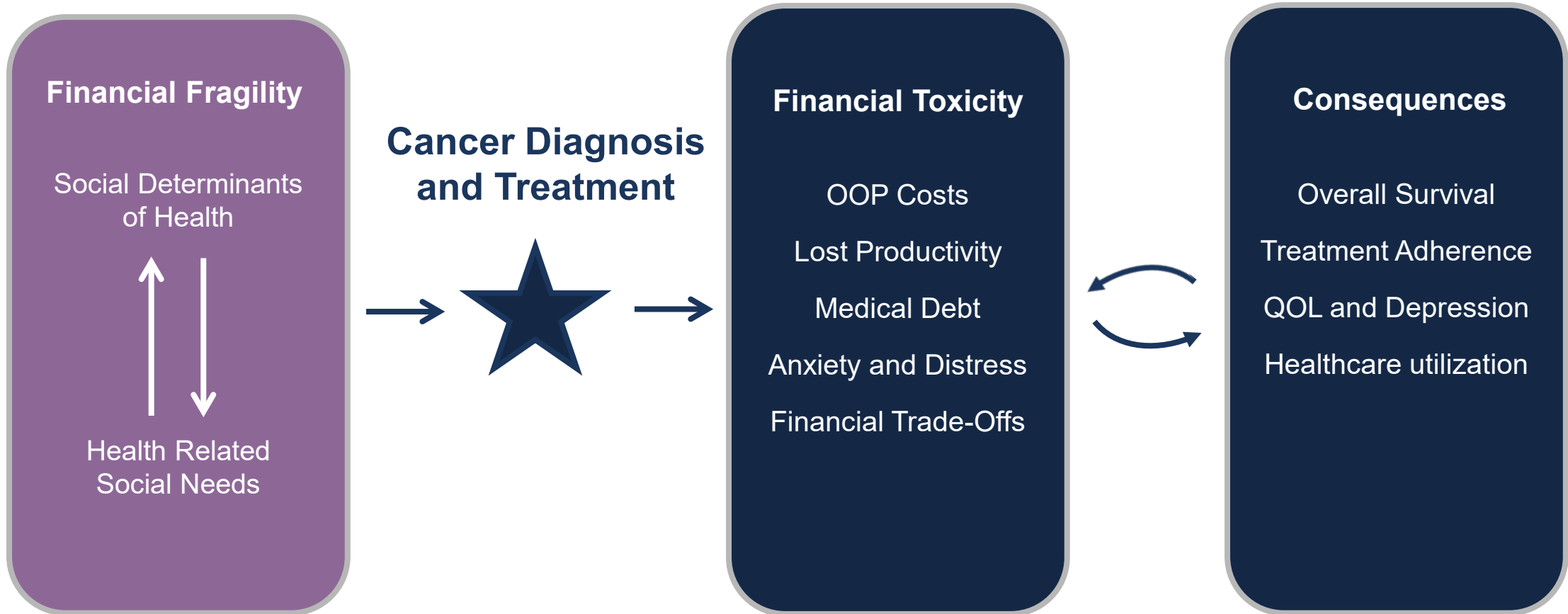
Impact of Cancer Diagnosis on Credit

Any Adverse Financial Event (AFE)
4.3 % (cancer) vs 2.4 % (control) $p < 0.001$
OR 1.71 (95% CI 1.61-1.81)
adjusted for age, sex, credit line (pre-cancer), neighborhood



P value < 0.05 for all comparisons except foreclosures (0.08) and tax liens (p = 0.53)

Continuum of Financial Status



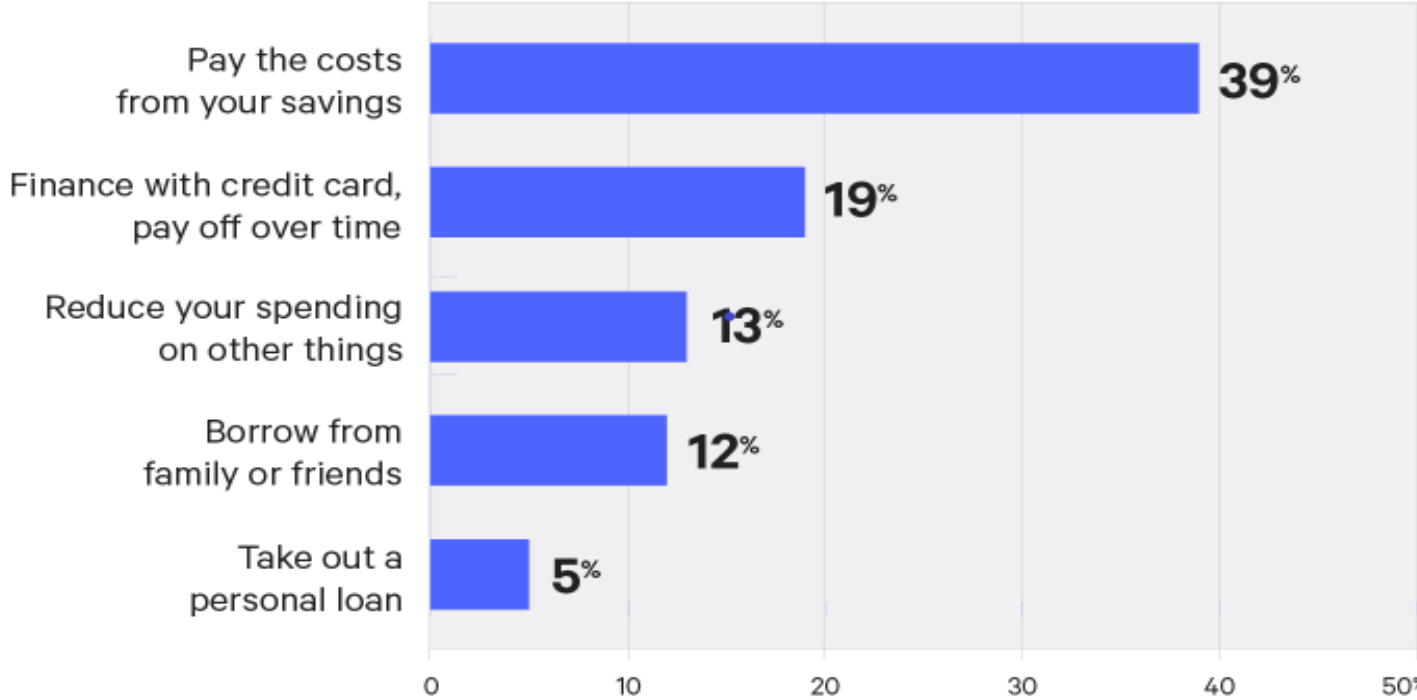


Financial Fragility in Newly Diagnosed Cancer Patients



How Americans pay for unexpected expenses

How would you deal with a major unexpected expense, such as \$1,000 for an emergency room visit or car repair?



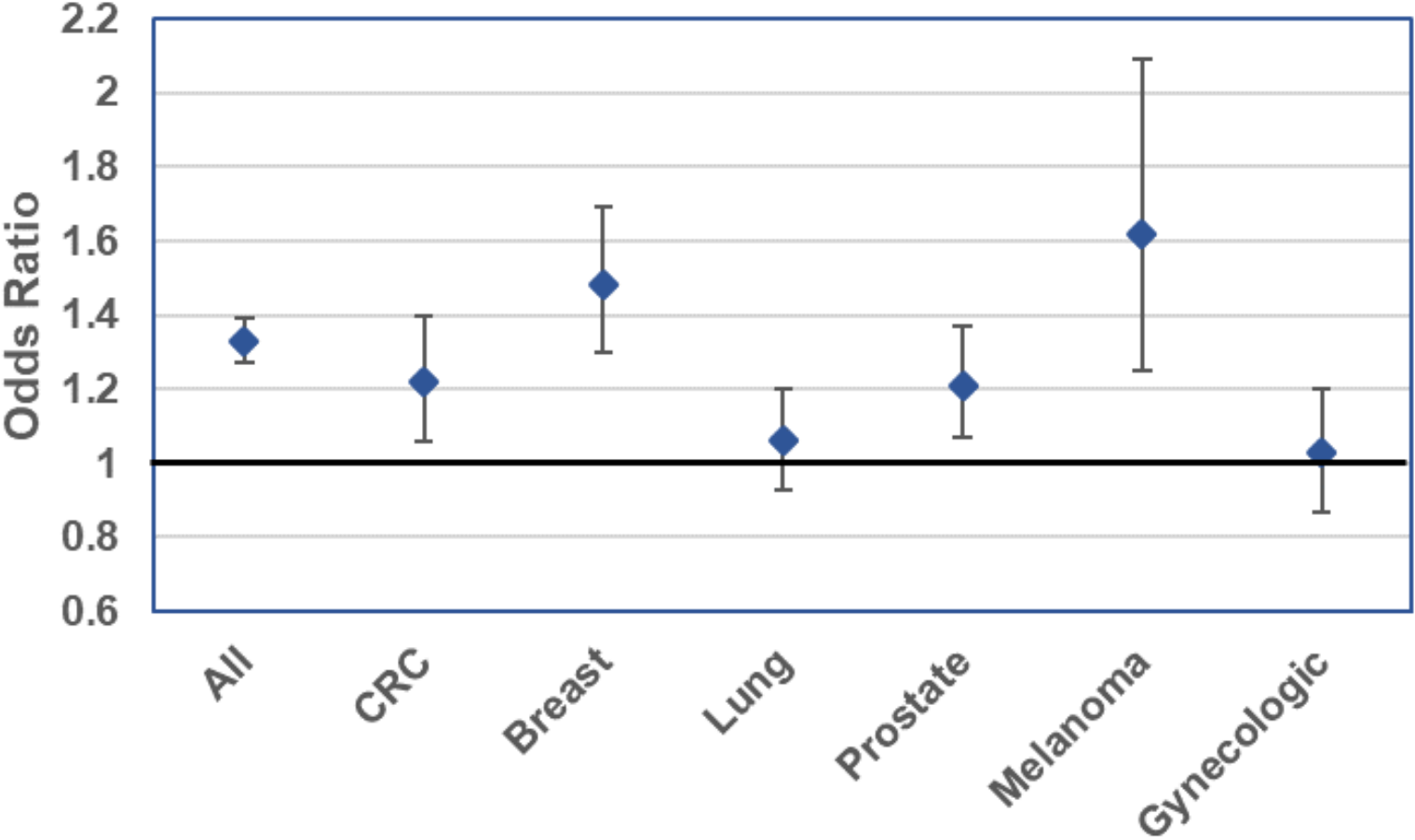
1 in 5 patients are financially fragile at diagnosis

Measured using credit reports 3 months prior to diagnosis, Puget Sound region

Any Adverse Financial Event (AFE): **21.3 %**

Third party collections	18.6%
Charge-offs	2.2%
Delinquent mortgage payments	2.6%
Tax liens	2.6%
Foreclosures	1.1%
Repossessions	1.0%

Financially fragility is associated with later stage diagnosis



Exposure = AFE within 2 years prior to diagnosis

Outcome = later stage (III/IV) cancer diagnosis (vs. early stage I/II)

Adjusted for = age, race, sex, marital status, year of dx, insurance type, area deprivation, rurality

Financial fragility is more common in younger patients and Medicaid enrollees

Measured using credit reports 3 months prior to diagnosis, Puget Sound region

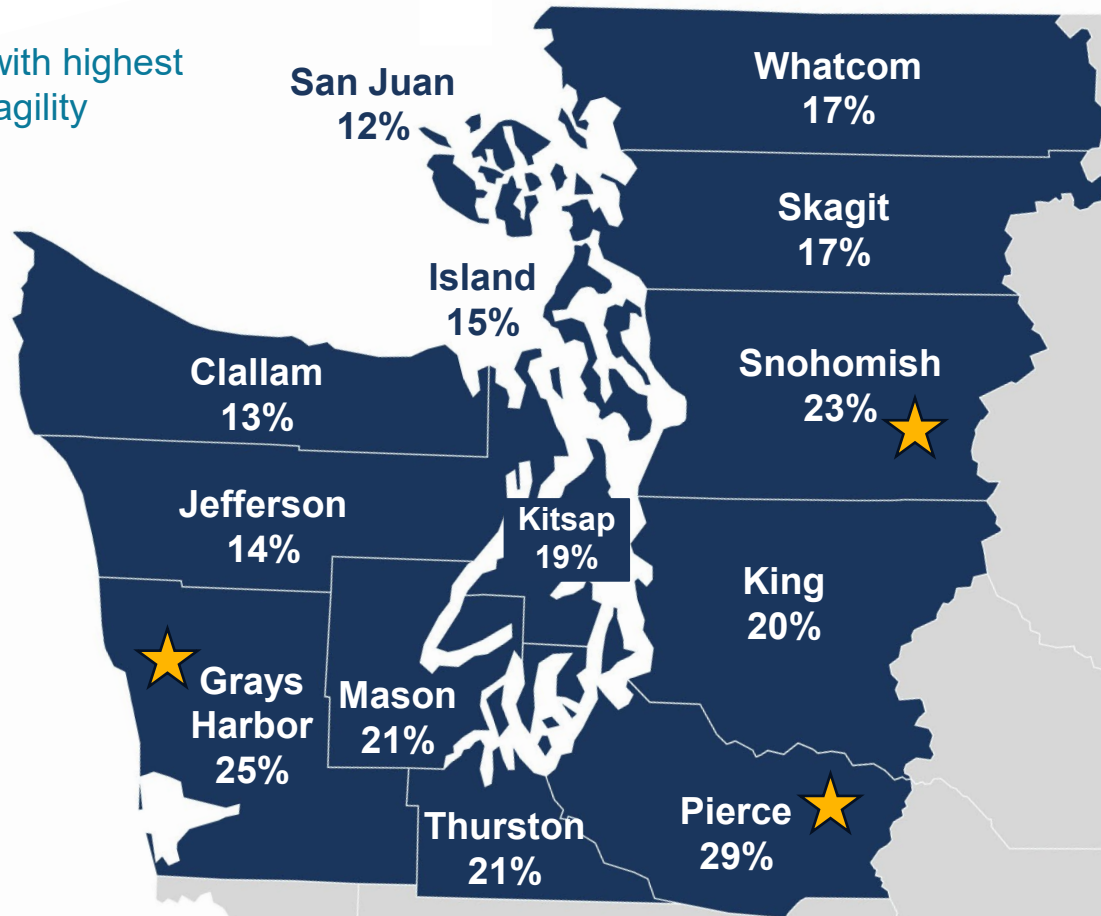
Payer Type	% with AFE
Commercial	17%
Medicaid	55%
Medicare	16%
Multiple	11%

Age	% with AFE
<40	39%
40-49	37%
50-64	28%
65+	13%

Financial fragility varies by county

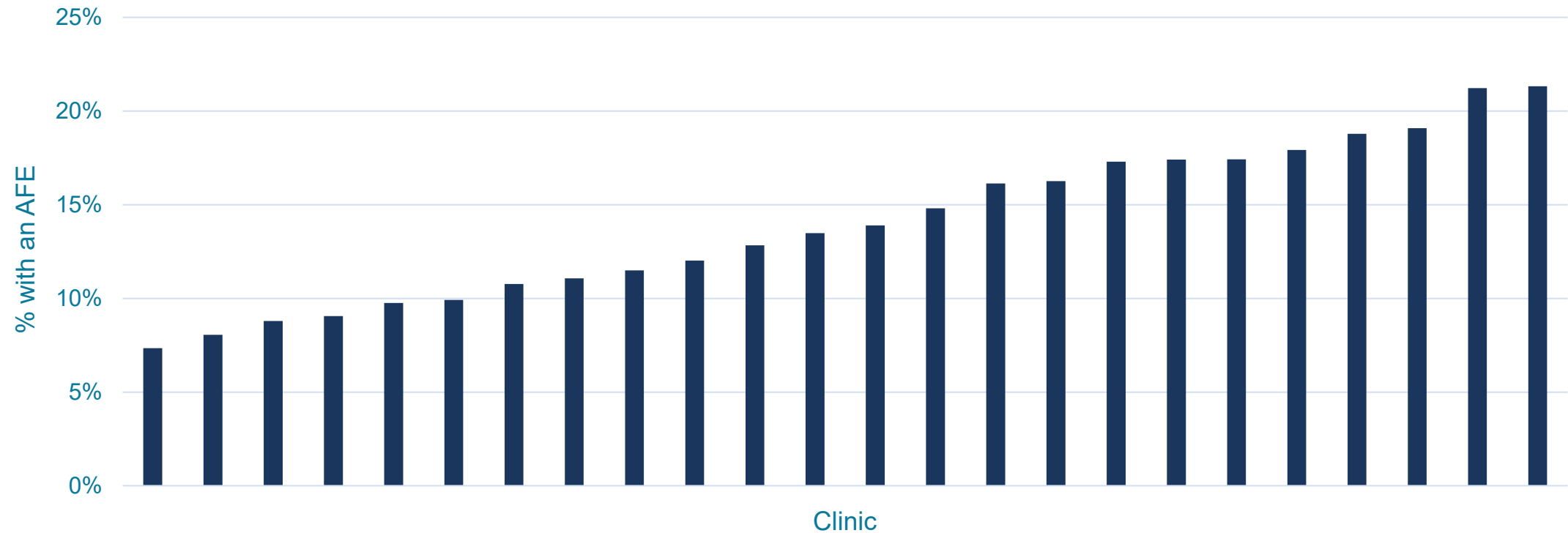
Measured using credit reports 3 months prior to diagnosis

★ Denotes counties with highest rates of financial fragility



Some clinics serve more financially fragile patients than others

Measured using credit reports 3 months prior to diagnosis, Puget Sound region, Patients with commercial and/or Medicare insurance





Community Cancer Care Report

State-Level Metrics: Biomarker and Germline Testing

What are the barriers to accessing biomarker and germline testing?

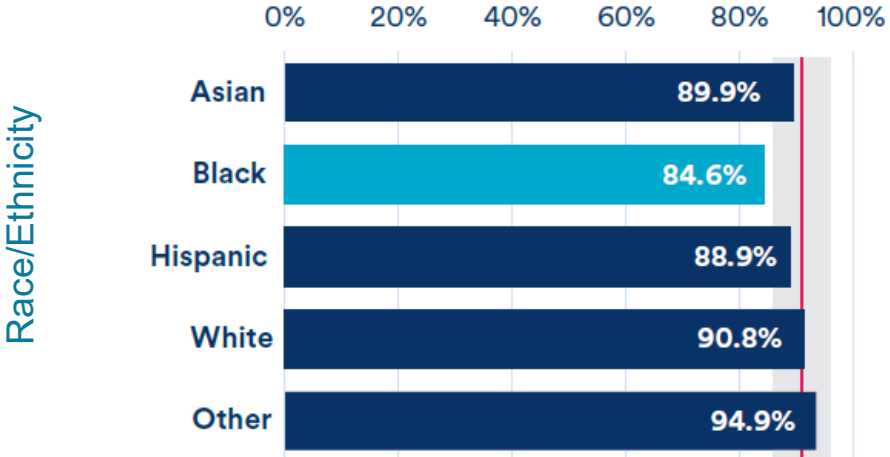
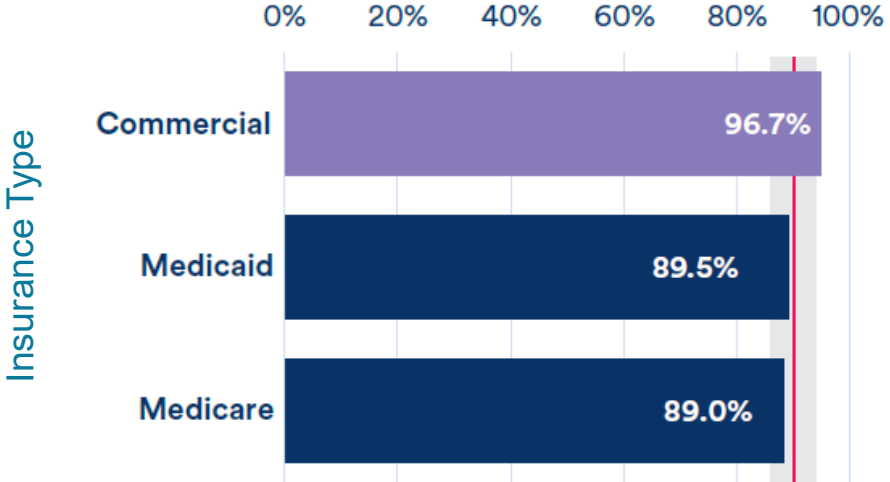
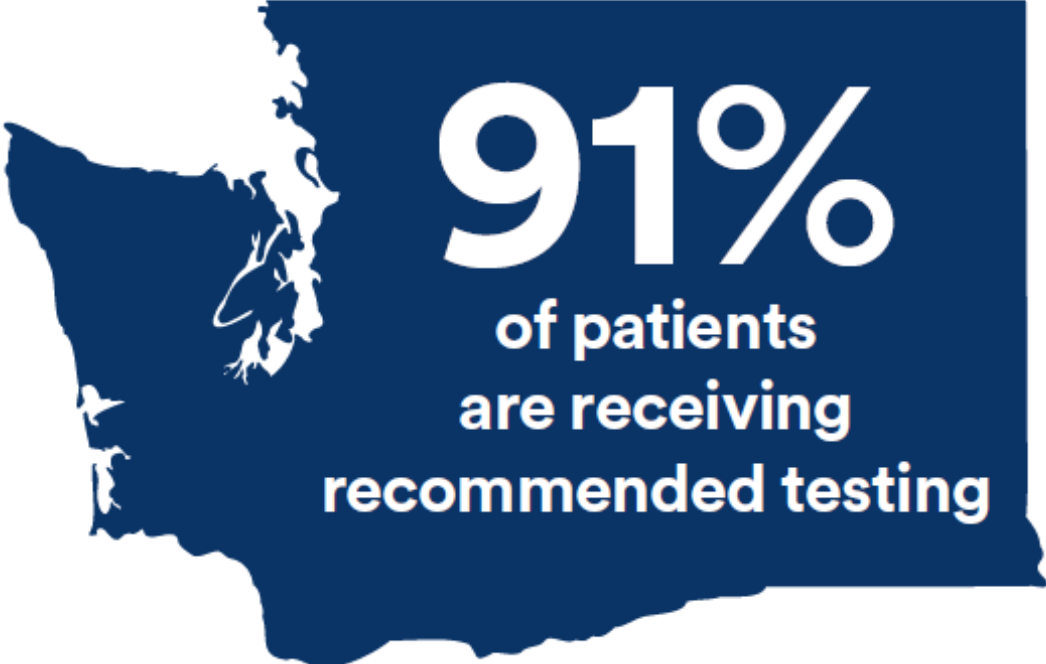
Biomarker testing, or somatic testing, provides information about the tumor and helps make treatment decisions.

Germline testing, or genetic testing, looks for inherited conditions to help guide treatment and inform family of increased risks of cancer.



Community Cancer Care Report: Biomarker Testing at Diagnosis for Metastatic NSCLC

2018-2020, WA State, testing in first four months of diagnosis
Tests included: EGFR, ALK, ROS1, NGS



Potential New Metric: Biomarker Testing at Diagnosis for Metastatic Colorectal Cancer

2017-2022, Puget Sound region

Testing in first six months of diagnosis

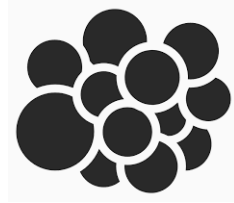
Any Test: **90.0 %**

Tests included:

MSI, MMR IHC, KRAS, NRAS, BRAF, NGS

Payer Type	% with Testing
Commercial	97%
Medicaid	86%
Medicare	88%
Multiple	88%

Community Cancer Care Report: Germline Testing



Breast Cancer
Ovarian Cancer
Pancreatic Cancer
Prostate Cancer

Population



Patients who meet guidelines for germline testing

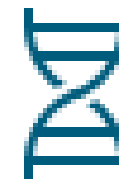
Diagnosed 2018-2020

Testing Period



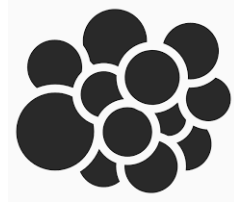
2 months prior through 24 months following diagnosis

Tests



Breast: BRCA1/2
Other: Any germline test

Community Cancer Care Report: Germline Testing



Breast Cancer	Mid 2000s
Ovarian Cancer	Early 2010s
Pancreatic Cancer	Late 2010s
Prostate Cancer	Late 2010s

Recommendations introduced

Population



Patients who meet guidelines for germline testing

Diagnosed 2018-2020

Testing Period



2 months prior through 24 months following diagnosis

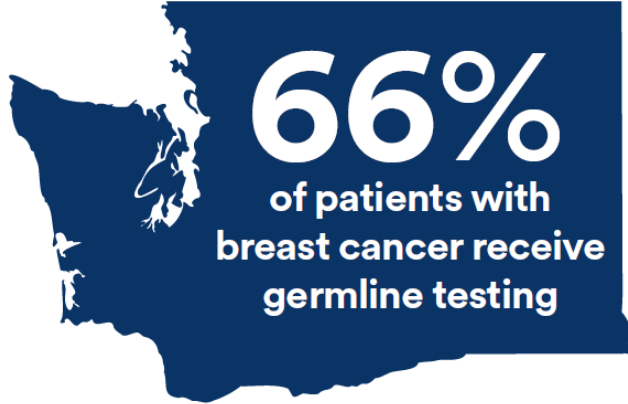
Tests



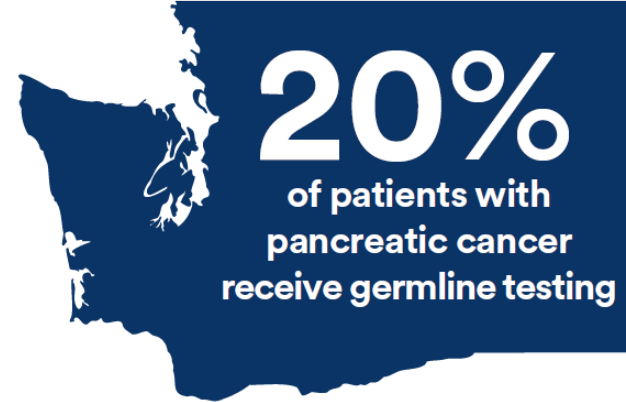
Breast: BRCA1/2
Other: Any germline test

Community Cancer Care Report: Germline Testing

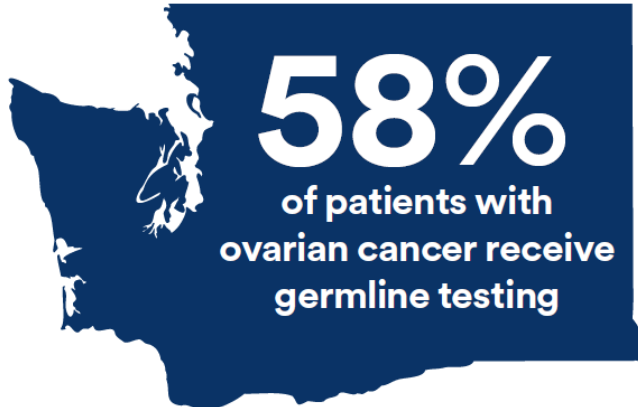
Breast



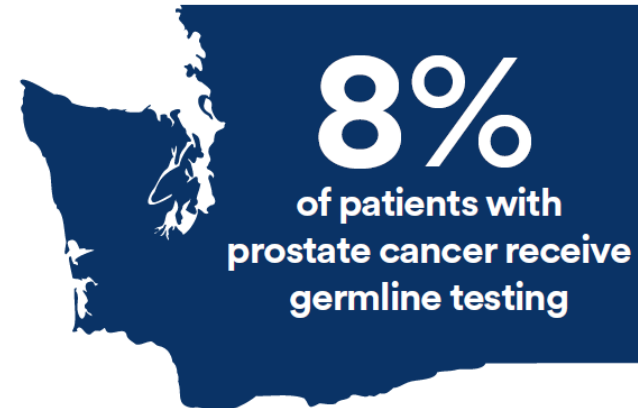
Pancreatic



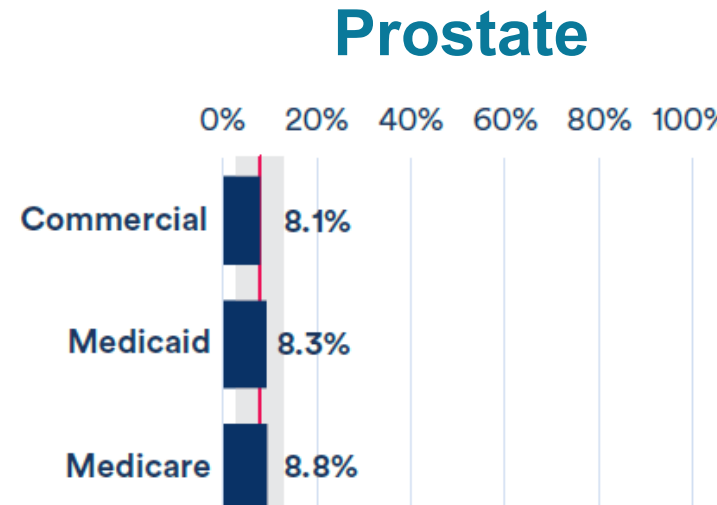
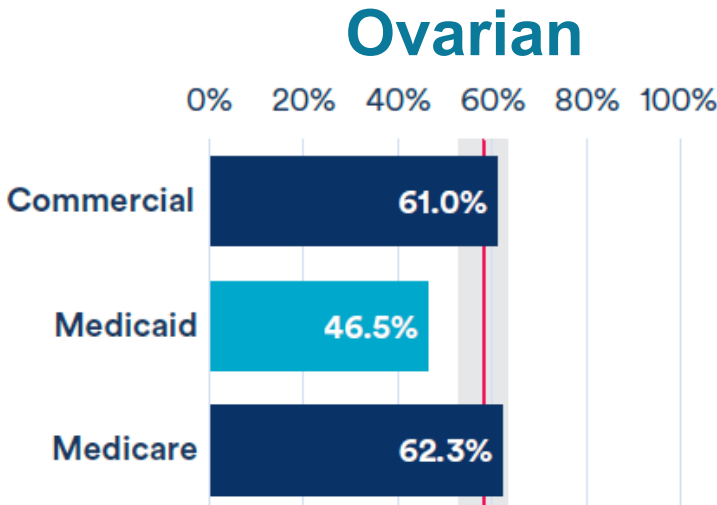
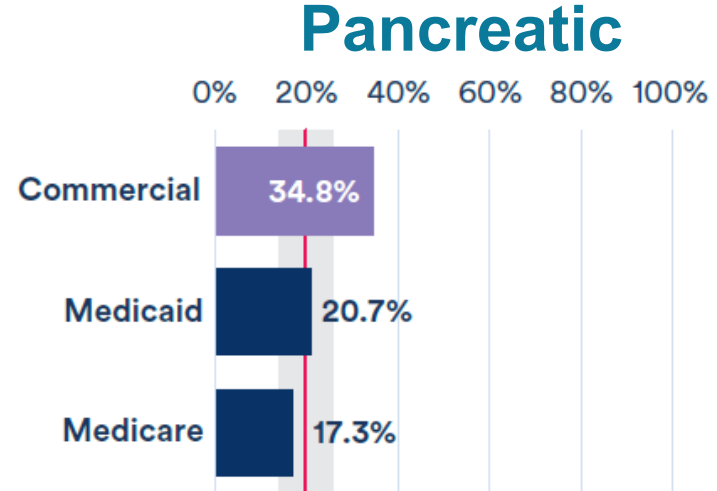
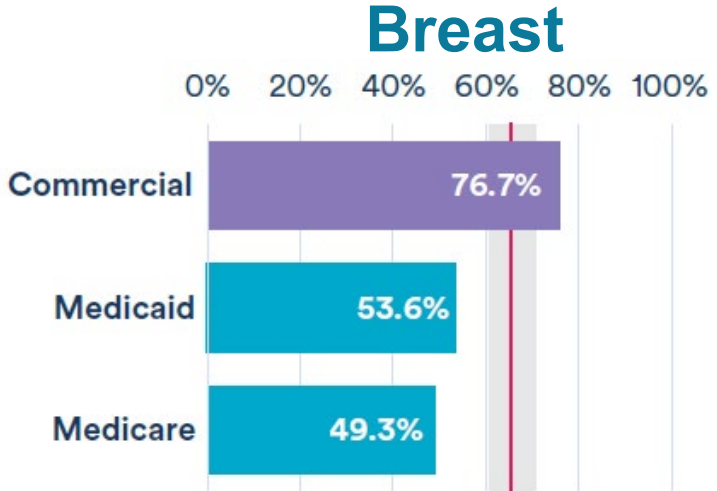
Ovarian



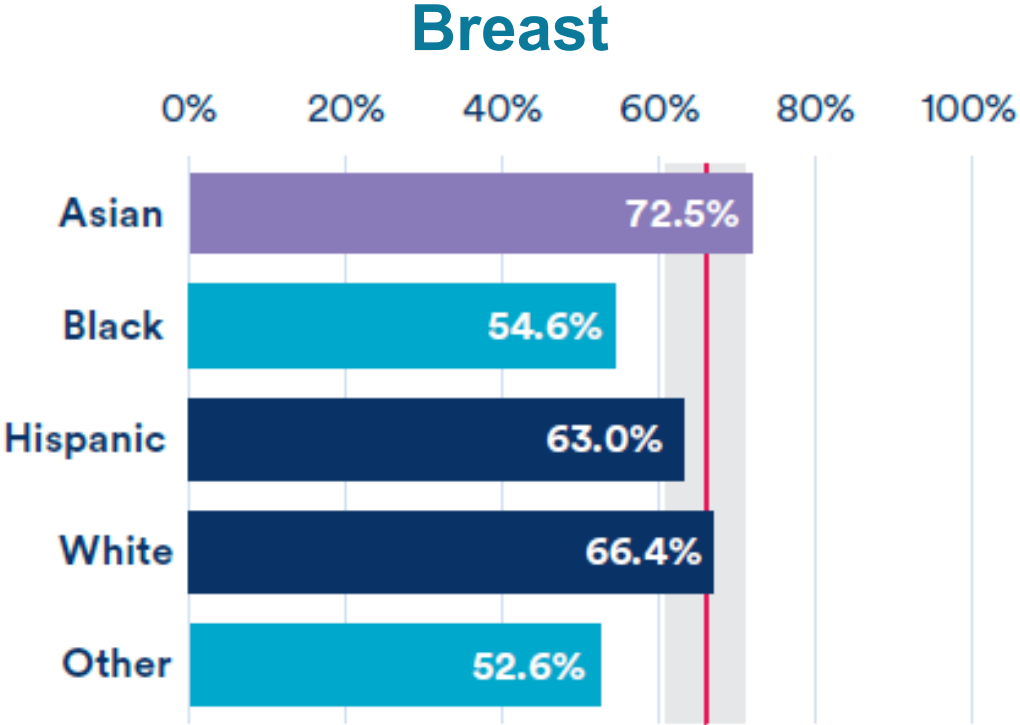
Prostate



Germline Testing – Disparities by Insurance Type

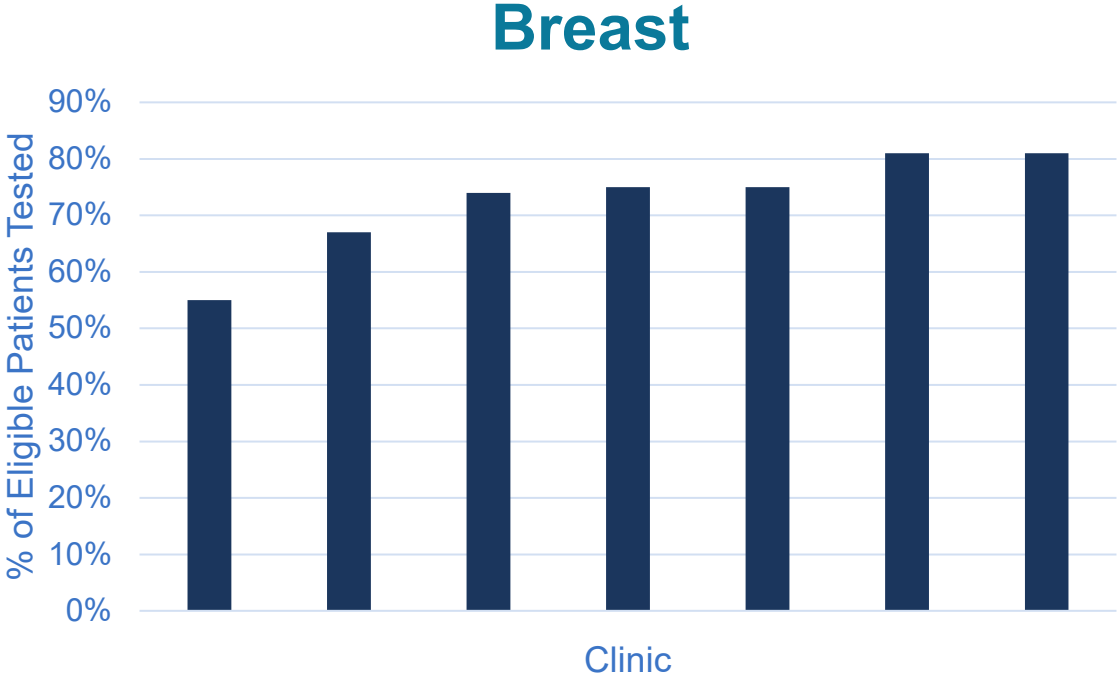


BRCA1/2 Testing – Disparities by Race/Ethnicity



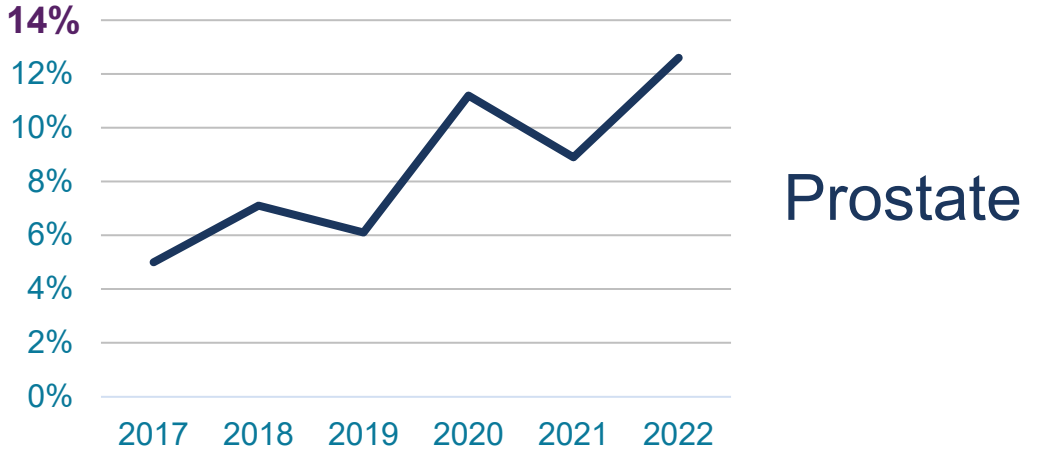
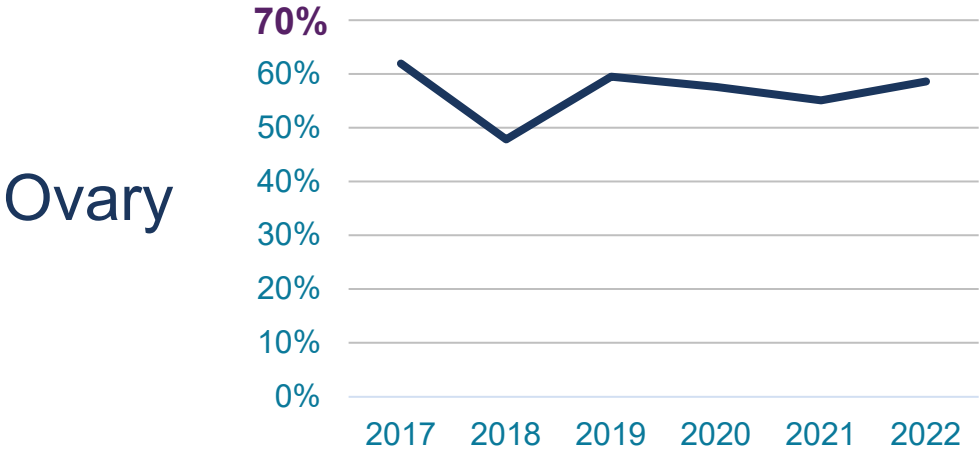
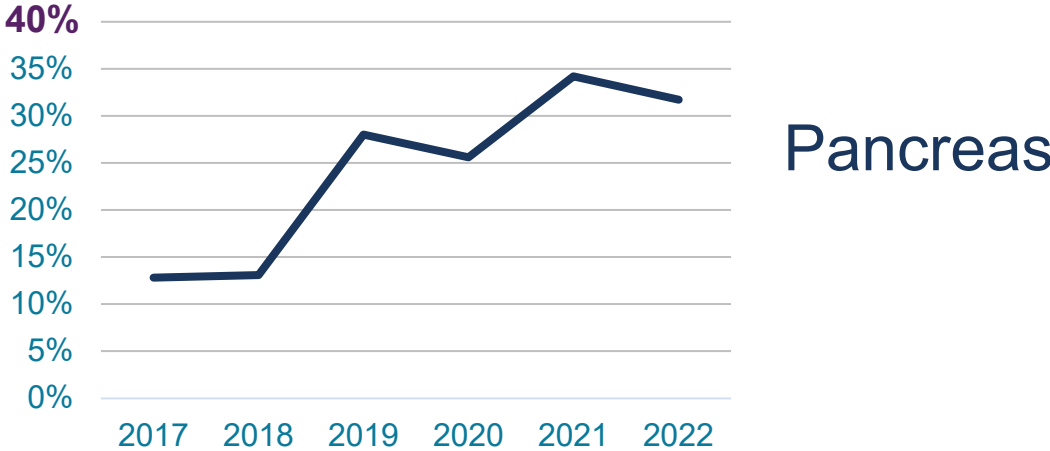
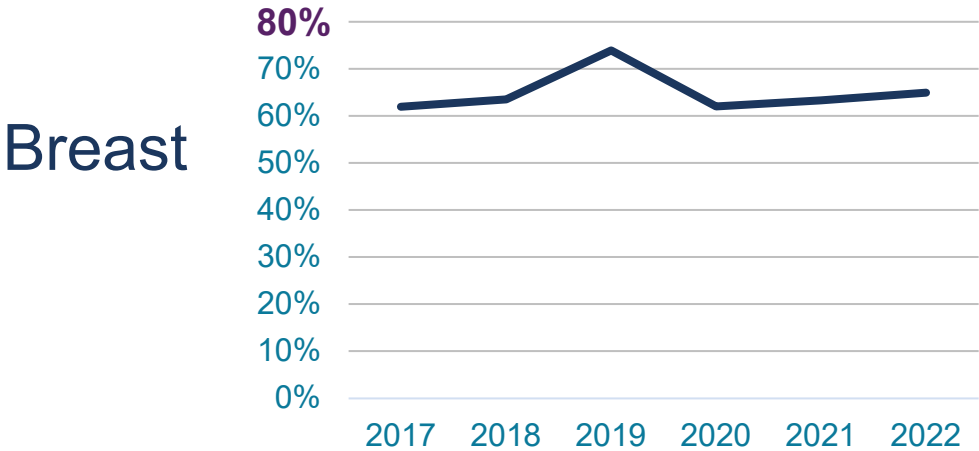
BRCA1/2 Testing – Variability in clinic testing rates

Patients with commercial and/or Medicare insurance, Not risk adjusted, Diagnosis years 2018-2020



Breast/ovarian germline testing is stable, pancreatic/prostate increasing

Puget Sound region, Diagnosis years 2017-2022, Minimum 6 months of enrollment after diagnosis, Testing up to 24 months





Fred Hutch Initiative: Expanding Access to Cancer Research in Washington State

Expanding Access to Cancer Research

VISION

By 2030, 1 in 5 Washington State cancer patients will be enrolled in a research study.

Finding a Better Way: A New Cancer Research Paradigm for our Community

CHALLENGES



For Patients

- Time and financial burden
- Uncertainties about the experience
- Not offered by provider



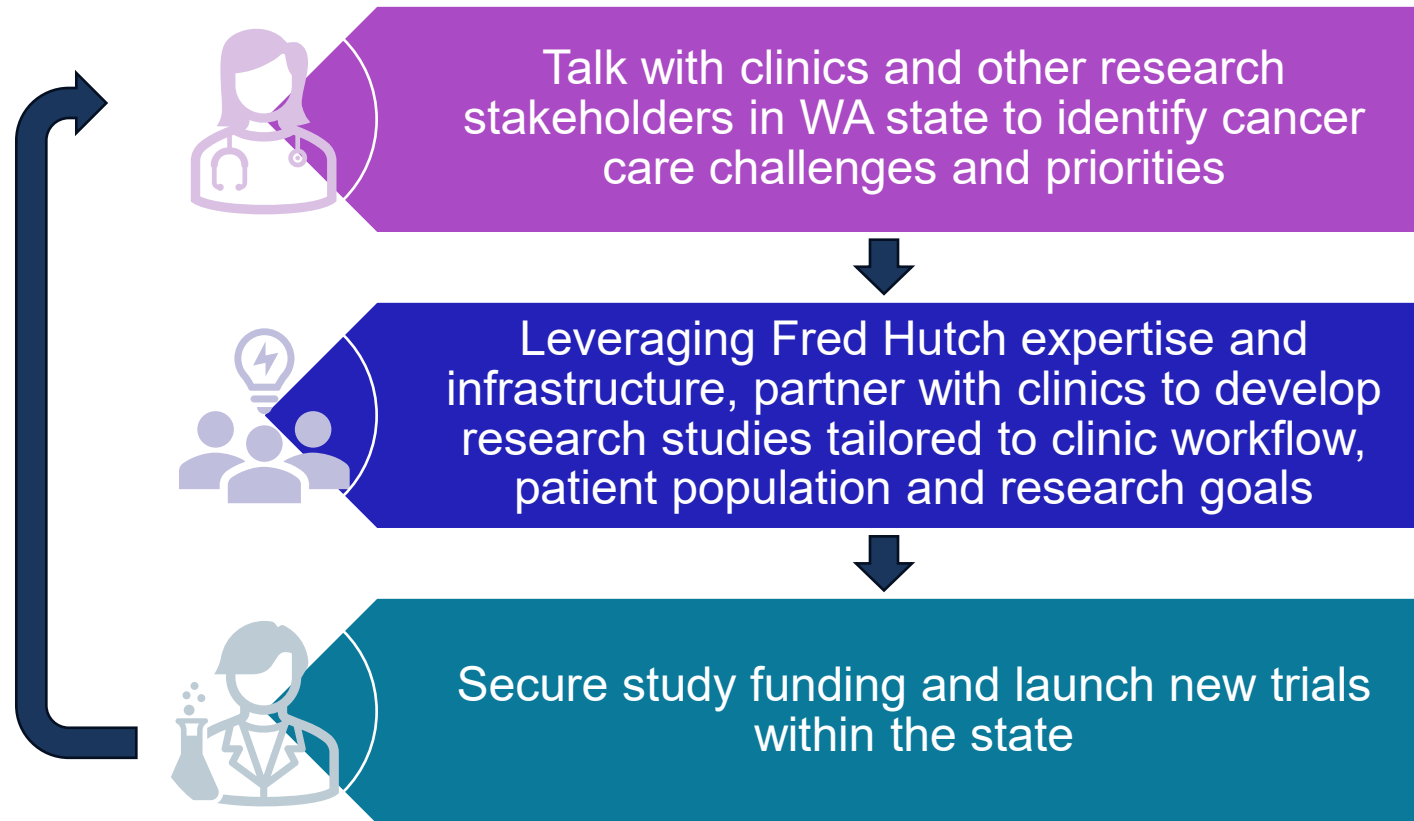
For Oncology Clinics

- Administrative burden
- Financial burden
- Applicability to the patients or practice

SOLUTIONS/PROGRAM GOALS

- Build a research program focused on improving care and the care experience to address clinic challenges and ease the treatment journey for patients.
- Make it easier to conduct and participate in cancer trials for both clinics and for patients.

How We Work



Last year we asked about your cancer care priorities and research interests. This is what you said...

Insurance coverage restrictions are barriers to germline testing

Prior auth requirements for growth factors and generics

Lack of real-time data to inform risk analysis

Ensure access to patients who live in remote settings

Timing of transition to public/private insurance after diagnosis for AI/AN patients

Hospice and palliative care

Patient and family education

Improve long term side effect management

Workup delays to specialists

Mental health support

Education about symptom management



We are launching cancer care delivery pilot studies based on identified community areas of interest

Active or opening soon



PAYMENT



- Limited duration, unrestricted cash payments following a cancer diagnosis could be an efficient and effective means to improve outcomes after a cancer diagnosis.
- Interview community cancer clinics to identify barriers/facilitators to study feasibility and conduct a pilot study in WA to test a randomized intervention of unrestricted payments in a small sample of cancer patients.



DISCOVER



- Assess the relationship between insurance status, health-related social needs, and symptoms during chemotherapy.
- 60 patients with cancer who are undergoing chemotherapy will wear a Fitbit tracker and complete a web-based daily symptoms survey for 4 weeks.



PRO-ACTIVE



- Assess if a virtual fitness program reduces cancer-rated fatigue in patients undergoing radiation for breast cancer.
- Evaluate if patients can be identified and referred to the program via a patient-reported outcomes screening tool.

Looking for clinic partners for a 2025 launch:



Talking about cancer (TAC): study to help advanced cancer patients and their caregivers have advanced care planning discussions

- Assess if the TAC remote training helps patients with advanced cancer and their informal caregivers talk about cancer, treatment and advanced care planning needs
- Evaluate TAC feasibility and acceptability by measuring advanced care planning engagement, participant distress, prognostic understanding and caregiver burden



REGENT Prostate Study: Testing a remote, comprehensive germline genetic testing program for prostate cancer patients

- Assess feasibility, uptake and patient/provider satisfaction of a remote, comprehensive germline genetic testing program that includes video-based patient education, and access to germline genetic testing and genetic counseling, and expert review of results for metastatic cancer patients in WA

Information about the Trials Expansion Protocols



Dr. Hiba Khan

REGENT Prostate Study:
Testing a remote,
comprehensive germline
genetic testing program for
prostate cancer patients



Dr. Erin Gillespie

PRO-ACTIVE: A Remote
exercise program to reduce
radiation related fatigue
during breast cancer
treatment



Karma Kreizenbeck

HICOR Director,
Research and
Partnerships



Kate Watabayashi

HICOR Senior Program
Manager

Summary and Discussion

Financial fragility

- Many of our patients are financially fragile at the time they are diagnosed with cancer.
- **How does your clinic screen for financial health?**

Germline testing

- Overall, testing rates are below goal for breast, ovarian, pancreatic, and prostate cancer.
- **What are barriers and facilitators to testing?**

Trials expansion

- Based on your feedback, we are opening studies testing interventions for symptom management, palliative care, germline testing and financial toxicity.
- **What are cancer research priorities in 2025?**



We want to hear from you!

We invite members of your organization to meet with us to discuss your cancer research priorities, challenges, and interests.

Karma Kreizenbeck (kkreizen@fredhutch.org)

**When we
come
together,
big things
happen!**

