# PSRPNEWS

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# Newsletter of the Population Sciences Research Program at MSK

## Transdisciplinary Population Science Grants Awarded Funds Support Collaborative Studies in Genetics, Cardiotoxicity, Nursing, and Caregiver Needs

Five projects were funded in the 6th round of MSK Transdisciplinary Population Science awards, announced in November.





▲ Jessica Scott (Cardiology) and Pedram Razavi (Medicine) were funded for their proposal, Association between Clonal Hematopoiesis of Indeterminate Potential and Cardiotoxicity in Early-Stage Breast Cancer. This study will use information from MSK's Integrated Mutation Profiling of Actionable Cancer Targets (IMPACT) tumor gene sequencing test to examine whether common somatic mutations are associated with cardiotoxicity in a large cohort of breast cancer patients. Results will help identify novel biomarkers for classifying patients at high risk of cardiotoxicity.



▲ Jada Hamilton (Psychiatry & Behavioral Sciences) and Kenneth Offit (Medicine) were funded for their study, Evaluating Experiences of BRCA 1/2 Mutation Carriers Identified through a Novel Population-Based Genetic Testing Model. The investigators will conduct in-depth interviews with BRCA1/2 mutation carriers to better understand receipt of their genetic test results, decisions about family disclosure, and perspectives regarding the genetic testing process. They will also compare outcomes between women identified through population-based genetic testing and traditional clinical testing.



▲ Andrew Vickers (Epidemiology & Biostatistics), Hans Lilja (Laboratory Medicine, Surgery, Medicine), and Robert Klein (Mt. Sinai) were funded for their study, Integrating SNPs and Biomarkers for Screening Healthy Men for Risk of Dying from Prostate Cancer. In a cohort of more than 6,000 men, the investigators will genotype 140 single-nucleotide polymorphisms (SNPs) associated with prostate cancer prognosis. This information will be combined with an existing prostate-specific antigen panel to develop an algorithm for prostate cancer screening.



▲ Eli Diamond (Neurology), **Katherine Panageas** (Epidemiology & Biostatistics) and **Allison Applebaum** (Psychiatry & Behavioral Sciences) were funded for their proposal, *Defining Supportive Care Needs of Patients with Erdheim-Chester Disease and their Caregivers.* This study will survey 150 patients and their caregivers to learn about quality of life and unmet needs in both groups. Results will help define patient-centered endpoints for clinical care and for therapeutic trials.





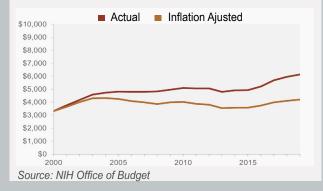
▲ **Talia Zaider** (Psychiatry & Behavioral Sciences) and Ann Marie Mazzella Ebstein (Nursing) were funded for their study, *Advancing Family-Centered Care Nursing Practices in Inpatient Oncology*. This study will evaluate a nurse training intervention designed to promote family-centered care in hospitalized patients with gastro-intestinal cancers. Results will facilitate the development and implementation of a randomized trial.

### NCI Budget Increases in 2019 Includes Extra \$100 Million for Cancer Moonshot

The National Cancer Institute will see a \$179 million increase in fiscal year 2019. The funding was approved with bipartisan support in Congress and signed by the President in September. The legislation includes a \$2 billion total increase for the National Institutes of Health.

More than half of the NCI's budget increase comes from additional funding for the Cancer Moonshot Initiative, \$100 million more than the \$300 million originally appropriated in the 21st Century Cures Act. The total increase brings the NCI's budget up to \$6.14 billion from \$5.96 billion in 2018.

NCI Appropriations, 2000-2019 (in \$ million)



## **PSRP** Grants

Victoria Blinder (Immigrant Health & Cancer Disparities) received an award from MSK's Division of Quality and Safety for "Food to Overcome Outcomes Disparities at the Brooklyn Infusion Center (FOOD-BIC)."

**Rosario Costas-Muñiz** (Immigrant Health & Cancer Disparities) was awarded a K08 from the NCI for her project, "Adaptation and Pilot Feasibility of a Psychotherapy Intervention for Latinos with Advanced Cancer."

Jennifer Leng (Immigrant Health & Cancer Disparities) was awarded an R01 from the National Center on Minority Health and Health Disparities for "SANOS (SAlud y Nutrición para todOS) (Health and Nutrition for All)."

Jamie Ostroff (Psychiatry & Behavioral Sciences) received a P30 administrative supplement award, "Cancer Center Cessation Initiative."

**Talya Salz** (Epidemiology & Biostatistics) received a Research Scholar Grant from the American Cancer Society for "Effectiveness Trial of a Head and Neck Cancer Survivorship Tool."

# **PSRP** Seminars



Aaron Carroll, MD, MS, Indiana University School of Medicine, presented *Evidence Based Policy: An Elusive Goal* on October 9<sup>th</sup>.



**Douglas Robertson, MD, MPH**, Dartmouth School of Medicine, presented *Colonoscopy versus Fecal Immunochemical Testing for the Reduction in Mortality from Colorectal Cancer (CONFIRM) Trial* on October 23<sup>rd</sup>.

Mark your calendar

Dec 1-4American Society of<br/>Hematology<br/>Annual Meeting<br/>San Diego, CADecember 10<br/>3:00-4:00PMPSRP Seminar<br/>Ruth Etzioni, PhD

Fred Hutchinson Cancer Research Center 1275 York Ave, M-107

#### PSRPNEWS EDITORIALSTAFF

Elena Elkin, PhD / Epidemiology & Biostatistics Yessie Werner, Epidemiology & Biostatistics Nidha Mubdi, MPH / Medicine Meghan Woods, MPH / Epidemiology & Biostatistics Claudia Ayash, MPH / Immigrant Health & Cancer Disparities **Aaron Mitchell** is an Assistant Attending in the Department of Epidemiology and Biostatistics, and a medical oncologist in the Genito-Urinary Service in the Department of Medicine. He joined MSK in August after completing oncology fellowship and a MPH at the University of North Carolina-Chapel Hill.

#### What brought you to MSK?

I came here for the opportunity to work in one of the top research environments for oncology health services research and oncology drug pricing. Of all the places I considered going, it felt like the best "match" in terms of other researchers having similar interests to myself. On the clinical side, I also wanted to hyperspecialize



in prostate cancer, and this was the only place that I would be able to do that.

#### What types of studies are you working on?

One of my big areas of interest is oncology payment and reimbursement policy figuring out better ways to reimburse physicians and health care providers for the care that they give. The current way that we do this has some inefficiencies and some perverse incentives. One of my planned projects is going to study accountable care organizations, or ACOs, which are an alternative way to reimburse health care providers. Another branch of my research looks at financial conflicts of interest in health care and specifically within oncology. I define "conflict of interest" broadly to include both conflicts of interest between physicians and drug companies, and also the conflicts of interest that arise when the thing that is in the physician's interest, in terms of greater payment or reimbursement, is not necessarily the best thing for the patient.

#### How is physician reimbursement relevant to patients?

I believe it is directly relevant to patients, because it defines the care they receive. We need to keep incentives in place for physicians to provide necessary care, while removing incentives for services that are less valuable or unnecessary. In some cases, that could mean increasing reimbursement, but it could also mean removing incentives to use a really expensive drug that doesn't help people much. If a physician practice has built its revenue model around using a specific, expensive drug that isn't so beneficial, this could also lead to reductions in reimbursement.

# How do major policy changes, such as the Affordable Care Act, affect your research?

Policy changes are usually very useful in developing new studies. When a policy change happens on a small scale, we can study it and make inferences about what might work on a larger scale. For example, ACOs are a nationwide program that include a significant, but still a relatively small fraction of providers, and approximately 30% of Medicare patients. We can study how care has changed within that group of patients and then say here's what has changed, what hasn't changed, and what we might expect to change, if this were expanded to the remaining 70% of beneficiaries.

#### So it's an exciting time for you now.

Yes, with the ACA and also Medicaid expansion. We see, not unexpectedly, that cancer patients have better outcomes and less adverse financial impact when they are in a state that has expanded Medicaid than in a state that has not. Natural experiments that arise from policy changes allow us to do these sorts of studies and make these sorts of inferences.

#### Has your research influenced your role as a clinician?

I often read the same study as my clinical colleagues and come to different conclusions about clinical trial results. For example, in prostate cancer there are a large number of clinical trials that compare drugs to a placebo control, instead of comparing the new drug to the current standard of care. So we will often get excited about a new drug when we've found that it's better than placebo, but we really haven't answered the question of whether it's better than the companion drug or a drug already on the market, and whether this new agent is truly moving clinical care forward. Another example would be clinical trials that measure surrogate outcomes as their endpoint, such as shrinking tumors or changing a patient's laboratory values by 'X' amount. I tend to want to see longer-term or stronger outcomes, such as patient survival or improvements in quality of life.

# You've been away from NYC for 7 years, since you attended medical school here. Has it changed since then?

Other than a few of my favorite restaurants having closed, and the skyline being taller than it used to be, I think it feels more familiar than it feels different.

#### Any special places or activities you're excited to return to in New York?

Really good food! Especially Chinese food, and pizza. My wife and I have already made a few trips to Flushing, Queens, and there's just no place like that in North Carolina. And we have a list of about 20 pizza places to try. I also run a lot, and I recently found my way to Randall's Island. It's usually a pretty peaceful place to run in the evenings, with a great view of New York in the background.