SOARNEWS

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Newsletter of the Survivorship, Outcomes And Risk Program at MSK

From "Blank Slate" to 12,000 Adult Cancer Survivors

Mary McCabe Reflects on the Evolution of Survivorship Care at MSK

Since 2003, Mary McCabe has led MSK's Cancer Survivorship Initiative. Following the announcement of her retirement, McCabe spoke with the SOAR News, reflecting on more than a decade of advances in the care and study of adult cancer survivors.

Mary McCabe

Q: How did the Cancer Survivorship Initiative at MSK begin?
A: I was recruited in 2003 by then Physician-in-Chief Bob Wittes and MSK President Harold Varmus to start an adult survivorship care program. At the time, there were services for childhood cancer survivors, but no program for survivors of adult cancers. I was given a blank slate, which was exciting but also daunting.

Q: How were you and the new initiative received by physicians at MSK?
A: Many felt that they already provided survivorship care. But in general, we had a lot of support. In developing the initiative, I leaned heavily on the expertise and guidance of our steering committee, which included senior and junior faculty members from all over the institution.

Q: How were things different for cancer survivors before?
A: I can remember the days when we gave people a party on their last day of treatment. We thought we were celebrating something, but many patients said it was the second worst day of their lives, the worst being the day they learned they had cancer. They had no idea what would come next, and they were afraid of being abandoned abandoned by their physicians and nurses now that treatment was over.

Q: Have things changed since then?
A: At MSK we created a nurse practitioner-led model of survivorship care that is widely championed by the physicians whose patients are seen in these clinics. In every service and disease management team where these clinics exist, physician collaborators of the initiative take their role seriously. The survivorship clinics now see more than 12,000 survivors of adult-onset cancers, including bladder, breast, cervical, colorectal, endometrial, esophageal, head and neck, kidney, lung, ovarian, prostate, and thyroid cancers, melanoma, and survivors of blood and bone marrow stem cell transplants.

Q: How has survivorship research advanced survivorship care?
A: We are much more alert to the needs of adult cancer survivors, in particular to the risk of long-term and late effects of cancer treatment. And the patient voice is stronger, so we understand the experiences of survivors better. At MSK, the number of survivorship researchers and the quality of their scholarship is impressive by any measure and compared with any other institution.

Q: What are the next important challenges for survivorship care providers and researchers?
A: On the clinical side, we – at MSK and in general – need to figure out how to establish true collaboration between oncology specialists and primary care clinicians for the co-management of cancer survivors. On the research side, we need to continue to move beyond description of long-term and late effects and identify interventions to reduce them and their detrimental impact on morbidity, mortality and quality of life.

MSK Cancer Survivorship Center leaders: Charles Sklar, Kevin Oeffinger, Mary McCabe

Q: Are you looking forward to retirement?
A: I'm looking forward to spending more time with my family in our home outside of Washington, DC. But I will continue to play a role at MSK, as a consultant in medical ethics. I have a Master's degree in Philosophy and I've co-chaired the Ethics Committee here for the past eight years. I'll be involved in education and training related to medical ethics at MSK and at Columbia.

MSK Hosts Symposium on Statistical and Computational Methods

Experts Discuss Novel Methods for Assessing Pharmacogenetic Epidemiology of Cancer

In August, MSK hosted a symposium, Statistical and Computational Methods for Pharmacogenetic Epidemiology of Cancer, chaired by **Jaya Satagopan** (Biostatistics) and Sanjay Shete of MD Anderson Cancer Center. The two day meeting brought together students, post-doctoral fellows and leading researchers to discuss statistical and computational methods with applications to studies of predictive biomarkers for cancer. Topics included pharmacogenetic studies of complex disorders, risk prediction and risk classification, methods and applications for therapeutic targets, electronic records and software packages, study designs, and gene-treatment interactions. In addition to **Sara Olson** (Epidemiology), who gave the welcome address, SOAR participants included **Malcolm Pike** (Epidemiology), who spoke about modeling hormonal chemoprevention of ovarian cancer, and **Tim Ahles** (Psychiatry & Behavioral Sciences), who discussed the cognitive effects of cancer treatments and the interactions between genetic factors and smoking.

Clockwise from above: Donald Berry (MD Anderson Cancer Center); Christopher Amos (Dartmouth); Sara Olsen; Mithat Gonen (MSK); Jaya Satagopan (MSK); Malcolm Pike (MSK); Nancy Cox (Vanderbilt University)

SOAR Grants

Tim Ahles (Psychiatry & Behavioral Sciences) and colleagues at Georgetown University received an R01 from the NCI for "Older Breast Cancer Patients: Risk for Cognitive Decline."

Helena Furberg Barnes (Epidemiology & Biostatistics) received a 2016 MSK Ludwig Center Basic and Translational Immunology Grant for "Interrogations of the Immunogenomic Microenvironment in Renal Cell Cancer."

Francesca Gany (Immigrant Health & Cancer Disparities) was awarded a grant from the Aetna Foundation Inc. for "Taxi BP Meter."

Jennifer Leng (Psychiatry & Behavioral Sciences) received an R03 from the NCI for "Informing the Adaptation of a CHW Model to Facilitate Lung Cancer Screening for Chinese Taxi Drivers."

Jamie Ostroff (Psychiatry & Behavioral Sciences) received two grants from the NCI: an R01 for "Tobacco Treatment for Smokers Seeking Lung Cancer Screening" and an R21 for "Provider Training in Empathic Communication Skills to Reduce Lung Cancer Stigma."

SOAR Seminar

Aaron Kesselheim, Harvard Medical School, presented *Balancing Speed vs Evidence in Cancer Drug Development* on May 11th.

Mark your calendar

September 13	**SOAR Seminar** Ann Zauber, PhD Memorial Sloan Kettering Cancer Center
October 18-22	**American Society of Human Genetics Annual Meeting** Vancouver, BC
October 23-26	**Society for Medical Decision Making Annual Meeting** Vancouver, BC
October 29 - November 2	**American Public Health Association Annual Meeting** Denver, CO

Overuse in Cancer Care

Study Reveals Importance of Physician Behavior

Allison Lipitz-Snyderman

Variation in overuse of oncology services is explained more by physician proclivity than by differences between patients, according to a study by **Allison Lipitz-Snyderman** (Health Outcomes). Using the population-based SEER-Medicare dataset, Lipitz-Snyderman and her colleagues found that a patient was significantly more likely to receive a nonrecommended service if her physician's prior patient received the same service. The study was published online in *JAMA Internal Medicine* in August.

In Medicare claims, the authors identified services considered unnecessary or potentially harmful according to the American Board of Internal Medicine's *Choosing Wisely* Campaign. Nonrecommended services included advanced imaging for staging of low-risk breast and prostate cancers and for post-treatment surveillance in breast cancer; intensity-modulated radiation therapy (IMRT) in breast conservation therapy; and extended radiotherapy for palliation of bone metastases. Physicians exhibited consistent behavior in the use of these services, independent of patient characteristics. Past behavior had the greatest impact on the use of IMRT (adjusted odds ratio 24.9 if the prior patient received the service), followed by advanced imaging for early prostate cancer staging (adjusted OR 3.90) and early breast cancer staging (adjusted OR 3.02). Associations were smaller but significant for extended fractionation in palliation of bone metastases (adjusted OR 1.48) and advanced imaging after breast cancer treatment (adjusted OR 1.12).

Asked about the importance of these findings, Lipitz-Snyderman said that in order to reduce overuse of nonrecommended services, we need to understand the factors driving physician behavior. While prior studies documented variation in service use at the population level, the current study shows how habit and past behavior influence the practice patterns of individual physicians. Lipitz-Snyderman expressed optimism about efforts to reduce overuse, saying, "the issue has come to the forefront of attention for physicians and the public. *Choosing Wisely* was a starting point, increasing awareness." She added that addressing overuse is critical to both controlling escalating healthcare costs and to reducing avoidable patient harm. She cautioned that there is no single solution to the problem, but that a variety of approaches will be necessary to change physicians' behavior and make meaningful improvements in important outcomes.

SOAR Honors

- **Bill Breitbart** (Psychiatry & Behavioral Sciences) will receive the 2017 American Cancer Society Trish Greene Quality of Life Award.
- **Elena Elkin** (Health Outcomes) was named a 2016-2017 Robert Wood Johnson Health Policy Fellow.

MSK Implements Clinical Research Changes

New Plan Will Centralize Research Administration

Following a six-month development process, MSK began implementing its Clinical Research Administration (CRA) Optimization plan this summer. According to presentations given in August at two MSK Town Hall meetings, the plan aims to further MSK's goals of accommodating the growing number and complexity of clinical trials conducted at the institution; expanding patient accrual at regional sites and within the MSK Cancer Alliance; reducing time to protocol activation; and optimizing relationships with commercial partners.

In addition to centralizing a number of key research administration functions, the plan also reorganizes the CRA infrastructure in two units: the Clinical Research Compliance Office, led by Collette Houston, and the Clinical Research Operations Office headed by Dorothy Damron. The former will oversee quality assurance, regulatory oversight, protocol review and approval, and human subjects protection, while the latter will oversee protocol operations and core services, clinical research information systems, research administration, and education and outreach.

The CRA Optimization plan was developed with extensive input from faculty and staff in numerous departments and divisions. The plan's Steering Committee, which included Jamie Ostroff (Psychiatry & Behavioral Sciences), was guided by the input of eight working groups that addressed specific areas of research administration. Working group members were charged with identifying services that could and should be centralized, recommending which units should be responsible for centralized services, and providing suggestions for making centralized services more efficient and effective. Based on the working groups' and Steering Committee's recommendations, MSK's research leadership is currently developing a roadmap for further changes, which will be implemented in the coming years.

Final reports of the eight CRA Optimization working groups are available to the MSK community on OneMSK.