Update to the National Cancer Advisory Board and the NCI Board of Scientific Advisors

November 29, 2017
Mission

The Panel shall monitor the development and execution of the activities of the National Cancer Program, and shall report directly to the President.

Any delays or blockages in the rapid execution of the Program shall immediately be brought to the attention of the President.

Authority: 42 U.S.C. 285a-4; Sec. 415 of the Public Health Service Act, as amended
Members

Barbara K. Rimer, DrPH
Univ. of North Carolina at Chapel Hill

Hill Harper, JD
Cancer Survivor, Actor, and Best-Selling Author

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*Service until August 2017
Overview

- 2012-2013 Report to the President – UPDATE
  Accelerating HPV Vaccine Uptake: Urgency for Action to Prevent Cancer

- 2016 Report to the President
  Improving Cancer-Related Outcomes with Connected Health

- 2016-2017 Series and Report to the President
  Ensuring Patients’ Access to High-Value Cancer Drugs
Continued Impact of HPV Vaccination Report

- National HPV vaccination coverage rates for adolescents aged 13-17 in 2015: **65%** for females and **56%** for males\(^1\).
- Advisory Committee on Immunization Practices now recommends a 2-dose schedule with 9-valent HPV vaccine (Dec 2016)\(^2\).
- NCI RCT to evaluate protection against cervical cancer with 1 dose (versus 2 doses) of HPV vaccine\(^3\).

Series Co-Chair
David K. Ahern, PhD
- Director, Program in Behavioral Informatics and eHealth, Brigham and Women’s Hospital
- Special Advisor, Division of Cancer Control and Population Sciences, National Cancer Institute

Series Co-Chair
Bradford W. Hesse, PhD
- Chief, Health Communication and Informatics Research Branch, Division of Cancer Control and Population Sciences, National Cancer Institute
WHAT IS CONNECTED HEALTH?
Connected health is the use of technology to facilitate the efficient
and effective collection, flow, and use of health information.

FOCUS ON CANCER
Cancer prevention and care depends on access to accurate and complete information, as well as
extensive coordination among patients, caregivers, and care teams.

WHAT CONNECTED HEALTH INVOLVES

<table>
<thead>
<tr>
<th>INTEROPERABILITY</th>
<th>enabled by health IT systems that communicate with one another, exchange data, and use information</th>
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<tbody>
<tr>
<td>INDIVIDUALS</td>
<td>empowered to access and manage their own health information and participate actively in their care</td>
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<tr>
<td>CANCER WORKFORCE</td>
<td>supported by federal programs and health IT tools in providing patient-centered, high-quality care</td>
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<td>INTERNET ACCESS</td>
<td>to support participation of all individuals and healthcare providers in connected health</td>
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<tr>
<td>DATA SHARING &amp; INTEGRATION</td>
<td>to improve care, enhance surveillance, and advance research</td>
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TECHNOLOGY IS CHANGING HOW WE MANAGE HEALTH
84% OF U.S. ADULTS USE THE INTERNET

84% OF HOSPITALS IN 2015 HAVING A BASIC ELECTRONIC HEALTH RECORD SYSTEM VS. 9% IN 2008

Read the President’s Cancer Panel report Improving Cancer-Related Outcomes with Connected Health:
prezmetro.com/cancer
Report Recommendations: Five Priority Areas

1. **Individuals, Patients, and Caregivers**
   - Tools to support engagement
   - Processes to fix medical record errors
   - Tools to identify clinical trials

2. **Oncology Workforce**
   - Federal incentives to promote health IT
   - More-useable EHR interfaces
   - Tools tailored to workforce needs

3. **Interoperability**
   - Nationwide, interoperable health IT system
   - Technical standards for cancer information
   - Open, standard API platforms

4. **Data Sharing and Integration**
   - Learning healthcare systems
   - Enhanced cancer surveillance
   - Knowledge networks for cancer research

5. **Internet Access**
   - Individuals
   - Providers and healthcare organizations
Objective 1: Enable Interoperability

- **Action Item 1.1**: Health IT stakeholder groups should continue to collaborate to overcome policy and technical barriers to a nationwide, interoperable health IT system.
- **Action Item 1.2**: Technical standards for information related to cancer care across the continuum should be developed, tested, disseminated, and adopted.
- **Action Item 1.3**: Standard, open API platforms should be developed and used to facilitate development of cancer-related apps.
Objective 2: Enable Individuals to Manage and Participate in Their Care

- **Action Item 2.1:** Develop and validate interfaces and tools that support individuals’ engagement in their care across the cancer continuum.
- **Action Item 2.2:** Organizations should develop processes that enable individuals to flag perceived errors in their medical records and ensure that responses are provided and appropriate changes are made in a timely manner.
- **Action Item 2.3:** Create tools and services that help individuals identify cancer-related clinical trials appropriate for their particular situations.
Objective 3: Support the Oncology Workforce

- **Action Item 3.1:** Federal incentive programs should promote use of health IT to enhance provider delivery of high-quality, patient-centered care.
- **Action Item 3.2:** EHR vendors and healthcare organizations should employ human-centered design principles to ensure that EHR interfaces are intuitive and aligned with providers’ workflows.
- **Action Item 3.3:** Develop and test tools and interfaces, including apps, tailored to needs of the oncology workforce.
Objective 4: Ensure Adequate Internet Access

- **Action Item 4.1**: Support initiatives and programs to ensure that everyone in the United States has adequate Internet access if so desired.
- **Action Item 4.2**: Support initiatives and programs to ensure adequate Internet access for all healthcare providers and organizations.
Objective 5: Facilitate Data Sharing and Integration

- **Action Item 5.1:** Use learning healthcare systems to support continuous improvement in care across the cancer continuum.
- **Action Item 5.2:** Use health information technologies to enhance cancer surveillance.
- **Action Item 5.3:** Integrate data from various sources to create knowledge networks for cancer research.
High-Priority Research Areas

- Improve understanding of how connected health can enable effective teamwork in healthcare.
- Identify strategies to enhance individuals’ engagement in their healthcare.
- Develop approaches for using data from connected devices in meaningful ways to enhance clinical care.
Conclusions

1. People, not technologies, must be at the center of connected health for cancer.
2. Timely access to data is imperative.
3. A culture of collaboration will accelerate progress.
Continued Impact of Connected Health Report

- 21st Century Cures Act
  - Contains stipulation against data blocking
  - Encourages usability for Health I.T.

- Multiple presentations of report given by series Co-Chairs Brad Hesse and David Ahern since its release¹.

Ensuring Patients’ Access to High-Value Cancer Drugs
Series Co-Chair
Gary Gilliland, MD, PhD
- President and Director, Fred Hutchinson Cancer Research Center

DCCPS Liaison
Ann Geiger, PhD, MPH
- Deputy Associate Director, Healthcare Delivery Research Program, Division of Cancer Control and Population Sciences, National Cancer Institute
Innovations in cancer therapy are transforming treatment.

It is critical that the U.S. continue to encourage and reward pharmaceutical innovation.

We need involvement from all the relevant stakeholders, e.g. biopharmaceutical industry, patients, payers, providers, health care systems and others.

We aimed to avoid demonizing any of the stakeholders.
Accessing needed drugs is increasingly difficult for some patients.

Panel examined factors influencing drug cost and pricing, including:

- use of rational pricing models,
- rising prices of cancer therapies (esp. combination therapies), and
- streamlining clinical development processes.
Precision cancer medicine holds remarkable disease treatment potential.

Now is the time to put in place policies and strategies to assure that patients are not prohibited on the basis of finances from benefiting from precision medicine.

Solutions should support affordability and access without sacrificing quality or innovation.

Workshop goal was to identify key actions that could:
- streamline drug development and approval processes,
- lower R&D costs, and
- ensure patients’ access to high-value cancer drugs.
Workshop #3: Pricing and Payment Strategies for Cancer Drugs: Maximizing Patients’ Access to Beneficial Therapies

We should understand value in the context of cancer treatment.

Strategies should be developed to reduce financial toxicity for patients—reflecting all costs of cancer care—not only drug costs.

Workshop participants reviewed key factors influencing drug pricing and payment, including:

- increased competition in the form of generic drugs and biosimilars,
- increased access to information about costs and decision support tools, and
- insurance benefit designs that protect the patient.
Navigating the Era of High-Cost Cancer Drugs: An Urgent Call to Promote Value, Ensure Access, and Minimize Financial Toxicity: A Report to the President

- Report content/web design will be finalized soon.
- Publication expected February, 2018.
- Panel to make recommendations that will address several guiding principles:
  - Cancer drug prices should be aligned with value to patients.
  - Cost should not be a barrier to appropriate cancer care.
  - Continued investments in science will drive essential future innovation.
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