NCCN Roundtable Considers the Changing Oncology Landscape: Evolution or Revolution?

An expert panel explored the changing state of oncology, as it pertains to current disparities in the quality and value of cancer care, the implementation of big data, and the shift to more personalized care and advanced care planning.

FORT WASHINGTON, PA — The National Comprehensive Cancer Network® (NCCN®) hosted its second roundtable of the NCCN 18th Annual Conference: Advancing the Standard of Cancer Care™ titled, The Changing Oncology Landscape: Evolution or Revolution?, on Friday, March 15, 2013. An expert panel of physicians, moderated by Clifford Goodman, PhD, The Lewin Group, discussed the ever-evolving oncology landscape, as it pertains to current disparities in the quality and value of cancer care, the implementation of big data, and the shift to more personalized care and advanced care planning.

The expert panel represented a variety of stakeholders in health care and oncology today. The panelists included Roy Beveridge, MD, Chief Medical Officer, McKesson Specialty Health; John Fox, MD, MHA, Associate Vice President of Medical Affairs, Priority Health; Susan A. Higgins, MD, MS, Associate Professor, Department of Radiation Oncology, Yale University School of Medicine; Martin Kohn, MD, MS, Chief Medical Scientist, Care Delivery Systems, IBM Research; John J. “Jack” Mahoney, MD, MPH, Chief Medical Officer, Florida Health Care Coalition; Lee N. Newcomer, MD, MHA,
Senior Vice President, Oncology, Genetics and Women’s Health, UnitedHealthcare; and Andrew von Eschenbach, MD, President, Samaritan Health Initiatives.

Dr. Goodman initiated the roundtable by stating, “Certainly, this landscape is shifting beneath our feet. These are unsteady times.” He opened the discussion by asking the panelists to touch on the disparities present in oncology today.

Dr. Higgins, an oncologist specializing in ovarian and breast cancers, explained the differing epidemiology across varying socioeconomic demographics and describing how, as a doctor in the richest state in the nation, she still sees patients with stage 4 breast cancer, which, she notes, is “really a third-world disease.”

Dr. Mahoney agreed with Dr. Higgins’ statement, saying, “It’s become more acute that lately...companies are hiring again and the people they are hiring have a higher risk profile than the population that’s been there for a while.” He noted that for this new population, the rates of heart disease and diabetes are higher, and patients are presenting with further cancer progression. “It’s a reflection of the fact that in an economic downtime, people bypass preventative care.”

Moving from disparities in oncology, Dr. Goodman asked Dr. Fox, “What are the things we need to be doing to improve cancer care and outcomes?”

“There are a host of experiments going on in the country that are focused on how we pay for cancer care...How do we pay for better outcomes and what outcomes are valuable?” said Dr. Fox. “In our way of thinking, the outcomes that are most valuable are those that are most valuable to patients.” He went on to discuss the importance of advanced care planning and the effect that palliative care, combined with chemotherapy, has in extending the life of patients.
“Are we delivering the right mix of services to cancer patients?” Dr. Goodman asked Dr. Higgins.

She noted that there needs to better training for physicians on how to talk to their patients about their wishes as a means of providing them with better value and quality of life. “The idea of service is losing traction as far as how we identify as physicians,” Dr. Higgins continued. “It is being overlooked—in terms of training—we are thinking more about performance-based issues that are not related to talking, to discussion, and to really being able to have a really effective discussion with patients about their wishes.”

Dr. von Eschenbach suggested that physicians require more diverse preparation in order to provide appropriate services to the survivor population: “We are not preparing as much for success and we are seeing more and more of a need for rehabilitation to be part of that continuum of care. We are seeing a lot of morbidities emerge now with cancer survivors and that’s going to be a part of the cost and part of the continuum of appropriate oncologic care.”

The conversation turned to the need for outcomes data, defined quality, and personalized medicine as Dr. Goodman questioned the panel about cancer big data.

Dr. Kohn kicked off the discussion by describing Watson, the natural language processor that IBM is programming to assist oncologists with treatment. He later explained, “Big data isn’t just lots of data. It’s often described as being characterized by the four V’s, which is Volume, Velocity, Variety, and Variability. You need to be able to deal with the four of those V’s if you’re going to do anything useful with the information.”

“The whole concept of big data is crucially important but I look at it as an attempt to change how we look at quality in the care that we render,” said Dr. Beveridge. “So, currently, when we look at quality that is based on processes—and I would submit that
quality means to move from process to outcomes—I think this amalgamation of data is going to allow us to get to understanding what outcomes are. Once we get there, then I think we have, collectively, a definition of quality, which I think is good for everyone.”

“What you are going to get out of big data are a lot of hypotheses that need to be tested,” said Dr. Newcomer. “But, you’re going to get good hypotheses that help you find a better population of patients for a given treatment.”

Dr. Goodman rounded out the conversation by asking the panel to describe the “brave new world” of cancer care. “What is it about the current system and where we need to go that will transform cancer care now, on top of this changing landscape?” he asked Dr. von Eschenbach.

“As physicians, we work and practice in disciplines, but from a patient’s point of view…it isn’t the discipline that’s important to them, it’s the solution to their problem,” said Dr. von Eschenbach. “What’s of value to the patient is not my surgery or someone else’s radiation therapy or chemotherapy. What’s important to them is a solution to their problem. And that, in these complex diseases, almost invariably now requires the interoperable integration of these components.” He continued by explaining that collaboration between all parties in cancer care is essential and that the world’s leading cancer centers must work together in constructive competition.

In closing, Dr. Goodman asked the panel to consider the most volatile areas of oncology care today and how they could affect the future: “It’s 2020 and we’re here…it got worse. What did we do wrong? What did we miss?”

The panelists responded with a range of possibilities, including the inability to collaborate to align incentives, control cost and eliminate waste, and failure to express the value proposition well enough to overcome political opposition.
“I’m not going to look backwards,” said Dr. Newcomer. “We can collaborate, and we can be stewards, and we can solve this problem.”

The full conference agenda is available at NCCN.org. Press inquiries and requests for interview should be addressed to Katie Kiley Brown at brown@nccn.org.

About the National Comprehensive Cancer Network

The National Comprehensive Cancer Network® (NCCN®), a not-for-profit alliance of 23 of the world’s leading cancer centers devoted to patient care, research, and education, is dedicated to improving the quality, effectiveness, and efficiency of cancer care so that patients can live better lives. Through the leadership and expertise of clinical professionals at NCCN Member Institutions, NCCN develops resources that present valuable information to the numerous stakeholders in the health care delivery system. As the arbiter of high-quality, high-value cancer care, NCCN promotes the importance of continuous quality improvement and recognizes the significance of creating clinical practice guidelines appropriate for use by patients, clinicians, and other health care decision-makers. The primary goal of all NCCN initiatives is to improve the quality, effectiveness, and efficiency of oncology practice so patients can live better lives.

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