

# National Alliance Oncology Initiative

Module 1: Prevention and Preliminary Diagnosis

July 2020



# Speakers



**William Rosenberg**  
Consultant  
National Alliance of Healthcare  
Purchaser Coalitions

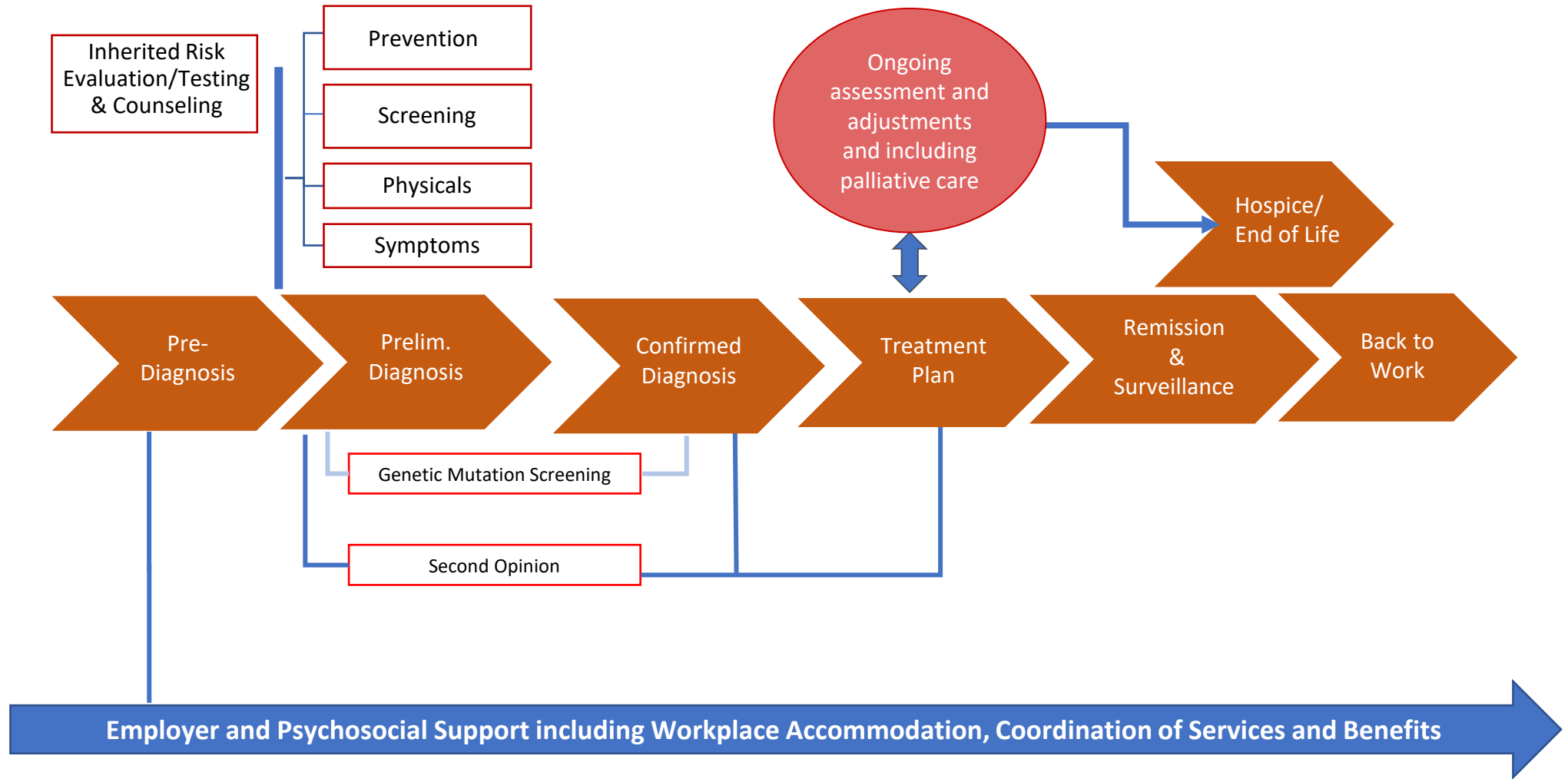


**Chuck Cutler, MD**  
Consultant  
National Alliance of Healthcare  
Purchaser Coalitions

## Why We Are Here

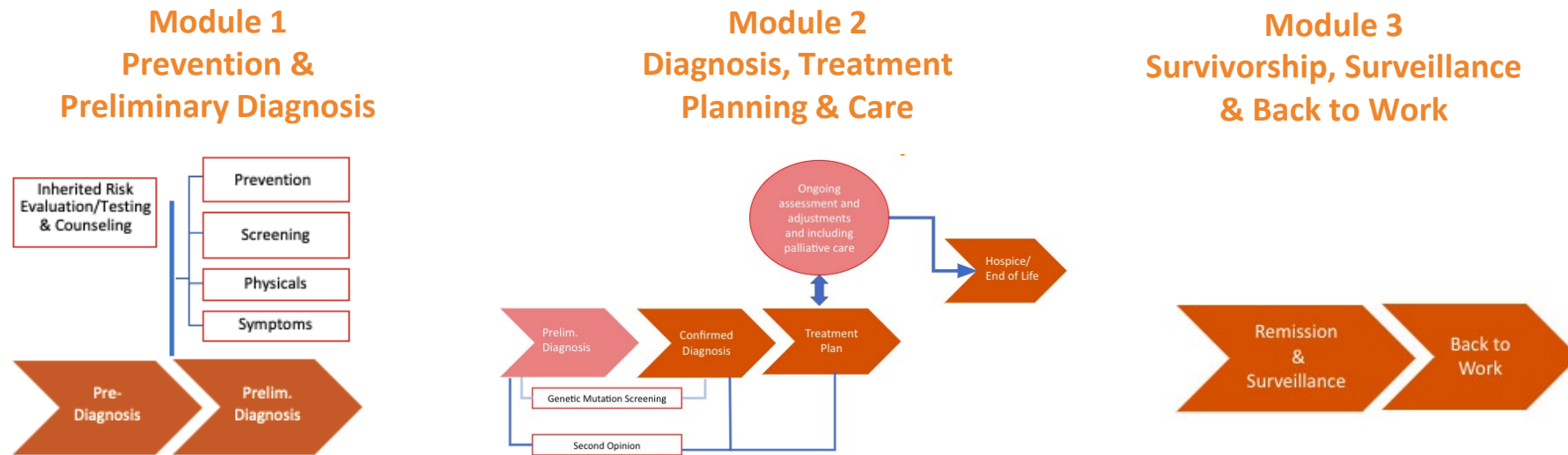
- Cancer is a top concern of employers, due to its enormous healthcare cost and that it is a complex disease that impacts all aspects of a patient's life
- Generally, the seriousness of cancer diagnoses has dissuaded purchasers from using many traditional cost containment strategies
- However the rapidly escalating cost of cancer care is pushing purchasers to be better informed on how to best address their challenges and issues
- Employers are encouraged to play a pivotal role - especially since advances in the science of cancer care are progressing faster than the tools needed by health plans and purchasers
- In early 2019, National Alliance released their *Achieving Value in Cancer Care* Report which highlighted the need for education on how purchaser-health plan collaboration can increase the value of cancer care
- This curriculum is meant to support employers to ask the right questions and learn the right answers to support the enhancement of their overall healthcare strategy

# Curriculum Focus: Across The Cancer Patient Journey



# THREE Specific Learning Modules

Zeros in on Different Components of the Patient Journey



Need for patient & caregiver psychosocial support, coordination, accommodation & benefits education across the journey

# Start with Data

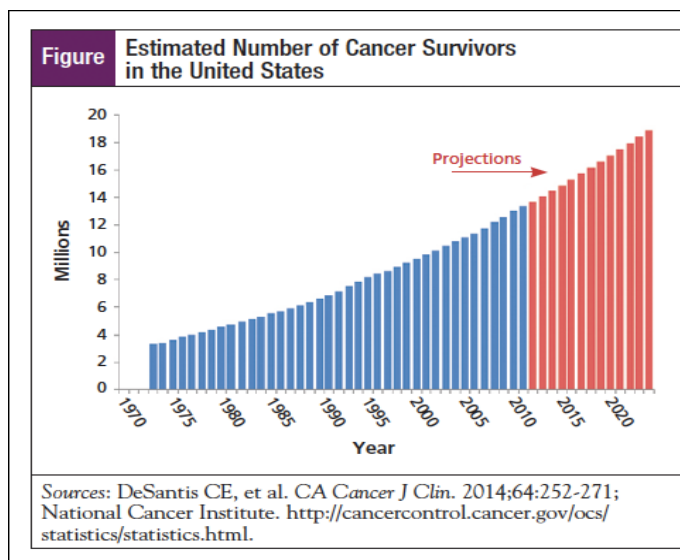
## What is the current landscape?

- American Cancer Society reports cancer death rates declined by 29% (1991 - 2017) due to reductions in smoking and improvements in early detection and treatment
- 10 - 20 years ago, a cancer diagnosed was essentially a death sentence, BUT now many forms are quite treatable
- Mortality rates continue to be difficult in certain types of cancer
- Prevalence & mortality rates differ across racial & ethnic groups
- There are good new therapeutics available, particularly for advanced disease
- Survivorship: More employees with cancer return to work

*With the dramatic advances in the ability to treat cancer through ... innovative diagnostics and medications, the cancer mortality rate has dropped by 25% since the early 1990s.*

*At the same time, the costs of treatment have skyrocketed with average costs of some common cancers ... ranging from \$100,000 to \$300,000.<sup>2</sup>*

Source: Milliman Research Report, A Multi-Year Look at the Cost Burden of Cancer Care, April 11, 2017, p. 9

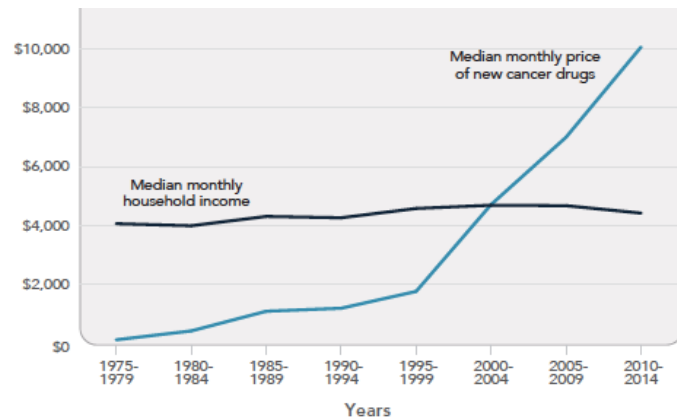


# Start with Data

The **cost of treating cancer** has made comparable “progress.”

- New cancer drugs can save or extend lives, but at tremendous cost
- Some cancers are stubbornly resistant to advances in therapy
- A 2017 study for the American Society of Clinical Oncology found that over two-thirds of those paying for a family member’s cancer treatment are concerned about being able to afford it\*.

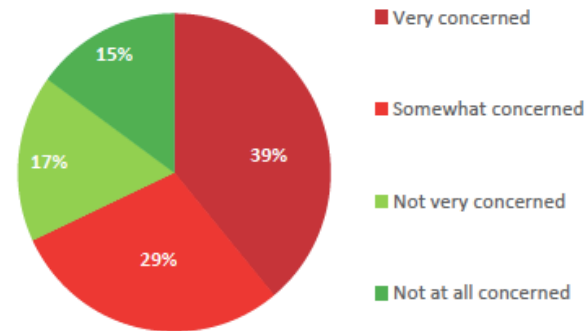
Growth in Launch Price of New Cancer Drugs vs Growth in Household Income



Source: Prasad V, Jesus K, Mailankody S. The high price of anticancer drugs: origins, implications, barriers, solutions. Nat Rev Clin Oncol. 2017.

Concern About Treatment Affordability  
(among those paying for a family member’s treatment)

Very/Somewhat Concerned: 68%



\*Harris Insights & Analytics, National Cancer Opinion Survey, October 2017.

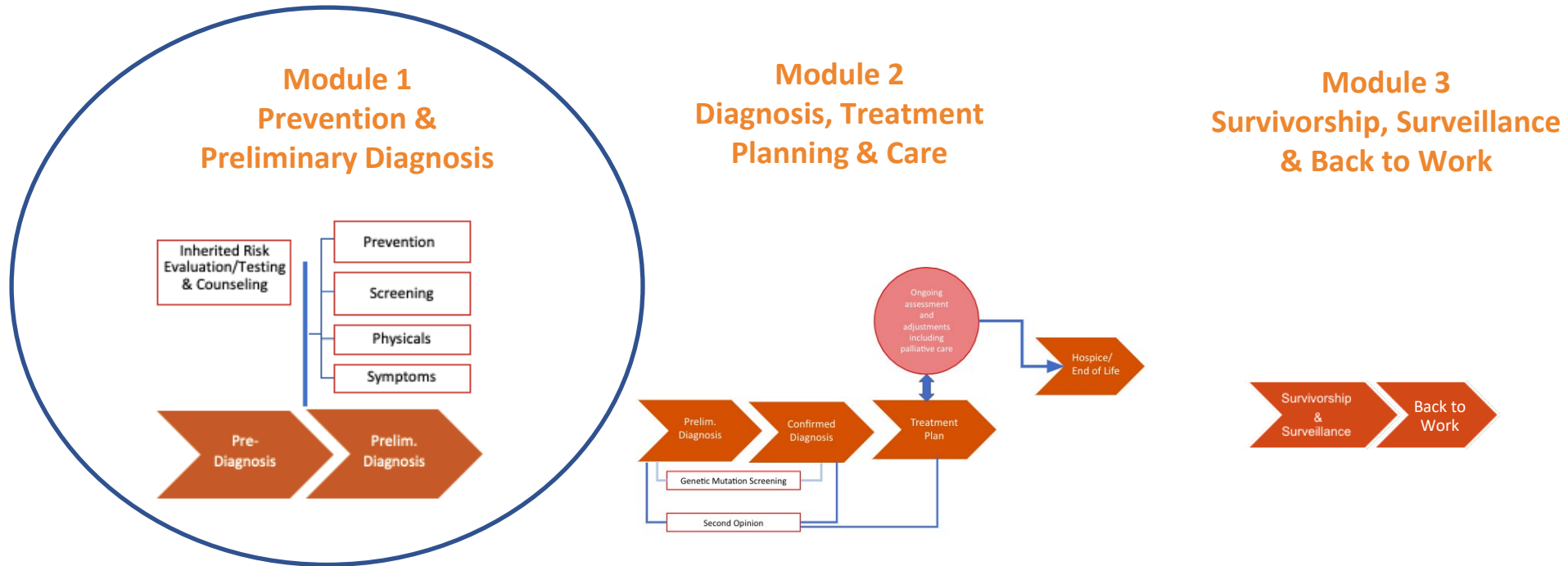
## Overall Objectives for this Curriculum

- Provide greater detail on the elements of the Cancer Patient Journey and highlight actionable steps employers can take
- Provide strategies employers can use to work with health plans to deliver value when purchasing and delivering cancer care
- Support employers with key questions they should ask to mitigate the cost of poor quality/low-value, inadequate patient-centered support and waste
- Strategies employers can implement across different benefits (e.g., Disability, EAP) and regulatory compliance (ADA, FMLA) in order to provide comprehensive support to cancer patients and their families





# Module 1



Need for patient & caregiver psychosocial support, coordination, accommodation & benefits education across the journey

# Module 1: Pre-Diagnosis & Preliminary Diagnosis

## Discussion Items

- Highlight the need to continue *primary prevention* efforts
- Understand current cancer *screening* rates
  - Screening rate drivers
  - Verify genetic markers
  - Preliminary diagnosis
- Identify appropriate *site of care*
- Highlight the need for enhanced *benefits literacy*
- Include patient & caregiver *psycho-social support, coordination and accommodation*



# Introduction to the Series and Program Overall

## Question Prompts for Facilitated Roundtable Discussion

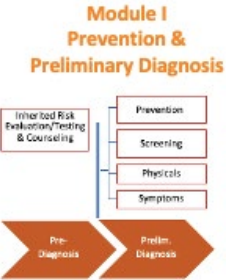
1. What top 2 challenges are you currently facing, besides cost issues, that you want to address in the next 12 months?
2. Let's discuss the "patient journey" and the value of money is spent on cancer care.
3. What type of support are you looking for from your health plan? PBM? Third parties/other vendors?

# Primary Prevention

## Continued Efforts Can Lower Risk of Cancer

- Many lifestyle changes can have a favorable effect on one's mental and physical health (e.g. diet, fitness)
- Healthy choices can lower a person's risk of getting cancer
- Keep in mind, certain vaccines can prevent cancer, i.e., HPV and Hep B\*

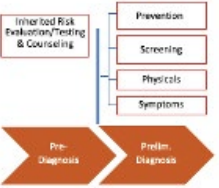
\*<https://www.cdc.gov/cancer/dcpc/prevention/index.htm>



### Cancer Gold Standard Prevention Techniques Pillar 1\*

- Tobacco-Free Workplace
- Electronic Nicotine Delivery Systems
- Tobacco-Cessation Support
- Nutrition & Healthy Weight
- Physical Activity

\*<https://www.cancergoldstandard.org/resources/external>



# Primary Prevention

## What Purchasers Should Do with Health Plans

- Assess current prevention programs offered through your health plan
  - Confirm employee education aligns with your current benefits strategy
  - Determine how programs are delivered and how often it is updated
- Assess utilization of preventive services offered and request that health plan provide demographic data including: racial and/or ethnic segments or other comorbidities
- Be sure health plan has an engagement plan in place to targeted population with low utilization





# Screening

## Where are the gaps in cancer screening?

- Screening for certain cancers is cost-effective and saves lives
- There are significant gaps across and within employer populations
- Segmentation based on geography (urban/rural), cultural and/or racial characteristics can help identify high-priority targets for improved screening
- Only 4.4% who meet screening criteria (adults aged 55-80 with history of smoking) get low-dose CT scan for lung cancer\*

National HEDIS Screening Rates		
Cancer	25 <sup>th</sup> Percentile	90 <sup>th</sup> Percentile
Cervical	70%	91%
Breast	68%	80%
Colorectal	54%	72%

Colorectal Screening % Adults 50+*	
White	65.4
Black	61.8
Hispanic	49.9
Asian	49.4

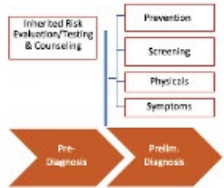
\*cdc.gov/cancer/dcpc/research/articles/lung-cancer-screening.htm

\*US, 2015 Combined Fecal/Endoscopy;  
Source: Colorectal Cancer Facts & Figures (2017-2019), p.20

# Screening

## What Purchasers Should Do about Screening Rates

- Compare screening rates (including by race and ethnicity) to benchmark data across all plans and/or the general population - measure trends over time
- Ask your plans to Identify drivers of low rates (e.g. provider performance, member reluctance, reporting) and request an action plan from plans to address specific issues
- Collaborate with providers or other stakeholders (e.g., American Cancer Society) to make screening services more accessible (e.g., bring to worksite if there is a large concentration of employees)
- Consider tracking rates for USPSTF recommendations for HPV and low dose lung cancer screening



“Low linguistic proficiency, insufficient knowledge about cancer and screening programs, and low health literacy are found to be barriers [among ethnic minority women living in Western countries].

The same goes for cultural and religious barriers, ... confidence in local and conventional curers, women's roles, and sexual issues.”

<https://pubmed.ncbi.nlm.nih.gov//31994187/>

## Screening (Cont.)

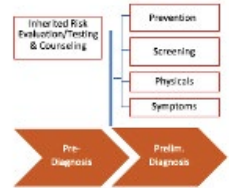
### What Purchasers Should Do about Screening Rates

- Determine current screening rates for your population
  - many have declined due to COVID-19\*
- Encourage shared decision-making with personal physicians, especially where expert opinion varies, e.g., breast, prostate, colon



*..shared decision-making places an emphasis on informed patient decisions instead of informed consent...*

#### Module I Prevention & Preliminary Diagnosis



The findings of screening, *often a preliminary diagnosis*, creates the need for patient psycho-social and care coordination support - what do you have in place? How are you monitoring effectiveness?

\* <https://www.cancerhealth.com/article/routine-cancer-screenings-plunge-covid19>



# Screening

## Identifying Inherited Risks

- A brief questionnaire can identify “screening” genetic testing, e.g., based on familial, occupational or other risk factors
- Prior to testing, patients should confer with a genetic counselor
- Once an individual has been identified - should discuss their risks with their physician and a genetic counselor
- Also should notify other family members who may be at risk
- Genetic testing for cancer is becoming less costly and easier to obtain

“Mortality rates really continue to be difficult in things like **pancreatic cancer** and **ovarian cancer**, even though in some of these cases novel genetic screening exists and, in some people that have high risk, we can intervene earlier and detect tumors earlier.”



-- Interview with [Timothy Rebbeck](#), the Vincent L. Gregory Jr. Professor of Cancer Prevention at the [Harvard T.H. Chan School of Public Health](#), Harvard Gazette, February 21, 2020

# Screening

## Inherited Risks: a Double-edged Sword?

- Can lead to early, effective intervention...
- ...but with potentially high physical, mental and financial follow-up costs
- Basing screening on risk factors and interpretation by genetic counselors can increase value
- The most common sources of frequently updated guidelines are:
  - The National Comprehensive Cancer Network (NCCN)
  - American Society of Clinical Oncology (ASCO)
  - United States Preventive Services Task Force (USPSTF)



**Genetic Counseling** is a communication process between a specially trained health professional and a person concerned about the genetic risk of disease

Source: [www.cancer.gov](http://www.cancer.gov)

The cover of the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Genetic/Familial High-Risk Assessment: Breast, Ovarian, and Pancreatic. The top section is dark blue with the NCCN logo and "National Comprehensive Cancer Network®". The main title is in bold black text: "Genetic/Familial High-Risk Assessment: Breast, Ovarian, and Pancreatic". Below the title, it says "Version 1.2020 — December 4, 2019". At the bottom, there is a "NCCN.org" link and a blue "Continue" button. A small copyright notice is visible at the very bottom.



# Screening for Inherited Risks

## What Purchasers Can Do

- Confirm that your plan covers inherited risk screening for individuals with appropriate risk profiles (e.g., family history, certain occupations)
- Ask your health plan & advisors to keep you informed as new tests emerge
- Educate your population about risk factors and their connection to cancer
- Encourage shared decision making between patients and providers when considering genetic testing
- Ensure that genetic counseling is required and reimbursed for coverage of genetic screening/ risk evaluation when there is a positive finding



# Prevention and Screening

## Question Prompts for Facilitated Roundtable Discussion

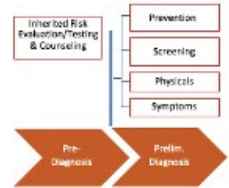
1. What additional ways, beside the options identified in this module, are you using to support prevention and screening?
2. How is your health plan working with you to improve preventive care and provide better cancer screening rates, especially focused on decreasing ethnic and racial disparities? Psycho-social support?

# Patient Decisions Early On Will Drive the Quality & Cost of the Patient Journey

The Cancer Support Community recommends the following steps for a newly-diagnosed Cancer Patient:

1. Ask your doctor how much time you have to make a decision and begin treatment
2. Find out the exact diagnosis and stage of disease, gather and write down facts
3. Write down the questions you have in advance of your appointment
4. Bring a friend or family member to medical appointments
5. Learn about your treatment options and goals of care, including frequency of treatments
6. Ask about the risks and benefits of any given treatment
7. Get a second opinion [including pathology]
8. Ask if there might be a clinical trial that is right for you
9. **Take time to get to know your insurance coverage (see to right)**
10. Ask to be screened or talk to someone about emotional and social distress

## Module I Prevention & Preliminary Diagnosis



### FOR EMPLOYERS

Determine how to incorporate these steps into your overall plan of action for your workforce

### FOR EMPLOYEES

- Access *navigation* services early on
- Find out about clinical trials
- Learn about benefits beyond health insurance

For more details see: The Cancer Support Community, 10 Things You Should Do If You are Diagnosed with Cancer (888.793.9355)

[https://www.cancersupportcommunity.org/tips-newly-diagnosed?gclid=CjwKCAIANfjyBRBxEiWA-EECLC7akT-C9BDox5bDFes\\_hbKWQcj2DrpR\\_GnYDUVEoEuH6x2vOjHmBhoCL\\_kQAvD\\_BwE](https://www.cancersupportcommunity.org/tips-newly-diagnosed?gclid=CjwKCAIANfjyBRBxEiWA-EECLC7akT-C9BDox5bDFes_hbKWQcj2DrpR_GnYDUVEoEuH6x2vOjHmBhoCL_kQAvD_BwE)

# Site of Care

## Can Drive Large Differences in the Cost of Care & Patient Experience

- Not every cancer needs to be treated at a Center of Excellence
- Effective contracting and management of chemotherapy can have a major effect on the overall cost of care
  - *Milliman\* reported that the cost of chemotherapy can vary by 30% to 50% between a physician's office and a hospital outpatient setting*
- Early, appropriate use of Prior Authorization and Specialized Case Management can improve value along the patient journey
- Care closer to home can enhance the patient experience



# Site of Care

## What Purchasers Should do Should Do

- Identify and encourage use of higher value sites of care
- Ask plans how they encourage treatment of less complex cancers with well-defined treatment protocols at local, high quality providers, while making sure CoE's are available for **all** cancers and second opinions on diagnosis, stage and treatment
- Ask plans how they manage initialization of chemotherapy, including:
  - Coordination of chemotherapy across Rx and Medical pharmacy benefits
  - Comprehensive pricing for chemotherapy for [drug + administration] costs
  - Encouragement of chemotherapy in less expensive outpatient sites
- Identify what controls exist to assure that care planning is based on accepted protocols such as those from the NCCN, NCI or ASCO
- Identify what plan supported shared decision making is available to members

- Make sure that members who receive a preliminary diagnosis of cancer are aware of available psycho-social support, benefits education, care coordination/navigation and accommodation services at the time members receive a ***preliminary diagnosis*** of cancer



# Patient Decisions and Employer Considerations

## Question Prompts for Facilitated Roundtable Discussion

1. What new approaches are you considering for your current cancer care strategy?
2. From the list provided on Slide 23, are there any particular Cancer Care & Delivery services you believe Health Plan should incorporate?

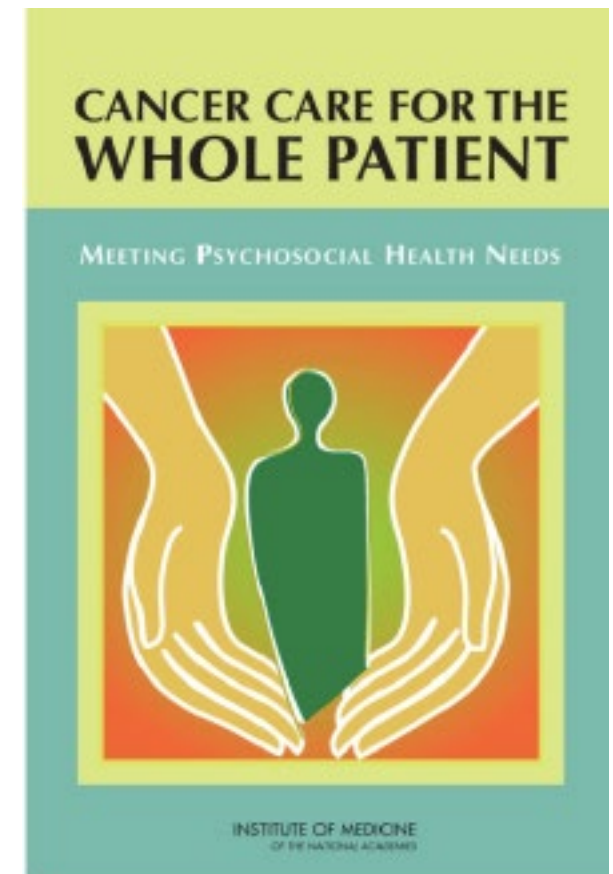


## Patient & Caregiver Support, Benefits Education, Care Coordination & Accommodation are Needed Across the Entire Patient Journey

- A preliminary diagnosis of cancer, if borne out, marks the beginning of the Cancer Patient's Journey
- The preliminary diagnosis is the first instance of the need for patient & caregiver psychosocial support (including benefits education), coordination and accommodation across the journey
- Employers, health plans and third-party vendors are just now sorting out the best way to meet these recent and growing needs

**"...more than half the respondents who had emotional concerns upon diagnosis (56%) were not referred to services that could help with their anxieties and fears.** Also, 18% of respondents reported that they were not given the opportunity to discuss treatment options with a care provider, and 17% reported that their care providers did not consider their travel concerns while planning for treatment.

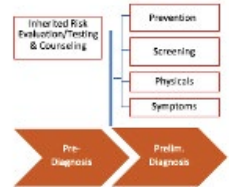
Source: Cornado, et al., *Current Oncology*, Vol. 24, No. 5, October 2017, p. 332 [Based on a survey of over 17,000 cancer patients]



# What's New in Cancer Care & Delivery

Employers and health plans face myriad new and emerging service offerings and requirements

## Module I Prevention & Preliminary Diagnosis



Access to Clinical Trials

NCI\*-designated Centers

Oncology PCMH

Approved Off-label Rx

Biomarker Testing

Precision Medicine

Attendance at Tumor Boards

Psycho-social Services

Financial Planning Advice &  
Resources

Advance Care Planning

Survivorship Care Planning

Caregiver Support

Availability of Evidence-  
based Clinical Practice  
Guidelines

Quality Metrics that Require  
Cancer Stage, Date of Death

Palliative Care with  
Curative Intent

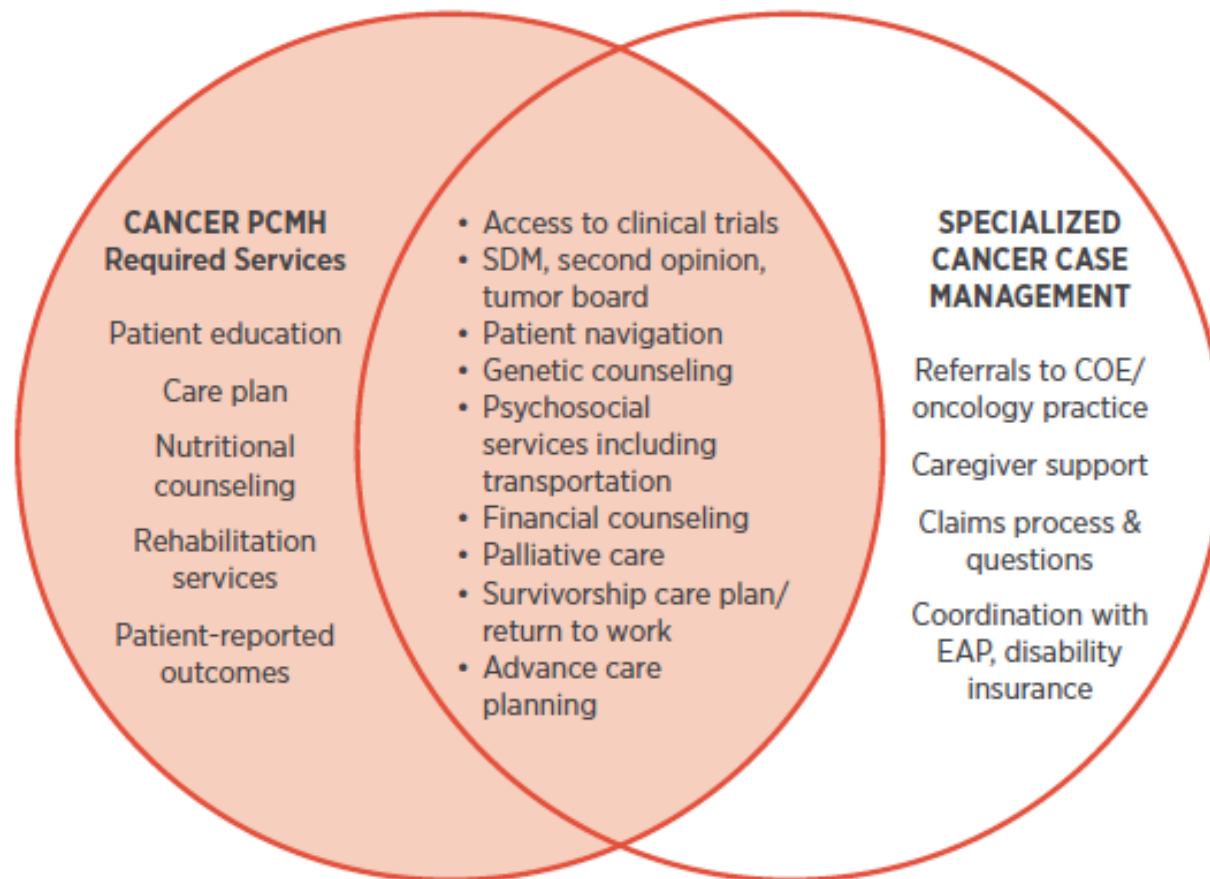
Specialized Case  
Management



# What's New in Cancer Care & Delivery

New & Emerging Services Provided by Multiple Sources will have Overlaps and Gaps in Geographic Availability

- Employers should think about which services are provided by which models of care or health plan or employer programs
- Make sure all needed services are “owned” by an accountable party



# What Purchasers Should Remember

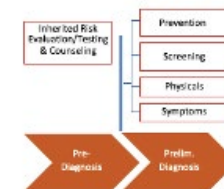
## Cancer Patients' Benefit Needs Extend Beyond Health Benefits

- The increasing numbers of cancer patients surviving and returning to work has increased the demand for not only health insurance benefits but also:
  - EAP – a logical place to triage employee support needs
  - Income replacement benefits
    - Paid Sick leave
    - Workers Compensation
    - Short and Long Term Disability
  - Job preservation regulatory requirements
    - Americans with Disability Act (ADA)
    - Medical and Family Leave Act (FMLA)
    - Federal Rehabilitation Act (federal employees or employers who receive federal funds)
  - Financial counseling



For more information see: <https://www.cancerandcareers.org/en/at-work/legal-and-financial>

\*This law applies only to federal employees and employees of entities receiving federal funds



## What Purchasers Should Remember

### Non-Health Benefits are also Important for Cancer Patients

Newly-diagnosed cancer patients often need help from their employers understanding not only the “rules of the road” for cancer care, but also unfamiliar regulatory compliance requirements, for example:

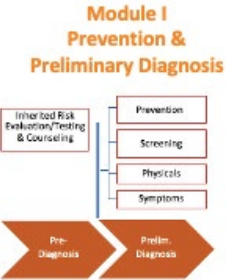
- Accommodations required under the ADA for patients undergoing cancer treatment
- Overlap and/or potential “stacking” of federal vs state family/medical leave laws
- Potential financial surprises, e.g., FMLA patients who do not return to work may have to reimburse employer’s share of health insurance cost

Employee Assistance Programs (EAPs) can serve as a resource for the array of support available

*Employers should be sure to consider all health & non-health benefits and regulations when developing their benefit strategies*

# What Purchasers Should Remember

## Priorities for Communicating to Employees and Working with Health Plans



### For Employees

- Work with your plan to educate all employees “what to do” so that newly-diagnosed cancer patients can access
  - navigation, psychosocial, financial counselling and benefits education support and workplace accommodation
- Suggest members have a family member or friend accompany them to initial cancer diagnosis visits in order to provide support

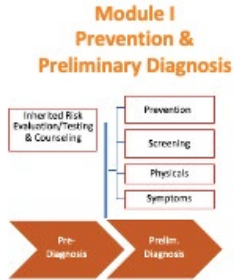
### For Health Plans

- Require health plan commitment to patient-centered cancer care
- Request plans demonstrate how they match patients with the best cancer care support option available, whether it’s within the plan or a provider/cancer center or other third-party
- Document allocation of responsibility for cancer support services (beyond clinical).
- Work with providers & employers to better coordinate patient access to all medical, psychosocial, accommodation and other support services

# Module 1: Pre-Diagnosis & Preliminary Diagnosis

## Recap

- Established the “patient journey” as a vehicle for identifying opportunities to increase the value of money spent on cancer care, noting:
  - Increased prevention and screening leading to improved survivorship
  - Rapid increases in cancer treatment costs relative to household income
- Focused on:
  - Opportunities to improve prevention and screening rates, particularly for racial & ethnic segments
  - Value of early site of care selection based on complexity of cancer diagnosis & treatment requirements
  - Need for patient and family support early in the journey, not only with care navigation, but also with psychosocial needs, workplace accommodation, financial and benefits counseling



# What's new in Cancer Care, what Purchasers should remember and Recap

## Question Prompts for Facilitated Roundtable Discussion

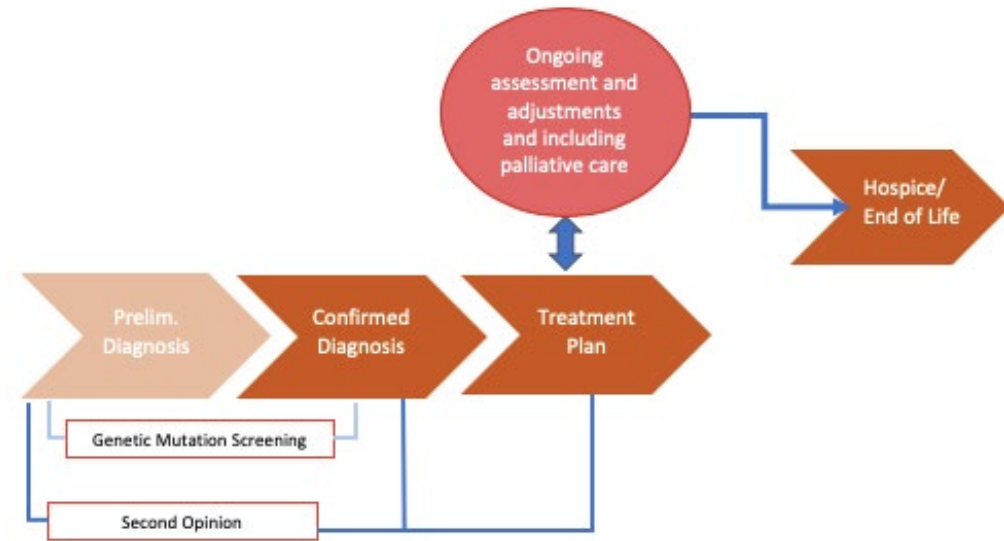
1. What are 3 key-takeaway for you from this curriculum?
2. Is there anything else in particular that you'd like this program to contain for this portion of the Patient Journey?



# Preview of Coming Attractions

## Module 2 – Diagnosis, Treatment Planning & Care

- Importance of diagnosis and stage
- Second Opinions
- Network Selection
- Testing for Genetic Markers (“genomics”) to inform treatment
- Care Management (including Case Management, Navigation, Prior Authorization)
- Palliative Care (and Hospice)
- Ongoing need for Psycho-social support and care coordination services and financial counseling



# Thank you!

For more information or additional questions, please contact:  
Margaret Rehayem, Director of Initiatives and Programs  
[mrehayem@nationalalliancehealth.org](mailto:mrehayem@nationalalliancehealth.org)

# Overall Curriculum Timeline

Employer Learning Modules	Month to run Roundtable Session
Module 1: Prevention & Pre-diagnosis	August
Module 2: Diagnosis, Treatment Planning & Care	September
Module 3: Survivorship, Surveillance & Back to Work	October
Each module includes: <ul style="list-style-type: none"><li>• A slide deck (40-45 minutes)</li><li>• A discussions guide to support roundtable discussions (45-50 minutes)</li><li>• Group will review an action brief and discuss key actions for employers</li><li>• A coalition report template to identify key learnings, insights &amp; actions</li></ul>	90 minutes to 2 hours

# Glossary

<b>American Society of Clinical Oncology (ASCO)</b>	Founded in 1964, the American Society of Clinical Oncology is the world's leading professional organization for physicians and oncology professionals caring for people with cancer. Source: <a href="https://www.asco.org/about-asco">https://www.asco.org/about-asco</a>
<b>Biomarker</b>	A biological molecule found in blood, other body fluids, or tissues that is a sign of a normal or abnormal process, or of a condition or disease. A biomarker may be used to see how well the body responds to a treatment for a disease or condition. Also called molecular marker and signature molecule. Source: <a href="https://www.cancer.gov/publications/dictionaries/cancer-terms/def/biomarker">https://www.cancer.gov/publications/dictionaries/cancer-terms/def/biomarker</a>
<b>Chemotherapy</b>	Treatment that uses drugs to stop the growth of cancer cells, either by killing the cells or by stopping them from dividing. Chemotherapy may be given by mouth, injection, or infusion, or on the skin, depending on the type and stage of the cancer being treated. It may be given alone or with other treatments, such as surgery, radiation therapy, or biologic therapy. Source: <a href="https://www.cancer.gov/publications/dictionaries/cancer-terms/">https://www.cancer.gov/publications/dictionaries/cancer-terms/</a>
<b>Clinical Pathways</b>	Clinical pathways—also referred to as “treatment pathways,” “patient pathways,” or simply “pathways”—are multidisciplinary plans of best clinical practices. In some respects, clinical pathways can be viewed as algorithms, outlining the sequence of treatment decisions to be made and the care to be provided for a given patient in a given condition. Source: <a href="https://www.journalofclinicalpathways.com/article/evolution-clinical-pathways-oncology">https://www.journalofclinicalpathways.com/article/evolution-clinical-pathways-oncology</a>
<b>Clinical Practice Guidelines</b>	Guidelines developed to help health care professionals and patients make decisions about screening, prevention, or treatment of a specific health condition. Source: <a href="https://www.cancer.gov/publications/dictionaries/cancer-terms/">https://www.cancer.gov/publications/dictionaries/cancer-terms/</a>
<b>Comprehensive Cancer Center</b>	A cancer research center that gets support from the National Cancer Institute (NCI) to do cancer research and provide services directly to cancer patients. Scientists and doctors at these centers do basic laboratory research and clinical trials, and they study the patterns, causes, and control of cancer in groups of people. Also, they take part in multicenter clinical trials, which enroll patients from many parts of the country. Comprehensive Cancer Centers also give cancer information to health care professionals and the public. More information about the NCI Cancer Centers Program can be found on the NCI's Web site at <a href="http://cancercenters.cancer.gov">http://cancercenters.cancer.gov</a> . Source: <a href="https://www.cancer.gov/publications/dictionaries/cancer-terms/">https://www.cancer.gov/publications/dictionaries/cancer-terms/</a>
<b>Genetic Counseling</b>	A communication process between a specially trained health professional and a person concerned about the genetic risk of disease. The person's family and personal medical history may be discussed, and counseling may lead to genetic testing. Source: <a href="https://www.cancer.gov/publications/dictionaries/cancer-terms/">https://www.cancer.gov/publications/dictionaries/cancer-terms/</a>

<b>Genetic Marker</b>	A genetic marker is a DNA sequence with a known physical location on a chromosome. Genetic markers can help link an inherited disease with the responsible gene. Source: <a href="https://www.genome.gov/glossary/index.cfm?id=86">https://www.genome.gov/glossary/index.cfm?id=86</a>
<b>Hospice</b>	A program that gives special care to people who are near the end of life and have stopped treatment to cure or control their disease. Hospice offers physical, emotional, social, and spiritual support for patients and their families. The main goal of hospice care is to control pain and other symptoms of illness so patients can be as comfortable and alert as possible. It is usually given at home, but may also be given in a hospice center, hospital, or nursing home. Source: <a href="https://www.cancer.gov/publications/dictionaries/cancer-terms/">https://www.cancer.gov/publications/dictionaries/cancer-terms/</a>
<b>Mutation</b>	A gene mutation is a permanent alteration in the DNA sequence that makes up a gene, such that the sequence differs from what is found in most people. Source: <a href="https://ghr.nlm.nih.gov/primer/mutationsanddisorders/genemutation">https://ghr.nlm.nih.gov/primer/mutationsanddisorders/genemutation</a>
<b>National Cancer Institute</b>	The National Cancer Institute, part of the National Institutes of Health of the United States Department of Health and Human Services, is the Federal Government's principal agency for cancer research. The National Cancer Institute conducts, coordinates, and funds cancer research, training, health information dissemination, and other programs with respect to the cause, diagnosis, prevention, and treatment of cancer. Access the National Cancer Institute Web site at <a href="http://www.cancer.gov">http://www.cancer.gov</a> . Also called NCI. Source: <a href="https://www.cancer.gov/publications/dictionaries/cancer-terms/">https://www.cancer.gov/publications/dictionaries/cancer-terms/</a>
<b>Tumor Board Review</b>	A treatment planning approach in which a number of doctors who are experts in different specialties (disciplines) review and discuss the medical condition and treatment options of a patient. In cancer treatment, a tumor board review may include that of a medical oncologist (who provides cancer treatment with drugs), a surgical oncologist (who provides cancer treatment with surgery), and a radiation oncologist (who provides cancer treatment with radiation). Also called multidisciplinary opinion. Source: <a href="https://www.cancer.gov/publications/dictionaries/cancer-terms/">https://www.cancer.gov/publications/dictionaries/cancer-terms/</a>
<b>United States Preventive Services Task Force (USPTF)</b>	The U.S. Preventive Services Task Force is an independent, volunteer panel of national experts in disease prevention and evidence-based medicine. The Task Force works to improve the health of all Americans by making evidence-based recommendations about clinical preventive services. Source: <a href="https://www.uspreventiveservicestaskforce.org/">https://www.uspreventiveservicestaskforce.org/</a>

<https://higherlogicdownload.s3.amazonaws.com/NAHPC/3d988744-80e1-414b-8881-aa2c98621788/UploadedImages/Achieving Value in Cancer Care FINAL 01 2019.pdf>

# Additional Resources

## Cancer & Careers

- [https://www.cancerandcareers.org/en/at-work?utm\\_source=bing&utm\\_medium=cpc&utm\\_campaign=Workplace\\_BING\\_PAID%20Account%20%2D%20Workplace&utm\\_term=cancer%20and%20careers&utm\\_content=Cancer%20in%20the%20Workplace&msclkid=0676a3458bb610f98120fda4aefad002](https://www.cancerandcareers.org/en/at-work?utm_source=bing&utm_medium=cpc&utm_campaign=Workplace_BING_PAID%20Account%20%2D%20Workplace&utm_term=cancer%20and%20careers&utm_content=Cancer%20in%20the%20Workplace&msclkid=0676a3458bb610f98120fda4aefad002)

## Managing Cancer at Work

- [https://www.hopkinsmedicine.org/human\\_resources/docs/benefits/managing\\_cancer\\_at\\_work.pdf](https://www.hopkinsmedicine.org/human_resources/docs/benefits/managing_cancer_at_work.pdf)

## Other Coalitions' Work

- [Northeast Business Group on Health Cancer Initiative – https://nebgh.org/initiative/cancer/](https://nebgh.org/initiative/cancer/)
- [MBGH's National Employer Initiative on Specialty Drugs – and online employer toolkit](#)
- [Florida Alliance for Healthcare Value Colorectal Cancer Prevention Initiative; Oncology Collaborative https://www.flhealthvalue.org/projects/colorectal-cancer-prevention-initiative.html](https://www.flhealthvalue.org/projects/colorectal-cancer-prevention-initiative.html)

## Psychosocial and other support

- [Institute of Medicine. 2008. Cancer Care for the Whole Patient: Meeting Psychosocial Health Needs. Washington, DC: The National Academies Press. https://doi.org/10.17226/11993.](https://doi.org/10.17226/11993)