Welcome and Introductions
Samuel M. Silver, MD, PhD, MACP, FASCO, Assistant Dean for Research, University of Michigan Medical School, Board of Directors Michigan Society of Hematology and Oncology, Chairman Emeritus and current member of the NCCN Board of Directors, welcomed the attendees and emphasized the importance of community oncologists coming together to discuss the current state of oncology collectively from their unique perspective.

NCCN Update
Robert W. Carlson, MD, CEO, NCCN, provided an NCCN overview, with particular focus on the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) and derivative products such as Categories of Preference, NCCN Guidelines® with NCCN Evidence Blocks™, the NCCN Drugs & Biologics Compendium (NCCN Compendium®), the NCCN Chemotherapy Order Templates (NCCN Templates®), and the NCCN Radiation Therapy Compendium™. Dr. Carlson discussed NCCN's work internationally with the launch of the NCCN Harmonized Guidelines™ for Sub-Saharan Africa, as well as the 55 new translation of the NCCN Guidelines® into seven languages.

Policy Perspective: Wisconsin Physician Services LCD
Louis B. Jacques, MD, Senior Vice President & Chief Clinical Officer, ADVI, gave an overview of the recent Wisconsin Physician Services (WPS) Local Coverage Determination (LCD) 37205 regarding chemotherapy drug coverage policy. Dr. Jacques explained that from a practical standpoint, the WPS LCD acknowledges that NCCN has become the go to reference for the application of cancer care in the United States. The LCD requires that the drug in question be approved, not necessarily approved for that indication, and requires that the drug be listed in the NCCN Guidelines. Dr. Jacques explained that WPS wanted to streamline the chemotherapy claim process by adopting the often cited to, widely available, and widely utilized NCCN Guidelines. WPS gave preference to NCCN, instead of other organizations that produce guidelines, because the NCCN Guidelines are more timely and up to date in terms of evidence and publication. However, WPS has clarified that the other ways in which clinicians have sent in coverage decisions is still valid and WPS accepts other supporting materials within their claims process.

Update on Transforming Prior Authorization Using Decision Support
Jennifer Malin, MD, PhD, Senior Medical Director, Oncology & Genetics, United Healthcare, updated attendees on the chemotherapy prior authorization program United introduced in Florida in 2014, which has since gone nationwide. The goal of the prior authorization program was to enable coverage decision making to be a more oncology focused, streamlined process that is in concordance with the NCCN Guidelines. The prior authorization program has been
able to mirror clinical data that practices submit with United claims data to produce real world outcomes data. Prior authorization enables United to calculate total cost of care, from drug cost through toxicity management. United hopes to leverage this data to estimate relapse rates in the near future.

In November 2017, United launched a national prior authorization program for genetic testing of their fully insured members. The genetic testing and molecular pathology prior authorization program have the same goals as the chemotherapy prior authorization, making the pathway choice process more transparent. United hopes to be able to integrate pharmacy prior authorization process into the online cancer therapy authorization tool, in order to achieve this goal.

The focus of United continues to be on greater cost-effectiveness. Dr. Malin emphasized that United wants to optimize value of when they will pay for branded therapy, as opposed to cheaper alternatives, such as biosimilars. United will continue to work with EHRs to get the information directly from the EHR so physician administrative staff is no longer burdened by reporting requirements. The near term goal of United is to expand prior authorization from individual treatments, to the entire episode of care.

Multiple attendees expressed their concerns regarding how United defines “transparency”. Dr. Malin explained that to her, transparency means the process is fully described and the outcome is available and open so that other physicians can use their clinical expertise to challenge the regimens that are on the pathway. Dr. Mirda from the Association of Northern California Oncologists implored Dr. Malin to include clinicians in the process in order to promote transparency.

**Advances in Chimeric Antigen Receptor T-Cell Therapy in Hematologic Malignancies**

Steven T. Rosen, MD, Provost and Chief Scientific Officer, City of Hope Comprehensive Cancer Center, presented on the advances in chimeric antigen receptor T-Cell therapy in hematologic malignancies, also known as CAR-T therapy. The Food and Drug Administration approved CAR-T therapy for the first time in 2017, and more than 480 CAR-T clinical trials are currently active worldwide. CAR-T therapy is a combination of cellular therapy, gene therapy, and immunotherapy. Dr. Rosen went into detail explaining how impressive the complete response rates were in the multiple active CAR-T clinical trials, especially for patients who otherwise would have succumbed to their cancer. Throughout the trials patients, who achieved a complete response had very durable remissions. Dr. Rosen highlighted CAR-T therapies currently active in the following disease states: Non-Hodgkin’s Lymphoma, Acute Lymphoblastic Leukemia, Multiple Myeloma, and Acute Myeloid Leukemia.

As with nearly all cancer therapies, however, there are toxicities associated with CAR-T administration. Cytokine Release Syndrome (CRS) is one of the major toxicities; it is associated with T cell activation and proliferation within T cell therapies. Neurologic toxicity is the second main adverse CAR-T related event. It can occur independently of CRS. In order to minimize the effect of toxic events, Dr. Rosen discussed the importance of patient selection. The timing at which referral of a patient occurs for CAR-T therapy is of vital importance. Additionally, optimal performance status and good organ function are required, in order to be able to handle associated toxicities.
Dr. Rosen concluded with ways to improve upon CAR-T cell therapy. To start the goal is to make the therapy more potent with gene editing. Imposing a conditional switch upon the therapy whereby, the physician can “switch off” the therapy when a particularly severe toxicity manifests itself. Dr. Rosen informed the group that off the shelf universal CAR-T (UCAR-T) is the future. Through this type of treatment, physicians will be able to take T cells from one healthy individual and produce 100 doses of CAR-T that can be gene edited individually for each patient. Four UCAR-T clinical trials are currently underway. This improvement in off the shelf therapy will decrease the delivery time so that at-risk patients can experience the treatment benefits more quickly.

**Best Practices from the Field**

Sibel Blau, MD, Washington State Medical Society, presented on her organization’s value based program. Dr. Blau’s practice developed a patient-centered oncology care model focused on providing the highest quality care while simultaneously driving down costs five years ago. The first value program began with just one drug and a few measures. This three-year experience provided the infrastructure for the practice to understand what is required for a successful value based program.

To fulfill value based care requirements, advanced practice providers hiring was required. The practice hired a patient care coordinator (PCC). The PCC became the core of the whole process. Responsibilities include; screening new patients, tracking quality measures, coordinating patient care, and track ever-changing federal regulations. The program decreased the number of inpatient admissions to short-term care from 20.4 to 16 per 100 beneficiaries. The number of unplanned readmissions into the short-term acute care hospitals within 30 days of discharge decreased from 4.4 to 2.1 per 100 beneficiaries. The number of emergency department visits not leading to admission also decreased from 14.8 to 13.9 per 100 beneficiaries.

The future goal of the program is to cut down even further on the number of systems necessary to manage the same population of patients. By doing so, the practice will be able to more easily enhance their selection process and ensure that the right patients are more efficiently selected for participation. Dr. Blau also wants to continue to update the platform to include additional functionalities, intended to streamline and standardize the care provided to their patients.

Jimmy Ruiz, MD, North Carolina Oncology Association (NCOA), presented on the NCOA efforts to increase the involvement of medical oncology fellows within their Association. After realizing that the coming years would produce a shortage of oncology specific health care professionals, despite the fact there will be an increase in demand for oncology services, the NCOA decided to initiate the program. Through fostering engagement with fellows, NCOA has been able to improve clinical and nonclinical habits, develop leaders from the strong fellowship programs, and increase state retention of oncologists training in North Carolina, as NCOA had noticed they were having a difficult time getting the most talented students to stay and practice in North Carolina.

Through fellow interviews, NCOA found that to be appealing they would have to provide increased scholarly endeavors and allow fellows to participate in meetings to expand their knowledge and network for potential job opportunities. Therefore, NCOA began including the fellows in their meetings, giving them institutional credit for their time, and providing financial
support to participants. NCOA board members also were assigned as bridges to academic centers throughout the state. Additionally, the first night of the NCOA Annual Conference included a research session during which each fellow gave an oral presentation lasting 5-10 minutes. Later in the conference, the fellows participated in a poster session where they were able to talk with oncologists from throughout the state about their research. The expansion of the fellows program tripled average participation in 2016 and quadrupled it in 2017.

Wrapping up the Best Practices portion of the Forum, Dorothy Phillips, Florida Society of Clinical Oncology (FLASCO), talked about FLASCO’s Rapid Integration course. Oncologists in Florida were finding that they were relying more heavily on advance practice providers (APPs) in the practice setting, but those providers lacked a basic understanding of oncology. FLASCO developed the course with the goal of having a durable, long-term program that would positively influence the speed at which entry level APPs were able to integrate into the oncology practice setting. The Rapid Integration course achieves this goal by helping APPs learn basic oncology principles, take clinical conversations to a personal level, recognize cancer pharmacology similarities and differences, and describe best practices amongst APPs.

Different cancer centers throughout the state host the program throughout the year and the agenda changes slightly at each event. Thirty APPs is the maximum per event so that the sessions are personalized, with small group discussion. Due to the overwhelmingly positive feedback, the program will continue to expand to more cancer centers throughout the state moving forward.

**About the State Oncology Society Forum**

In recognition of the essential role of community oncologists and their representative state oncology societies in advancing the quality of cancer care, NCCN provides a forum for open dialogue, an exchange of best practices, and the identification of areas for collaboration. Fundamental to the success of this program are the shared core values of the state oncology societies and NCCN, which is to improve the lives of patients with cancer.

NCCN provides State Oncology Societies with access to NCCN Content and reports on updates therein. The next State Oncology Society Forum will be held in conjunction with the NCCN 24th Annual Conference in March 2019. For more information about the NCCN State Oncology Society Forum, visit [NCCN.org](http://NCCN.org).

For More 23rd Annual Conference coverage, visit [NCCN.org/news](http://NCCN.org/news).