

# UNDERSTANDING PRACTICES AND GAPS IN MULTIDISCIPLINARY HEPATOCELLULAR CARCINOMA CARE WITHIN THE COMMUNITY ONCOLOGY SETTING



Philip A. Philip, MD, PhD, FRCP<sup>1</sup>, Leigh Boehmer, PharmD, BCOP<sup>2</sup>, Lorna Lucas, MS<sup>2</sup> & Christie Mangir, MS<sup>2</sup>

<sup>1</sup>Karmanos Cancer Institute, Wayne State University, Detroit, MI, USA; <sup>2</sup>Association of Community Cancer Centers, Rockville, MD, USA

## INTRODUCTION

Hepatocellular carcinoma (HCC) is the most common primary liver malignancy (80-90% of cases) in the United States [1,2]. Estimated new cases and deaths for 2018 were 42,220 and 30,200, respectively [2]. While available treatments are often effective for early-stage disease, less than 18% of patients are alive at five years making HCC the second most common cancer-related death worldwide [2,3].

Recent advances in HCC diagnostics and therapeutics necessitate a well-coordinated, multidisciplinary approach to managing patients with HCC. Optimal HCC management is achieved through in-depth knowledge of liver diseases, comorbidities, and available treatments in collaboration with an expert team [4,5]. With incidence set to rise dramatically in the coming years, scant information is available regarding managing care for patients with HCC in community cancer programs across the U.S. [6].

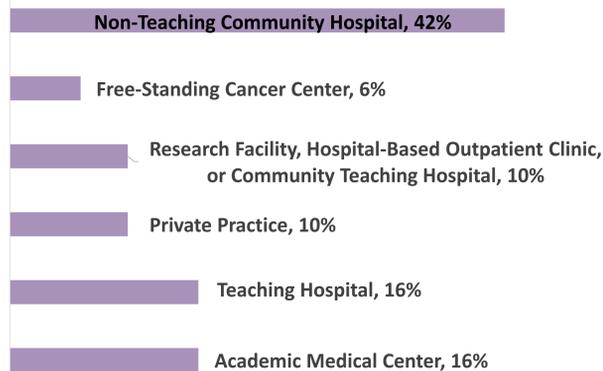
## METHODS

The Association of Community Cancer Centers (ACCC) developed a survey to identify factors associated with the delivery and coordination of care for patients with HCC. In addition to learning how community cancer program providers across the US are managing patients with HCC, objectives included to gain a better understanding of effective tools, resources, challenges, and educational needs for multidisciplinary team members.

An online questionnaire was sent to ACCC members in July 2018. In addition, project partners and advisors were invited to let colleagues at their institutions and referring cancer centers know their participation in the survey was welcome.

## DEMOGRAPHICS

Cancer Program Characteristics (N=31)



## RESULTS

### Key Findings Regarding HCC Care in Community Settings

61% of respondents indicated their programs do NOT have a specialized hepatobiliary multidisciplinary team

2/3 of those programs with a specialized multi-disciplinary team (MDT) conduct tumor boards for other programs	85% of programs without a specialized MDT consult with a tumor board
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A medical oncologist is the first specialist seen by patients with HCC at 6 in 10 programs

Roughly 4 in 10 say >50% of patients with HCC receive active treatment within their cancer program	1/3 lack support for screening and psychosocial services for patients with HCC
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Only 25% of MDTs caring for patients with HCC include a financial advocate, and just 24% report having a dedicated nurse navigator

### % Programs Communicating with HCC Patients about Specific Aspects of Care\* (N ranged from 13-14)

We ask patients' preferences for receiving information about their diagnosis/treatment, including language, including/excluding family members, participation in treatment decisions, disease severity and expected treatment outcomes	79
We explain the team members' roles	85
According to patient preferences, we explain the diagnosis/next steps and answer questions	93
According to patient preferences, we explain the patient's HCC stage	86
According to patient preferences, we discuss prognosis/risks/benefits of various treatments	93
We ask patients about QoL preferences and then make treatment recommendations	86
We encourage patients to share in treatment decisions	93
We explain the benefits of symptom management and encourage an open dialogue	93
We offer supportive (palliative) care at the start of treatment	57
We are proactive about asking patients about symptoms at every visit	93
We are proactive about telling patients how to recognize when they might need emergency care	93
We encourage patients to ask questions and make it easy for them to reach a team member	93
We are proactive about asking patients about distress (depression and anxiety) at every visit	92
We connect patients with financial counseling and treatment assistance programs	86
We take out-of-pocket costs into consideration when making treatment recommendations	72

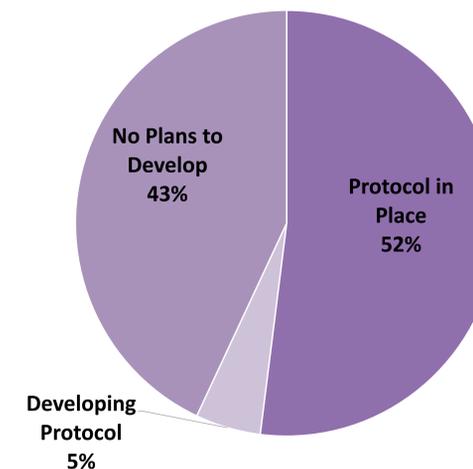
\*% responding most of the time, almost always, or always

### Cancer Programs and HCC Clinical Trials

% that discuss trials with all HCC patients (N=21)	% that conduct HCC trials (N=11)
52*	55

\*An additional 24% of respondents help patients get more information on clinical trials if they specifically ask.

### % Programs with Protocol to Adhere to NCCN HCC Guidelines\*



\*None indicated using American Association for the Study of Liver Diseases (AASLD) or American College of Gastroenterology (ACG) Guidelines.

### % Reporting Barriers to Improving HCC Care (N=13)

Lack of psychosocial services; lack of screening; no/limited access to clinical trials	31%, each
Delayed appropriate treatment; diagnostic test, drug or treatment reimbursement issues	23%, each
Delayed diagnosis	15%

## CONCLUSIONS

Unique challenges and opportunities exist within community oncology settings when providing care for patients with HCC. Areas for continued focus include increased awareness of and screening recommendations for HCC; standardized treatment pathways; access to clinical trials; patient-centered care; and creation and integration of a multidisciplinary team (virtual or otherwise).

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## ACKNOWLEDGMENTS

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