PSRP News
POPULATION SCIENCES RESEARCH PROGRAM

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Newsletter of the Population Sciences Research Program at MSK

MSK Awarded Grant for MATCHES Telehealth Research Center

NIH Funding for intra-MSK multidisciplinary center

▲ MSK is one of four recipients of an award from NCI's TRACE initiative (Telehealth Research Centers of Excellence). As part of the reinitiated Cancer Moonshot, MATCHES (Making Telehealth Delivery of Cancer Care at Home Effective and Safe) is led by Drs. Michael Morris (top left), **Katherine Panageas** (top right), **Deb Schrag** (bottom left) and Peter Stetson (bottom right) and will assess the efficacy of the MSK@Home program to deliver routine oncology care to prostate and breast cancer patients via telehealth.

Q&A with PSRP faculty member Dr. Panageas:

Can you briefly describe the need for MATCHES?
The overall goal of the MATCHES Center is to optimize and personalize telehealth care delivery for cancer patients and survivors with innovative interventions that harnesses state-of-the-science health informatics technology to enable routine medical oncology visits in the patient's home.

What are the biggest barriers that telehealth can overcome?
Prior research has suggested that cancer-focused telehealth can improve access and quality of healthcare, the communication between patient and provider and health-related quality of life. Financial and logistical barriers that often arise when patients need cancer care can turn into burdens for patients and families. Telehealth is an opportunity to address such disparities in access to cancer-related care. A crucial goal of MATCHES is to reduce barriers, enhance access, and mitigate systemic obstacles to cancer care. In order to do this, we first need to better understand how the recent large-scale changes in healthcare delivery contribute to the digital divide: how this technology may introduce new vulnerabilities, and how it exacerbates or reduces existing ones.

What is the scope of telehealth?
The suite includes pharmacy (Rx@Home), nursing (RN@Home), laboratory assessments (Labs@Home), remote monitoring of symptoms, and telehealth visits with the care team.

What are the main challenges you anticipate?
The new cancer care delivery model we are proposing is not one size fits all. Therefore, we need to first determine whether we can deliver care safely and effectively without increasing burden on patients or clinical stakeholders. We anticipate there may be logistical challenges of administering components of care in the patient's home. Since we are restructuring how we deliver patient care, we need to understand patient and clinician preferences. We will also use qualitative methods (e.g., structured interviews of patients, clinicians, and others) to obtain a fuller understanding of views and experiences of various stakeholders on the MSK@Home intervention, as well as of perceived barriers for its implementation.

What is the ultimate goal for the patients?
The prevailing cancer care delivery system determines assessment schedules based on treatment dosing intervals or on standardized surveillance intervals. With advances in digital technology, remote monitoring, and data science analytics we can investigate the potential to prescribe personalized care delivery plans that tailor visit types, intervals, even the need for labwork, to an individual patient's dynamic needs.

What is the goal for clinicians?
In 2020, New York City was the epicenter of the COVID-19 pandemic in the US and telehealth visits surged. However, little evidence was systematically acquired on care quality or on patients' and clinicians' views about virtual medicine and the equipment, training, and support structures necessary to make telehealth safe and effective. We aim to incorporate observational data and conduct pragmatic trials to compile data in order for clinicians to deliver care in a safe and effective way to allow for optimal outcomes.

The four TRACE grants address different aspects of cancer care – is there a vision for collaboration? Four centers of excellence supported by the Cancer Moonshot, will conduct research on the role of telehealth in delivering cancer-related healthcare across the cancer care continuum from prevention to screening, diagnosis, treatment to survivorship. This is a tremendous opportunity to improve cancer care delivery and outcomes by building a cancer-focused telehealth research base. There will be cross center collaborations including development and knowledge dissemination of new care delivery methods and research methodology. We are looking forward to the upcoming intra- and inter-institutional collaborations.

Grants

Congratulations to the following PSRP members who received funding as PIs or Co-PIs

PI/Co-PI	Institute (Mechanism)	Project Title
Carlsson, Sigrid	NCI (U01)	Influence of intra-individual variability in serial screening samples on clinical decision-making for risk stratification and biopsy by a single PSA and additional markers
Du, Mengmeng Kantor, Elizabeth	NCI (R21)	Leveraging medicare linkages to identify new associations: prescription drugs and digestive cancer risk

Gany, Francesca	Merck & Co	Expanding the integrated cancer care access network (ICCAN) to improve health equity among urban underserved cancer patients
Green, Angela	ASCO	Using a population-based data source to examine US cancer clinical trial enrollment, disparities, and costs among medicare beneficiaries
Kingham, T Peter	NCI (D43)	Expanding cancer research capacity in Nigeria with team science
Mao, Jun	NIH (R21)	Dopamine metabolism and nonpharmacologic insomnia interventions among cancer survivors
Mitchell, Aaron	NCI (R37)	Understanding the importance of industry relationships for cancer care quality, outcomes, and costs
Panageas, Katherine	NIH (P50)	MATCHES: Making telehealth delivery of cancer care at home effective and safe
Offit, Kenneth Hamilton, Jada	NHGRI (R01)	Digital technology to enhance access to and effectiveness of cancer genetic counseling
Scott, Jessica	NCI (U01)	Dose-response of aerobic training during total neoadjuvant therapy for locally advanced rectal cancer
Thom, Bridgette	NCI (R21)	Enhancing health cost literacy and financial capability among young adult cancer survivors

PSRP Members' Noteworthy Publications

A selection of significant manuscripts from program members

▲**Jun Mao,** with **Ting Bao**, and **Katherine Panageas**, evaluated the burden and risk factors of symptom distress in the PEACE Study, a 3-arm randomized controlled trial of cancer survivors with chronic musculoskeletal pain, and showed that electroacupuncture and auricular acupuncture significantly reduced pain compared to usual care, but auricular acupuncture was less effective. In addition, acupuncture reduced used of analgesics, improved physical function and quality of life with effects persistent at 6 months post-randomization. These findings were incorporated into the 2022 ASCO-SIO joint clinical guidelines for pain management. (Mao JJ, Liou KT, Baser RE, Bao T, Panageas KS, Romero SAD, et al. Effectiveness of Electroacupuncture or Auricular Acupuncture vs Usual Care for Chronic Musculoskeletal Pain Among Cancer Survivors: The PEACE Randomized Clinical Trial. JAMA Oncol. PMID: 33734288; PMCID: PMC7974834.)

▲**Lisa Diamond** addressed language barriers and their impact on quality of care and outcomes in a study assessing Google Translate for emergency department instructions. They demonstrated inconsistent discharge instructions between languages and concluded it should not be relied on for patient instructions. (Taira BR, Kreger V, Orue A, Diamond LC. A Pragmatic Assessment of Google Translate for Emergency Department Instructions. J Gen Intern Med. PMID: 33674922; PMCID: PMC8606479.)

▲**Chaya Moskowitz,** with **Danielle Friedman, Malcolm Pike** and **Colin Begg,** developed and validated a breast cancer risk prediction model applicable to women who had been treated with chest radiation for a childhood cancer based prediction model data. (Moskowitz CS, Ronckers CM, Chou JF, Smith SA, Friedman DN, Barnea D, et al. Development and Validation of a Breast Cancer Risk Prediction Model for Childhood Cancer Survivors Treated With Chest Radiation: A Report From the Childhood Cancer Survivor Study and the Dutch Hodgkin Late Effects and LATER Cohorts. J Clin Oncol. PMID: 34048292; PMCID: PMC9384912.

▲**Andrew Vickers** compared epidemiologic with clinical trial data to demonstrate that prostate tumors only detectable by MRI-targeting are associated with a very low long-term risk of cancer-specific mortality and found use of MRI-targeting, when coupled with contemporary guidelines for grading and treatment, leads to high rates of overdiagnosis and overtreatment. (Vickers AJ. Effects of Magnetic Resonance Imaging Targeting on Overdiagnosis and Overtreatment of Prostate Cancer. Eur Urol. PMID: 34294510; PMCID: PMC8530856.)

Mark your calendar

PSRP Seminars

10/18 — **Cary Gross, MD**
Professor of Medicine and Epidemiology; Founder and Director, Cancer Outcomes, Public Policy and Effectiveness Research (COPPER) Center, Yale School of Medicine, New Haven, CT; Director, Adult Primary Care Center, Quality Improvement; Chair, National Clinician Scholars Program Director, National Clinician Scholars Program

11/4 — **PSRP Special Symposium and Panel Discussion**
Leveraging Childhood, Adolescent, and Young Adult Cancer Cohorts to Inform Patient-Centered Survivorship Research and Care: An International Perspective
ZRC Auditorium,10:00 - 11:30am

11/15 — **Corita Grudzen, MD**
Professor, Ronald O. Perelman Department of Emergency Medicine and Department of Population Health at NYU Grossman School of Medicine; Associate Dean, Clinical Sciences, Office of Science & Research; Vice Chair for Research, Department of Emergency Medicine

12/13 — **Dawn Hershman, MD, MS, FASCO**
American Cancer Society Professor of Medicine and Epidemiology; Director of Breast Oncology, Columbia University Medical Center

We Welcome Your Feedback!
The PSRP News Committee would love to hear your thoughts and suggestions on how to improve the newsletter. Please feel free to send any comments to Richard Koppenaal (koppenar@mskcc.org). Thank you for your support!