

Kaiser Permanente-led abstracts include: 571, 1205, 12025, 12055, 12089, 265, 3552, 6578



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Kaiser Permanente studies at ASCO Annual Meeting highlight advances in cancer care delivery

Studies draw on KP's experience as one of the largest cancer care providers in the U.S. and a top enroller in NCI-sponsored clinical trials

OAKLAND, CA – MAY 26, 2022 – Kaiser Permanente, which cares for more than 500,000 cancer patients every year, will present 10 studies at the 2022 ASCO Annual Meeting (June 3-7, 2022 in Chicago) that offer new insights into how to improve the delivery of cancer care so that more patients benefit. Kaiser Permanente researchers contributed to an additional 12 studies focused on novel treatment advances, and will be featured in two educational sessions: one exploring the future of real-world data versus clinical trials and another on aging and social justice. All Kaiser Permanente abstracts were publicly posted today at [meetings.ASCO.org](https://meetings.asco.org).

As a top enroller in National Cancer Institute (NCI)-sponsored clinical trials, Kaiser Permanente currently has more than 200 active studies, coupled with decades of experience putting care improvements into practice that reduce health disparities across a large, integrated health care system.

"We're excited to bring our expertise and research to ASCO 2022," said **Tatjana Kolevska**, MD, medical director for the Kaiser Permanente National Cancer Excellence Program. "Kaiser Permanente has a longstanding commitment to equity in cancer care, combined with diverse clinical trial participation, and a strong track record of reducing cancer care disparities."

SUMMARIES OF KAISER PERMANENTE STUDIES

Four studies examine ways to avert early hospitalization and death in older cancer patients:

- 1. Geriatric risk and toxicity assessments can predict adverse outcomes in older cancer patients (≥65) with newly diagnosed cancer:** This pilot study involving 1,598 patients at select Kaiser Permanente community-based clinics affirms that increasing age is associated with higher G8/CARG risk, reinforcing the importance of conducting these assessments at the time of initial cancer diagnosis, in line with ASCO and NCCN recommendations.
- 2. Nurse navigators can help address an urgent, unmet need for greater completion of pre-chemotherapy geriatric assessments and toxicity screenings:** Nurse navigators across seven hematology-oncology community clinics dramatically increased uptake of pre-chemo screening tools designed to predict early hospitalization and death. While outside studies show a 20-35% completion rates of G8 and CARG when administered by a physician, 79% of KP patients completed the G8 screening (N=1,372), while 92% completed the CARG toxicity tool (N=563), highlighting their utility in predicting adverse clinical outcomes among a growing population of older adults with cancer.

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3. **Digital caregiver reports can provide early signs of adverse outcomes in cancer patients:** Following 52 patient-caregiver pairs, researchers found that caregiver reports accurately predicted ED/hospitalizations, mortality, and hospice referral among adult solid cancer patients receiving intravenous systemic therapies. Kaiser Permanente’s digital app, TOGETHERCare™, allowed caregivers to report patient symptoms and physical functions in real time.

4. **Eastern Cooperative Oncology Group Performance Status scale a strong predictor of emergency department visits, hospitalizations, and mortality:** This retrospective study, involving 21,730 adults receiving intravenous systemic cancer therapy at 18 Kaiser Permanente locations in Northern California, found that patients with higher ECOG-PS scores (3-4; out of a range of 0-4) were at increased risk of ED admission. African American, male, and older patients, as well as patients with Stage IV cancer, had higher ECOG-PS levels, suggesting that the ECOG-PS scale can better predict clinical outcomes among certain patient groups.

TITLE	LEAD AUTHOR	ABSTRACT #, POSTER SESSION
1. Using G8 and cary toxicity score to predict emergency room (ER) visits, hospitalizations, and mortality in older patients with newly diagnosed cancer	Amit Arora, MD, Kaiser Permanente San Leandro Medical Center	12055 June 4, 2:15PM ET
2. Nurse navigator initiated geriatric assessments in hematology-oncology clinics	John Shaia, MD, of Kaiser Permanente San Francisco Medical Center	1205 June 4, 2:15PM ET
3. Cancer Patient Symptom and Physical Function Reporting by Caregivers as Predictors of Adverse Clinical Outcomes <i>ASCO Merit Award winner</i>	Elad Neeman, MD, Kaiser Permanente San Francisco Medical Center	12026 June 4, 2:15PM ET
4. Contemporary Real-world Associations Between Performance status and Clinical Outcome in Cancer Patients: a Retrospective Cohort Study <i>ASCO Merit Award winner</i>	Deepika Kumar, MD, Kaiser Permanente San Francisco Medical Center	6578 June 6, 2:15PM ET

Additional featured research from Kaiser Permanente-led studies:

1. **Compared to clinical breast exam, imaging detects vast majority of secondary breast cancers in DCIS patients:** Amid increased incidence of the earliest, pre-invasive stage of breast cancer, ductal carcinoma in situ (DCIS), more women are undergoing post-treatment surveillance for secondary breast cancers. Kaiser Permanente surveyed 1,561 female DCIS patients diagnosed between January 1, 2008 and January 1, 2011. Only 2% of secondary breast cancers were detected by a clinical breast exam, while 77% of 137 cases in the cohort. Results can help inform future guidelines designed to detect secondary breast cancer in DCIS patients.

2. **Bevacizumab-awwb is a safe and effective option to treat metastatic colorectal cancer:** This observational study, following 1,445 metastatic colorectal cancer patients within a multi-state integrated healthcare system, found that patients receiving biosimilar bevacizumab-awwb had similar outcomes of overall survival (73%) compared to patients receiving bevacizumab (73%). Findings reinforce that bevacizumab-awwb is a safe and effective alternative treatment option.

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TITLE	LEAD AUTHOR	ABSTRACT #, POSTER SESSION
1. Mode of Detection of Second Breast Cancers in Patients Undergoing Surveillance After Treatment of Ductal Carcinoma in Situ	Bethany Waites, MD, Kaiser Permanente San Francisco Medical Center	571 June 6, 9AM ET
2. Real world outcomes of biosimilar bevacizumab-awwb versus reference bevacizumab in patients with metastatic colorectal cancer in an integrated healthcare delivery system	Catherine Pham, PharmD, MPH, Kaiser Permanente Southern California	3552 June 4, 9AM ET

Additional Kaiser Permanente sessions and studies (lead authors and co-authors):

TITLE	LEAD AUTHOR / PANELIST	KAISER PERMANENTE CO- AUTHORS	ABSTRACT #, SESSION
EDUCATIONAL SESSION			
Point/Counterpoint: Real-World Data—Do We Even Need Clinical Trials Anymore?	Lawrence H. Kushi, ScD, Kaiser Permanente Northern California		E253d June 4, 4PM ET
Social Justice and Aging: A Patient Perspective	John F. Simmons, MD, FACP, Kaiser Permanente Medical Center		S100a 4:21 PM EDT
ORAL SESSIONS			
Randomized phase II/III trial of veliparib or placebo in combination with adjuvant temozolomide in newly diagnosed glioblastoma (GBM) patients with MGMT promoter hypermethylation (Alliance A071102)	Jann Nagina Sarkaria, Mayo Clinic	Sandeep Mashru, MD, Kaiser Permanente of the Northwest	2001 June 6, 12:42PM ET
A phase III, randomized, sham-controlled trial of acupuncture for treatment of radiation-induced xerostomia (RIX) in patients with head and neck cancer	Lorenzo Cohen, MD Anderson Cancer Center	Michael Russin, MD, Kaiser Permanente Walnut Creek	12004 June 6, 1:42 PM ET
POSTER SESSIONS			
Association of Metabolic Risk Factors with Breast Cancer Survival in a Population-Based Cohort	Elizabeth Feliciano, ScD, ScM, Kaiser Permanente Northern California Division of Research	Alexa Zimbalist, MA, Charles P. Quesenberry Jr., PhD, Bette Jane Caan, DrPH, Kaiser Permanente Northern California Division of Research	12089 June 4, 2:15 PM ET

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Updated Analysis: Clinical Outcomes Following Regionalization of Gastric Cancer Care in a US Integrated Health Care System	Swee H. Teh, The Permanente Medical Group	Robert A. Li, Sharon Shiraga, Yan Li, Tilak K. Sundaresan, I-Yeh Gong, The Permanente Medical Group Northern California; Teresa Y. Lin, Lisa J. Herrinton, Kaiser Permanente Division of Research	265 N/A
Longitudinal changes in financial burden in patients with colorectal cancer treated with curative intent: Primary results of EA0162CD.	Sheetal Mehta Kircher, Northwestern University	Jennifer Marie Suga, MD, NCORP, Principal Investigator, Kaiser Permanente Northern California	6597 June 6, 2:15PM ET
Acceptability of a machine learning-powered clinical decision support system aiding serious illness conversation and its impact on clinical outcomes: A pilot study.	Teja Ganta, Icahn School of Medicine at Mount Sinai	Jennifer Marie Suga, MD, NCORP, Principal Investigator, Kaiser Permanente Northern California	6562 June 6, 2:15PM ET
A phase II study of talazoparib plus avelumab in patients with stage IV or recurrent nonsquamous non-small cell lung cancer bearing pathogenic STK11 genomic alterations (SWOG S1900C, LUNG-MAP sub -study, NCT04173507).	Ferdinand Skoulidis, MD Anderson Cancer Center	Jennifer Marie Suga, MD, NCORP, Principal Investigator, Kaiser Permanente Northern California	9060 June 6, 9AM ET
Randomized Phase I Study of Platinum and Etoposide versus Temozolomide and Capecitabine in Patients with Advanced G3 Non-Small Cell Gastroenteropancreatic Neuroendocrine Tumors including Poorly Differentiated Neuroendocrine Carcinomas and Well-Differentiated Neuroendocrine Neoplasms	Jennifer Rachel Eads, Abramson Cancer Center	Myron Kwong, MD, Kaiser Permanente Northern California	4020 June 4, 2:15PM ET
Progression and mortality post immunotherapy discontinuation among BRAFV600 mutant (BRAF+) metastatic melanoma patients	Sunandana Chandra, MD, Northwestern University Feinberg School of Medicine	Thach-giao Truong, MD, Kaiser Permanente Northern California	9531 June 6, 2:15PM ET
Real-world Evaluation of the Association between Baseline Metastatic patterns and Clinical Outcomes among BRAF-Positive Metastatic Melanoma Patients	Zeynep Eroglu, MD, Moffitt Cancer Center	Thach-giao Truong, MD, Kaiser Permanente Northern California	9532 June 6, 2:15PM ET
A phase II study of biomarker -driven early discontinuation of anti -PD-1 therapy in patients with advanced melanoma (PET -Stop): ECOG-ACRIN EA6192.	Geoffrey Thomas, Georgetown-Lombardi Comprehensive Cancer Center	Thach-giao Truong, MD, Kaiser Permanente Northern California	TPS9591 June 6, 2:15PM ET

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Early quality of life (QOL) and symptom analysis from the DREAMseq phase III randomized control trial of combination immunotherapy versus targeted therapy in patients (pts) with BRAF-mutant metastatic melanoma (MM) (ECOG-ACRIN EA6134).	Roxanne E. Jensen, National Cancer Institute	Thach-giao Truong, MD, Kaiser Permanente Northern California	9559 June 6, 2:15PM ET
NSABP FC-11: a phase II study of neratinib plus trastuzumab or neratinib plus cetuximab in patients with “quadruple wild-type” metastatic colorectal cancer (mCRC) based on her2 status.	Samuel A. Jacobs, NSABP Foundation, Inc.	Tatjana Kolevska, MD, Kaiser Permanente Napa/Solano Medical Center	3564 June 4, 9AM ET
Tolerability of Olaparib (ola) combined with abiraterone (abi) in patients with metastatic castration-resistant prostate cancer (mCRPC): PROpel phase III trial	Antoine Thierry-Vuillemin, Centre Hospitalier Régional Universitaire, Besançon	Gary Buchschacher, MD, PhD, Kaiser Permanente Southern California	5019 June 6, 6:26PM ET
ePub ABSTRACTS			
Increasing Advance Directive Completion within the 4R Oncology Model in Breast Cancer Patients Prior to Surgery in a Racially Diverse Patient Population	Stephanie Ossowski, Kaiser Permanente San Francisco Medical Center		N/A
Feasibility Study of Integrated ePROs In Routine Care During Radiation Therapy for Head and Neck Cancer	Jed Katzel, Kaiser Permanente San Francisco Medical Center		N/A

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About Kaiser Permanente

Kaiser Permanente is committed to helping shape the future of health care. We are recognized as one of America's leading health care providers and not-for-profit health plans. Founded in 1945, Kaiser Permanente has a mission to provide high-quality, affordable health care services and to improve the health of our members and the communities we serve. We currently serve 12.5 million members in 8 states and the District of Columbia. Care for members and patients is focused on their total health and guided by their personal Permanente Medical Group physicians, specialists, and team of caregivers. Our expert and caring medical teams are empowered and supported by industry-leading technology advances and tools for health promotion, disease prevention, state-of-the-art care delivery, and world-class chronic disease management. Kaiser Permanente is dedicated to care innovations, clinical research, health education, and the support of community health. For more information, visit about.kp.org and [Kaiser Permanente research](#).