

Submitted electronically via comments@pcori.org

March 15, 2012

Joe V. Selby, MD, MPH
Executive Director
Patient-Centered Outcomes Research Institute
1701 Pennsylvania Ave., NW, Suite 300
Washington, DC 20006

Re: Comments on PCORI's National Priorities and Research Agenda

Dear Dr. Selby:

The Susan G. Komen for the Cure® Advocacy Alliance (Komen) appreciates the opportunity to comment on the Patient-Centered Outcomes Research Institute (PCORI) Draft National Priorities for Research and Research Agenda (Version 1). We believe that PCORI can play an important role in facilitating research that will help patients and caregivers make informed decisions about healthcare. We support the broad categories outlined in the Draft National Priorities for Research and Research Agenda as a framework for PCORI's research funding. We provide these comments to assist PCORI in determining how this framework can be built upon to develop a portfolio of research that will be truly patient-centered and consistent with Congress' intended purpose.

Susan G. Komen for the Cure® is the country's largest grassroots network of breast cancer survivors and advocates. At the heart of Komen's mission is saving lives, empowering people, ensuring quality care, and energizing science to find the cures. The Susan G. Komen for the Cure® Advocacy Alliance is the nonprofit, nonpartisan advocacy arm of Susan G. Komen for the Cure®. With a network of more than 300,000 advocates, the Alliance is the voice for the 2.6

million breast cancer survivors in the U.S. and those who love them. On their behalf, we submit these comments.

We believe that each of the priorities selected addresses important areas of comparative clinical effectiveness research regarding prevention, treatment, and care options that would benefit patients. Our comments align most with the proposed priorities of: “Assessment of Prevention, Diagnosis, and Treatment Options” and “Approving Healthcare Systems,” but we believe the topics we are proposing would touch upon several other agenda items. Komen’s proposed topics of study include:

- Determining appropriate screening modalities and best practices for providers to communicate and educate patients about breast density. This would be applicable to many other situations in which risk factors have been identified, but the science is still unclear on how best to pursue diagnostic and treatment options in light of these risks.
- Consistent with the proposed topic: “Ways to Improve Access to Care,” we propose that PCORI conduct studies to find out how to ensure that patients, including those in populations facing obstacles associated with health care disparities, are informed of and have access to both new and emerging developments and existing treatment and preventive services.
- Determining how to maximize utilization of the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) is an example of a topic that would allow PCORI to research factors impacting access.
- Consistent with the proposed topic: “Receipt of Care, Coordination of Care, Self-care and Decisionmaking,” Komen proposes that PCORI conduct studies to determine best practices for making patient-centered decisions associated with prescribing oral chemotherapy, which should be defined to include anti-estrogen therapies widely used to treat or prevent breast cancer. This could involve identifying: ways to evaluate risk factors for non-adherence, interventions that would reduce these risks, and methods to monitor patient adherence.

Komen also supports the Cancer Leadership Council’s comments on the Priorities and Research Agenda, but also offers these additional recommendations regarding topics and focus areas within the scope of the priorities that would address important gaps in knowledge impacting breast cancer patients.

I) Assessment of Prevention, Diagnosis, and Treatment Options

Komen strongly supports PCORI's interest in studies to address situations in which there is a need for more evidence regarding the effectiveness of strategies for prevention, screening, and diagnosis in order to support decision-making by patients, caregivers, and healthcare professionals.

Consistent with this priority, we would like to propose that PCORI support research to determine appropriate screening modalities for women identified to have high breast density. While women with dense breasts have been found to be 4-5 times more likely to develop breast cancer than women with low breast density, science has not provided a complete understanding of the relationship between breast cancer and breast density. At this point, high breast density has been associated with higher relative risk, but it is one among many risk factors for breast cancer and cannot be used to determine a woman's absolute risk of developing breast cancer. Additionally, current measures of breast density are somewhat subjective, since one physician's estimate may vary from another's. Mammography is the only way to detect and measure breast density. The prevailing method of conveying information about breast density is by using the American College of Radiology's Breast Imaging Reporting Data System (BI-RADS). Currently, it is not routinely reported or used by health care providers for purposes of determining breast cancer risk.¹

Mammography alone may not be effective in detecting tumors in women who have dense breasts. This is because dense breast tissue can make abnormalities difficult to find, even to trained eyes. Compared to standard film mammography, digital mammography has been shown to be better at finding tumors in women with dense breasts. Additionally, magnetic resonance imaging (MRI) and ultrasound, in combination with mammography, are under study as breast cancer screening tools for women with dense breasts. At this point, scientific evidence has not yet determined the appropriate next step for secondary screening for women with dense breasts.

¹ Komen Perspectives: *The ABCs of Breast Density* (August 2011)

As a result, there is a need to further develop the scientific evidence regarding the most clinically effective and safe secondary screening for women with high breast density.

Also, until that is determined, it is necessary to find better ways to communicate and educate patients about the nature of the risk associated with breast density, the current limitations of science, and how to determine the best course of action through a discussion with the provider that would concentrate on the values and preferences of each patient when evaluating options. This could involve comparing the effectiveness of different patient and caregiver education processes that could be used to help patients make choices even when evidence is incomplete. PCORI could also study possible decision aids to help patients analyze risks and benefits associated with treatment options and weigh those in light of their values and preferences. This would allow patients to make informed choices about next steps for screening or follow-up care.

Knowledge derived from such studies would have value beyond addressing the issue of breast density because it is applicable to many situations where risk factors have been identified, but the science is still unclear regarding to how best to pursue treatment options in light of these risks. Another parallel example is the use of genetic tests, when some do not necessarily lead to a clear treatment or prevention strategy. The question becomes how to communicate the patient's risk, the available options, and the limitations of these options so that they can have a realistic understanding of how best to use knowledge of risk factors to determine appropriate next steps with the help of their provider. This could lead to better methods of communicating with patients in ways that they can understand and that will not be influenced by financial or emotional considerations other than the values and preferences of the patient. This will also facilitate shared decision-making to ascertain how patients can maintain their values and preferences while navigating choices about existing treatment and prevention options and limitations.

II) Improving Healthcare Systems

1) Ways to Improve Access to Care

We believe that PCORI's proposal to conduct research on improving access to care is a critically important agenda item. In order for PCORI to accomplish its mission, its research should go beyond determining what works, and ensure that the research product actually gets to the patients who need it. Accordingly, studies are needed to find out how to ensure that patients, including those in populations facing the obstacles associated with health care disparities, have access to both new and emerging developments and existing treatment and preventive services. Many factors can be deterrents to access including lack of coverage or unaffordable co-pays for services, geographic barriers, and inadequate education and outreach. PCORI could conduct research to determine how each of these plays into the access problem so that programs could be improved to better accommodate the underserved.

Determining how to maximize utilization of the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) is an example of a topic that would allow PCORI to research these factors. NBCCEDP is a partnership between the Centers for Disease Control and Prevention and state departments of health. NBCCEDP awards grants to local providers and clinics to provide breast and cervical cancer screening, diagnostic care, case management, and treatment referrals for low-income, uninsured and medically underserved women who do not qualify for Medicaid. According to estimates, 8%–11% of U.S. women of screening age are eligible to receive NBCCEDP services. According to federal guidelines, uninsured and underinsured women at or below 250% of the federal poverty level, and between ages 40 and 64 are eligible for breast screening through the NBCCEDP program.

By studying factors that prevent some of those who are eligible from receiving screening, PCORI's research could contribute valuable findings. This information could be used to determine other issues besides coverage of the actual screening that can deter the eligible population from accessing health care services. If factors such as knowledge of the importance of screening and prompt follow-up care, outreach regarding where facilities are and how to get to

them, and employment and caregiver responsibilities weigh heavily into whether women and men access available services, this would mean that Medicaid expansion and new coverage options available through the Exchanges will not alone improve access.

Knowledge acquired through the study could inform how programs like NBCCEDP could evolve to address some of these access issues. This would also help determine whether mandates like the one in NBCCEDP's authorizing legislation, which requires that 60% be used for direct services and 40% for education and outreach, need to be modified. Currently, NBCCEDP not only provides screening, but also provides culturally appropriate outreach through patient navigators and health educators. It is important to study how these and other factors come into play and to determine the full scope of issues that impact to access. This is necessary in order to ensure that efforts to help more patients benefit from scientific developments and improvements to the health care system are effective. Findings from this study could also be applied to achieve the goal of alleviating health care disparities and expanding access to clinically proven screenings, diagnostic services, and treatments that save lives.

2) Receipt of Care, Coordination of Care, Self-care, and Decision-making

Komen supports PCORI's prioritization of improving healthcare systems and the proposed agenda topics focusing on receipt of care, coordination of care, self-care, and decision-making. In this area, we would like to propose that PCORI conduct studies to determine best practices for making patient-centered decisions associated with prescribing oral chemotherapy, which should be defined to include anti-estrogen therapies widely used to treat or prevent breast cancer. This could involve identifying: ways to evaluate risk factors for non-adherence, interventions that would reduce these risks, and the best methods to monitor patient adherence.

While oral oncolytic therapies currently comprise about 10% of therapies, it is predicted that the use and availability of these oral therapies will continue to grow. This is because it is estimated that 25% of cancer treatments in the development phase are oral therapies and they also work particularly well with targeted agents, which are another innovation in cancer care.

Other benefits of oral chemotherapy are patient empowerment in managing their own care and less frequent office visits both for administration and follow-up care. For some patients facing long-term treatments such as breast cancer patients taking tamoxifen up to five years after surgery, oral treatments are necessary.² Oral chemotherapy is also an important option for patients with chronic metastatic disease.

Many commonly used oral oncolytic drugs used to treat breast cancer do not have intravenous equivalents. For example, if a woman needs anti-estrogen therapy (which is the case for approximately 70% of women) her only option is an oral drug. Other oral drugs have specific indications. For instance, Tykerb is used for women whose tumors no longer respond to Herceptin; Xeloda is used alone or in combination with a taxane for women with metastatic disease that has progressed on anthracycline-based therapies. In these cases, the proven treatment is oral and, therefore, finding ways to improve adherence and communicate with patients about how to maximize effectiveness is critical.

Potential drawbacks of oral chemotherapy are the possibilities that patients will not adhere to their treatment or will encounter difficulties in assuming the responsibilities of self-administration. Indicators have been proposed to determine whether patients will be able to adhere to oral chemotherapy based on their ability to schedule taking the medication, their motivation, and their comfort level with managing their own care.³ A few of these indicators include: patient history of filling prescriptions, reporting side effects, and keeping appointments; patient motivation to participate fully and follow necessary instructions; and the level of communication and trust established through the doctor-patient relationship.⁴ Further study of

²Saul N. Weingart, MD, PhD; Elizabeth Brown, MD; Peter B. Back, MD, MAPP; Kirby Eng, RPh; Shirley A. Johnson, RN, MS, MBA; Timothy M. Kuzel, MD; Terry S. Langbaum, MAS; R. Donald Leedy, MBA, CPA. Raymond J. Muller, MS, RPh; Lee N. Newcomer, MD, MHA; Susan O'Brien, MD; Denise Reinke, MS, NP, AOCN; Mark Rubino, RPh, MHA; Leonard Saltz, MD; and Ronald S. Walters, MD, MBA. NCCN Task Force Report: Oral Chemotherapy, Journal of the National Comprehensive Cancer Network, 2008 Vol. 6 Supp. 3, at 2, available at http://www.nccn.org/JNCCN/PDF/JNSU3_combined_Oral_Chemo_2008.pdf. [NCCN Report].

³ Elizabeth McGann, DNSc, RN, Promoting Adherence to Oral Chemotherapy, An Expert Interview with Susan Moore, RN, MSN, ANP, AOCN, and Debra Winkeljohn, RN, MSN, AOCN, CNS, Medscape, available at <http://www.medscape.com/viewarticle/744303>.

⁴ Id.

these methods is needed. Additionally, comparative effectiveness research could help determine how well different methods serve different patients and patient populations.

Studies are also needed to determine ways to overcome barriers when one or more of these indicators are not present. Communication skills and the ability of patients and their providers to convey information about side effects and instruction details are critical for effective use of oral chemotherapy. Therefore, studies should be conducted to determine the extent that language and poor doctor-patient communication can serve as barriers to prevent effective use and adherence to oral chemotherapy regimens. PCORI could research how patient and caregiver education could be improved to support better oral chemotherapy medication adherence and monitoring. This could include studying how health care providers can communicate more effectively with their patients regarding instructions, the importance of adherence, and ways to track and monitor adherence and any side effects. It is important to study how adherence barriers can be overcome so that certain patients are not prevented from receiving the benefits of oral chemotherapies because language facility and comprehension of instructions prevent adherence to the regimen.

PCORI could also sponsor research to determine indicators and factors that impact adherence when patients are on a long-term oral oncolytic regimen and when oral regimens are integrated with other therapies taken for co-morbidities. It has already been established that adherence to chronic medication therapy is different from, and notably poorer than, adherence in the clinical trial context.⁵ Further study is needed to determine why this is the case, and how to improve long-term adherence.

Finally, we would like to propose that PCORI's research be used to determine ways to effectively monitor adherence so that patients are receiving safe and appropriate care and poor adherence will not be mistaken for the treatment being considered ineffective. Methods to compare could include, but are not limited to: self-reporting and prescription refill records, medication event monitoring systems, and direct biological measurements and assessments of clinical response.⁶ We recommend that PCORI's research should evaluate these and other

⁵ NCCN Report at 5.

⁶ NCCN Report at 6.

monitoring methods and also determine approaches to assess when different methods would be more effective or feasible for particular patients.

Komen appreciates the opportunity to comment on PCORI's National Priorities and Research Agenda. We commend PCORI for proposing priorities and an agenda in line with its mission to support research that will provide patients and caregivers with the information they need to make important health care decisions. We believe that all five categories will generate valuable research. The topics we have proposed meet critical needs of breast cancer patients and directly align with the first two priorities, while also integrating areas of interest identified in the other priority areas, particularly promoting communication and dissemination and addressing disparities. We look forward to further communications with PCORI throughout the process of building a patient-centered portfolio of research. If you have any questions or would like any additional information, please do not hesitate to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read "EA Thompson". The signature is fluid and cursive, with a long horizontal stroke at the end.

Elizabeth Thompson
President
The Susan G. Komen for the Cure® Advocacy Alliance