

# It's all about the care: new takes on access, quality, consolidation, and outcomes

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**T**imely access to cancer care can translate into improved outcomes and quality of care, better patient quality of life, and cost savings for patients, practices, and society alike. There are many ways to facilitate such access, starting with educating patients and caregivers about its importance and that ensuring routine screening recommendations are followed to increase the likelihood of earlier-stage diagnosis and therefore earlier therapy initiation. But literal access – physically getting to the point of care – can also be an issue. For patients who live in rural or remote areas or those of low socioeconomic status, even in an urban area, the cost and logistics of getting to the point of care for treatment can be prohibitive, especially if the various components of care are not consolidated. Two articles in this issue focus on access to care and the impact on outcomes.



On page e263, Margaret Kemeny reports on the impact on outcomes and quality of care in patients of low socioeconomic status who were treated for breast cancer at a centralized cancer care center. The center was established at a public hospital in Queens, New York, to provide single-site, comprehensive care encompassing the clinical, supportive, and clerical-financial aspects of care during all phases of the disease trajectory. Kemeny compared the data of breast cancer patients treated at the hospital before the center was established with the five-year data of those treated at the cancer care center. She found that several factors changed, among them, that there was an increase in the number of patients diagnosed with earlier-stage breast cancer, an increase in the use of lumpectomies, and an increase in survival for patients with stage 3 disease. Not only are the findings of this study compelling, but the introduction and discussion sections provide a useful review of related literature as well as some practical “how-to” pointers for anyone thinking about setting up a similar center.

Gilbertson-White and colleagues continue with the theme of access to care in cancer patients, but shift the focus in their systemic literature review to supportive and palliative inter-

ventions for patients with advanced disease who live in rural communities (p. e248). Compared with urban communities, the rates of late-stage cancer and mortality are higher in rural communities, where low socioeconomic status, inadequate health coverage, and less workplace flexibility and social support hamper access to care. The findings show that the interventions resulted in a reduction in physical and emotional symptoms; improvement in patient quality of life and well-being, access to health care services, and quality of care; and cost savings for patients who received care from rural- instead of urban-based hospitals. The authors emphasize the importance of technology, especially tele- and video-conferencing, in delivering palliative and supportive care to underserved communities.

Patient-reported outcomes have been described as a picture of the patient perspective on treatment and its side effects, and they are increasingly being included in clinical trials and incorporated into the delivery of quality care. Valenti and colleagues studied the impact of cancer-therapy-related adverse events (AEs) on patient quality of life (p. e256). They compared the impact on quality of life reported by cancer patients who had experienced a particular AE with the impact envisioned by participants from the general public who had not experienced AEs and found that those who had experienced AEs perceived a lower impact on quality of life compared with the general public participants who had not experienced the AEs.

Also in this issue are a pertinent and comprehensive review of the latest in breast cancer therapies, specifically targeted therapies for multiple subtypes (p. e277); two Case Reports, one on managing tonsillar carcinoma with advanced radiation and chemotherapy techniques (p. e268), another on familial essential thrombocythemia associated with *JAK2 V617F* mutation in siblings (p. e274); and Community Translations articles on the approvals of atezolizumab for non-small-cell lung cancer (p. e 242) and lenlidomide for multiple myeloma in the maintenance setting (p. e245).