

Incorporating Scientific Advances and Improving Access to Care: Meeting Abstracts From the 2021 ASH Annual Meeting and Exposition

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This time last year, I thought we would be able to enjoy in-person (remember that?) learning and collaboration. Last year, in selecting key abstracts from the American Society of Hematology (ASH) annual meeting, I focused on the resilience in learning and collaboration in this new hybrid but mostly virtual world. As health-care professionals, we have endured an unimaginable and seemingly indefinite foe in the ever-changing SARS-CoV-2 virus, resulting global pandemic, evolution of science surrounding uncertainties of the evolving science, and the unforeseen complexity of personal perception relative to the lived experience of vulnerability to and protection from the virus. Imagine the perceived vulnerability experienced by our patients who also live with the vulnerability of a cancer diagnosis and who wish to pursue the best available therapy for their disease. Some of our patients face added vulnerability due to the continued disparities in access to cancer care, including access to cutting-edge therapies only available in clinical trials, the focus of most abstracts presented at the ASH annual meeting. These disparities have increased during this pandemic (Siegel et al., 2022). Despite the continued decline in overall death rates across most tumor types, the need for continued research, including clinical trials, and efforts to make these options more accessible and

equitable across all populations will be necessary to continue this trend (Siegel et al., 2022).

One of the key principles that has guided my practice over the past 37 years is to never exclude a future treatment option. We do this by applying the principles of risk-adapted therapy and by maximizing each treatment option, and by always considering a clinical trial. How do we analyze the science, extrapolate key findings, and incorporate the findings in a way that will benefit the most patients?

Risk-adapted treatment selection incorporating disease state, pathways, therapeutic targets, and the selection of specific therapies within the disease trajectory (newly diagnosed or relapsed/refractory) has been established as best practice. The guidance in how to sequence therapies is much less clear. How do we incorporate newly approved therapies into the current treatment paradigm?

Keeping patients on potentially beneficial therapies in the post-marketing phase poses additional challenges. Understanding the registration trial including trial design, inclusion and exclusion criteria, treatment schema, mechanism of action, time to response, durability of response, and safety profile is essential. Consideration of the differences in the trial population and the larger population is key. Strategies to prevent, promptly identify, and mitigate anticipated or unexpected

adverse events is key to continuation of therapy. Engaging the patient and their caregivers to become partners in their care is at the core of shared decision-making, including establishing goals of care. Balancing long-term treatment (the norm for most patients) with quality of life relative to patient-derived goals of care is critical. This requires an agile interdisciplinary team, with each member working at the top of their licensure, effective communication within the team and with the patient and their caregivers, and continuous integration of the evolving science to maintain best practice.

IN THIS SUPPLEMENT

It is through this lens that I have selected nine abstracts from the 63rd annual ASH meeting to highlight salient and practice-changing implications that may challenge the advanced practitioner (AP) in hematology and oncology to transform their practice and provide the best access to quality care for all hematology and oncology

patients. The clinical pearls provided by my colleagues will offer insight into how best to incorporate scientific advances into practice and improve access to care, including clinical trials. You can also watch each author discuss these abstracts at advancedpractitioner.com/highlights.

Many of these abstracts highlight the critical role APs play in achieving these outcomes and the commitment the Advanced Practitioner Society for Hematology and Oncology (APSHO) makes to bring APs together within our committees, taskforces, online community, and within the Board of Directors to operationalize initiatives driven by the science and by practice trends. We look forward to seeing you at JADPRO Live in Aurora, Colorado, this fall to continue our collaborations, share more science, network, and just simply enjoy being together in person! ●

Reference

Siegel, R. L., Miller, K. D., Fuchs, H. E., & Jemal, A. (2022). Cancer statistics, 2022. *CA: A Cancer Journal for Clinicians*, 72(1), 7–33. <https://doi.org/10.3322/caac.21708>