



# Disparities and the Impact on Breast Cancer - The Louisiana Experience

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# Disclosures

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- I have nothing to disclose.

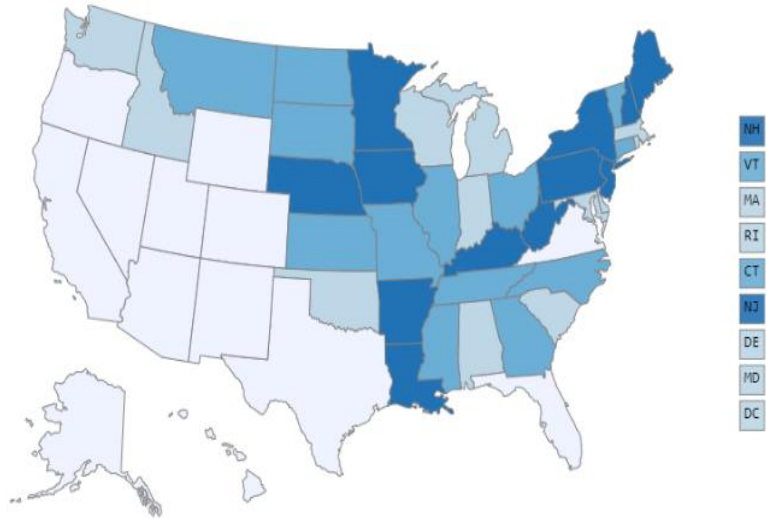


# Incidence



## Rate of New Cancers in the United States

All Types of Cancer, All Ages, All Races/Ethnicities, Male, and Female, Rate per 100,000 people, 2017



Rate per 100,000 people

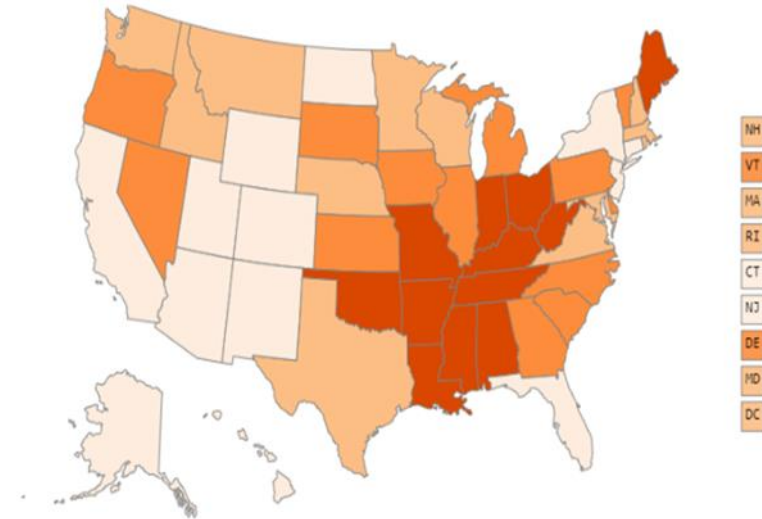


# Mortality



## Rate of Cancer Deaths in the United States

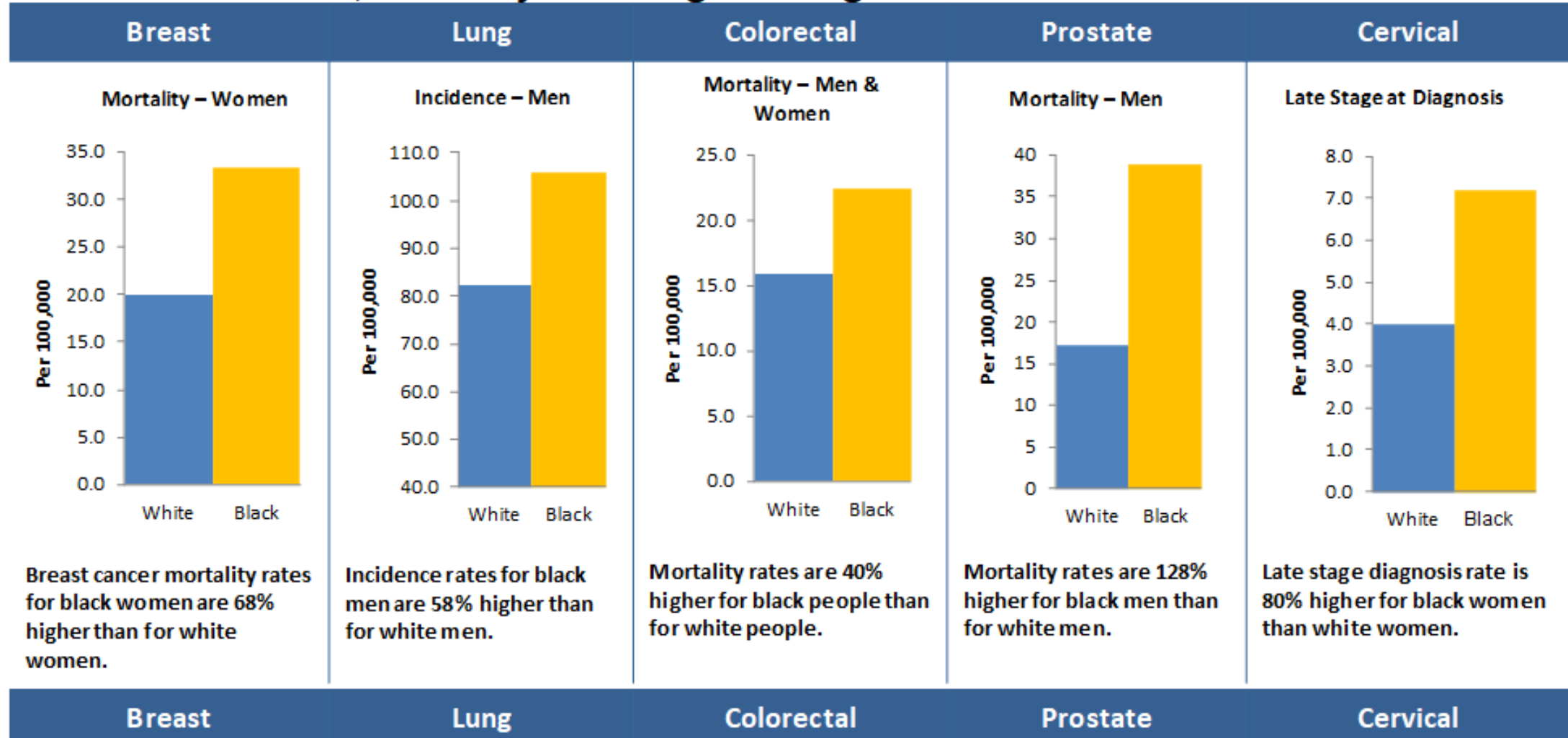
All Types of Cancer, All Ages, All Races/Ethnicities, Male, and Female, Rate per 100,000 people, 2017



Rate per 100,000 people



**Figure 2. Persistent and large racial disparities exist across all major cancers, in terms of incidence, mortality and stage at diagnosis.**



# Sites of the NCI Designated Cancer Centers

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# Realities for Oncology Patients in the Community in Louisiana

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- More than 90% Adult Cancer patients do not participate in a clinical trial.
- Most community oncology practices are more than 100 miles from comprehensive cancer centers.
- Many patients, even those insured by Medicare/Medicaid, cannot afford to travel for extended periods of time.
- Minority/underserved populations have even fewer options for prevention, early detection, and follow-up.



# Choices from the Community Oncologist Perspective

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- Use standard of care
- Enroll patient on a pharmaceutical trial provided by the local drug representative
- Refer patient to the closest academic center and “lose” the patient

If given the right opportunity, the community oncologist will participate in structured clinical trials.



# Barriers to Participation in Clinical Trials

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- Structural
  - Access to Clinical Trials : Location, transportation, appropriate providers
  - Access to Appropriate Clinical Facilities: Infusion, radiation, imaging etc.
  - Access to the Appropriate Clinical Trials for the disease
- Patients
  - Trust – Historical/cultural; trust in the provider
  - Health literacy
  - Co-morbidities
  - Financial burden
- Providers
  - Time – Busy schedules – Academic and community practices
  - Research infrastructure – Research personnel







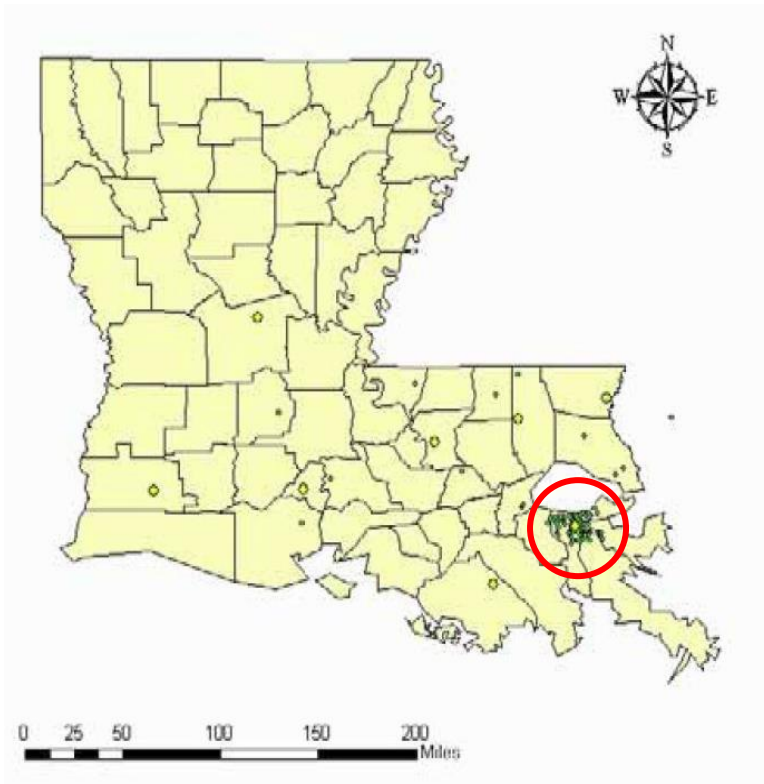
# Hurricane Katrina 8/29/2005



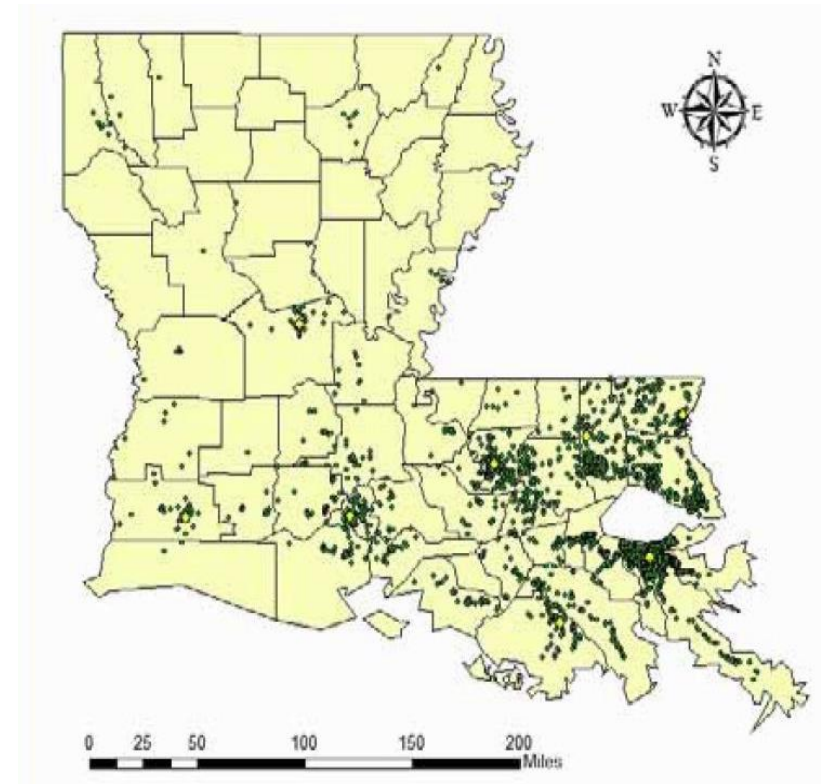
# Challenge for the Clinical Trials Program

MCLNO/Charity Patients

Pre-Katrina (Aug 2005)



Post-Katrina (Sept 2007)



80% MB - CCOP patients tracked by mid 2007

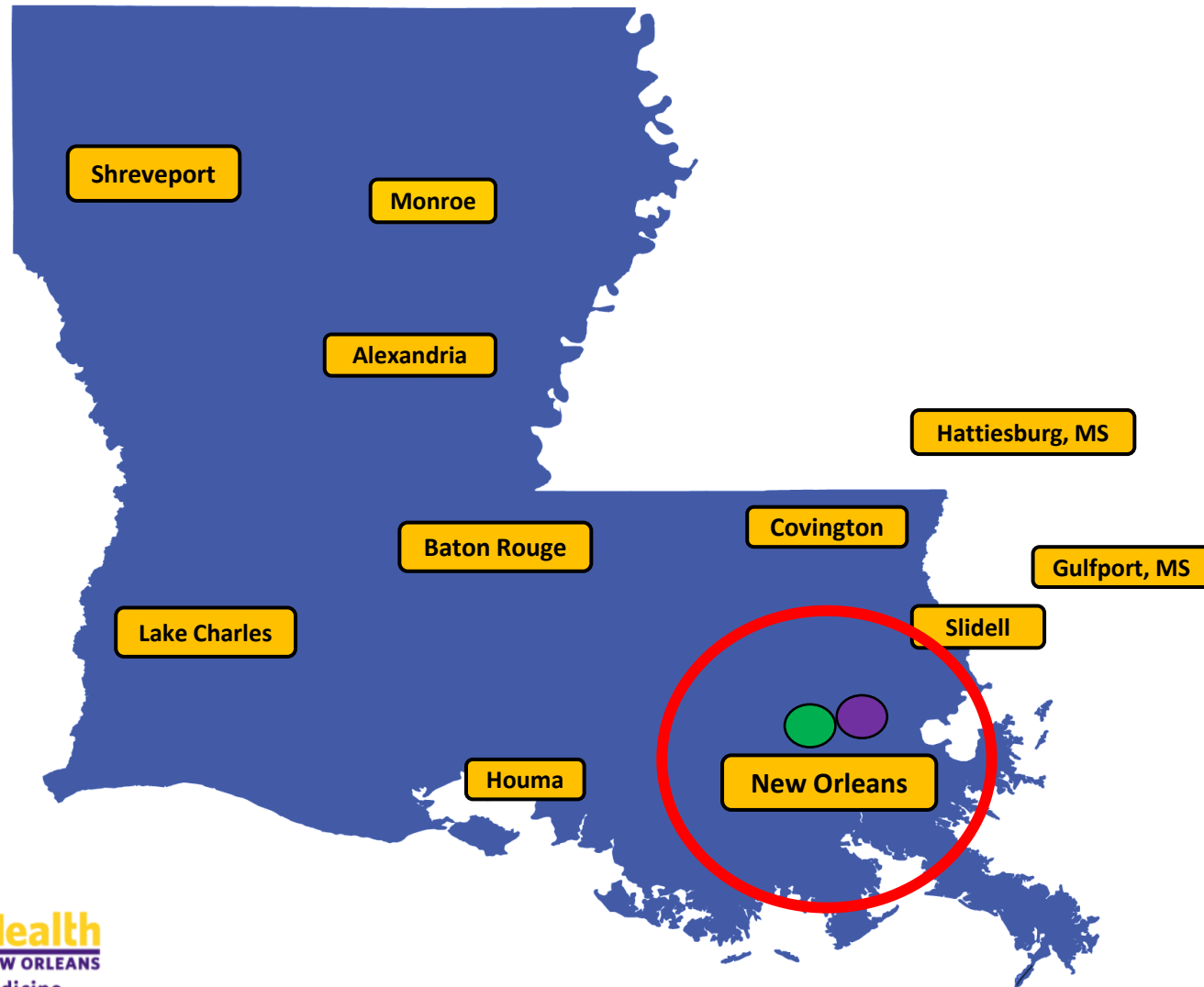
# Traditional Cancer Center Model



Physicians, nurses, infrastructure (regulatory, data management), grants, funding



# Community Clinical Oncology Programs in Louisiana (2006)



## New Orleans

### Minority CCOP at LSU

- University Medical Center New Orleans (UMC)
- Children's Hospital New Orleans

- Community CCOP at Ochsner



# Patients

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- “I trust my doctor” (and the nurse at that site)
- “I prefer to be closer to home” ; “I can’t get to the clinic”
- “Who will see my information”
- “I don’t speak English well”
- “I don’t know who to ask or where to find them”
  - *Survey done by Terry Davis PhD and Connie Arnold PhD – LSU Shreveport*



# Meetings with Community Oncologists

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- Very interested in offering clinical trials to their patients....**BUT**
  - Too many cooperative groups: complex regulatory, audits, data management,
  - Lack of research personnel - too expensive
  - Could not detract from their financial bottom line.
- **Approaches**
  - Centralize regulatory and data management– Agree to CIRB
  - Provide a part-time coordinator
  - Participate in the selection of trials – federated model – trials appropriate for site
  - Maintain close partnership between NCORP manager and Community Coordinator
  - Adjunct faculty position



# Community Clinical Oncology Program (CCOP) in Louisiana 2006

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LSU- Minority - CCOP

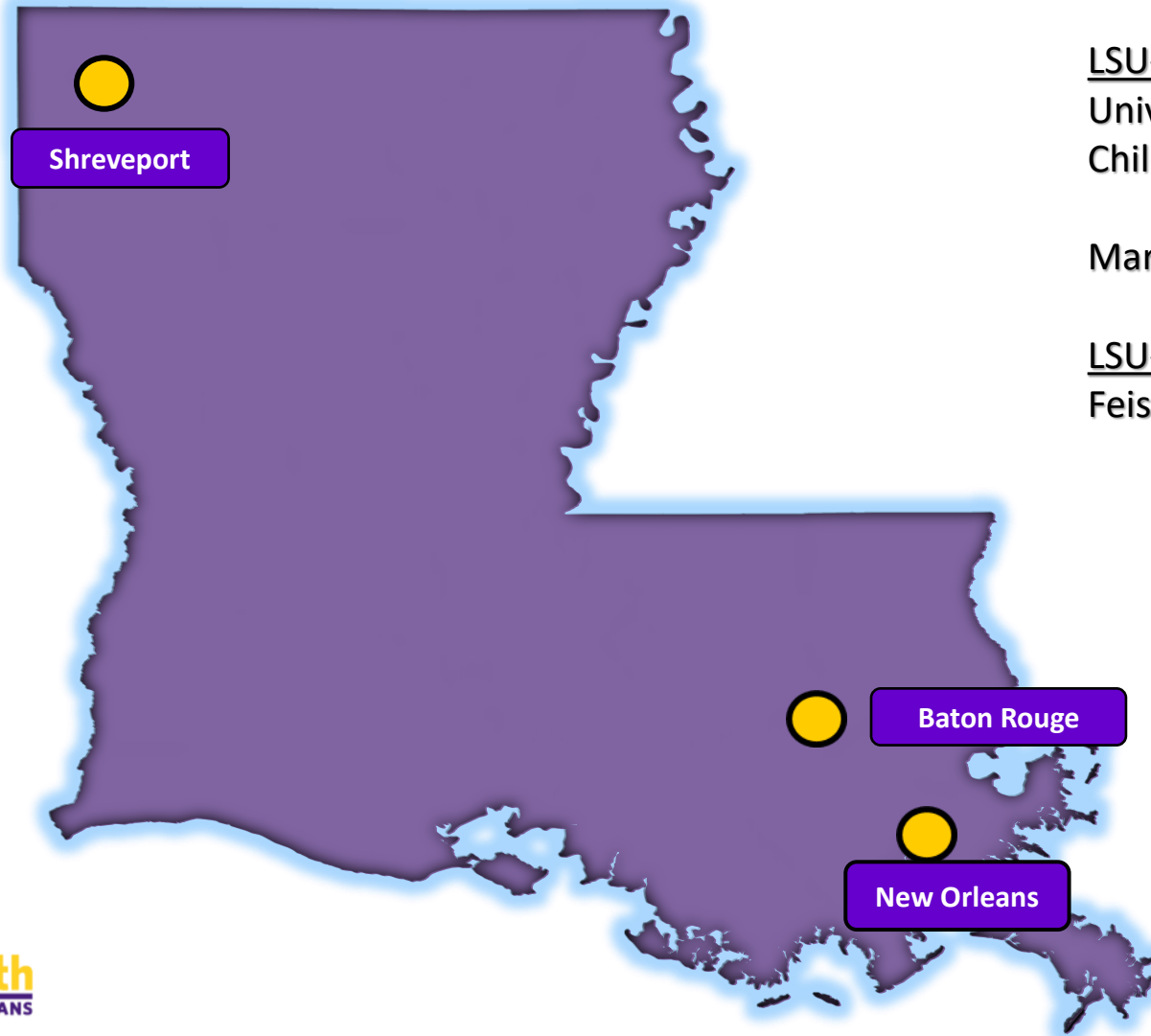
University Medical Center New Orleans  
(UMC)

Children's Hospital New Orleans

Ochsner Community - CCOP



# Gulf South NCI Community Oncology Research Program (NCORP) 2014 - 2019



## LSU- New Orleans

University Medical Center New Orleans (UMC)  
Children's Hospital New Orleans

Mary Bird Perkins Cancer Center

## LSU-Shreveport

Feist Weiller Cancer Center

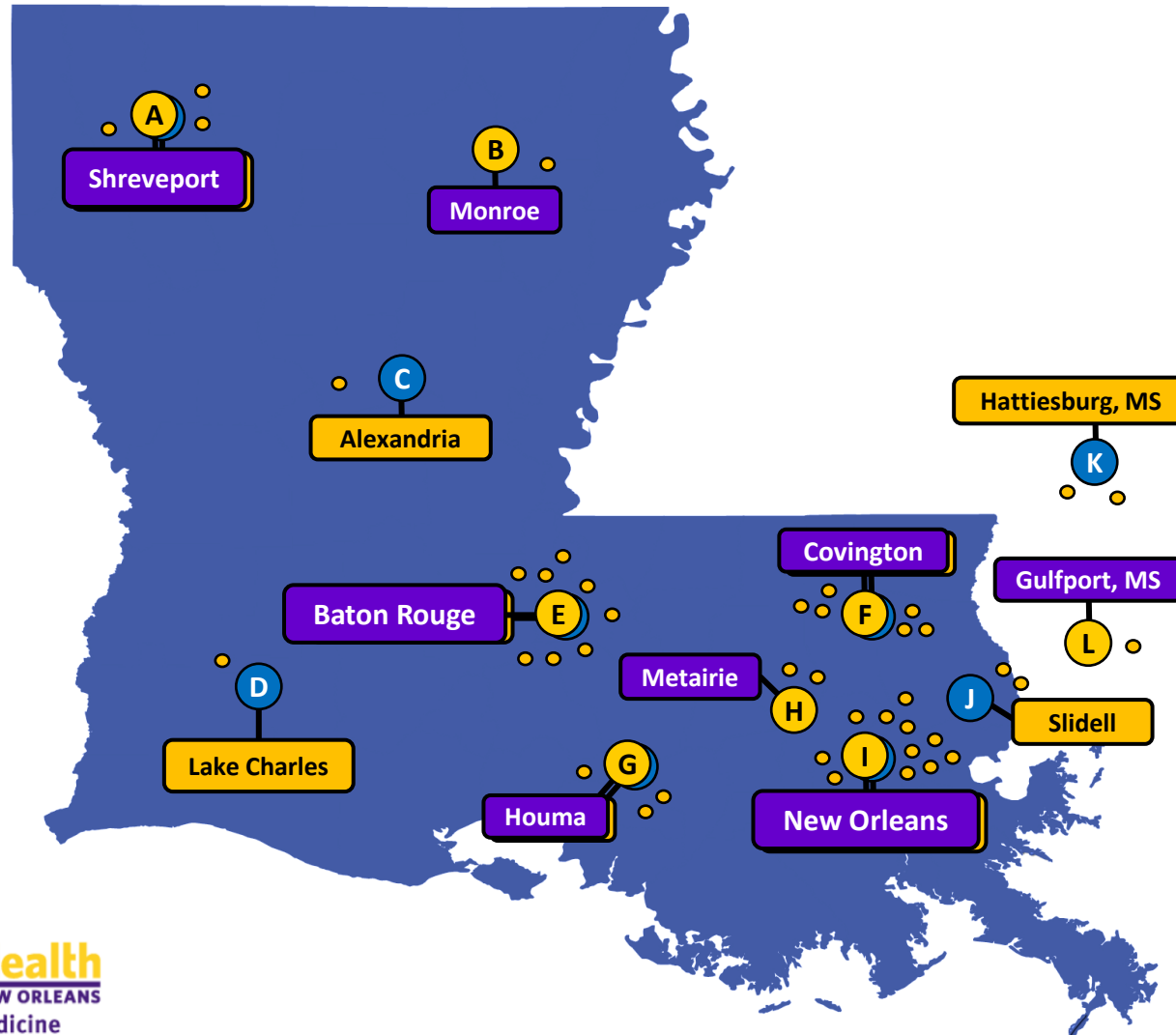




# GULF SOUTH

## CLINICAL TRIALS NETWORK

2019 - 2025



### (A) Shreveport

LSU Health Sciences Center Shreveport  
Willis Knighton Medical Center  
CHRISTUS Highland Medical Center

### (B) Monroe

UH Conway Medical Center

### (C) Alexandria

CHRISTUS Saint Frances Cabrini Hospital

### (D) Lake Charles

CHRISTUS Saint Patrick Hospital

### (E) Baton Rouge

The NeuroMedical Cancer-Clinic  
LSU Health Baton Rouge North Clinic  
Mary Bird Perkins Our Lady of the Lake Cancer Center  
Louisiana Hematology Oncology Associates LLC  
Medical Oncology LLC  
Women's Hospital  
Ochsner Health Center – Summa  
Medical Center of Baton Rouge

### (F) Covington

Mary Bird Perkins Cancer Center at  
St. Tammany Parish  
Women's Cancer Care  
Lallie Kemp Regional Medical Center (Independence)  
Northshore Oncology Associates  
Ochsner Hematology Oncology North Shore –  
Covington (West Region)  
Ochsner Health Center – Covington

### (G) Houma

Mary Bird Perkins Cancer Center at  
Terrebonne General Medical Center  
Oncology Center of the South Incorporated  
Leonard J Chabert Medical Center

### (H) Metairie

East Jefferson General  
Robert Veith MD LLC

### (I) New Orleans

University Medical Center New Orleans (UMC)  
LSU Healthcare Network/St. Charles  
Children's Hospital New Orleans  
LSU Health Sciences Center New Orleans  
West Jefferson Medical Center (Marrero)  
Culicchia Neurological Clinic (Marrero)  
Touro Infirmary  
Ochsner Medical Center Kenner  
Ochsner Medical Center Jefferson  
Ochsner Baptist Medical Center  
Ochsner Medical Center West Bank

### (J) Slidell

St. Tammany Hospital Service District #2 /  
Slidell Memorial Hospital  
Ochsner Hematology Oncology North Shore – Slidell  
(East Region)

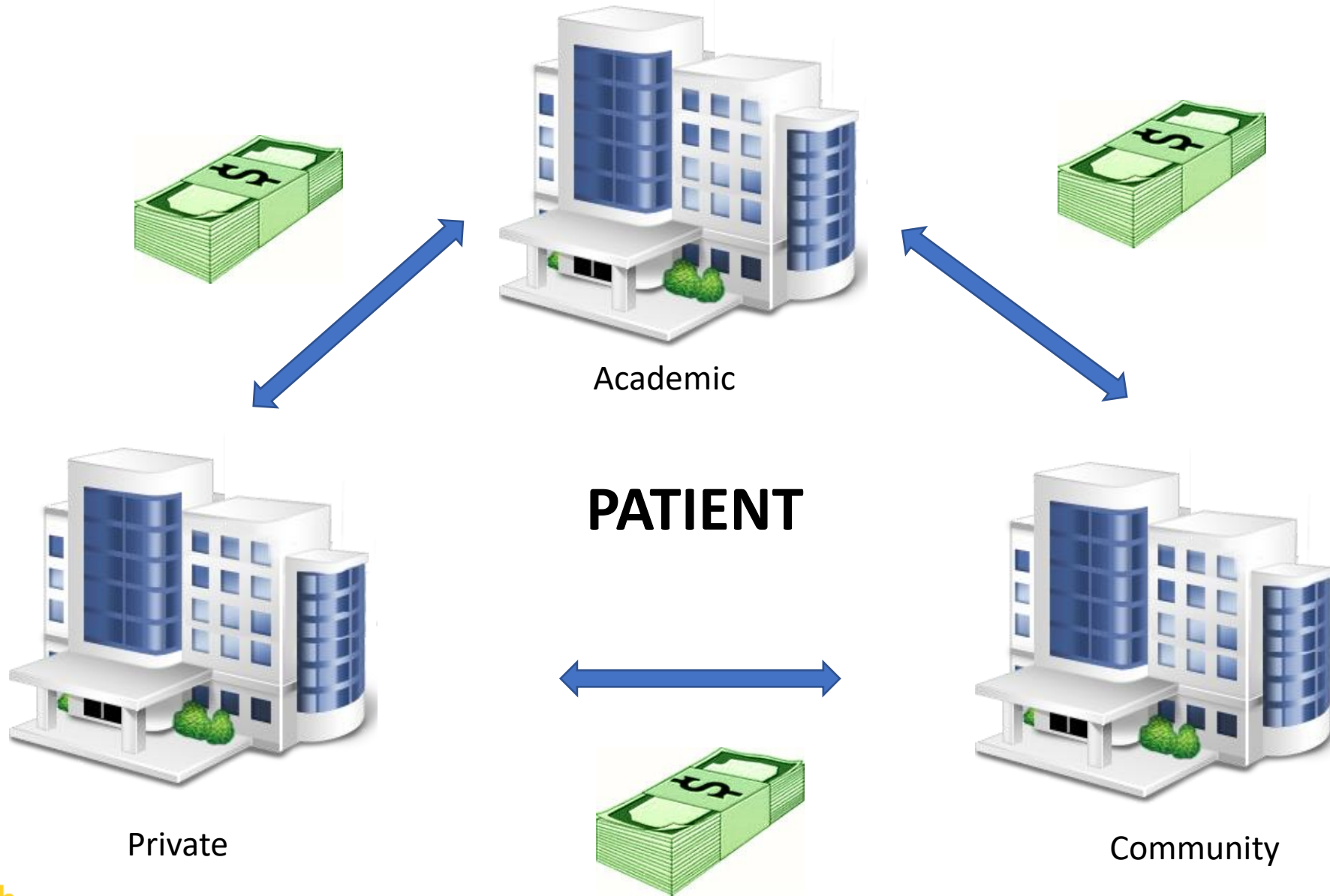
### (K) Hattiesburg (Mississippi)

Forrest General Hospital Cancer Center  
Hattiesburg Clinic – Hematology/Oncology Clinic

### (L) Gulfport (Mississippi)

Gulfport Memorial Hospital

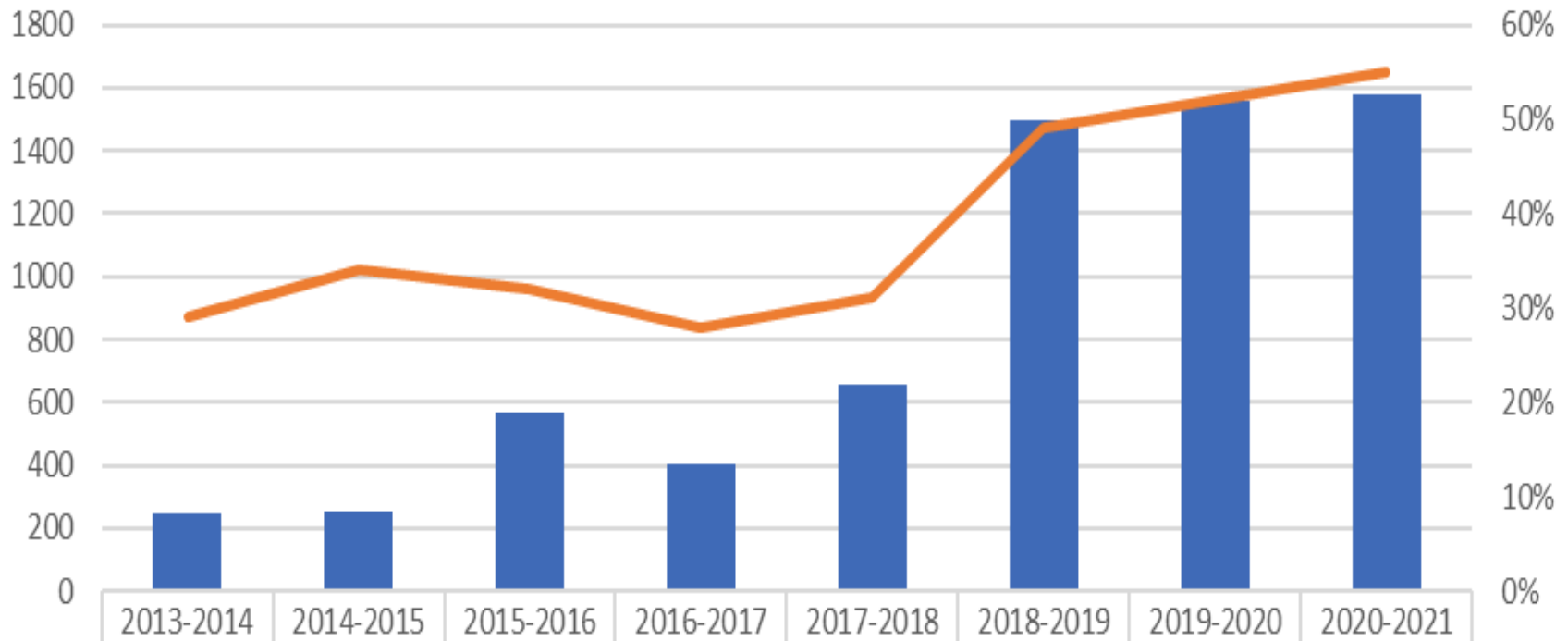
# Hybrid Cancer Center Model



Physicians, nurses, infrastructure (regulatory, data management), grants, funding



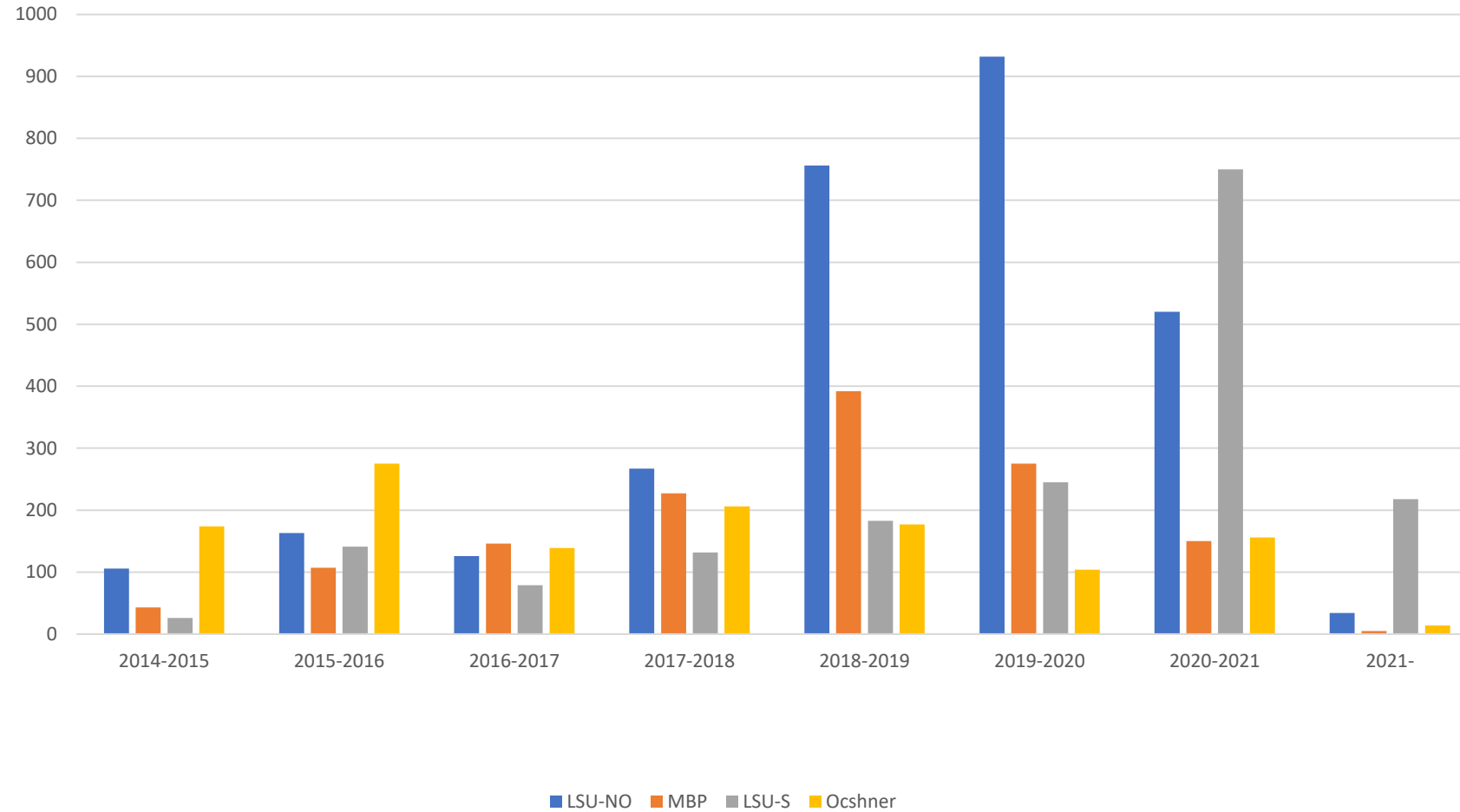
# Gulf South Clinical Trials Network



■ Number of Accruals (NCI-Entries)	248	253	566	401	654	1499	1556	1576
— % of African American Patients	29%	34%	32%	28%	31%	49%	52%	55%



## NCORP Accruals by Site



	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-
<b>LSU-NO</b>	106	163	126	267	756	932	520	34
<b>MBP</b>	43	107	146	227	392	275	150	5
<b>LSU-S</b>	26	141	79	132	183	245	750	218
<b>Ocshner</b>	174	275	139	206	177	104	156	14





Louisiana Population: 4,648,794

White: 62.8%

African American: 32.8%

Hispanic/Latino: 5.3%

Women >16 years of age: 51%

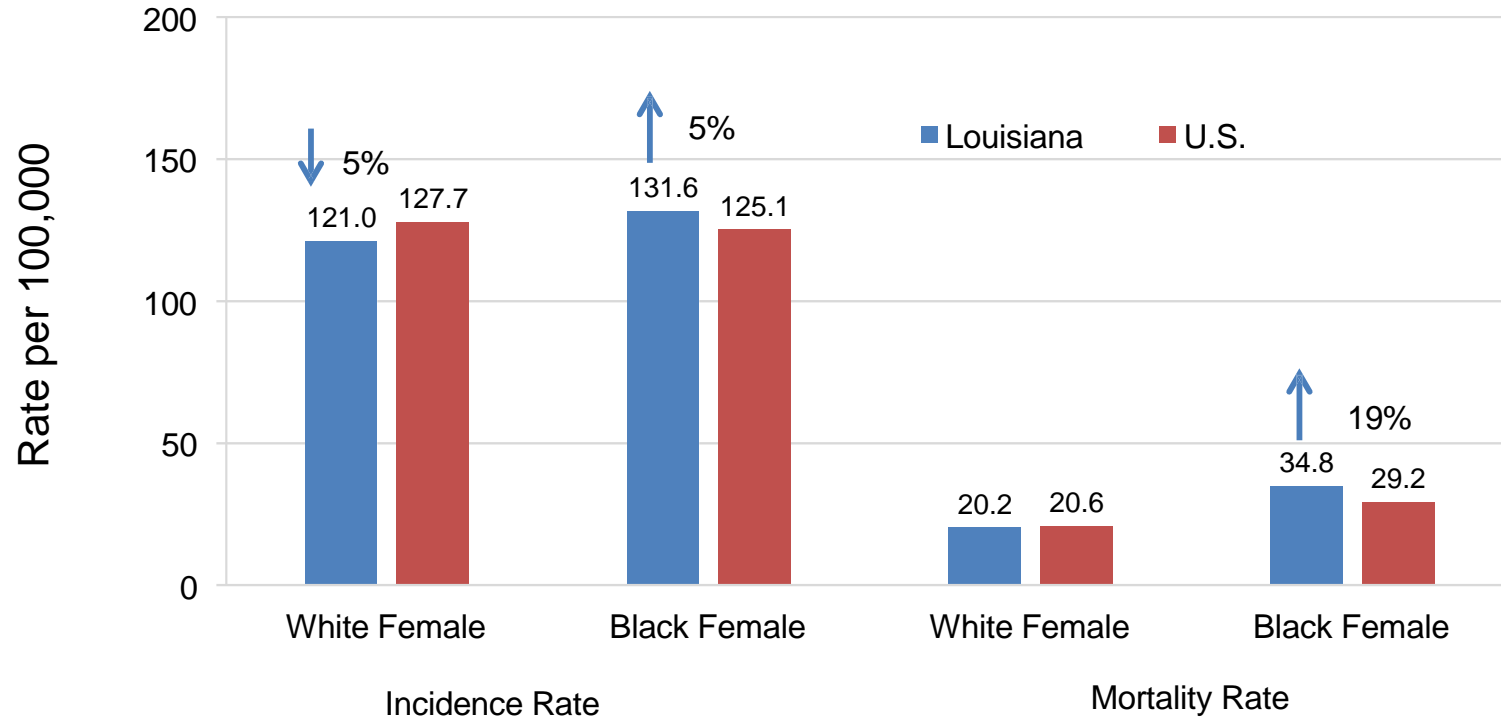
<b>Cancer Screening</b>	<b>Louisiana</b>	<b>National Rank</b>	<b>U.S.</b>
Up-to-date mammography, women 45 years and older, 2018	70%	17	68%
Obesity prevalence, 18 years and older, 2018	37%	4	31%
Poverty	19%		
Blacks	32.9%		
Whites	12.1%		

**Louisiana ranks 3<sup>rd</sup> in breast cancer deaths.**

*Louisiana Breast and Cervical Health Program*



# Female Breast Cancer: Incidence# and Mortality Rates<sup>1,2</sup>, 2010-2014



# Invasive cases only.

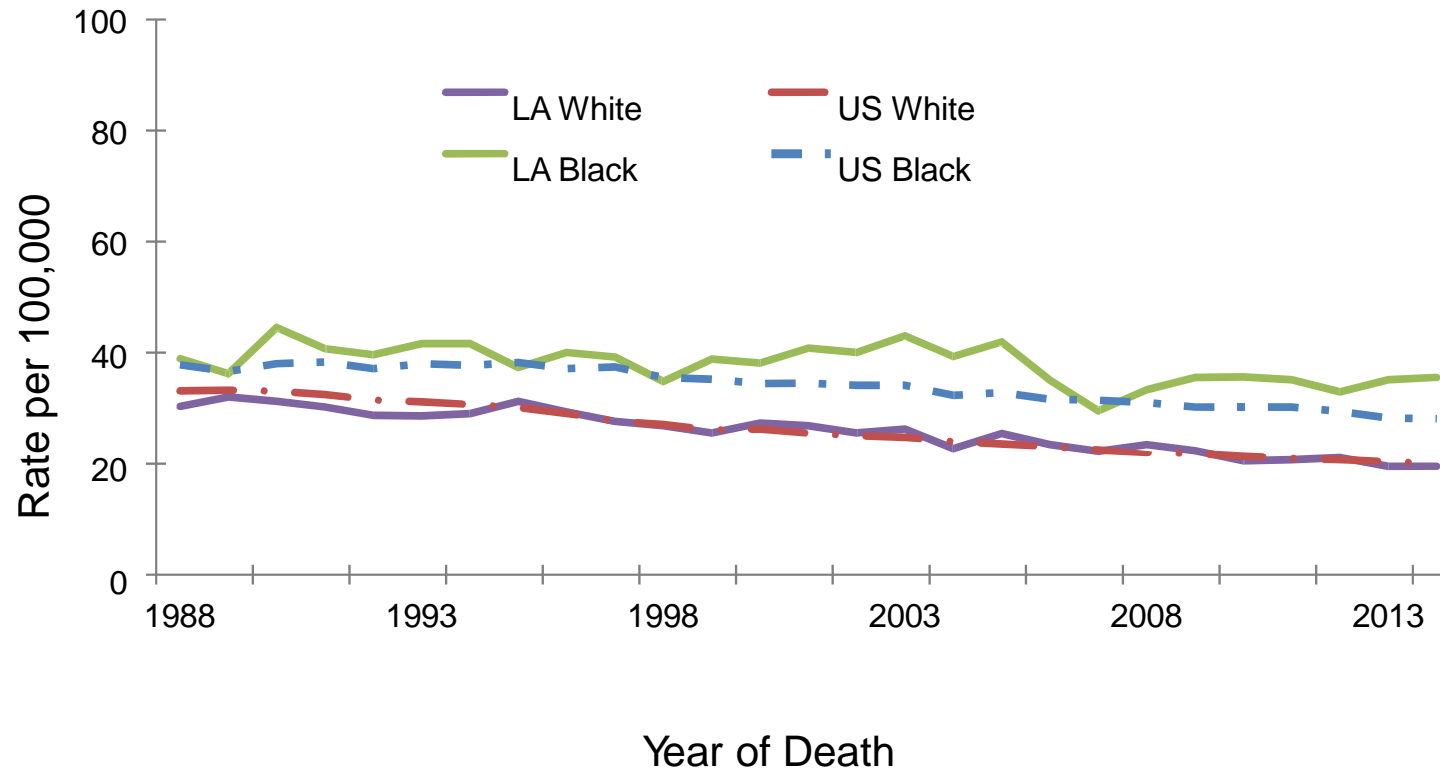
<sup>1</sup> Age-adjusted to the 2000 U.S. standard population;

<sup>2</sup> Incidence data source: SEER 18 registries; Mortality data source: National Center for Health Statistics (NCHS).

↓↑ Rate of Louisiana is significantly different from that of the U.S.



# Female Breast Cancer: Trends of Mortality Rates<sup>1,2</sup>, 1988-2014



<sup>1</sup> Age-adjusted to the 2000 U.S. standard population.

<sup>2</sup> Data source: National Center of Health Statistics (NHCS) mortality rates.

## Incidence rates, 2013-2017

by cancer type, for Louisiana

### Prostate

131.2

### Breast (female)

125.9

### Lung and bronchus

66.2

### Colorectum

45.1

### Kidney and renal pelvis

22.1

### Uterine corpus

20.5

## Death rates, 2014-2018

by cancer type, for Louisiana

### Lung and bronchus

47.5

### Breast (female)

22.8

### Prostate

20.5

### Colorectum

16.4

### Pancreas

12.6

### Liver and intrahepatic bile duct

8.7



## Estimated new cases, 2021

by cancer type, for Louisiana

### Breast (female)



### Prostate



### Lung and bronchus



### Colorectum



### Kidney and renal pelvis



### Melanoma of the skin



## Estimated deaths, 2021

by cancer type, for Louisiana

### Lung and bronchus



### Colorectum



### Breast (female)



### Pancreas



### Liver and intrahepatic bile duct



### Prostate

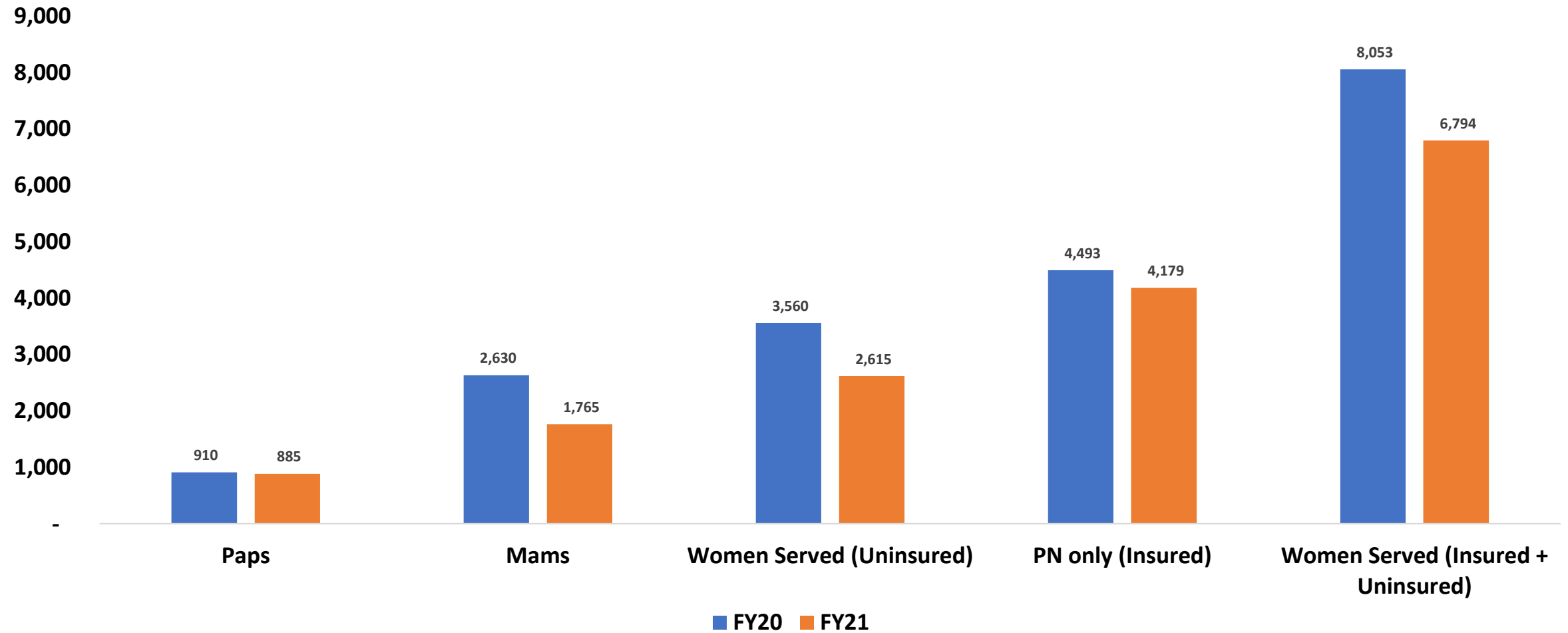




- Louisiana ranks 3<sup>rd</sup> in breast cancer deaths and 4<sup>th</sup> in cervical cancer deaths
- ✓ The **Louisiana Breast and Cervical Health Program (LBCHP)** helps women get life-saving breast and cervical screenings.
- ✓ Serve low-income, uninsured or underinsured women.
- ✓ LBCHP's no-cost mammograms, Pap tests and navigation services help prevent or detect these cancers early, reducing needless deaths and costs.



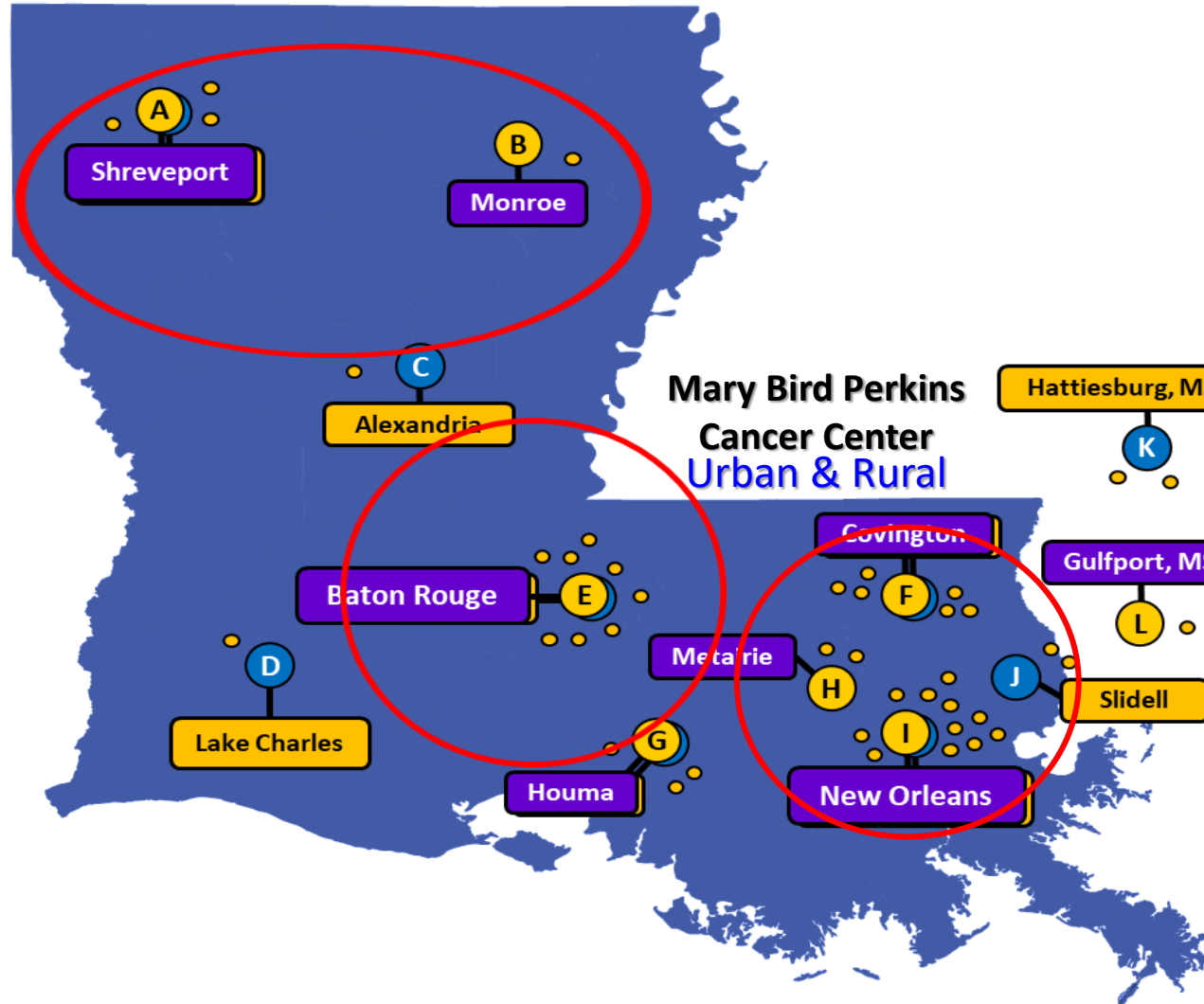
# Overall- FY20 vs. FY21



# Strategic Opportunities

*Tomosynthesis Mammographic Imaging Screening Trial (TMIST - EA1151)*

Feist Weiller CC  
LSU - Shreveport  
Urban & >Rural



Mary Bird Perkins  
Cancer Center  
Urban & Rural

LSU CC – New Orleans  
Ochsner Medical Center  
Urban & Suburban

# University Medical Center – LSU New Orleans

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- Urban and suburban  
60% African Americans
- Named two radiologists as co-PI's for the site  
Embedded CRA at the Breast Imaging Center  
Public announcements  
Activated community advisors



# Mary Bird Perkins Cancer Center – Baton Rouge

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- Urban and Suburban
- 55% African American
  
- Opened a Site at Women's Hospital Breast Imaging Center  
Activated Vans To Suburban areas of low SES.  
Public announcements



# Feist Weiller Cancer Center – LSU Shreveport

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- Rural population
- 47% Under-represented minorities (URM)
- Activated “Partners in Wellness” Team  
Increased screenings in rural areas – Mississippi delta



# Acknowledgments

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## University Medical Center

Eileen Mederos, RN  
Brooke Morrell, MD  
Mignonne Morrell, MD  
Brooke Stewart  
Peyton Percle



## Mary Bird Perkins Cancer Center

Renea Duffin  
Cyndi Knox, RN



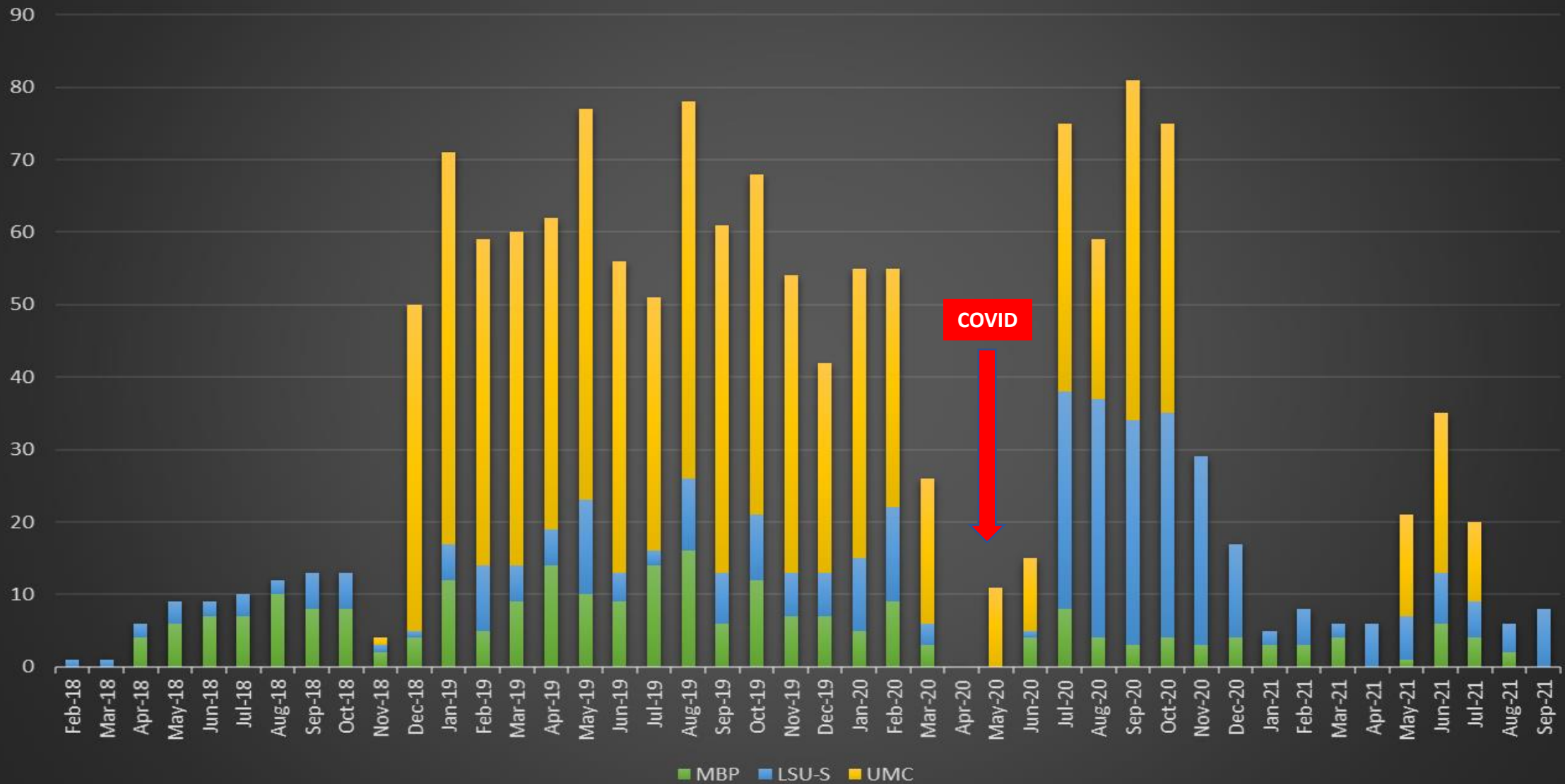
## Feist Weiller Cancer Center

LSU – Shreveport  
Sarah Thayer, MD, PhD  
Glenn Mills, MD  
Gary Burton, MD  
Jerry McLarty, PhD



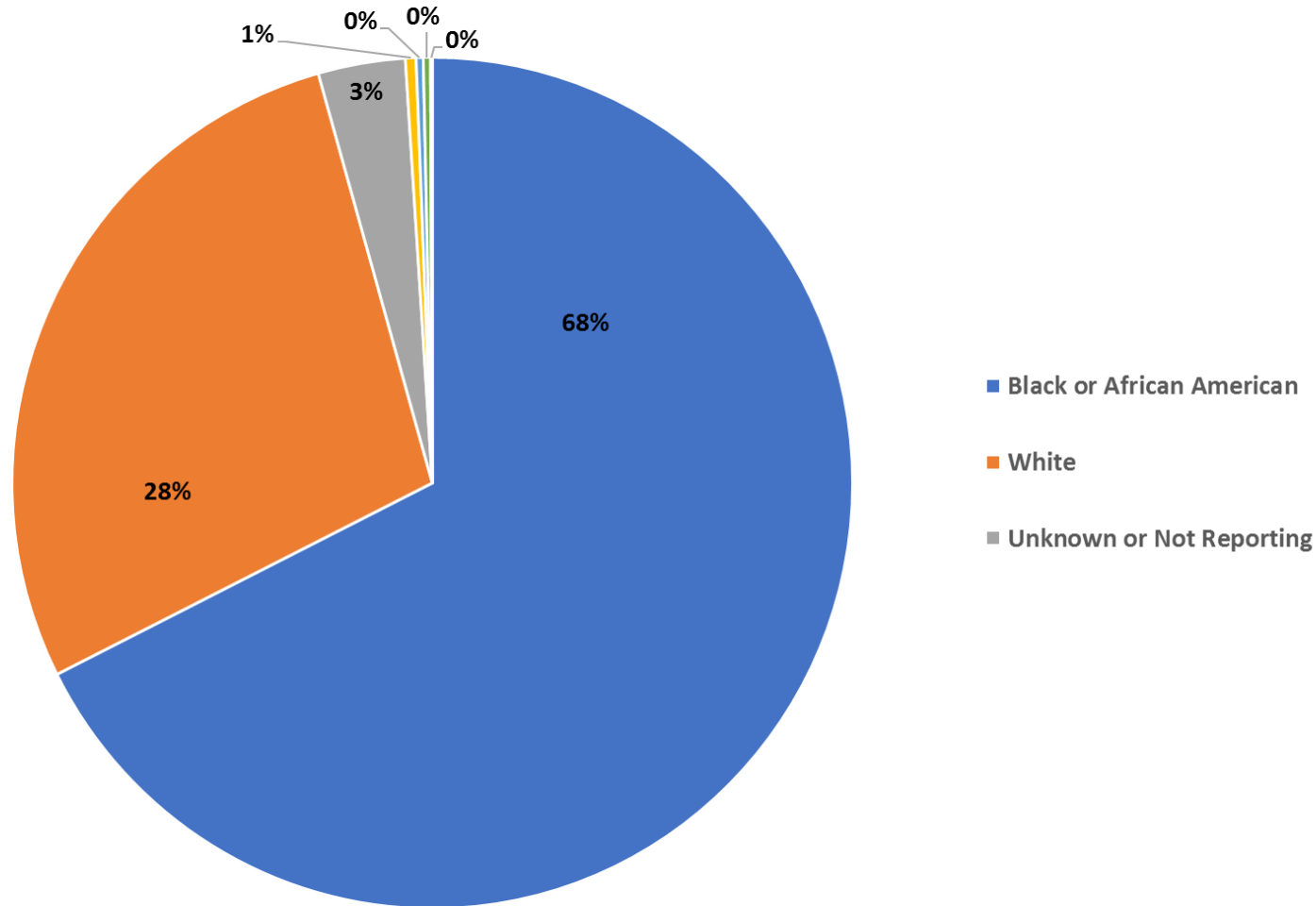


# Accrual of Participants to TMIST Trial – Gulf South NCORP



# Racial Distribution of TMIST Participants – Gulf South NCORP

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# Lessons Learned

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- Each site needs a champion(s) (doctors and nurses)
  - Commitment to patients
  - Commitment to clinical trials
  - Willing to resolve the problems
- Give ownership to faculty, staff and patients in the decision process
- Let them shine
- Grants do not eliminate competition
- Bring in the legislature



# “Virtual Research Nurse”

## Supporting Clinical Trial Enrollments at a Distance

Figure 3. Enrollment of Patients at a Distant Site Through the [REDACTED] Platform

### Virtual Research Nurse screens clinic

1

Local Oncologist identifies potential patient for clinical trial enrollment.

Provider discusses the possibility of participating in the specific trial with the Patient.



2

Upon agreement, the Charge Nurse uses [REDACTED] to introduce the Patient to the Research Nurse.

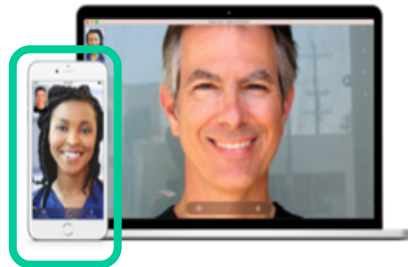
The computer in the exam room is used to connect with the remote research nurse via live video.



3

Research Nurse and Patient connect via live video to complete trial screening.

Research Nurse helps with explaining consent and answering questions from the Patient.



VRN

4

Patient agrees to participate and signs consent form and any required documents.

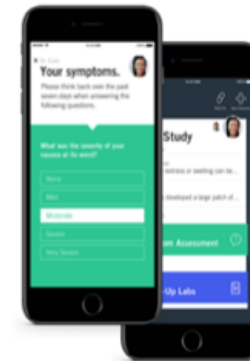
Charge Nurse ensures hardcopies are scanned and sent to Research Nurse.



5

[REDACTED] application is downloaded on patient's device with scheduled follow-up.

Messages and questionnaires are programmed to be sent according to clinical schedule and protocol.



■ Distant Provider ■ Research Nurse ■ Patient

**LSU Health**  
NEW ORLEANS

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Stanley S. Scott Cancer Center

 **Ochsner**  
Health System | **LSU Health**  
SHREVEPORT  
FEIST-WEILLER CANCER CENTER

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