

## **Cancer CARE Beyond Walls**

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### **1. Background**

The logistics and costs of navigating cancer treatments have become a principal contributor to patients' reduced quality of life, and they also limit patients from participating in clinical trials. It's imperative that we reduce the burden of cancer for patients and their caregivers, and this requires moving from traditional "brick and mortar" hospital and clinic-based care to creating an innovative care delivery model with virtual capabilities.

### **2. Goals**

Key outcome goals include enabling access to treatment for people anywhere by removing physical, logistical, and financial barriers for participants; making access equitable; and enhancing participant representation. We propose to create a care delivery model where patients diagnosed with cancer can receive a significant part of their treatment within the home environment. We are currently conducting a research protocol that establishes the infrastructure to provide patients access to patient-centered care in the comfort of familiar surroundings, including administration of chemotherapy and other cancer-related drug treatments through home infusions, combined with advanced telemedicine, remote monitoring capabilities, in-home visits, supply chain supporting distributed health care, and a rapid response network. To meet these goals, Mayo Clinic is developing a highly innovative model of patient-centric cancer care focused on the delivery of cancer treatments and supportive care/symptom management in the patients' homes through the Cancer CARE Beyond Walls Program (CCBW).

### **3. Solutions and Methods**

Our hypothesis is that meeting patients where they are and offering cancer chemotherapy treatment closer to their homes is feasible and safe, will improve patients' experience with cancer care, is preferred by patients over in-clinic care, and will improve health-related quality of life and patient reported outcomes. The objective of our proposed study is to evaluate the impact of the location of cancer treatment administration—at the infusion center or in the home—on patient preference and acceptability, safety, patient-reported outcomes, and clinical outcomes. This protocol will assess patient satisfaction and other patient-reported and clinical endpoints to assess the benefits and safety of CCBW versus usual care in clinic. This study is a pragmatic randomized trial, in which patients scheduled to initiate treatment with an eligible chemotherapy treatment regimen and who complete at least one treatment cycle in the infusion unit with good tolerance and no drug-related infusion reactions will be randomized 1:1 to receive treatment at home.

### **4. Outcomes**

The expected outcome of our project is that CCBW intervention will positively impact treatment adherence, patients' access and experience with health care, quality-adjusted survival, and patient reported outcomes.

### **5. Lessons Learned and Future Directions**

Successful completion of this project will deliver data on patient understanding and acceptability of cancer care at home and strategies for overcoming cancer care delivery disparities and barriers of access

to care for underserved communities; the foundation from which we discover, translate, and apply new knowledge in developing the processes and infrastructure of decentralized clinical trials.

Figure

## Cancer Care Beyond Walls

Delivering cancer-directed therapies, supportive services, and ancillary testing in the patient's home

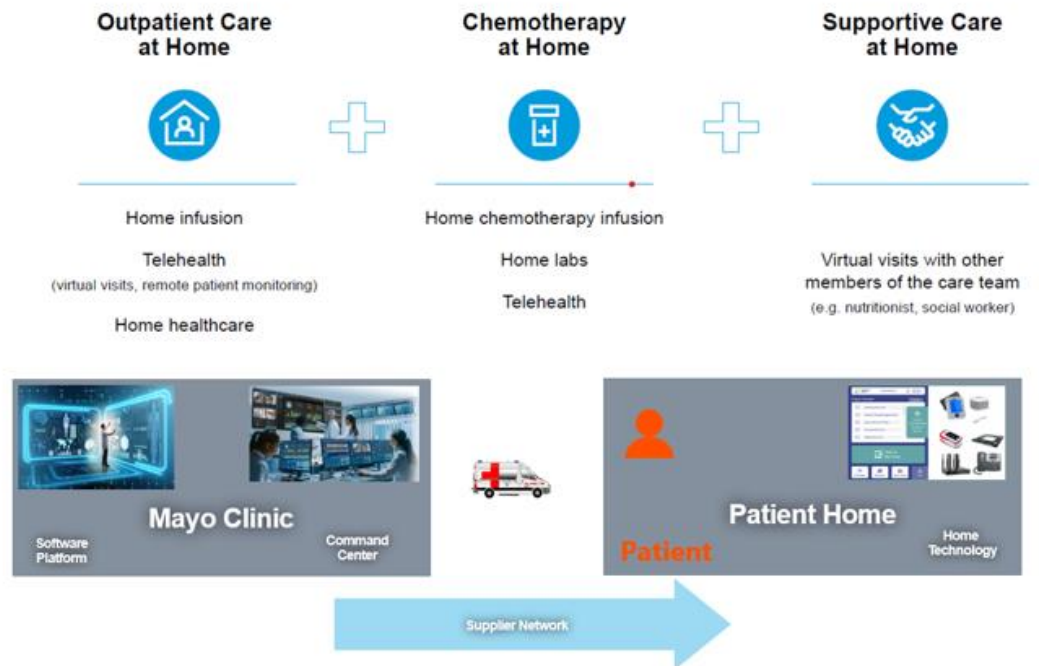


Figure 1. Cancer Care Beyond Walls capabilities and infrastructure.