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The ALCF Centers of Excellence Model Delivers a Standard of Care to the Community Similar to Academic and Research Centers

VIENNA, AUSTRIA (Dec. 4, 2016) — Four out of five cancer patients are treated in the community hospital setting and may not receive the same level of care as those treated at leading academic centers. But a new model of care presented at the IASLC 17th World Conference on Lung Cancer in Vienna, Austria may address this unmet need.

Researchers from The Bonnie J. Addario Lung Cancer Foundation (ALCF) presented a case study on one model of care called the Centers of Excellence (COE) program to address this unmet need.

Dr. Leah Fine from the ALCF explained that the COE program is a patient-centric model for lung cancer that establishes a standard of care for community hospitals which often treat minority and underserved patient populations. The COE program, which currently includes 13 hospitals in underserved areas, aims to improve health care by offering patients and caregivers the same type of multi-disciplinary and comprehensive care provided at leading academic centers. ALCF also provides lung cancer education and services to patients, caregivers, and the community.

The COE program tracks patient data for quality-of-care metrics including disease stage at diagnosis, molecular testing, tumor board review, time from diagnosis to treatment, treatment type, and clinical trial participation. Site data is also monitored to provide a contextual picture of the program including total patients seen, demographics, insurance mix, rates, and outcomes of molecular testing among other metrics. Data is analyzed across the COE community and against comparable groups to demonstrate impact of the COE program.

Dr. Fine singled out two hospitals in the COE program that represent the program; Baptist Memorial Health Care and Memorial Health Care System. Baptist Memorial Health Care has a patient mix that is 30 percent minority while Memorial Health Care System provides multi-disciplinary care to a diverse population.

Among those reporting race at Baptist, minorities represent more than 30 percent of lung cancer patients. Memorial Health Care System is another COE that is reaching and serving a diverse patient population. The patient mix at Memorial is 64 percent whites, 18 percent Hispanics, and 18 percent African American. Ten percent of the hospital's cancer patients are uninsured. At Memorial, approximately 10 percent of the patient



population is uninsured. The National Cancer Database patient mix of a typical hospital is about 84 percent white, 2.5 percent Hispanic and 11 percent African American with three percent uninsured.

Dr. Fine said that if the health care system is to extend care to minorities with cancer, a program like COE provides a potential model that has been tested and may provide an answer to addressing the health care needs of underserved minorities.

About the WCLC:

The WCLC is the world's largest meeting dedicated to lung cancer and other thoracic malignancies, attracting more than 6,000 researchers, physicians, and specialists from more than 100 countries. The goal is to increase awareness, collaboration, and understanding of lung cancer, and to help participants implement the latest developments across the globe. Organized under the theme of "Together Against Lung Cancer," the conference will cover a wide range of disciplines and unveil several research studies and clinical trial results. For more information, visit <http://wclc2016.iaslc.org/>.

About the IASLC:

The International Association for the Study of Lung Cancer (IASLC) is the only global organization dedicated to the study of lung cancer. Founded in 1974, the association's membership includes more than 5,000 lung cancer specialists in over 100 countries. Visit www.iaslc.org for more information.

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