

Addressing barriers to treatment through research and partnership

Dana-Farber Cancer Institute and NMDP

Patients face many barriers that can impede access to cellular therapy. Working together with our transplant center partners to conduct research and implement innovative programs, NMDPSM helps clear pathways for more patients to receive cellular therapy and improve patient outcomes.

The partnership between the Dana-Farber Cancer Institute Stem Cell Transplant and Cell Therapy Program and NMDP is one example of how collaboration can improve practice from before patient referral through post-transplant care.

Dana-Farber and NMDP have worked collaboratively to:

- Leverage research and establish ongoing partnerships with community oncologists for pre- and post-transplant care
- Expand the suite of services that make it easier for patients to navigate their care across the continuum
- Improve patient access to cell therapy, including hematopoietic cell transplantation (HCT)

Leveraging research to change the model of care

Dana-Farber Cancer Institute and NMDP have long histories of leading research that drives practice change and improves patient outcomes. The organizations are currently leading research that is assessing the effectiveness of extending post-HCT care to the community oncology setting with the hope of accelerating patient access to treatment and improving quality of life post-treatment.

Shared Care research brings post-transplant care closer to patients' homes

Researchers at Dana-Farber are taking a scientific approach to improving patient access to post-transplant care. They are enrolling patients in a randomized clinical trial that compares a Shared Care model (in which clinic and laboratory visits are shared between a patient's local oncologist and the primary HCT team at Dana-Farber) to usual care (all post-HCT appointments occurring at Dana-Farber). This work is funded through a contract with the Patient-Centered Outcomes Research Institute.

This model aims to reduce the post-HCT travel and financial burden for patients and their caregivers, improve quality of life, and enable community physicians to stay connected to their patients. Dana-Farber works with a network of eight Shared Care community oncology practices throughout New England who are taking part in the study.

The Dana-Farber clinical study assesses patients':

- 100-day non-relapse mortality and other health outcomes
- Transplant-related quality of life
- Financial hardship

Patients enrolled in the Shared Care study arm alternate between Dana-Farber and their community oncology clinic for post-HCT visits after returning home. The Dana-Farber team and Shared Care teams stay in regular communication.

The study is still underway, and research results are pending. Enrollment is on track to complete by the end of 2021 with analysis in 2022.

HLA Today program extends shared care model to pre-transplant care

While the Shared Care study focuses on post-transplant care, the HLA Today program from NMDP extends Dana-Farber's collaboration with local hematologists and oncologists to support patients before referral for consultation at the transplant center.

HLA Today was inspired by research that showed rapid donor identification for patients with high-risk acute myeloid leukemia improved survival in first remission.¹

HLA Today provides patient and family member HLA typing at no cost at the time of diagnosis so the process for finding a related or unrelated donor can begin as early as possible. The program also helps encourage collaboration and communication between local providers and transplant centers, so referrals for transplant consultation happen earlier.

In 2019, Dana-Farber partnered with NMDP to encourage community oncologists who refer to Dana-Farber to implement the HLA Today program into their practices.

Dana-Farber began its outreach efforts with the eight sites taking part in its Shared Care trial for post-transplant care. They believed adding HLA Today as an option for centers participating in Shared Care could improve the patient experience pre-transplant as well as accelerate the time to donor identification.

When a community oncologist uses HLA Today for a patient at the time of diagnosis, Dana-Farber physicians have the preliminary search report and HLA typing information in hand when the patient arrives for consult.

“HLA Today accelerates Dana-Farber's work with new patients to ensure they have an easy transition to Dana-Farber from their referring provider. The program helps us quickly and appropriately confirm donor candidates for a patient's transplant.”

Cindy Albert

Director, Donor & Business Services, Cellular Therapies Program

Dana-Farber Cancer Institute

Implementing HLA Today into your practice

If your community hematology/oncology practice diagnoses and treats patients with conditions for which allogeneic HCT may be indicated, take a moment to learn about HLA Today.

The free program offers an easy way for you to accelerate your patients' treatment path with:

- HLA typing for your patients and their family members at no cost to you or them (and no insurance paperwork to file)
- Early initiation of donor identification
- Support for your community practice and your patients who may need HCT

[Learn how the HLA Today program works](#)

Key takeaways

Implementing a shared care model before and after transplant can:

- Remove barriers to treatments
- Reduce burdens for patients and their caregivers and improve quality of life
- Enable community physicians to stay connected to their patients.

Reference

1. Pagel JM, Othus M, Garcia-Manero G, et al. Rapid Donor Identification Improves Survival in High-Risk First-Remission Patients With Acute Myeloid Leukemia. JCO Oncology Practice 2024; 16:6, e464-e475.