

NCI

Community  
Oncology  
Research  
Program

# EAQ222CD/COSTCOM

## For Patients with Any Newly Diagnosed Solid Cancer

### EAQ222CD Available Through ECOG-ACRIN Cancer Research Group

Effectiveness of Out-of-Pocket Cost COMMunication and Financial Navigation  
(COSTCOM) in Cancer Patients

#### Patient Population

See Section 4 for Complete Eligibility Details

**Non-Patient Participants:** Subset of study coordinators, oncology providers, and practice financial counselors/social workers/financial navigators/pharmacists (n~40) from a minimum of 15 participating NCORP subsites

- Must speak English; must be employed at NCORP site for at least 6 months
- Must have provided care/been in contact (in the last 3 months) to a patient on the CostCOM arm and who completed the  $\geq 6$  month study follow-up

#### Patient Eligibility– Step 0 (Screening Registration):

- Age  $\geq 18$  years; must be fluent in written and spoken English or Spanish; ECOG PS  $\geq 3$  (or must not be deemed medically unable to participate)
- Must be within 120 days of a new diagnosis of any solid cancer of any stage at the time of Step 0; must have had their first oncology visit at the time of Step 0
- Must have initiated oral or IV cancer systemic therapy either any time before Step 0 registration or have received a prescription order with stated intent to initiate within 30 days following Step 0 registration
- Must not have indolent cancer undergoing observation alone; must not be receiving palliative/hospice care alone
- Must not be undergoing curative surgery alone or radiation therapy alone, unless they are receiving systemic therapy (must be receiving systemic therapy)
- Must not be enrolled in 1) treatment clinical trials where cancer systemic therapy is provided at no cost; 2) EAQ221CD/S1912CD; 3) trials where OOPC communication/financial navigation is offered

#### Patient Eligibility– Step 1 (Randomization):

- Must have completed Baseline Survey within 30 days of OPEN registration (Step 0)
- Must have initiated cancer treatment (note: Step 1 registration must be within 45 days of Step 0 registration)

#### Methodology Plan

See Section 6 for Methodology Details

- Site leadership will complete an electronic survey via REDCap with information on the number of new solid cancer patients visited annually, their payer mix, zipcode mix, etc. (this will be updated annually)
- Participating NCORP subsites will work with TailorMed to launch the estimator and navigation platform (training to be completed after study activation prior to first patient enrollment)
- 15 months after first patient enrollment, site leadership will distribute a survey to eligible candidates (distributed every 3 months). The goal is to identify **non-patient participants** who are interested in participating in the qualitative interviews (20-30 minutes long)

#### Patient Participant:

- **Enhanced Usual Care (Arm A):** UCI study coordinator will send the patient an introductory package of Patient Advocate Foundation (PAF) financial navigation services
- **CostCOM (Arm B):** NCORP CRA will use TailorMed price estimator and financial navigation platform and schedule patients for a 1-hour one-on-one session with a remote financial counselor at TailorMed (4 sessions—30 days after randomization, and 3, 6, and 12 months)
  - ◇ UCI study coordinator will mail patients a study overview/contact info for TailorMed
  - ◇ Each session covers OOPC communication, a review of insurance benefits, and financial navigation/assistance/counseling. After each session TailorMed will generate a report with information discussed
  - ◇ Patients will complete a 5-minute post-intervention survey after each session
- **For both arms:** follow-up EASEE-PRO surveys at 3, 6, and 12 months
- *Note: gift cards are distributed per protocol*

#### Patient Enrollment

All Sites: Oncology Patient Enrollment Network (OPEN) <https://open.ctsu.org/open>

#### Protocol Information

ECOG-ACRIN Operations-Boston: 857-504-2900, <http://ecog-acrin.org> (Member Login)

## Please Enroll Your Eligible Patients!

Study Chair:  
Gelareh Sadigh, MD

## Patient Schema

- A. Identify Site Population (i.e., potentially eligible patients),**  
**B. Screen/Approach Patients (site staff to enter a monthly summary into UCI REDCap survey)**  
**C. Consent Patients and OPEN Screening Registration (Step 0)**

### D. Baseline Procedures

#### Site Staff:

- Have the participant complete the Patient Contact sheet and fax it to the Brown OEAU (Tel: 855-404-3278 Fax: 401-863-9635)
- Submit a REDCap form with consented patient contact information, choice of compensation, and preferred method of its receipt and CRA contact
- Encourage the patient to either activate their EASEE-PRO account and complete the baseline survey as soon as possible by logging into the pride portal at <https://pride.stat.brown.edu/Patient-Login> (or by administering the baseline survey on paper in clinic).<sup>1</sup>

*Refer to the  
protocol for the Non-  
Patient Participant's  
Intervention Schema*

### E. OPEN 1:1 Randomization within stage strata<sup>2</sup> (Step 1)

#### Site Staff:

- Return to OPEN within 45 days of Step 0 registration to randomize patient upon completion of the baseline survey (site staff will get a notification when baseline survey completed), and verify eligibility based on baseline survey completion date and initiation of systemic therapy.
- Baseline survey should be completed within 30 days of the date of OPEN screening registration (Step 1, see section 4.2.2.3 )
- Patients must have initiated their cancer treatment (Step 1, see Section 4.2.2.4)

**UCI staff:** Mail patients' incentives

#### Arm A: Enhanced Usual Care

**Site Staff:** Submit a redcap form with information on internal financial counseling and assistance patients received in the practice.

**UCI Staff:** distribute a copy of Patient Advocate Foundation brochure

#### Arm B: CostCOM

#### Site Staff:

- Submit a REDCap form with information on internal financial counseling and assistance patients received in the practice, as well as patient treatment diagnoses and insurance information.
- Schedule patients for financial counseling with TailorMed.

**TailorMed:** Deliver CostCOM (out-of-pocket cost communication, financial navigation and counseling), generate reports on intervention

**EASEE-PRO/OEAU:** Send patient email notifications and reminders that post-intervention survey is available to complete or mail paper survey. Provide patient outreach to recover delinquent surveys. Send UCI notification when survey has been completed.

**UCI Staff:** Document and send appropriate incentives to patient for timepoint completion. Send TailorMed report to patients and site CRA

### F. Follow-Up (3, 6, and 12 months)

**EASEE-PRO/OEAU:** Send patient email notifications and reminders that follow-up survey is available to complete or mail paper survey. Provide patient outreach to recover delinquent surveys. Send UCI notification when survey has been completed.

#### Site Staff:

- Review medical records
- Update redcap on receipt of internal financial counseling/assistance in the practice as well as patients' medication or insurance change for both arms.
- Schedule patient for follow-up financial counseling with TailorMed for Arm B.

**TailorMed:** Deliver CostCOM, generate reports on intervention

**UCI Staff:** Document and send appropriate incentives to patient for timepoint completion. Send TailorMed report to patients and site CRA

### G. Qualitative Interview (15-39 months after enrollment of first patient)

#### Emory:

Select and interview 40 patients from the CostCOM arm

Footnote: Please note the study sample size is recruitment of 720 patients to Step 1.

1. It is encouraged for completion of consent, baseline survey, and randomization to occur on the same day.

2. Stage stratification is based on early v.s. metastatic stage.