

Social Media Use for Oncology Clinicians:



Benefits and Opportunities

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Social Media and Healthcare: A Complex Issue...



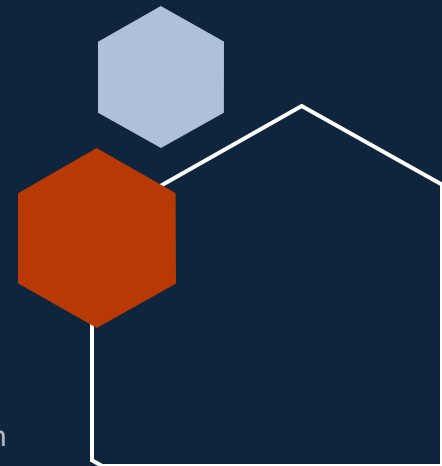
Privacy
Patient/clinician safety & security
Patient/clinician interactions
Liability
Clinician ratings and online reviews
Social media and employment
...And many more issues.

**Today's Focus: Transcend Boundaries and Create
Opportunities for Oncology Professionals**



WHO'S THE BOSS

Levels of Governance of Healthcare-related Interactions on Social Media Platforms





GENERAL RULE

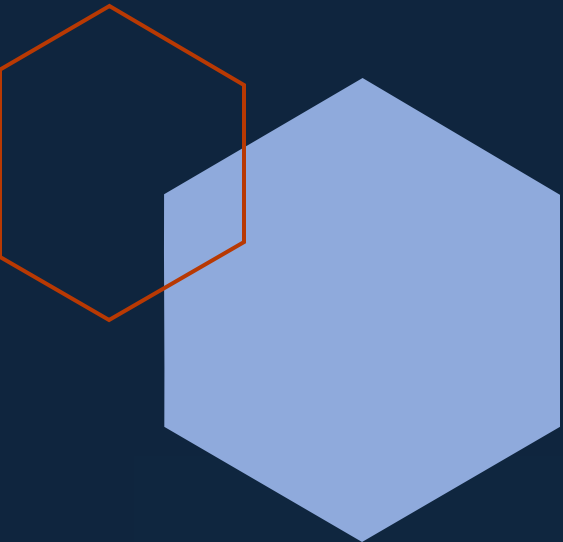
Adhere with the Most Restrictive Policy!

HIPAA & OTHER FEDERAL LAWS

STATE LAWS

INSTITUTIONAL/PRACTICE POLICY

ORGANIZATION GUIDELINES





Federal Governance of Social Media Interactions: “RETROFITTING” LEGISLATION



1996

HIPAA
enacted
by the
104th
US
Congress



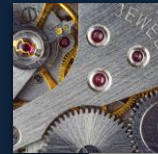
2003

LinkedIn
launched



2004

Facebook
launched



2006

Twitter
launched



Interpreting HIPAA for the Social Media Era

PRIVACY RULE

- Defines what's protected.
- Establishes national standards for the protection of certain health information.

FORESIGHT

- Protects all "individually identifiable health information"
- Held or transmitted by a covered entity
- In any form or media, whether electronic, paper, or oral.

OCR Privacy Rule Summary <https://www.hhs.gov/sites/default/files/privacysummary.pdf>



EXAMPLES OF HIPAA VIOLATIONS ON SOCIAL MEDIA

If you've heard about
it on the news,
it is likely egregious.



Commonly Reported Social Media HIPAA Violations

- Images and videos of patients without consent (written)
- Any identifiable information within posts
- Photographs from a medical facility where PHI is seen (i.e., in background)
- Sharing of identifiable information in private groups

Crane GM, et al. Pathology Image-Sharing on Social Media: Recommendations for Protecting Privacy While Motivating Education. AMA J Ethics. 2016 Aug 1;18(8):817-25.



WHO FILES THE COMPLAINTS

Entities that Report Social Media Violations

Rare to get reports from patients who themselves are the subjects

MOST COMMON SOURCES

Communications Office – monitor institutionally related tweets

Self-report

Acquaintances of the employee on social media



Privacy & Information Security Compliance, Institutional Compliance Program. UT MD Anderson Cancer Center.



So...are you even more convinced to stay away from social media?

There is hope for effective use....





Most clinicians use social media *without* issue.



THEIR STRATEGY:

Employ common sense and the following standards of conduct



#1: DE-IDENTIFY HEALTH INFORMATION

No restrictions on the use of de-identified health information.

Neither identifies nor provides a reasonable basis to identify an individual

To de-identify: Remove specified identifiers to where the remaining information cannot be used to re-identify the individual

45 CFR 164.502(d), and 164.514(a)-(c)

<https://www.hhs.gov/hipaa/for-professionals/privacy/special-topics/de-identification/index.html>



1: DE-IDENTIFY HEALTH INFORMATION

POSTS OF CONCERN IDENTIFIERS ALTERNATIVE TO CONSIDER

“Today I saw someone with ...”

Date, Diagnosis
(esp. if rare)

Avoid (or be vague about) dates.
“I recently saw a case of...”

“...my gameshow host patient with pancreatic cancer is starting chemo but I want to be ready with alternate options if needed...”

Newsworthy
circumstances

Avoid details that allow association with recent events.
“Any new trials for metastatic pancreatic cancer?”



Identifying
images

WRITTEN CONSENT.
Avoid posting full facial images, unique tattoos, or other identifying features without signed consent.

Crane GM, et al. Pathology Image-Sharing on Social Media. AMA J Ethics. 2016 Aug 1;18(8):817-25.





1: DE-IDENTIFY HEALTH INFORMATION

POSTS OF CONCERN	IDENTIFIERS	ALTERNATIVE TO CONSIDER
"56-year-old female with a new diagnosis of..."	Age	Exclude age or aggregate ages Avoid precise ages esp. children Use approximate ages or ranges for all posts. <i>"middle age" "in their 50s" "adolescent"</i>
"...my patient is moving to the Rice University area and needs a new oncologist..."	Geographic location	Avoid mention of small geographic subdivisions. <i>"My patient is moving to the Houston area..."</i>
"24-year-old man with a right arm mass..."	Anatomic site Patient history	If appropriate, consider modifying clinical history. <i>"A woman in her 20s presents with a left thigh mass..."</i>

Crane GM, et al. Pathology Image-Sharing on Social Media. AMA J Ethics. 2016 Aug 1;18(8):817-25.





#2: RECOGNIZE AN ERROR IMMEDIATELY

A breach is, generally, an impermissible disclosure of PHI

EXCEPTIONS - low probability that the PHI has been compromised based on the following factors:

- Nature, extent of the PHI (types of identifiers, likelihood of re-identification)
- The unauthorized person who used (or received) the PHI
- Whether the PHI was actually acquired or viewed; and
- The extent to which the risk to the PHI has been mitigated.

NOT ALL ERRORS ARE BREACHES.
Contact your privacy officer.

*HIPAA Breach Notification Rule, 45 CFR §§ 164.400-414.
<https://www.hhs.gov/hipaa/for-professionals/breach-notification/index.html>*





#3: WHEN IN DOUBT, OBTAIN PATIENT CONSENT

Review your practice's media policy
Obtain necessary consents



THE UNIVERSITY OF TEXAS
MDAnderson
Cancer Center
Making Cancer History®

MEDIA AUTHORIZATION AND RELEASE

I hereby consent to having my photograph taken, and I hereby give The University of Texas MD Anderson Cancer Center ("MD Anderson") permission to capture my name, likeness, image and/or voice in photographic, audio, audiovisual, digital or any other form of medium (the





#4: ENGAGE WITH YOUR LOCAL LEGAL & COMMUNICATIONS OFFICES

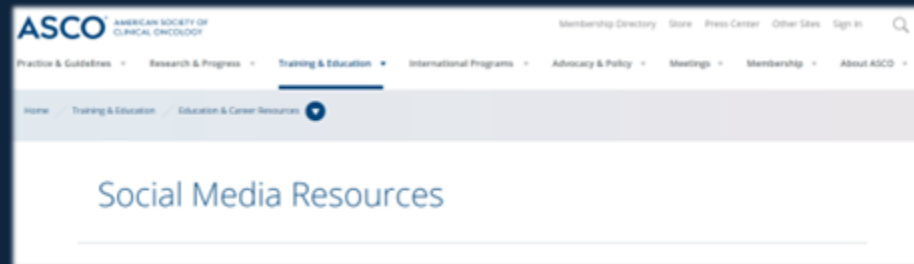


Explore resources within your practice network.

Most hospital systems, practice networks, cancer centers, and universities have communications offices and legal services.

Take social media training through your system or org (e.g., AMA, ASCO)

Consider refresher courses to stay up to date with rules



ASCO Social Media Resources.

<https://www.asco.org/training-education/education-career-resources/social-media-resources>



#5: VIEW REGULATIONS AS PROTECTIONS, NOT BARRIERS

Thousands of clinicians engage on social media while following the regulations in place for patient safety and their own protection.



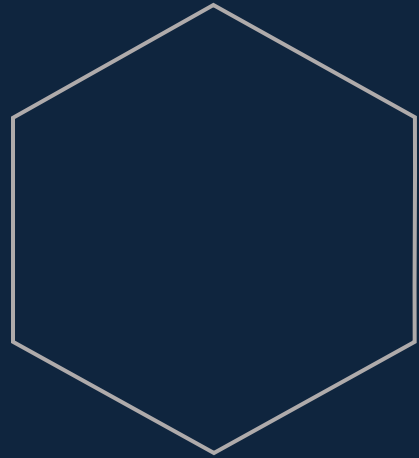


#6: USE RESTRAINT EQ OVER IQ

Participation in social media is a constant exercise of your Emotional Intelligence.

Your posts enter the public domain.





STRATEGIES FOR EFFECTIVE SOCIAL MEDIA USE IN HEALTHCARE

#1: DE-IDENTIFY
HEALTH
INFORMATION

#2: RECOGNIZE
AN ERROR
IMMEDIATELY

#3: WHEN IN
DOUBT, OBTAIN
PATIENT
CONSENT

#4: ENGAGE
YOUR LEGAL &
COMMS OFFICES

#5: VIEW
REGULATIONS AS
PROTECTIONS,
NOT BARRIERS

#6: USE
RESTRAINT
EQ
OVERIQ



EXAMPLES OF EFFECTIVE SOCIAL MEDIA USE IN ONCOLOGY

Clinicians who make a
difference...





Creating opportunities for our patients ACCESS TO CLINICAL TRIALS

 **Alliance for Clinical Trials in Oncology**
@ALLIANCE_org Following

New Trial! Dan P. Zandberg MD @UPMCHillmanCC leads a new @ALLIANCE_org trial (A091802) to see how well avelumab and cetuximab work in treating patients with skin cancer that has spread in the body. Learn more: bit.ly/AllianceA091802 #skincancer #NCI #NCTN#CancerResearch



Now Enrolling: Alliance A091802
A Skin Cancer Trial

Dan P. Zandberg, MD
University of Pittsburgh Medical Center
Hillman Cancer Center
Study Chair



8:40 AM - 28 May 2019

 **NRG Oncology**
@NRGonc Following

Recently Activated: NRG-LU005 #LungCancer (LS-SCLC): Chemoradiation vs Chemoradiation + Atezolizumab. To learn more, visit the protocol page on @TheCTSU ctsu.org (login req'd). @KHigginsMD @WinshipAtEmory and Dr. Alice Ross @MayoClinic @ALLIANCE_org are co-PIs.



Now enrolling patients through NCTN


NRG-LU005

Chemoradiation With or Without Atezolizumab in Treating Patients With Limited Stage Small Cell Lung Cancer

 <p>Kristin Higgins, MD NRG Oncology Principal Investigator Winship Cancer Institute</p>	 <p>Alice Ross, MD Alliance Principal Investigator Mayo Clinic Arizona</p>
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ClinicalTrials.gov Identifier: NCT03811002
www.nrgoncology.org
www.allianceforclinicaltrialsinoncology.org

12:22 PM - 29 May 2019

 **SWOG Cancer Research Network**
@SWOG Following

Easy way to find an @theNCI trial from @SWOG @ALLIANCE_org @eaonc @NRGonc @COGorg - all members of the National Clinical Trials Network, the oldest and largest publicly funded cancer research network. We run over 100+ trials at a time on all major cancer types. @NCICancerTrials

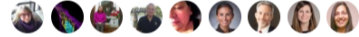
NCICancerTrials @NCICancerTrials

You can search for an NCI-supported cancer clinical trial using this form: #NClwordstoknow cancer.gov/about-cancer/t...

Show this thread

11:18 AM - 28 May 2019

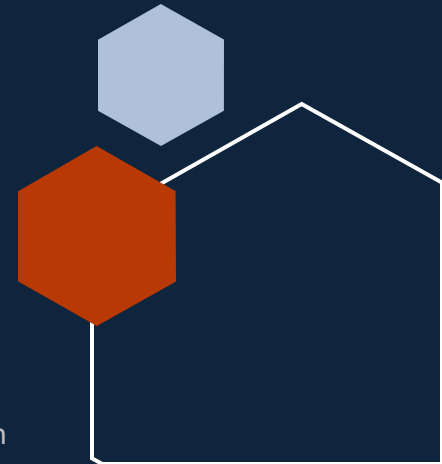
9 Retweets 18 Likes





Creating opportunities for our patients: Bringing together rare cancers and rare aberrations

The image displays two overlapping Twitter profile pages. The top profile is for 'EGFR Resisters' (@EGFRResisters), featuring a DNA double helix graphic and the text 'PATIENTS driving RESEARCH to SAVE LIVES'. It shows 1,072 tweets, 377 following, 1,183 followers, and 2,816 likes. The bottom profile is for 'The ROS1ders' (@ros1cancer), with a blue circular logo and the text 'THE ROS1DERS BRIDGING ROS1+ PATIENTS TO RESEARCH'. It shows 679 tweets, 106 following, 601 followers, and 1,065 likes. A tweet from The ROS1ders is visible, mentioning a video about the 'Global ROS1 Initiative'.





Creating opportunities for our patients: Engage in real-time discussions on recent publications

A REAL-TIME PEER REVIEW

Eric Topol @EricTopol · May 2

We need much better ways to predict response to anti-PD1 #cancer #immunotherapy. Mismatch-repair deficiency is one of the ways science.sciencemag.org/content/364/64... by @GeneCollector @sloan_kettering and collaborators @sciencemagazine

genetic diversity of tumors with mismatch repair deficiency influence anti-PD-1 immunotherapy response

MSKCC cohort

■ MMR-D/MSI-High (n=26)
■ MMR-D/MSI-Intermediate (n=7)

p=0.0032 (Log-rank test)
HR=0.147
n=33

Anirban Maitra @Aimms1742

Following

Replying to @EricTopol @GeneCollector and 2 others

A comparable study just got published in @Annals_Oncology
Cc: @FAndreMD @Idiaz1 @JackieHechtman @xrtGenomics

FabriceAndre @FAndreMD

genetic loss of B2M and residual Hodgkin's disease with loss of CD20 could give some clues about epitope is not the only explanation

Jackie Hechtman @JackieHechtman

Finally! metastatic expression of p16

David Gandara @drgandara · May 24

Meso clearly needs better therapeutic options but surprised that approval of this technique is based on admittedly impressive OS from a single arm Phase II trial. FDA Approves NovoTTF-100LTM System + Chemotherapy for Malignant Pleural Mesothelioma

FDA Approves the NovoTTF-100LTM System in Combination with Pemetrexed for Malignant Pleural Mesothelioma

Novocure (NVCR) today announced that the U.S. Food and Drug Administration (FDA) has approved the NovoTTF-100L System in combination with pemetrexed for the treatment of malignant pleural mesothelioma.

Nathan A. Pennell MD, PhD @n8pennell · May 25

Agree that is odd, not sure I would use this based on a single arm trial. Maybe because it was a device and not a drug the bar was lower?

Melina Marmarelis @MMarmarelis

Replying to @n8pennell @drgandara

Yes, it was approved under a humanitarian device exemption (for rare diseases) so not the same track as other drugs (or even devices). You only have to show safety not efficacy hence the single arm trial approval.

Suresh Ramalingam @RamalingamMD · May 25

As I understand it is a device, not a drug; approval standards are very different!

Vamsi Velcheti, MD @VamsiVelcheti

TTF device now FDA approved for Mesothelioma based on a single arm trial w/ 18 mo mOS w/predominantly epithelioid type... am I missing something here? where is the randomized trial @FDAOncology #LCSM [twitter.com/Medscape/statu...](https://twitter.com/Medscape/status/1128111111)

Dr. Antonio Calles @Tony_Calles

Following

Replying to @RamalingamMD

Making believe patients they could live longer (so far unproven), with no other clinically relevant outcome for patients reported so far, with an increased risk of dermatitis. Not sure this is the kind of advances mesothelioma patients really need.

6:53 AM - 25 May 2019


2 Retweets 17 Likes



Creating opportunities for our patients: COMMUNITY AMONG CLINICIANS CELEBRATE MILESTONES!

Neli Ulrich, PhD @NeliMUlrich Follow

And finally it's final!!! 1656 pages showcasing the amazing trajectory of @huntsmancancer @UUtah over the past 5 years! Go fly!!!! @neerajaiims @UofUHealth @UofUResearch @neerajaiims @TomVargheseJr @MikeGoodMD @Will_Dere @DebzNewz @__glh @GarridoLagunaMD @SiwenONC #HClproud



8:38 PM - 24 May 2019

Ishwaria Subbiah, MD MS @IshwariaMD · Sep 30

Twitter-verse!! It actually happened! My grant was funded! THANK YOU THANK YOU to the @AmericanCancer Society for my Clinician Scientist Development Grant! 🎉 Bc when #SupportiveCare & phase I teams partner up, it's a win for patients! #endcancer #hpm #hpc



Lecia Sequist, MD, MPH @LeciaSequist Following

I am overwhelmed to share that I am now Professor of Medicine @harvardmed Thank you amazing mentors Tom Lynch, Daniel Haber, Jeff Engelman, Alice Shaw, @dhjtsw1 @RamalingamMD Heather Wakelee and others. And especially to @TomSequist who always believed in me, even when I didn't

9:37 AM - 4 May 2019 from Boston, MA

Ashley Love Sumrall, MD, FACP @AshleySumrallMD Following

ASCO_LDP is concluding today. We're so grateful for this opportunity for mentorship & growth! #ASCO_LDP18 #ASCO_LDP @ASCO #ASCO19 #ASCOLCI



12:53 PM - 30 May 2019 from Chicago, IL

Neeraj Agarwal @neerajaiims Following

So glad to be done with the first phase. Looking forward to all the work and excitement of @theNCI site visit under the most passionate and inspiring leader @NeliMUlrich, the director of @huntsmancancer @UUtah

Neli Ulrich, PhD @NeliMUlrich
And finally it's final!!! 1656 pages showcasing the amazing trajectory of @huntsmancancer @UUtah over the past 5 years! Go fly!!!! @neerajaiims @UofUHealth @UofUResearch @neerajaiims @TomVargheseJr @MikeGoodMD @Will_Dere @DebzNewz @__glh @GarridoLagunaMD @SiwenONC #HClproud

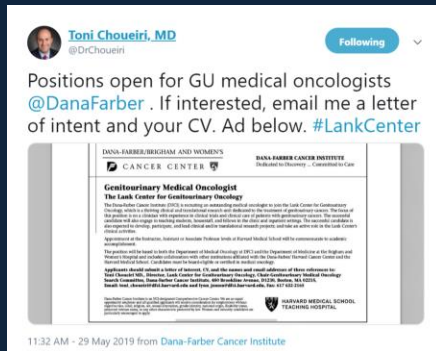
Sumanta Pal @montypal Following

Amazing. So great to see my friend & colleague @neerajaiims making such a difference at both a national level in #prostatecancer & at an institutional level in growing @huntsmancancer

Neli Ulrich, PhD @NeliMUlrich
And finally it's final!!! 1656 pages showcasing the amazing trajectory of @huntsmancancer @UUtah over the past 5 years! Go fly!!!! @neerajaiims @UofUHealth @UofUResearch @neerajaiims @TomVargheseJr @MikeGoodMD @Will_Dere @DebzNewz @__glh @GarridoLagunaMD @SiwenONC #HClproud



Creating opportunities for our patients: COMMUNITY AMONG CLINICIANS



Patient-Centered Care Begins with a Thriving Clinical Team

