

Cancer Health Disparities and solutions through NOLA

Kashyap Patel, MD, ABOIM,
BCMAS

President, Community
Oncology Alliance

Past Chairman, Clinical Affairs,
Association of Community
Cancer Centers

Medical Director; Diversity,
equity and inclusivity;
International Oncology
Network

Past President, SCOS

Learning objectives:

- Current status of cancer care in the USA (focused on data from AACR, ACS as well as other scientific publications)
- Magnitude and impact of each factor leading to disparities in cancer care
- NOLA (No one left alone) pilot outlines
- Initial results (Access to care and Precision Medicine):
- Phase II/III: Collect data and develop best clinical practice to address Social Determinants of Health and cancer screening related issues
- Phase IV: Clinical trials
- I do not have any COI to disclose, and I will not be using any brand names

Summary of
Disparities
report from
the AACR
(American
Association of
Cancer
Research)

**34% Of all cancer deaths
could be prevented if
socioeconomic disparities are
eliminated**

Eliminating healthcare disparities for racial and ethnic minorities would have saved \$230 billion in direct healthcare costs and over \$1trillion in premature deaths and illnesses between 2003-6

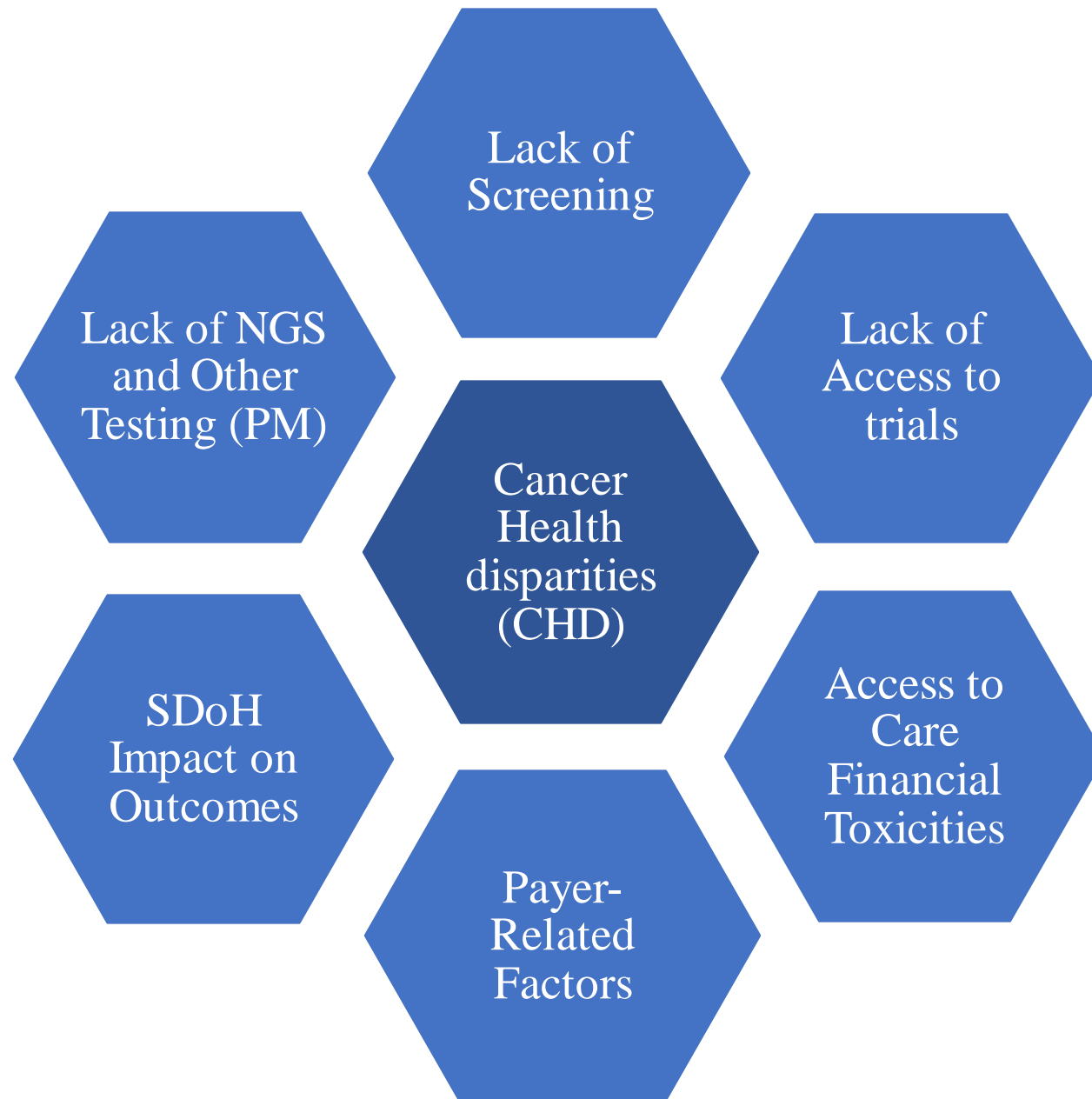
Key statistics reflecting disparities in Cancer Care

Cancer Type (Incidence Rates)	African Americans	Whites	Rate Ratio	DEATH RATES with cancer types	African Americans	White	Rate Ratio
Multiple myeloma	14.3	6.4	2.23	Prostate, males	38.4	18.2	2.11
Prostate, males	172.8	102.0	1.69	Stomach	5.3	2.6	2.04
Stomach	9.6	5.7	1.68	Multiple myeloma	6.0	3.0	2.00
Liver/Cholangio ca	11.9	7.4	1.61	Cervix uteri, females	3.1	2.2	1.41
Colorectal	45.5	36.5	1.25	Breast, females	27.3	19.6	1.39
Pancreas	15.7	12.7	1.24	Colorectal	18.3	13.4	1.37
Kidney/renal pelvis	19.2	15.7	1.22	Liver/Cholangio	8.5	6.3	1.35
Cervix uteri, females	7.4	6.3	1.17	Pancreas	13.3	11.0	1.21
Lung and bronchus	57.4	51.0	1.13	Lung and bronchus	40.2	39.3	1.02
Breast, females	128.2	132.7	0.97	Kidney/renal pelvis	3.4	3.7	0.92

Impact of disparities on disease and outcomes (racial, social and economic factors)

- African American men have 111 percent and higher risk of dying from prostate cancer compared to white men
- African American women have a 39 percent higher risk of dying from breast cancer, compared to white women
- Hispanic children and adolescents are 20 percent and 38 percent more likely to develop leukemia than non-Hispanic white
- Asian/Pacific Islander adults are twice as likely to die from gastric cancer as white adults
- American Indian/Alaska Native adults are twice as likely to develop liver and bile duct cancer compared to white counterparts
- Men living in Kentucky have lung cancer incidence and death rates that are about 3.5 times higher than those for men living in Utah (socio economic factors)
- Men living in the poorest counties in the United States have a colorectal cancer death rate that is 35 percent higher than that for men living in the most affluent counties
- Bisexual women are 70 percent more likely to be diagnosed with cancer than heterosexual women
- Overall survival of uninsured patients with localized HCCs is less than half compared to insured patients

Summary of Factors Leading to Disparities



Addressing Cancer Health Disparities in a Multilateral Collaboration in an Independent Community Cancer Clinic: Translating Words Into Action

ER SHERAK, MD; MARY KASHYAP PATEL, MD; HIRANGI MUKHI, BS; ANJANA PATEL, BSC; NIYATI NATHWANI, MD; DHWANI MEHTA, MS; JENNIFER MBA; NATASHA CLINTON, MSN, APRN, AOCNP; HOLLY PISARIK, JD; BENJAMIN BROWN, BS; SARA ROGERS, PHARM KRUCZYNSKI; NICOLAS FERREYROS, BA; TED OKON, MBA

Community
CONSULT

Incorporating Biomarker Testing in Community Cancer Clinics: A Real-World Pilot Study

By Kashyap Patel, MD, Hirangi Mukhi, BS, Dhvani Mehta, Anjana Patel, William Oh, MD, Prasanth Reddy MD, MPH, FACP

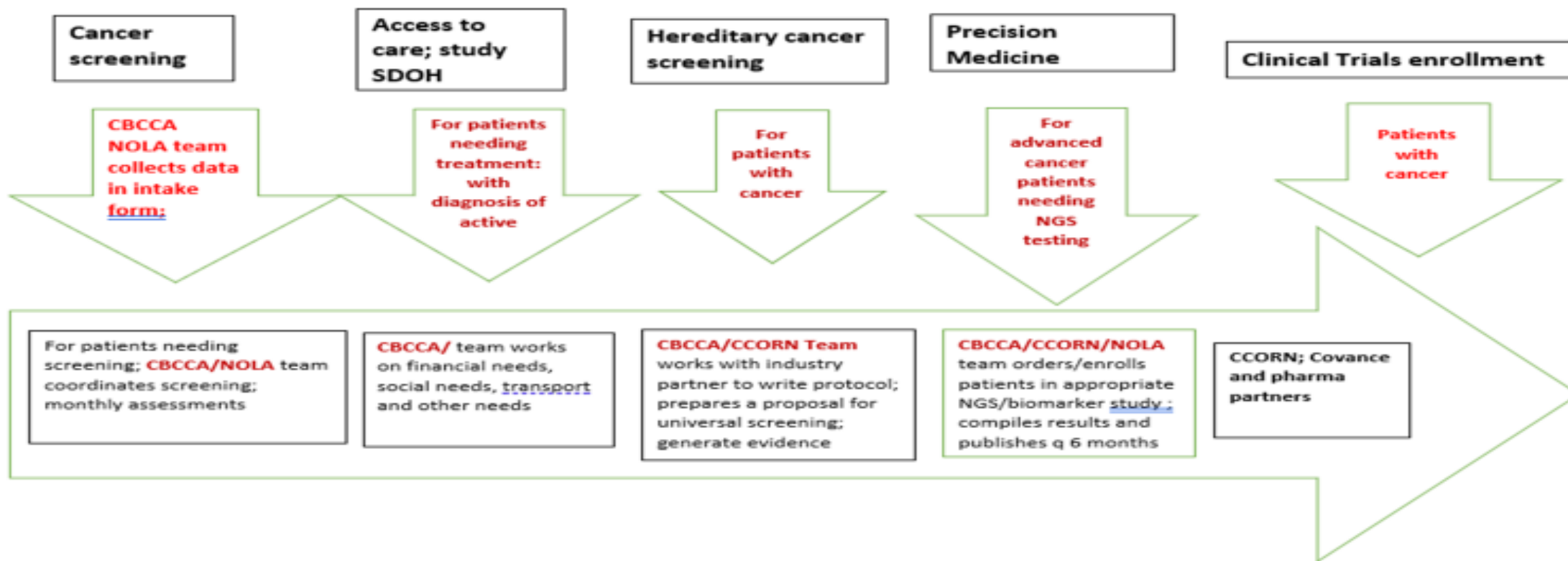


In this three-blog series, ACCCBuzz shares how one independent oncology practice is taking action to improve equitable cancer care delivery at the local level, potentially creating a replicable model for providers in the community.

[Home](#) / [ACCCBuzz Blog](#) / [Full Story](#)

LOCAL ACTION IMPROVES ACCESS TO KEY ONCOLOGY SERVICES

NOLA + PATHWAYS PARTNERSHIP: MEETING PATIENTS' NEEDS LOCALLY



Identified 600 plus patients who did not have cancer screening and arrangements being made for same

Raised close to \$2.3 million last year for OOP cost or free drugs; Created insurance fund and already supported 20 plus patients

Pilot already in place with a large lab with purpose to identify gaps in germline tests; paper expected soon

Three large studies; reached NGS testing rate to 80% plus

Starting 3 phase III studies soon

NOLA PATIENT INTAKE FORM/Cancer screening/SDOH/Cognitive assessment needs

TODAYS DATE	Chart No.
FIRST NAME	LAST NAME DOB:
1. What is your country of birth: USA, including Puerto Rico / Other	
2. How many years have you lived in the United States	
3. WHAT IS YOUR RACE?	
4. What is your Gender/sexual orientation: Male / Female/ Transgender /Prefer not to identify	
5. Sexual orientation: heterosexual/bisexual/LGBT/prefer not to identify	
6. EDUCATION status	Less than High school/high school/Undergraduate/Graduate/Doctorate
7. WHAT IS YOUR MARITAL STATUS?	Married/living as married/Widowed/ Divorced/ Separated/ Never married/ Other
8. ANNUAL INCOME? (household)	< than \$25,000/ \$25,000-\$49,999/ \$50,000-\$74,999/ \$75,000-\$100,000/\$100,000-149,999/\$150k-\$199,999/ \$200,000 or more How many members live on this income
9. HOW OFTEN DO YOU FEEL THIS	I DON'T HAVE ENOUGH MONEY TO PAY MY BILLS NEVER / RARELY/ SOMETIMES/OFTEN/ALWAYS
10. EMPLOYMENT	FULL TIME/PARTIME/ UN EMPLOYED/RETIRED/SELF EMPLOYED/STUDENT
11. IF SELF- EMPLOYED (OR EMPLOYED-FIELDS)	Sales/ IT/Hardware Software/Transportation/Homemaker/education/ clergy/ healthcare /hospitality

Access to healthcare/Transportation

Do you have a doctor or clinic for your regular care? <i>If no where do you get your care</i>	Yes	No	FQHC/ER/Urgent care
In the past year, was there a time when you needed health care but could not get	Yes	No	If <u>not</u> why
Do you have any problems with transportation to your health care visits?	Yes	No	

Language/literacy/Mental Health

Are you able to communicate with your doctor in your language?	Yes	No	Preferred language
Do you have cell phone/ access to the internet, if yes, do you use for visit	Yes	No	
Do you often feel anxious, depressed, or worried? Are you experiencing any memory lapses or forgetfulness? Do you ever feel confused?	Yes	No	If yes, cognitive assessment
Are you under care from a psychologist and/or mental health counselor	Yes	No	
Are you on any medications like <u>anti-anxiety</u> , <u>sleep</u> or opioids	Yes	No	

Food insecurity

In the past 12 months has there been a point where the food you bought just didn't last and you didn't have money to get more?			If yes, is it often or sometimes
Within the past 12 months, have you worried that your food would run out before you got money to buy more			If yes, is it <u>often</u> or sometimes

Family responsibilities for family members/friends/social support/community activity

Are you responsible for child/elder care in your family? Do problems getting childcare make it difficult for you to work/study	Yes	No	
Do problems getting childcare make it difficult for you to get healthcare?			
Do you have friends or neighbors support	Yes	No	

Housing: access, utility services, household density

Do you have any of these problems with your housing? Pest infestation/Mold/ <u>Lead</u> paint or pipes/ Inadequate heat/ Oven or Stove not working/ Water Leaks/ No or non-function smoke detector/ None of the above	Yes	No	If yes, how often
How many people live in your house/apartment?			
Do you exercise	Yes	No	
Do you drink alcohol	yes	No	If yes; daily or a social drinker
Do you smoke	yes	No	Pack years
Do you take any recreational drugs	yes	No	

PERSONAL AND FAMILY HISTORY OF CANCER

12. FAMILY H/O	CANCER	(WRITE IN) TYPE OF CANCER?	AGE/YEAR AT DIAGNOSIS
a. SELF	Yes/ No	_____	_____ <u>or</u> Don't know
b. Sibling	Yes/ No	_____ <u>or</u> Don't know	_____ <u>or</u> Don't know
c. Birth mother	Yes/ No	_____ <u>or</u> Don't know	_____ <u>or</u> Don't know
d. Her Parents	Yes/No	_____ <u>or</u> Don't know	_____ <u>or</u> Don't know
e. Her Siblings	Yes/No	_____ <u>or</u> Don't know	_____ <u>or</u> Don't know
f. Father	Yes/No	_____ <u>or</u> Don't know	_____ <u>or</u> Don't know
g. His Parents	Yes/No	_____ <u>or</u> Don't know	_____ <u>or</u> Don't know
h. His Siblings	Yes /No	_____ <u>or</u> Don't know	_____ <u>or</u> Don't know

Colon Cancer Screening Assessment

Does any of your family members had colon cancer	Yes (at what age)	No
<i>Do you have ulcerative colitis/ Crohn's disease or IBD</i>		
<i>Have you been screened or provider discussed colon cancer screening</i>		

Lung Cancer Screening Assessment

Do/Did you smoke	Yes	No
<i>How many packs and years</i>		
<i>Have you been screened for lung cancer</i>	No insurance/did not know/never heard about it (is eligible)	

BREAST Cancer Screening

Have you ever had a discussion with your doctor about the risk/benefits of breast cancer screening with mammogram?	Yes	No	
Have you ever had a mammogram? If yes,	If Yes, when	No	
Have you ever had a breast biopsy?	Yes	No	
If "Yes", result of biopsy	Right/left	Result: Breast cancer/pre-cancerous	
Have you or anyone in your family been tested breast cancer gene mutation?	Yes	No	If yes, type of mutation

CERVICAL CANCER ASSESSMENT

Have you ever had a Pap smear?	Yes	No/ Don't know
<i>27b. If "No", is there a reason why you have not had a Pap smear yet/in the past 2 years?</i>		

Prostate Cancer Screening/:

Have you ever had your PSA checked	Yes	No/ Don't know
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Bone density

Have you ever had Bone density checked for osteoporosis	Yes	No/ Don't know
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Advanced Care Planning

Do you have a living will or have you completed advance care planning? Do you want us to help you? (will not cost you)	Yes	No/ Don't know
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Research: Our cancer center participates in multiple national research studies to develop understanding about cancer, how it occurs, what tests help us, how best to develop new treatments and how to bring equity, equality and better access to all socioeconomic class of individuals (all of these studies are in full compliance of regulatory agencies like Office of Human Research Protection ACT)

Would you be willing to participate in research to better understand disease process by certain tests (blood or tissue)	yes	no	If <u>not</u> why
Would you be willing to participate in a research that helps <u>develop newer drugs for cancer patients</u> (including for you or future)	yes	No	If not, why

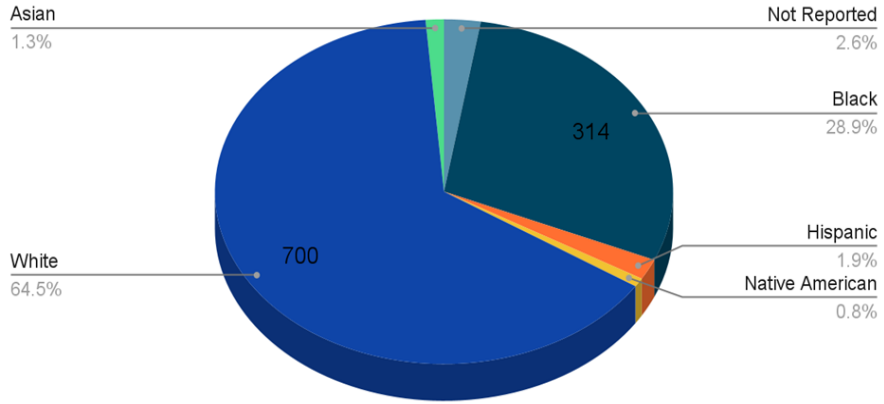
TASK List**Reviewed by and action plan**

CANCER SCREENING SERVICES Needed	Yes/No	Scheduled
BREAST		
CERVICAL		
COLORECTAL		
LUNG		
PROSTATE		
Bone density		
SMOKING CESSATION		
Alcohol counselling		
Depression/Mental health counselling/cognitive screening		
Research participation		
Advance Care Planning		
Other		
Other SERVICES; DSS/Financial counsellor	YES/No	Referral/assistance
Medicaid/Dual Eligibility? LISS/DSS		Catawba agency on ageing/Norrell/Congressional office
Health Insurance/ACA/Other		
Foundation support		CBCCA financial counsellor/Pharmacy team
Free drugs		CBCCA financial counsellor/Pharmacy team
Mental Health Services		
Transportation		
Housing/Free clinics/FQHC/Food/Utility/Other		

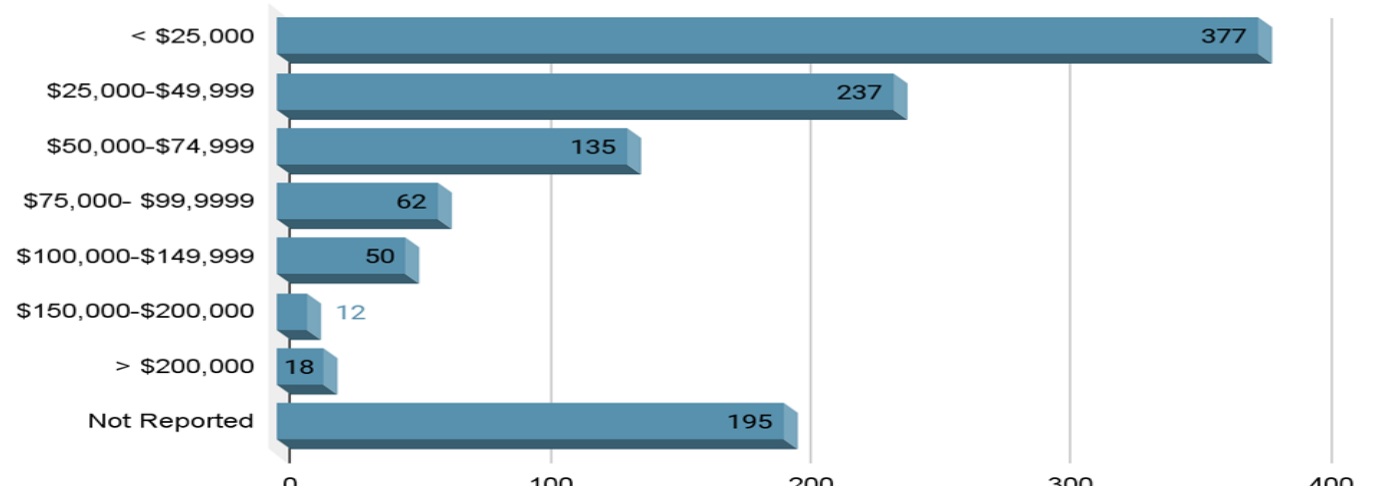
PATIENT SIGNATURE _____ date

Gender	Office Location	Provider	Health Need	Type of Need	Next Appointment	screening needs patient	Age	Office Location	Provider	Type of Need	Next Appointment
#REF!	Lancaster	Gor	Yes	Colon cancer screen	03/30/22		72	Rock Hill	Naidu	not enough money for bills,	04/06/22
#REF!	Lancaster	Gor	Yes	Colon cancer screen	NFA		32	Rock Hill	Rabara	Not enough money for bills, access to primary doctor	4/7/22
#REF!	Lancaster	Gor	Yes	Colon cancer screen	05/04/22		49	Lancaster	Nathwani	Utilities, child/elder care difficulties	4/7/22
#REF!	Lancaster	Nathwani	Yes	Lung screen (current)	NFA		52	Rock Hill	Gor	Access to primary doctor, food insecurities	4/7/22
#REF!	Rock Hill	Naidu	Yes	Colon cancer screen	05/10/22		59	Rock Hill	Rabara		4/7/22
#REF!	Rock Hill	Patel	Yes	Colon cancer screen	05/04/22		59	Rock Hill	Rabara	Smoke detectors, water leaks	4/7/22
#REF!	Lancaster	Patel	Yes	Colon cancer screen	04/05/22		60	Lancaster	Naidu		4/7/22
#REF!	Rock Hill	Rabara	No				60	Lancaster	Nathwani	Utilities, difficulty with getting into doctor appts., me	4/7/22
#REF!	Lancaster	Nathwani	Yes	Colon cancer screen	04/18/22		61	Rock Hill	Gor	Food insecurities, housing problems	4/7/22
#REF!	Rock Hill	Patel	Yes	Colon cancer screen	04/07/22		65	Rock Hill	Patel	Not enough money for bills, food insecurities, housin	4/7/22
#REF!	Rock Hill	Rabara	Yes	Colon cancer screen	NFA		69	Rock Hill	Gor		4/7/22
#REF!	Lancaster	Naidu	Yes	Colon cancer screen	04/07/22		70	Rock Hill	Gor		4/7/22
#REF!	Lancaster	Naidu	Yes	Lung	05/12/22		71	Rock Hill	Patel		4/7/22
#REF!	Rock Hill	Gor	Yes	Colon cancer screen	03/31/22		74	Rock Hill	Patel	Housing, not enough money for bills	4/7/22
#REF!	Lancaster	Patel	Yes	Colon cancer screen	04/13/22		75	Rock Hill	Rabara	Not enough money for bills	04/07/22
#REF!	Lancaster	Nathwani	Yes	Colon cancer screen	05/26/22		76	Rock Hill	Patel	Not enough money, phone assistance, food insecurity	4/7/22
#REF!	Rock Hill	Naidu	Yes	Lung	05/09/22		78	Lancaster	Naidu	Utilities, phone/internet access	4/7/22
#REF!	Rock Hill	Gor	Yes	Lung	8/8/22		79	Lancaster	Naidu	Utilities, food insecurities	4/7/22
#REF!	Rock Hill	Naidu	Yes	Colon cancer screen	04/13/22		81	Rock Hill	Gor		4/7/22
#REF!	Rock Hill	Rabara	Yes	Colon cancer screen	03/31/22		44	Rock Hill	Patel	Not enough money, primary caregiver resources	4/8/22
#REF!	Rock Hill	Rabara	Yes	Colon cancer screen	04/05/22		38	Rock Hill	Rabara	Not enough money for bills, food insecurities	4/11/22
#REF!	Rock Hill	Patel	Yes	Lung	04/06/22	Yes	54	Rock Hill	Rabara		4/11/22
#REF!	Rock Hill	Rabara	Yes	Colon cancer screen	04/04/22		56	Rock Hill	Naidu	Not enough money for bills, housing problems	4/11/22
#REF!	Rock Hill	Patel	Yes	Lung	4/7/22		61	Rock Hill	Rabara	Not enough money for bills, phone/internet access,	4/11/22
#REF!	Rock Hill	Patel	Yes	Colon cancer screen	05/11/22		61	Rock Hill	Rabara	not enough money for bills	4/11/22
#REF!	Lancaster	Naidu	Yes	Osteoporosis	09/08/22		69	Rock Hill	Gor	Not enough money for bills, + mental health screen	4/11/22

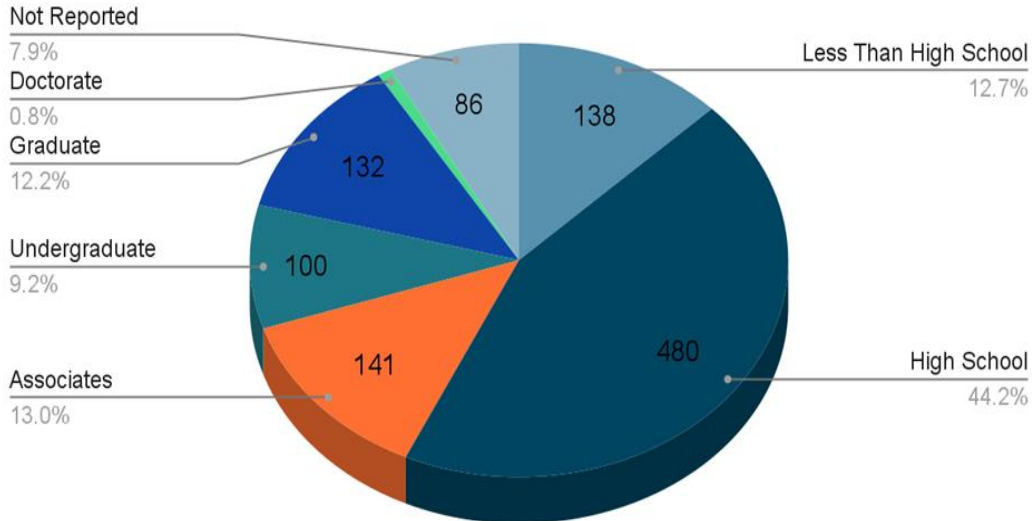
Race



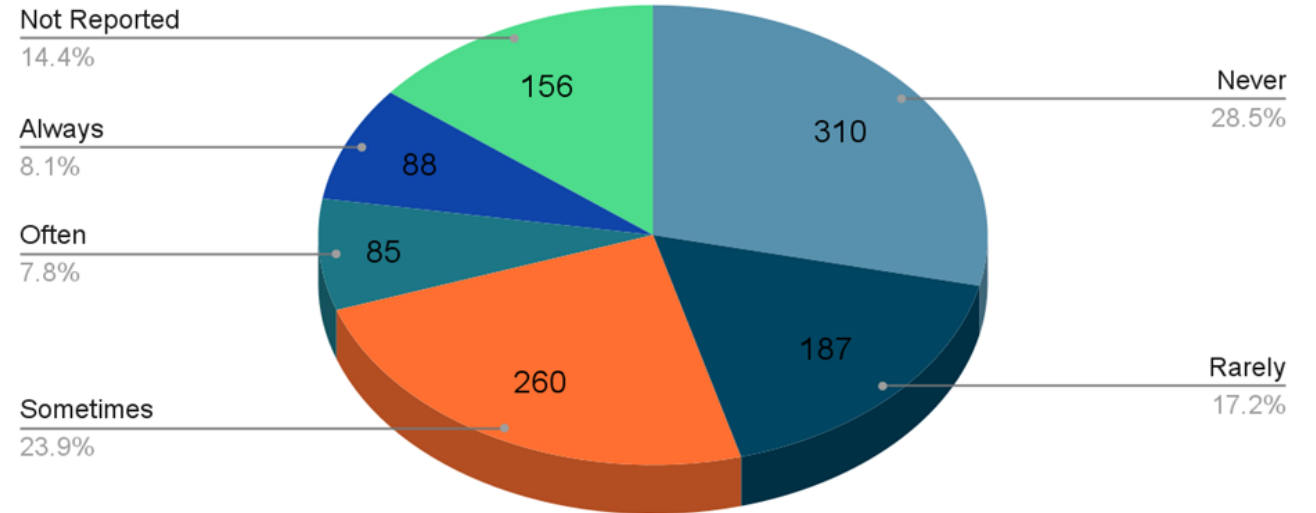
Annual Income



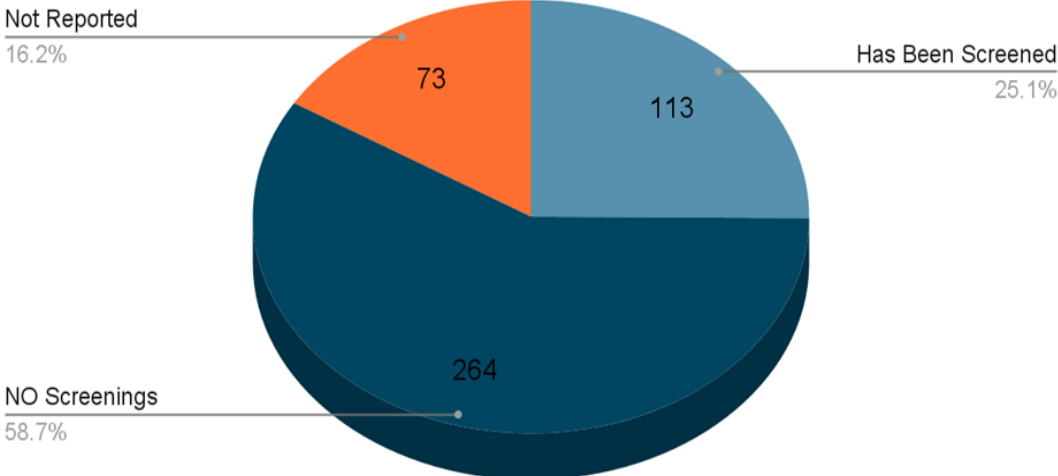
Education



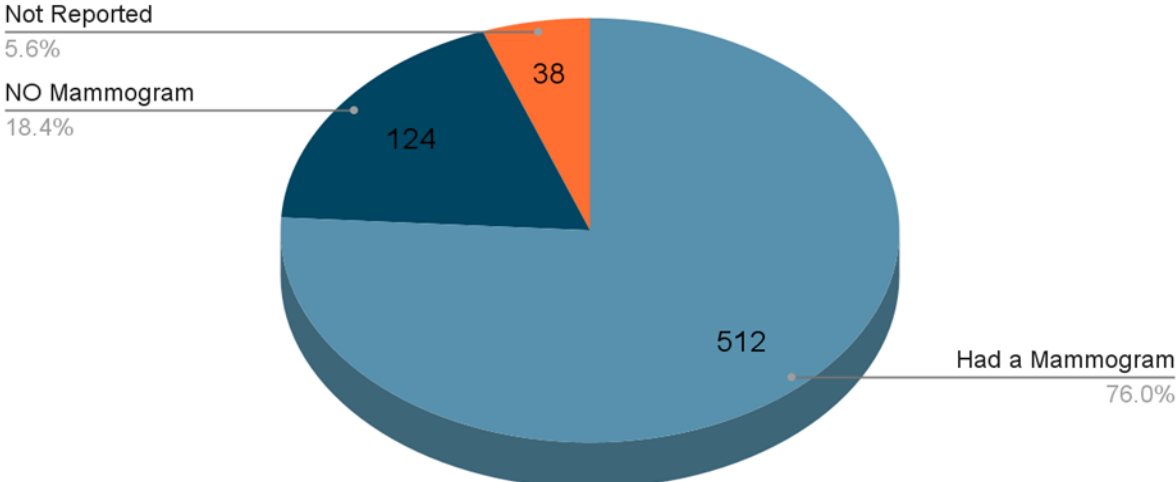
Unable to pay bills?



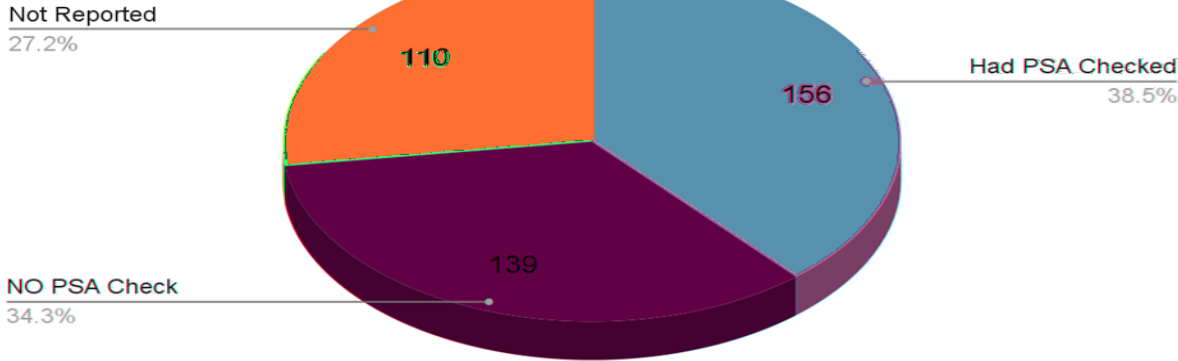
Current or Former Smokers Lung Cancer Screening



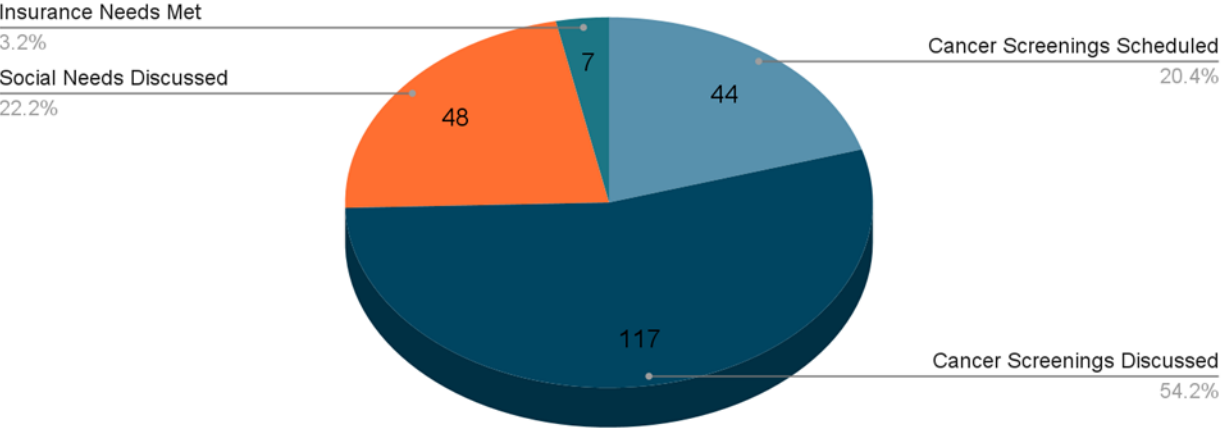
Women's Breast Cancer Screenings



Men's Prostate Cancer Screenings



Number of Patients Assisted Through NOLA





TRANSPORTATION



CLOTHING



**BENEFITS (HEALTH
INSURANCE, SNAP,
WIC, ETC.)**



**IDENTIFICATION
(STATE ID, BIRTH
CERTIFICATE,
SOCIAL SECURITY
CARD)**



**FINANCIAL AND
UTILITY
ASSISTANCE**



**FOOD (PANTRY
AND MEALS)**



**SHELTER (DAY
SHELTER,
EMERGENCY
SHELTER,
TRANSITIONAL
HOMES)**



**HELP TO FIND
AFFORDABLE
HOUSING**



**EMPLOYMENT (JOB
TRAINING,
INTERVIEW
COACHING,
PLACEMENT)**



**EDUCATION (LIK
SKILLS, LITERAC
GED, ETC.)**



**MEDICAL HEALTH
(ASSESSMENTS)**



**CRIMINAL RECORD
(EXPUNGEMENT
AND PARDON)**



**MENTAL HEALTH
AND SUBSTANCE
USE SUPPORT
(COUNSELING,
TREATMENT,
RECOVERY
GROUPS)**

NOLA TIMELINE

2021 Discussed with my team ; My partners; **COA-June (board, Ted, Mary), SCOS-August** started phase I; Conceptualized NOLB; **changed to NOLA with suggestion from a friend and colleague-**

By the end of 2021, **completed phase I** with data and published data; formed NOLA; phase II by February; By August 2022; **all phases active including partnering with CROs to start clinical trials**; Coastal Cancer center will follow us,

Pharma needs to do more to support local initiatives, state and federal help would be a possibility; Need to thank JNJ, COA and Amgen for walking the talk

Hi Kashyap, wanted to let u know that we have identified a physician leader and team members to start addressing disparities in cancer care based on all the actions that u have taken. We will have representation at upcoming AB conference and are announcing this at our annual clinical summit next month as well.

Summary, conclusion and learning:

Teamwork, collaborative, cooperative and cohesive approach with consistency

All solutions are local;

SDoH are very critical

Patient assistance programs and financial assistance will not be sufficient

Trying to find insurance help (Medicaid, Marketplace and medigap) will be the best way to address financial toxicity

Biomarker testing (? Liquid biopsy); JIT studies, access to clinical trials are a must

SCOS has an opportunity to lead all other states; share success stories

EOM

- Will begin 2023 July
- Two-sided risk from day 1; two options for risk;
- Option 1: 4% discount; Downside risk 2% of target price; Upside gain to 4%; MIPS APM
- Option 2: Downside risk limited to 6% of target price; Upside gain limited to 12%; Qualifies as an AAPM 5% 5% bonus
- A more limited set of cancer types
 - Breast, lung, prostate, colorectal, lymphoma, multiple myeloma, and chronic leukemia
 - Breast cancer patients on hormonal blockers; Prostate cancer patients on GNRH agonists only will not be included
- Better benchmarks unique to disease type, Her 2 status and metastatic status
- Emphasis on health equity; Socio demographic data (likely Z codes)
- Application due by September 30th

Description	OCM	EOM
Beneficiary Population	Beneficiaries with a cancer diagnosis receiving treatment	Beneficiaries (breast cancer, lung cancer, lymphoma, multiple myeloma, small intestine/colorectal, prostate cancer, and chronic leukemia) receiving systemic chemotherapy; Patients on hormonal therapies excluded
Redesign Activities	Six cross-cutting measures IOM	In addition; Gradual implementation of; Screening beneficiary's SDoH (Z codes and intervention) data for CQI
Data Sharing and Collection	SDoH data was not required;	Socio Demographic data will be aggregated
PBPM	(MEOS) = \$160 PBPM for each OCM beneficiary	MEOS) payment amount = \$70 PBPM (beneficiary not dually eligible for Medicaid and Medicare); or \$100 PBPM (beneficiary dually eligible
Drug Payment	No change	ASP+6%; total cost of care includes Part B drug payment and certain Part D
Attribution Methodology for MEOS and PBP	Plurality of E&M claims with a cancer diagnosis	Attribute to the PGP that provides the first qualifying E&M service after the initiating chemotherapy, PGP has at least 25% of the cancer-related E&M
Novel Therapies Adjustment	Aggregate across all cancer types	Calculated separately for each of the seven included cancer types
Risk Adjustment	All cancer types clinical data	Included cancer type-specific price prediction models; participant reported clinical and staging data in risk adjustment,

• **My personal journey with SCOS:** 2002; joined SCOS; went on course to preside; along the journey have worked with excellent colleagues, **Liz, Neil, Gary, Larry, Jeff, Emily, Gene, Julia, Charlie, Darrell, Mark, James Welsh, Bobby** and others (apologies if I missed out anyone), **SCOS roles allowed me to get involved in payer space, serve on CAC; ASCO leadership; then on to COA; ACCC board, congress, senate and WH; now leading social justice My colleagues at SCOS and COA has played key role and part of my DNA in encouraging me to do everything I have been able to do by now. My best compliments came when my fellow colleague messaged “I want to be like you when I grow up” What is next after NOLA?**

JAMA Oncology | Review

The Potential of the Gut Microbiome to Reshape the Cancer Therapy Paradigm A Review

Longsha Liu, BA; Khalid Shah, MS, PhD

Author Affiliations: Center for Stem Cell and Translational Immunotherapy (CSTI), Harvard Medical School, Boston, Massachusetts (Liu, Shah); Department of Neurosurgery, Brigham and Women's Hospital,

Stress Enzyme Linked to Liver Cancer Growth

Chronic Stress Promotes Cancer Development

Impact of stress on cancer metastasis

Study Suggests a Link between Stress and Cancer Coming Back

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January 14, 2021, by NCI Staff

Research Center, The Third Xiangya Hospital, Central South University, Changsha, China, ⁴ Department of Medicine, Dan L Duncan Comprehensive Cancer Center, Baylor College of Medicine, Houston, TX, United States

A Community Practitioner and Policy Advocate Who Stresses Holistic, Patient-Centered Care

Kashyap Patel, MD

By Ronald Piana

June 3, 2022 - Narratives Special Issue

Get Permission

Community practices have long been a keystone of our nation’s oncology care delivery system by allowing patients with cancer to receive specialized treatment near their homes and places of business. Innovative clinicians in the community setting are also leading efforts to create a more efficient and equitable value-based delivery system.

“We need to transform our care delivery system,” said **Kashyap Patel, MD**, Chief Executive Officer of Carolina Blood and Cancer Care Associates (CBCCA), an independent oncology practice serving diverse patient populations in rural areas, with locations in Rock Hill and Lancaster, South Carolina. “In addressing a diagnosis of cancer, we run the risk of reducing a human being to a piece of aberrant tissue. We forget this patient is a husband, wife, friend, lover, brother, sister, cousin. If instead of using a fragmented approach, we define patient-centered care as holistic care, with human beings in the center, and fix aberrant tissue as part of the ecosystem, rather than just focusing on cancer tissue, we can serve patients better,” he proposed.

Kashyap Patel, MD



TITLE: Chief Executive Officer of Carolina Blood and Cancer Care Associates

MEDICAL DEGREE: MD,

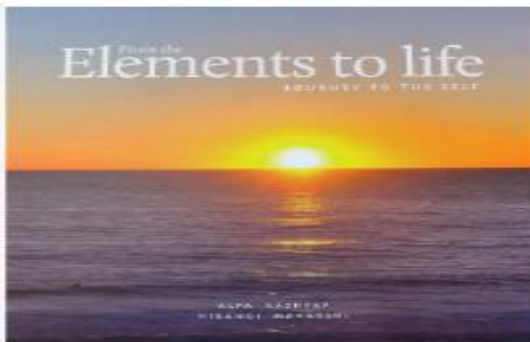
Gujarat University

ON HIS PILOT PROGRAM CALLED NO ONE LEFT ALONE IN SOUTH CAROLINA: “Policy alone can’t solve the inequities of cancer care. Community practices should be ready to address inequities as part of future value-based models, and doing so will help practices succeed and keep patients in community clinics.”

A Bollywood Film Leaves a Lasting Impression

Dr. Patel was born in Ahmedabad, a bustling city in the Indian state of Gujarat, which is situated along the Sabarmati River. “I grew up in what would be considered a standard middle-class family,” shared Dr. Patel. “My father was an engineer, and there were really no doctors in the family to inspire my own interest in medicine. But back in 1970, when I was 9, I went to see a movie called *Anand*, in which a doctor treats a patient with lymphoma. The patient, named Anand, upon learning of his impending death determines to use the time he has left to the absolute fullest. The film left me inconsolable; I couldn’t stop crying. I really admired the hero, and my father told me that when I grew up, I should become a doctor and learn how to treat that same disease,” he said.

Dr. Patel continued: “That experience stayed with me for a while, but like all things when you’re young, eventually faded away in the hecticness of youth. When I was 16, I began to seriously consider pursuing a career in engineering, as there were a lot of exciting things happening in the field. But my father, himself an engineer, intervened and reminded me about *Anand* and how much it had affected me. At that point, I dropped the idea of engineering and decided to go to medical



Top: Dr. Patel’s post-marriage trip to Nainital in India with his wife Alpa, to whom he has been married for 35-plus years. **Middle:** The coffee table book relating Dr. Patel’s journey as a photojournalist and amateur photographer translation into spiritual quest, *Journey to Self*. **Bottom:** One of Dr. Patel’s trips as a wanderer in the Arctic Circle, staying in Iqaluit, a part of Canadian Archipelago inhabited by Eskimos.

person, and my son and his wife live in a separate part of the house, so my wife and I spend time with them. Finally, I also like to have a glass of Pinot Noir at at two of my favorite places: Zinicola Wine Company, where I meet people and talk. I like people. Everyone has a story.”

He added: “I am an avid photographer (have had one man shows, and every other year, I wander in the wilderness of various national parks and take photos). I have also published a coffee table book documenting my journey as a photographer and a photojournalist—*From Elements to Life: A Journey to the Self*.

Alone (NOLA) in congressional district five of South Carolina to bring access to the right care, including precision medicine, to patients despite their socioeconomic status rather than putting the burden on patients to coordinate and travel for care. “Policy alone can’t solve the inequities of cancer care. Community practices should be ready to address inequities as part of future value-based models. Doing so will help practices succeed and keep patients in community clinics. I’ve been collecting data to quantify gaps in care such as access to clinical trials; the goal is to create a playbook of sorts that evaluates and offers solutions to these access issues among the underserved. This is one of my current projects and something I am passionate about,” he shared.

Mortality Issues

Dealing with the existential crisis often associated with impending death is a prominent part of the cancer care continuum, an area of study and reflection in which Dr Patel has become an expert in palliative care and end-of-life issues. In that role, he teaches other physicians how to answer the difficult open-ended questions of dying patients. “No one prepares doctors to have these conversations with patients who have cancer and are dying, but it is vital to address. Even as a patient walks toward that horizon, he or she wants to make the most of life and accept death with grace,” he said.

In his book *Between Life and Death: From Despair to Hope* (to be reviewed in an upcoming edition of *The ASCO Post*), Dr. Patel introduces us to Harry, who after a full and adventurous life is diagnosed with metastatic lung cancer. As Harry faces his mortality, he leans on Dr. Patel to help him cope with the unanswered questions in his life and his growing fear of death.

“In the book, I tried to help patients with cancer prepare for the journey beyond life, along with aiding their families in coping with the loss and helping them all find closure in the time God has left them,” explained Dr. Patel.

‘Everyone Has a Story’

What does a busy leader in community oncology do to decompress? “When I get home, I meditate on my porch, which overlooks a golf course,” Dr. Patel commented. “There’s an eagle that often flies into the area while I’m meditating. I also read nonfiction and watch a lot of *The Great Courses* on the Web. I’m also a people



"May I help you maa!" by Kashyap Patel.

Brilliant sunset photographs

By ESTHER DAVID

KASHYAP PATEL is a doctor by profession, journalist by choice and sometime back he led a cross-country bike expedition for the promoting national integration. Besides all these activities he loves photography. Kashyap's second exhibition of photographs was inaugurated on Saturday morning by Mrs.

of the sun as the lens moves to capture it behind dry branches, between colours or reflecting the last rays of light on blue water, this little addition of colour helps to expel the feeling of total darkness and gloom. Where he excels in the sunset photographs, Kashyap somehow loses his grip in his colour landscapes where the sun shines bright and soft blue colours ripple in the waves and the sky.

The photographs of Kutch migrants are interesting as the black clothed nomads are composed against the backdrop of a dry brown earth, details like brass vessels, earthenware a little bit of embroidery, a quilt, silver jewellery and tattoo marks on women's arms add a certain element of design to the colour scheme. The best in this series is the composition with the camel, two children for whom the road is their home and a woman in red for whom her kitchen is the dry-brown earth and sky is the roof. Other photographs include dry trees, animal and bird studies and a grey rock-like portrait of a crocodile. Exhibition closes on Friday.

ART

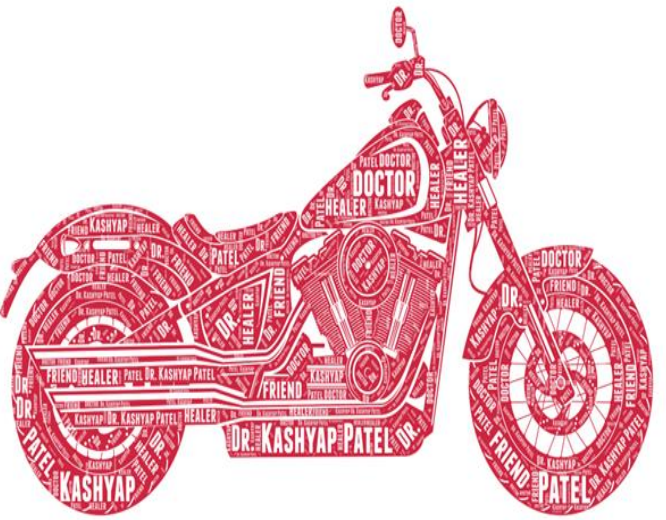
Gajraben Amarsinh Chaudhary at the Lalit Kala art gallery. Kashyap's work can be divided between landscapes and nomadic tribes. In terms of landscapes, the photographer is fascinated by the setting sun in all its golden brilliance which changes the colour of the sky as night descends. Slowly as the golden orb of light disappears, the interesting brown-gold colour of the sky accentuates the gold

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CBS THIS MORNING

NY TAKE 5:37-8:14:15 © NJ PICK 3:12-4 FIREBALL 7 © NJ PICK 4:9-2:2-4 FIRE 8:18 / 53



South Carolina oncologist Kashyap Patel talks with patient Gisela Gatherer, 48, at his health-care clinic. She was receiving treatment there during the summer but recently died of breast cancer.



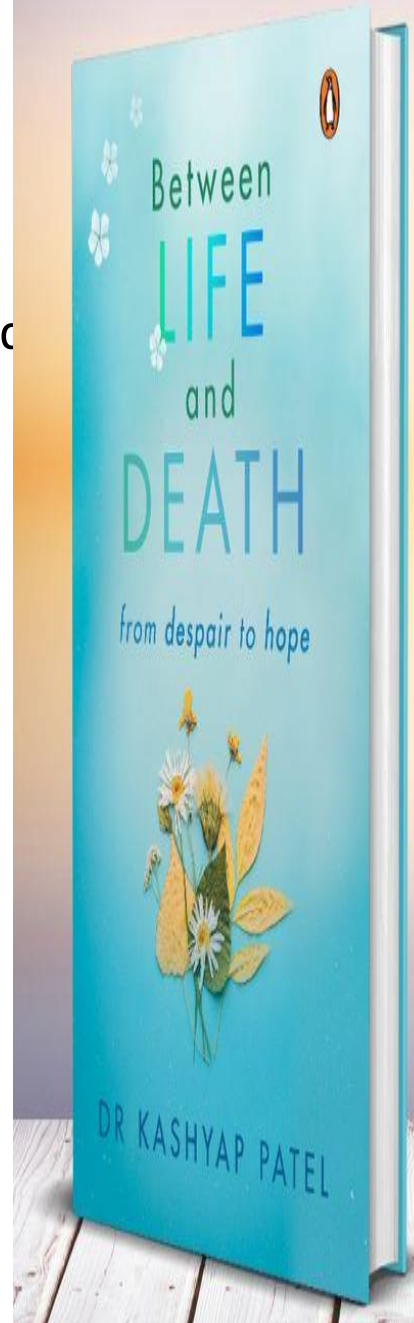
TOP: Crystal Whetstone, 37, is a breast cancer patient at Patel's clinic in Rock Hill, S.C. She found a lump in spring 2020 but said she was too nervous about the virus and too busy with work and child care to get it checked. BELOW: Patel hopes to expand services and secure funding for mobile lung cancer screening next year.



New coronavirus cases, deaths and vaccine doses in the U.S., by day

terologist at NYU Langone Health in New York, worries that a pause in colorectal cancer screenings in early 2020 has hurt progress against the disease in Black Americans, the racial group most likely to be diagnosed with the illness and to die of it. Federally qualified health centers, which provide care to many low-income Americans, routinely hand out fecal immunochemical tests, called FIT and administered at home to detect blood in the stool, which can be an early sign of colorectal cancer. If the test is positive, a patient is advised to get a colonoscopy. During the pandemic, distribution of the tests was temporarily suspended, and were follow-up colonoscopies many facilities. "It's going to be a huge mountain to climb to get back to where we were" in narrowing disparities, Balzora said. "People will be diagnosed at a later stage and the longer you stage, the worse your likelihood of survival." Kavita Patel, a health policy expert and primary care physician who works at Mary's Center clinic in Prince George's County, Md., an area hit hard by the pandemic, said uninsured patients are facing major delays in getting colonoscopies and other tests. "I have written orders for mammograms eight months ago that have expired, and I have had to reorder," she said. Haas at Massachusetts General Hospital said the lesson from the pandemic is that "maybe we shouldn't expect everyone to come to doctors' offices," knowing that it is easier for people who are affluent and insured. She said more at-home tests, including for the human papillomavirus, a major cause of cervical cancer, would increase screening. Hospitals, including hers, are hiring more community health nurses to reach people on the side of the hospital and doctor's offices, she said. Other groups are urging people of color and other patients to resume cancer screenings, including the Community Oncology Alliance, which represents cancer doctors, and the nonprofit group CancerCare. Kashyap Patel is the president of the community oncologists' group. When the pandemic hit last year, Patel, who is chief executive of Carolina Blood and Cancer Care Associates, scrambled to keep treating patients while keeping them and his staff safe. He closed the Lancaster clinic for several months and referred patients to his second clinic, in Rock Hill, S.C. Patel switched some patients from chemotherapy infusions to oral anti-cancer drugs to minimize the risks of in-person visits and their relatives to the shots, including some skin tests who described the vaccine "chemical warfare." He added several hours to his clinical schedules to try to catch up with patients, while worrime

- **The Last quarter**
- **Erase my footprints** for others to carve their own path; phase II and III of NOLA? Expand in SC and elsewhere
- Emily, Niyati, Julia, Suzanne, and anyone else willing to place efforts for becoming the voice for the voiceless and lead NOLA be led by women to become trail blazer
- **For me to write 1)** The Soul Genome 2) Miraculous cure 3) Ecosystem to humanize cancer (already have open



CONGRATS DOC ON YOUR
LIVING THE MISSION AWARD



You are neither earth,
nor water, nor fire, nor
wind or space' For the
sake of freedom, know
yourself as the
embodiment of pure
eternal consciousness
and witness thereof
You are unbound pure
awareness, supreme eternal
bliss