Comprehensive Quality Care for Patients with Small Cell Lung Cancer

Effective Practice: Clinical Trials

Insights from Dr. David M. Waterhouse

"Eighty-five percent of cancer care is delivered in the community. The question we should be asking is— how can we develop trials that are community-centered? Trials need to reflect the world we see, not the world we can treat."

- David M. Waterhouse, MD, MPH

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David M. Waterhouse, MD, MPH, a medical oncologist, has been leading the charge in lung cancer clinical trials for decades. Dr. Waterhouse sat down with the Association of Community Cancer Centers (ACCC) to reflect on clinical trials progress as well as actionable opportunities.

During his Fellowship, Dr. Waterhouse was told conducting lung cancer clinical research was a potential career-ending move. Luckily, he had a champion in his corner who encouraged his research interest and provided guidance on how to get started as an early investigator. A few years into his career, Dr. Waterhouse shifted into private practice but could not shake his passion for clinical research. He began to grow his network of peers and programs, conducting research, which led to years of clinical trials accessible close to patients' homes.

Clinical Trials and Small Cell Lung Cancer

Small cell lung cancer comprises approximately



"Patients diagnosed with small cell lung cancer tend to have a worse prognosis. The overwhelming majority of patients will present with widespread disease, and it is like being hit with a ton of bricks. It is a rapid diagnosis. How we even stage small cell lung cancer is different— it is either limited or extensive. Again, most patients tend to present with extensive stage disease and there are a lot of urgent indications for treatment, unlike patients with non-small cell lung cancer," says Dr. Waterhouse.

Given these and other factors, clinical trials in small cell lung cancer have not moved forward in the same way as trials in other disease areas. Yet, he sees a variety of systems-level solutions to change how trials are conducted and leverage the underutilized resource of providers who treat patients where they live.

Solutions:

- Design trials that are patient centric. For small cell lung cancer: change enrollment criteria and allow patients to be enrolled even after the first dose of chemotherapy, eliminate central lab and radiology reviews, and be more pragmatic about what data is necessary to collect.
- Use lessons learned from the COVID-19 pandemic such as electronic consent, remote monitoring, delivery of treatment to home, home nurse visits, and telemedicine encounters.
- Centralize trial coordination, investigator support, consent, and other necessary research operations while decentralizing the delivery of the treatment.
- Build hybrid partnerships between academic and community programs.

- Reimburse the providers' time spent on a trial whether through a Medicare designation or J-code.
- Continually acknowledge and thank patients for their contributions to make current treatments available.

Further, with more biomarker driven therapies, Dr. Waterhouse believes this is where a decentralized treatment delivery process could work. "We need to promote and facilitate bringing the trials to the patients instead of forcing the patient to find and go to the trial." He also is a strong proponent of "just in time" trials matching the right patient with the best trial in a timely fashion - where they live and receive their care.

Importance of Mentorship

Dr. Waterhouse also stresses the importance of mentorship to foster and support researchers. "I have been very lucky. I have had phenomenal mentors. I am still being mentored by my colleagues. Even today, I have people that I work with who teach me. At the same time, I feel it is a responsibility and privilege to mentor the next generation of clinical investigators. It is a lifelong process. I think mentorship is underemphasized and it is also not well recognized or rewarded by our health care systems."

Investigators being mentored and receiving credit for their work ultimately result in new clinical trial champions.

"Every successful program has a champion—
it does not work without one."

— concludes Dr. Waterhouse.



A publication from the ACCC education program, "Comprehensive Quality Care for Patients with Small Cell Lung Cancer." Learn more at accc-cancer.org/comprehensive-sclc-care.

The Association of Community Cancer Centers (ACCC) provides education and advocacy for the cancer care community. For more information, visit **accc-cancer.org**.

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About Dr. David Waterhouse

Dr. David Waterhouse earned his medical degree and completed his residency at the University of Massachusetts and then completed his fellowship and master's degree in public health at the University of Michigan. Dr. Waterhouse is board-certified in medical oncology, internal medicine, and hematology. His clinical and research interests include thoracic cancers, genitourinary cancers, and blood disorders. He is also active in health economics and outcomes research (HERO) and process improvement initiatives.

He is a champion for community-based clinical research and the founder of Oncology Hematology Care's (OHC) research group in Cincinnati, Ohio. While at OHC he partnered with Sarah Cannon as an early member of their highly regarded Strategic Partnership. Later, OHC became an affiliate of the US Oncology Network. Dr. Waterhouse served as an Associate Chair for their Thoracic Research group and serves on the US Oncology Research Executive Committee. Currently, he is a Senior Network Physician and Associate Medical Director at the Dana-Farber/ Brigham and Women's Cancer Center at Milford Regional Medical Center.



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