ONCOCLOUD '19

presented by **flatiron**

Welcome to Austin

ONCOCLOUD '19
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Tesh Khullar
SVP & Senior Advisor,
Provider Solutions

2014
LOEWS
THE CAPITAL GRILLE
LOEWS

2015
FLATIRON
HEALTH SUMMIT

OncoCloud´16
PRESENTED BY FLATIRON
LSU Health SHREVEPORT
40
new practices
cCARE
CPHO

ONCOCLOUD '17
Presented by Flatiron
ONCOTRIALS
Recent scan (first review)

ONCOCLOUD '18
Presented by Flatiron
2500+
clinicians
800+
sites of care
42
U.S. States
including Puerto Rico
and Virgin Islands
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ONCOCLOUD '19
presented by flatiron

500+

practice attendees

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BeiGene
Cancer has no borders. Neither do we.

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HEALTHY ENGAGE

HERON THERAPEUTICS
Developing Best-in-Class Medicine. Improving Lives.™

upland InterFAX

Journal of Clinical Pathways
THE FOUNDATION OF VALUE-BASED CARE

OPM ONCOLOGY PRACTICE MANAGEMENT™
FOR ONCOLOGISTS, PRACTICE MANAGERS, FINANCIAL COUNSELORS, AND REIMBURSEMENT SPECIALISTS™

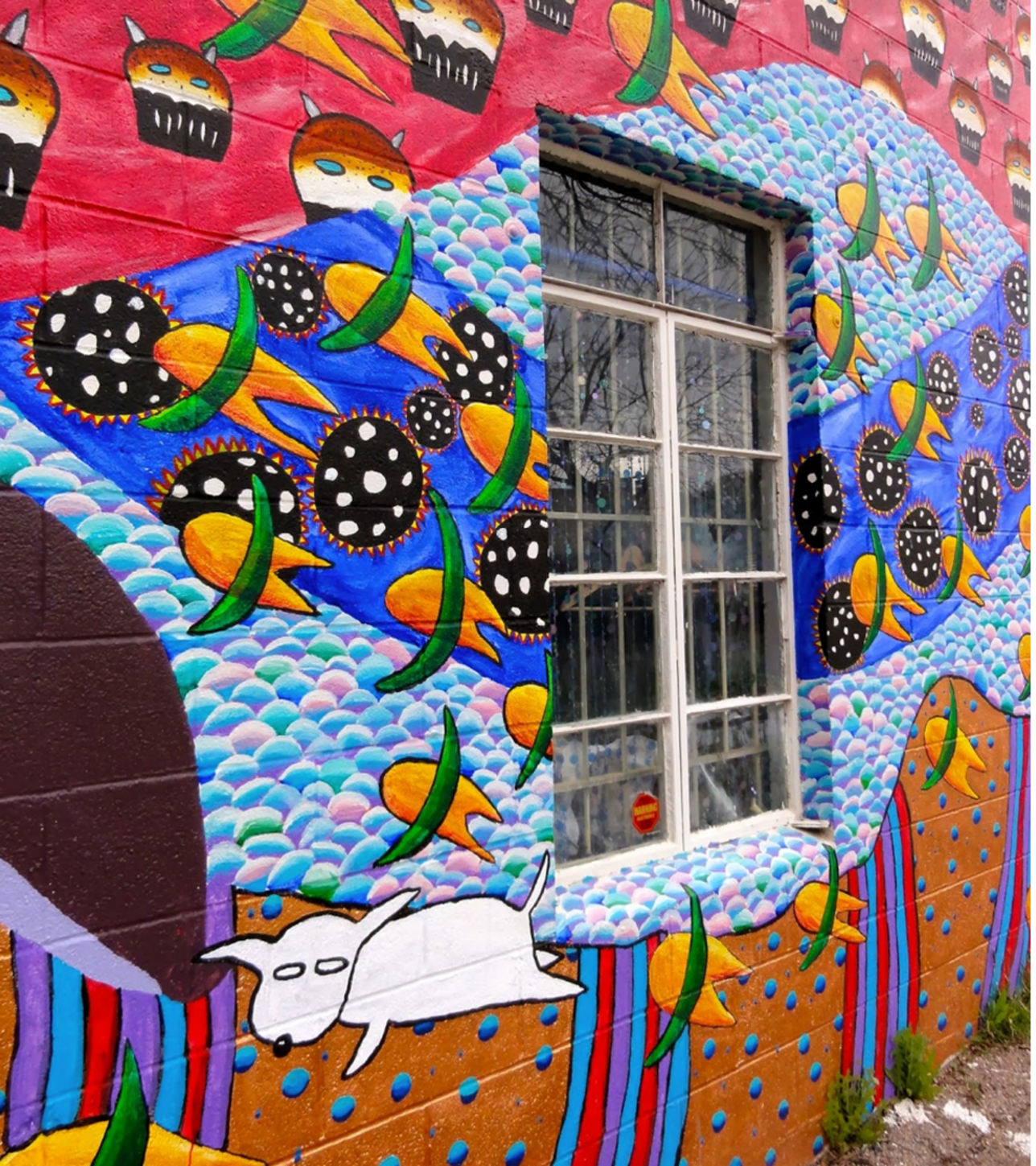
PatientPoint

SUN ONCOLOGY

THE CANCER LETTER

TUPLE HEALTH

vivor



From: Tesh Khullar [mailto:tesh@flatiron.com]
Sent: Thursday, June 06, 2019 12:06 PM
Subject: [External]Flatiron Provider News - Tesh Khullar

flatiron

Friends—

After what will be an amazing five and a half year journey at Flatiron, I wanted to let you all know that I have decided to move on from Flatiron at the end of 2019. It was a very tough decision for me but ultimately came down to me wanting to prioritize my family more and travel less. What made this decision so difficult was that I love working with you and will always consider community oncology my home. Although I do not know what I plan to do next, I am confident it will be something that will allow me to be home more.

FLATIRON
LATIRON

sush

myriad
FLATIR
ROBIN SHAH

Thank you.

ONCOCLOUD '19
presented by **flatiron**

Carolyn Starrett
Senior Vice President,
Provider Solutions

ONCO
CLOUD
presented by flatiron
Tesh
LIFETIME ACCESS

Goals for this weekend

Goals for this weekend

Bring practice partners together to create new connections

Goals for this weekend

Bring practice partners together to create new connections

Learn how you can get more from Flatiron’s software, services and teams

Conference Agenda

General Sessions

- State of the Union
- Product Development
- Tips and Trends for the Future of Community Practice

Workshop Tracks

- Advancing the Business of Oncology
- Streamlining Clinical Workflows
- Empowering Operational Teams
- Research Innovation

Ask the Experts

Level 5

SATURDAY

7:45am – 1:00pm

2:45pm – 5:45pm

SUNDAY

9:00am – 12:00pm

New Features

Level 5

SATURDAY

7:45am – 1:00pm

2:45pm – 5:45pm

SUNDAY

9:00am – 12:00pm

Communities

Lounge

Level 5

SATURDAY

7:45am – 1:00pm

2:45pm – 5:45pm

SUNDAY

9:00am – 12:00pm

Roundtable Discussions

Level 4

SUNDAY

10:00am – 12:00pm

Evening Events

FRIDAY

Palm Park Terrace
Fairmont Austin, Level 7
6:00pm – 9:00pm

SATURDAY

Banger’s Sausage House & Beer Garden
Historic Rainey Street
7:00pm – 11:00pm

Questions?

Download the conference app: search for “Flatiron Health” on the app store

Ask anyone with a purple staff badge

Visit the Registration Desk

Email eventdesk@flatiron.com

State of the Union

ONCOCLOUD '19
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ATTITU
A POSITIVE ATTITUDE IS A POWERFU
ECH

6%

YoY clinician growth
across all practices
on OncoEMR

DON'T
MESS
WITH
COMMUNITY
ONCOLOGY

Pillars of Community Oncology

Commitment to Patients

Commitment
to Patients

Perseverance
& Flexibility

Commitment
to Patients

Perseverance
& Flexibility

Innovation
& Advocacy

Commitment
to Patients

Perseverance
& Flexibility

Innovation
& Advocacy

LOVE
HOPE
CARE

personalized care

same day appointments
high quality / outcomes
personalized care
after hours care & support
time to first appointment
convenient access
access to clinical trials
lower cost

TENNESSEE ONCOLOGY

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“There is a huge difference between a willingness to work on patients quickly and cheerfully, versus doing so with eye rolls and sighs—it’s a very different experience for staff who have to ask a doctor to overbook.”

—**Ted Arrowsmith, MD**
Tennessee Oncology

2.6

average days
from referral to
appointment

TENNESSEE ONCOLOGY

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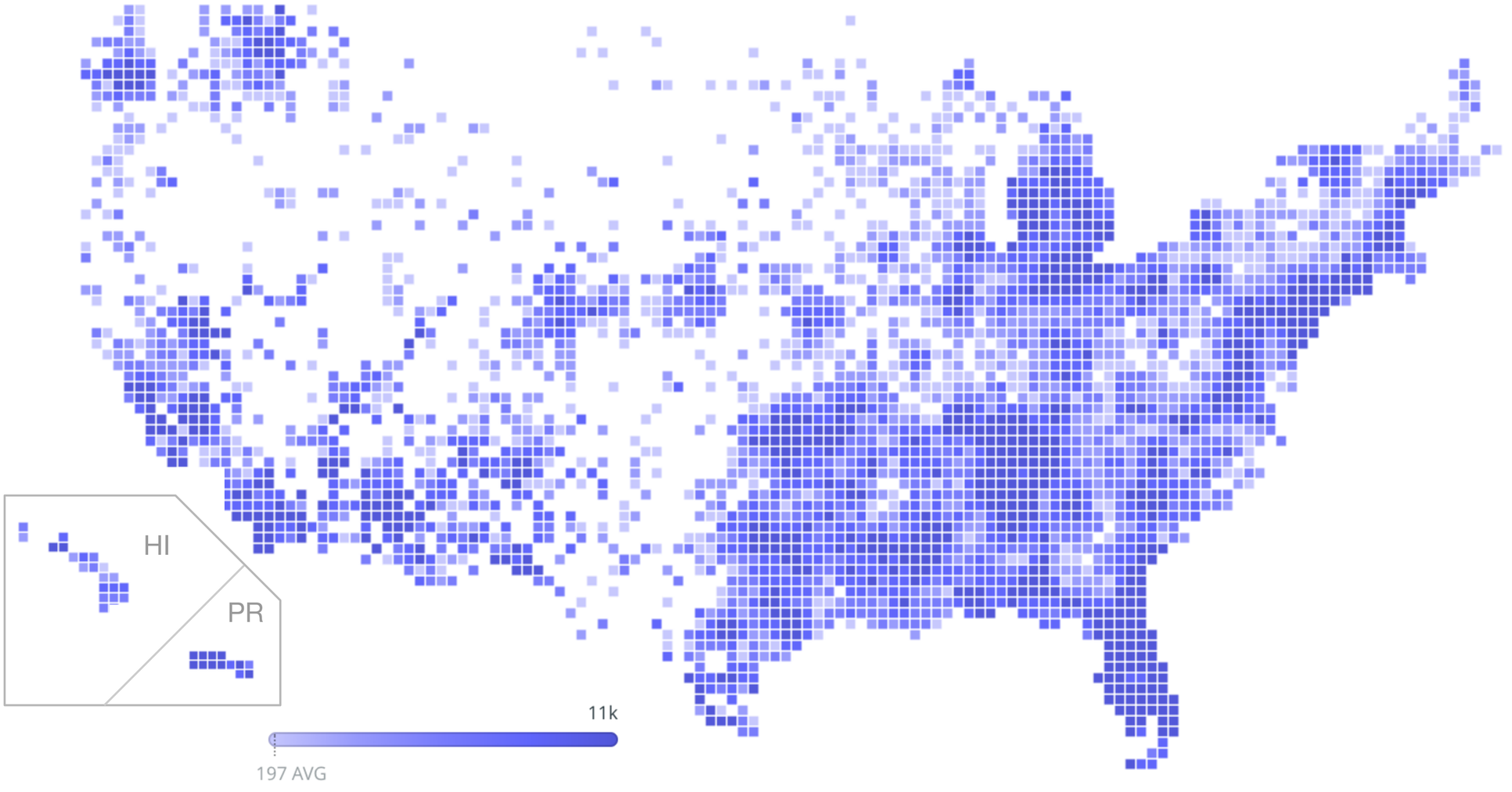
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CBCI
COLORADO BLOOD
CANCER INSTITUTE

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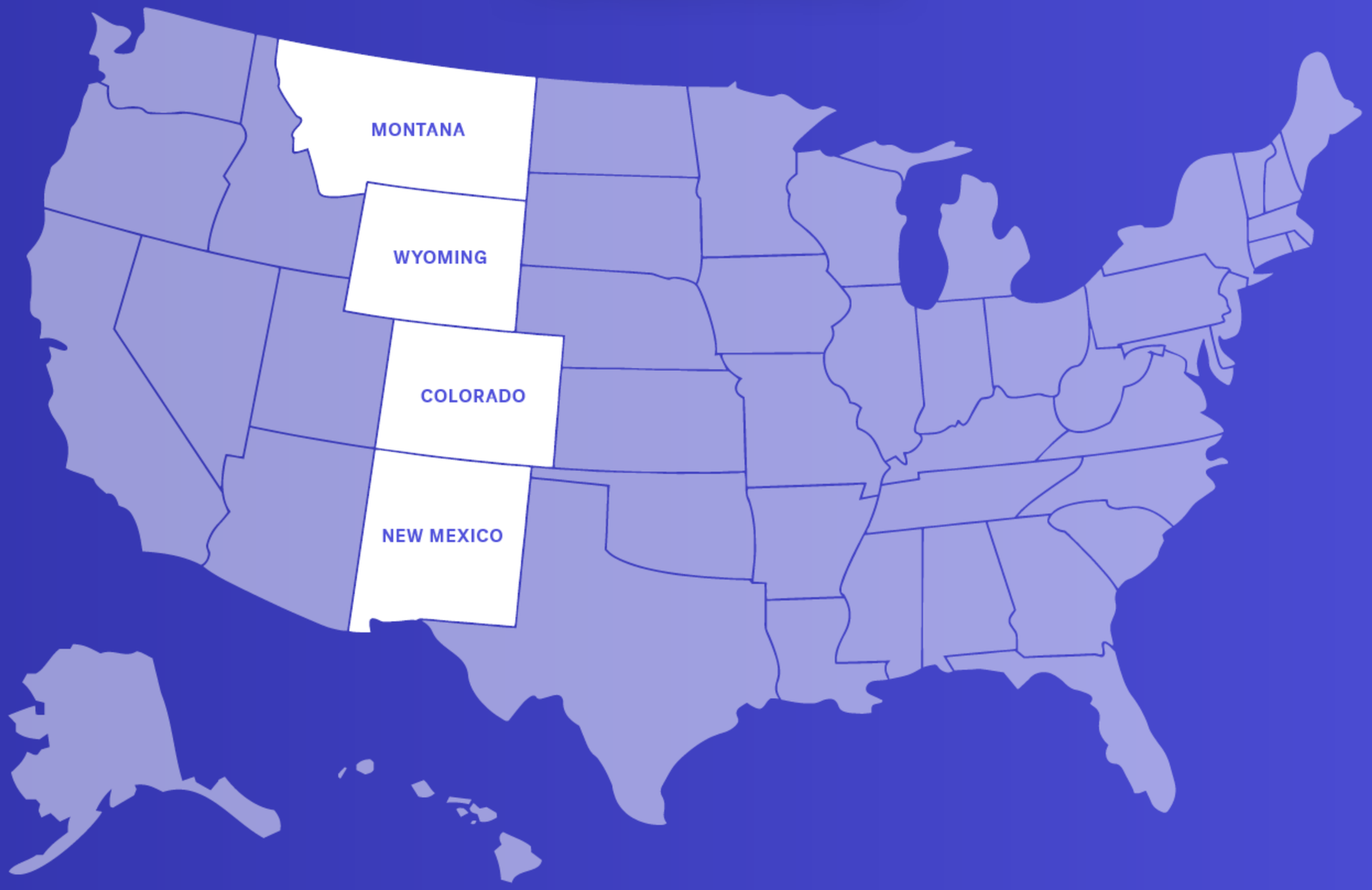

CBCI
COLORADO BLOOD CANCER INSTITUTE

Commitment
to Patients

Perseverance
& Flexibility

Innovation
& Advocacy

Commitment
to Patients

**Perseverance
& Flexibility**

Innovation
& Advocacy

Julia Morton
Senior Director,
Customer Success

Aden | Perpetua | Amaro | Mayfair

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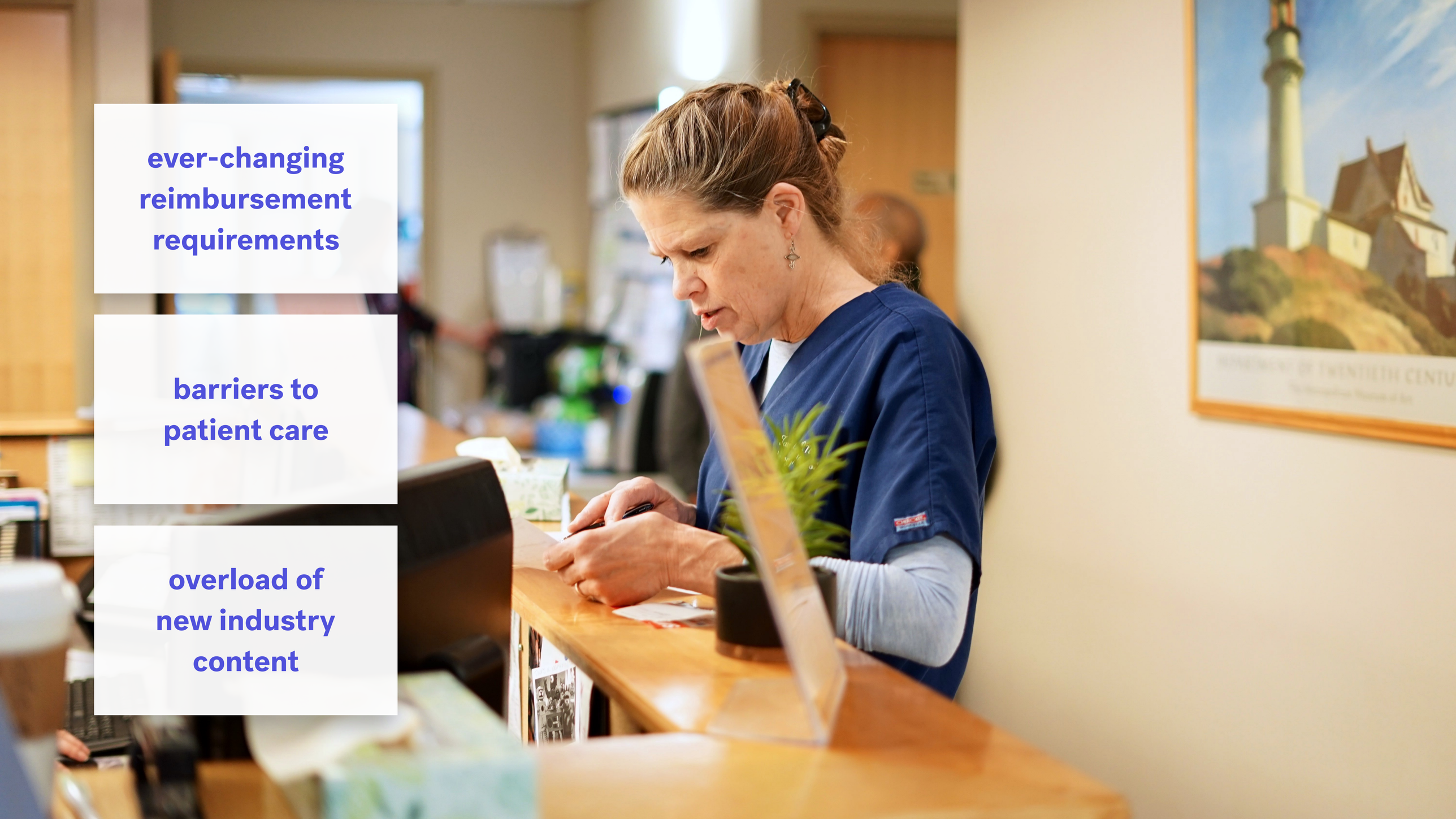
Thanks Dr. Harwin, Dr. Green, and Patrick :)

ever-changing
reimbursement
requirements

ever-changing reimbursement requirements
barriers to patient care



ever-changing reimbursement requirements

barriers to patient care

overload of new industry content

OCM standards for every patient

RCCA
Regional Cancer Care Associates

OCM standards for every patient

- ✓ expanded triage system

RCCA
Regional Cancer Care Associates

OCM standards for every patient

- ✓ expanded triage system
- ✓ 24/7 CCM services

RCCA
Regional Cancer Care Associates

OCM standards for every patient

- ✓ expanded triage system
- ✓ 24/7 CCM services
- ✓ survivorship and EOL planning
- ✓ social worker partnerships
- ✓ clinical standards committee

RCCA
REGIONAL CANCER CARE ASSOCIATES

SC ONCOLOGY
ASSOCIATES

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Fun Committee

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Commitment
to Patients

**Perseverance
& Flexibility**

Innovation
& Advocacy

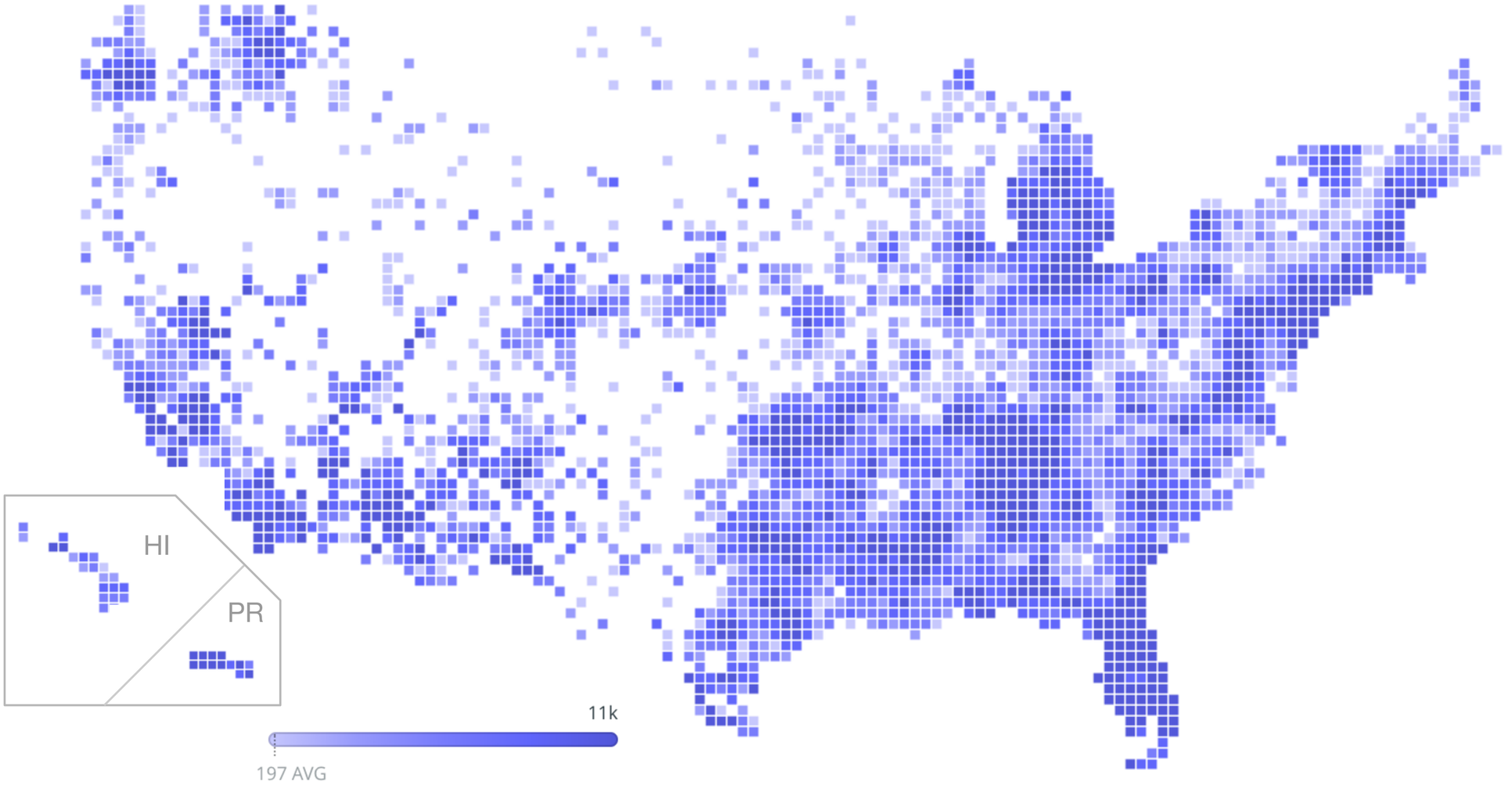
Commitment
to Patients

Perseverance
& Flexibility

Innovation
& Advocacy

Bobby Green, MD
Chief Medical Officer

Emergency
Main Entrance
Patient Drop-off
Cancer Institute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WSJ | OPINION

SHARE

TEXT

1,166

OPINION | COMMENTARY

How I Was Wrong About ObamaCare

The law's drafters wanted consolidation: 112 hospital mergers last year. But smaller practices have improved care better.

By Bob Kocher
July 31, 2016 4:35 pm ET

I was wrong. Wrong about an important part of ObamaCare.

When I joined the Obama White House to advise the president on health-care policy as the only physician on the National Economic Council, I was deeply committed to developing the best health-care reform we could to expand coverage, improve quality and bring down costs. We worked for months to pass this landmark legislation, and I still count celebrating the passage of the Affordable Care Act with the president one balmy spring night in 2010 as one of my greatest Washington memories.

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The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

Nivolumab versus Docetaxel in Advanced Squamous-Cell Non–Small-Cell Lung Cancer

Julie Brahmer, M.D., Karen L. Reckamp, M.D., Paul Baas, M.D., Lucio Crinò, M.D., Wilfried E.E. Eberhardt, M.D., Elena Poddubskaya, M.D., Scott Antonia, M.D., Ph.D., Adam Pluzanski, M.D., Ph.D., Everett E. Vokes, M.D., Esther Holgado, M.D., Ph.D., David Waterhouse, M.D., Neal Ready, M.D., Justin Gainor, M.D., Osvaldo Arén Frontera, M.D., Libor Havel, M.D., Martin Steins, M.D., Marina C. Garassino, M.D., Joachim G. Aerts, M.D., Manuel Domine, M.D., Luis Paz-Ares, M.D., Martin Reck, M.D., Christine Baudelet, Ph.D., Christopher T. Harbison, Ph.D., Brian Lestini, M.D., Ph.D., and David R. Spigel, M.D.

July 9, 2015
N Engl J Med 2015; 373:123-135
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Journal of Thoracic Oncology

J Thorac Oncol. 2018 May;13(5):682-688. doi: 10.1016/j.jtho.2018.02.022. Epub 2018 Mar 6.

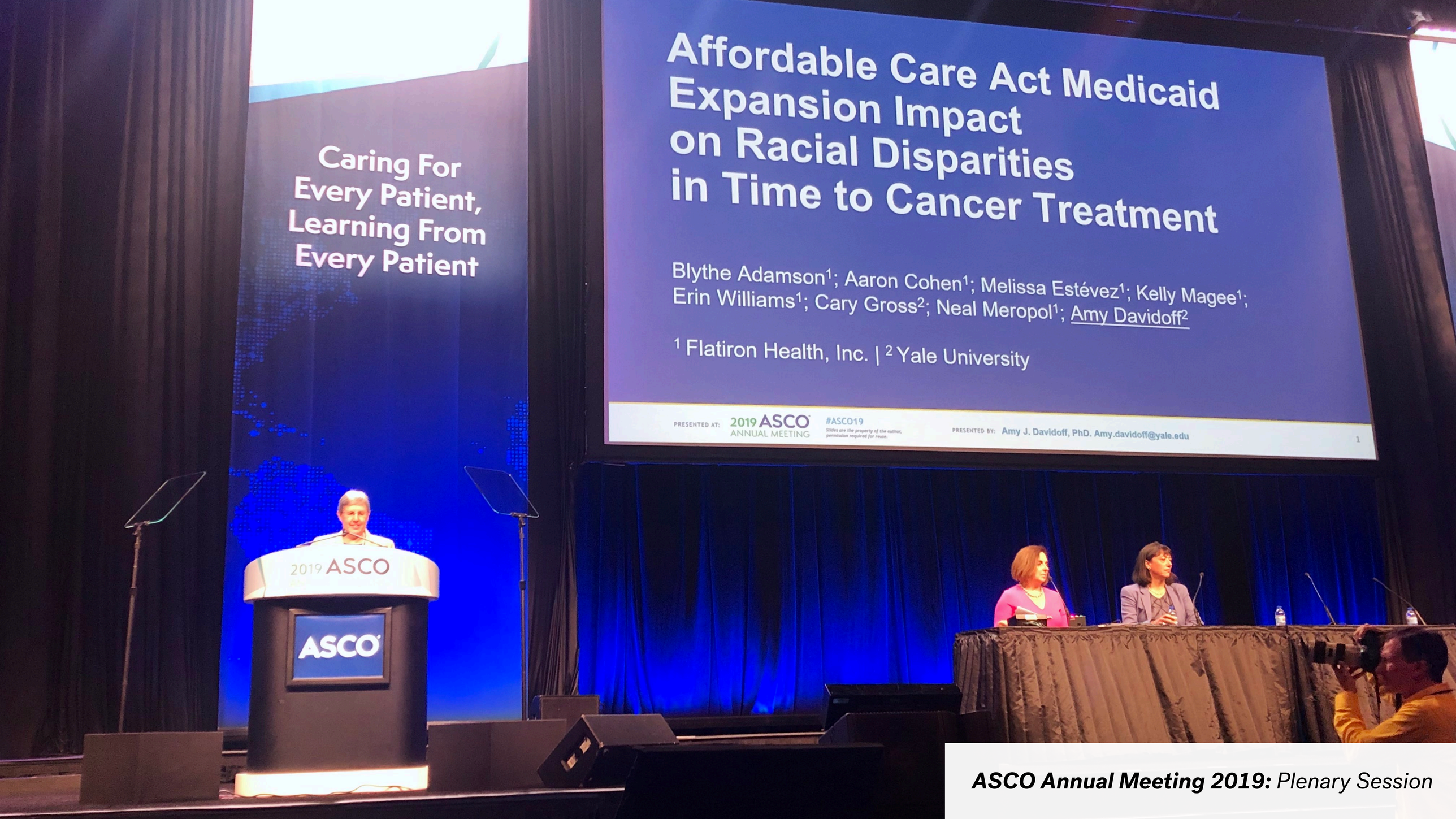
Phase 1/2 Study of the Safety and Tolerability of Nivolumab Plus Crizotinib for the First-Line Treatment of Anaplastic Lymphoma Kinase Translocation - Positive Advanced Non-Small Cell Lung Cancer (CheckMate 370).

Spigel DR[1], Reynolds C[2], Waterhouse D[3], Garon EB[4], Chandler J[5], Babu S[6], Thurmes P[7], Spira A[8], Jotte R[9], Zhu J[10], Lin WH[10], Blumenschein G Jr[11].

1 Sarah Cannon Research Institute, Nashville, Tennessee. Electronic address: dspigel@tnonc.com.
2 Florida Cancer Specialists, Ocala, Florida.
3 OHC (Oncology Hematology Care), an affiliate of US Oncology Research, Cincinnati, Ohio; US Oncology Research, The Woodlands, Texas.
4 David Geffen School of Medicine at UCLA/Translational Research in Oncology-US Network, Santa Monica, California.
5 West Cancer Center, Memphis, Tennessee.
6 Fort Wayne Medical Oncology and Hematology, Fort Wayne, Indiana.
7 Minnesota Oncology, Minneapolis, Minnesota.
8 US Oncology Research, The Woodlands, Texas; Virginia Cancer Specialists, Fairfax, Virginia.
9 US Oncology Research, The Woodlands, Texas; Rocky Mountain Cancer Center, Denver, Colorado.
10 Bristol-Myers Squibb, Princeton, New Jersey.
11 Department of Thoracic/Head and Neck Medical Oncology, The University of Texas MD Anderson Cancer Center, Houston, Texas.

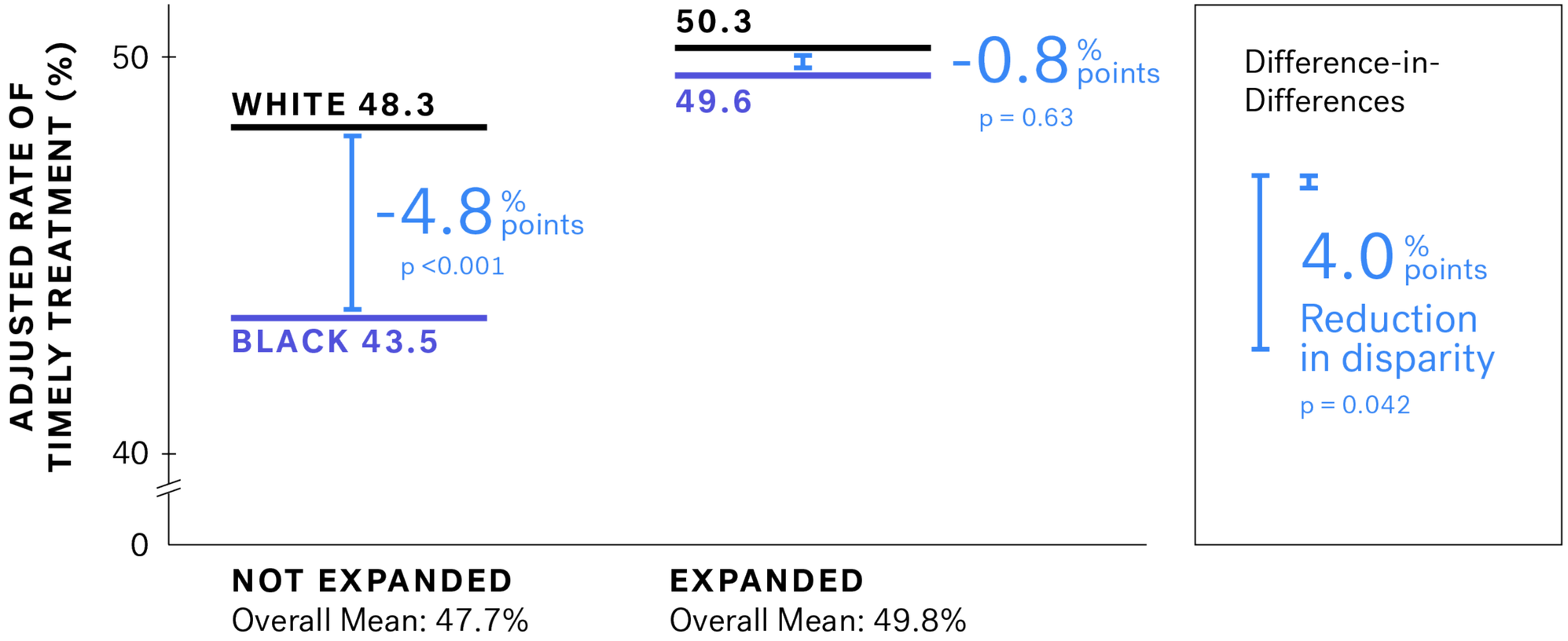
OUR MISSION:

To improve lives by learning from the experience of every cancer patient.



ASCO Annual Meeting 2019: *Plenary Session*

Results: Change in Racial Disparity



flatiron

ASCO Annual Meeting 2019: *Plenary Session*

“We need to shift the data paradigm and understand how to safely and appropriately use our patients’ data. This study is a leap forward and provides proof of concept that healthcare systems can use their data to improve outcomes and possibly reduce disparities.”

— **Yousuf Zafar, MD**
Duke Cancer Institute

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Duke Cancer Institute

IASLC

2019 World Conference on Lung Cancer
September 7–10, 2019 | Barcelona, Spain
Conquering Thoracic Cancers Worldwide

MA14 THE ADEQUATE MTARGET IS STILL THE ISSUE
MONDAY, SEPTEMBER 9 15:45–17:15

MA14.09 REAL-WORLD SURVIVAL OF RELAPSED COMPARED TO DE-NOVO STAGE IV DIAGNOSIS OF ADVANCED NON-SMALL CELL LUNG CANCER

K. Kerrigan[1], B. Haaland[1], B. Adamson[2], S. Patel[1], W. Akerley[1]

[1]*Huntsman Cancer Institute, Salt Lake City/United States of America,* [2]*Flatiron Health, New York City/United States of America*

Background: Differences in tumor biology and cancer therapy in early stage lung cancer may affect overall survival (OS) of patients with relapsed stage IV disease compared to others with de-novo stage IV disease. This study aimed to compare real-world survival of these patients. **Method:** We selected patients with advanced NSCLC diagnosed between 2011 and 2017, who received at least one line of therapy, from the US Flatiron Health electronic health record-derived database. Patient data was collected through June 2018, providing at least 6 months of follow-up. OS was defined as time from advanced or metastatic diagnosis to the event of death, censored at las
OS of patients
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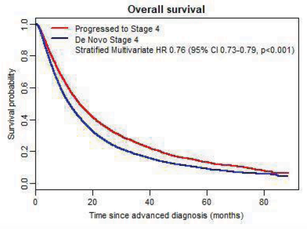
hazard of death



The study included 70,710 patients with median age of 68.8 years

Future Medicine

JOURNAL OF COMPARATIVE EFFECTIVENESS RESEARCH, AHEAD OF PRINT | RESEARCH ARTICLE

Comparative effectiveness of first-line nab-paclitaxel versus paclitaxel monotherapy in triple-negative breast cancer

Patricia Luhn, Stephen Y Chui, "Angela" Fu-Chi Hsieh, Jingbo Yi, Almut Mecke, Preeti S Bajaj, Waseem Hasnain, Adeline Falgas, Thanh GN Ton & Allison W Kurian

Published Online: 9 Aug 2019 | https://doi.org/10.2217/cer-2019-0077

Aim: This observational study evaluated the effectiveness of nab-paclitaxel versus paclitaxel monotherapy as first-line (1L) treatment for metastatic triple-negative breast cancer (mTNBC). **Materials & methods:** 200 patients from the US Flatiron Health electronic health record-derived database (mTNBC diagnosis, January 2011–October 2016) who received 1L nab-paclitaxel (n = 105) or paclitaxel (n = 95) monotherapy were included. Overall survival and time to next treatment were evaluated. **Results:** The adjusted overall survival hazard ratio was 0.98 (95% CI: 0.67–1.44), indicating a similar risk of death between groups. Adjusted time to next treatment hazard ratio was 0.89 (95% confidence interval: 0.62–1.29). **Conclusion:** Nab-paclitaxel and paclitaxel monotherapy showed similar efficacy, suggesting their interchangeability as 1L treatments for mTNBC.

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BMC Medical Research Methodology

Validation of diagnosis codes to identify side of colon in an electronic health record registry

Patricia Luhn, Deborah Kuk, Gillis Carrigan, Nathan Nussbaum, Rachael Sorg, Rebecca Rohrer, Melisa G. Tucker, Brandon Arnieri, Michael D. Taylor & Neal J. Meropol

Abstract

Background

The use of real-world data to generate evidence requires careful assessment and validation of critical variables before drawing clinical conclusions. Prospective clinica
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Cancer

Real-world progression, treatment, and survival outcomes during rapid adoption of immunotherapy for advanced non–small cell lung cancer

Sean Khozin MD, MPH, Rebecca A. Miksad MD, MPH, Johan Adami, Mariel Boyd, Nicholas R. Brown, Anala Gossai PhD, MPH, Irene Kaganman PhD, Deborah Kuk ScM ... See all authors

First published: 05 August 2019 | https://doi.org/10.1002/cncr.32383

We thank Nicole Lipitz, Julia Saiz Shimosato, Chris Gayer, and Sam Azaria, from Flatiron Health, for editing and administrative support.
Dr. Abernethy participated in this work prior to joining the FDA. This work and related conclusions reflect the independent work of study authors and does not necessarily represent the views of the US Food and Drug Administration or the United States.
The copyright line for this article was changed on 5 August 2019 after original online publication.

Abstract

Background

Despite the rapid adoption of immunotherapies in advanced non–small cell lung cancer (advNSCLC), knowledge gaps remain about their real-world (rw) performance.

Methods

This retrospective, observational, multicenter analysis used the Flatiron Health deidentified electronic health record-derived database of rw patients with advNSCLC who received treatment with PD-1 and/or PD-L1 (PD-[L]1) inhibitors before July 1, 2017 (N = 5257) and had ≥6 months of follow-up. The authors investigated PD-(L)1 line of treatment and PD-L1 testing rates and the relationship between overall survival (OS) and rw intermediate endpoints: progression-free survival (rwPFS), rw time to

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Characterizing the Feasibility and Performance of Real-World Tumor Progression End Points and Their Association With Overall Survival in a Large Advanced Non–Small-Cell Lung Cancer Data Set

Sandra D. Griffith, PhD[1]; Rebecca A. Miksad, MD, MPH[1]; Geoff Calkins[1]; Paul You, MPH[1]; Nicole G. Lipitz[1]; Ariel B. Bourla, MD, PhD[1]; ...

ABSTRACT

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ASCPT American Society for Clinical Pharmacology & Therapeutics

Article

Using Electronic Health Records to Derive Control Arms for Early Phase Single-Arm Lung Cancer Trials: Proof-of-Concept in Randomized Controlled Trials

Gillis Carrigan, Samuel Whipple, William B. Capra, Michael D. Taylor, Jeffrey S. Brown, Michael Lu, Brandon Arnieri, Ryan Copping, Kenneth J. Rothman

First published: 27 July 2019 | https://doi.org/10.1002/cpt.1586

This article has been accepted for publication and undergone full peer review but has not been through the copyediting, typesetting, pagination and proofreading process, which may lead to differences between this version and the Version of Record. Please cite this article as doi: 10.1002/cpt.1586

Abstract

Oncology drug development increasingly relies on single-arm clinical trials. External controls (EC) derived from electronic health record (EHR) databases may provide additional context. Patients from a US based oncology EHR database were aligned with patients from randomized controlled trials (RCTs) and trial specific eligibility criteria were applied to the EHR dataset. Overall survival (OS) in the EC derived control arm was compared to OS in the RCT experimental arm. The primary outcome was OS, defined as time from randomization or treatment initiation (EHR) to death. Cox regression models were used to obtain effect estimates using EHR data. EC-derived hazard ratio (HR) estimates aligned closely with those from the corresponding RCT with one exception. Comparing log HRs between all RCT and EC results gave a Pearson correlation coefficient of 0.86. Properly selected control arms from contemporaneous EHR data could be used to put single-arm trials of OS in advanced non-small cell lung cancer (aNSCLC) into context.

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Community Oncology Research Collaboration

IASLC

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Conquering Thoracic Cancers Worldwide

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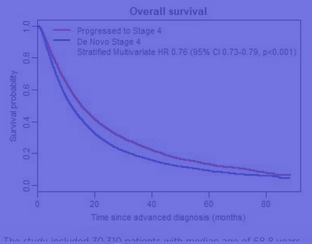

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Real-world progression, treatment, and survival outcomes during rapid adoption of immuno ra y for advanc d non–cell lu cancer

an K MD, M Rebecca A. M MD, han mi, J d, olas
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First published: 05 August 2019 | https://doi.org/10.1002/cncr.32383

We thank Nicole Lipitz, Julia Saiz Shimosato, Chris Gayer, and Sam Azaria, from Flatiron Health, for editing and administrative support.
Dr. Abernethy participated in this work prior to joining the FDA. This work and related conclusions reflect the independent work of study authors and does not necessarily represent the views of the US Food and Drug Administration or the United States.
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An American Society of Clinical Oncology Journal

Characterizing the Feasibility and Performance of Real-World Tumor Progression End Points and Their Association With Overall Survival in a Large Advanced Non–Small-Cell Lung Cancer Data Set

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ABSTRACT

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Article

Using Electronic Health Records to Derive Control Arms for Early Phase Single-Arm Lung Cancer Trials: Proof-of-Concept in Randomized Controlled Trials

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First published: 27 July 2019 | https://doi.org/10.1002/cpt.1586

This article has been accepted for publication and undergone full peer review but has not been through the copyediting, typesetting, pagination and proofreading process, which may lead to differences between this version and the Version of Record. Please cite this article as doi: 10.1002/cpt.1586

Abstract

Oncology drug development increasingly relies on single-arm clinical trials. External controls (EC) derived from electronic health record (EHR) databases may provide additional context. Patients from a US based oncology EHR database were aligned with patients from randomized controlled trials (RCTs) and trial specific eligibility criteria were applied to the EHR dataset. Overall survival (OS) in the EC derived control arm was compared to OS in the RCT experimental arm. The primary outcome was OS, defined as time from randomization or treatment initiation (EHR) to death. Cox regression models were used to obtain effect estimates using EHR data. EC-derived hazard ratio (HR) estimates aligned closely with those from the corresponding RCT with one exception. Comparing log HRs between all RCT and EC results gave a Pearson correlation coefficient of 0.86. Properly selected control arms from contemporaneous EHR data could be used to put single-arm trials of OS in advanced non-small cell lung cancer (aNSCLC) into context.

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