LEVERAGING CME TO ADDRESS SOCIAL DETERMINANTS OF HEALTH IN IMMUNOTHERAPY SELECTION FOR ADVANCED NSCLC: EMPOWERING CLINICIANS FOR EQUITABLE CARE

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Background Because disparities and social determinants of health (SDOH) play a critical role in healthcare outcomes, clinicians need effective education on how to address these inequities. To investigate clinician attitudes on the ability of CME to address inequities, PVI conducted a survey of US clinicians in 2022. Of the 490 respondents, 79% considered CME an effective strategy to address SDOH. More than half of the respondents reported participation in CME focused on disparities and SDOH with 82% confirming the value of these activities to their practice. Do educational outcomes data validate these positive responses?

Methods PVI developed seven live virtual workshops at select US regional cancer centers, two virtual live symposia open to a global audience, and an online on-demand video activity with a primary educational objective of helping learners understand the barriers limiting access to immunotherapies in advanced NSCLC (including racial and ethnic disparities such as biomarker testing, therapy choice, clinical trial participation, and medical debt) and the relevance of SDOH in optimizing patient outcomes.

2,540 oncologists and other clinicians involved in the management of patients with advanced/metastatic NSCLC participated in the workshops. For the live events, polling questions before and after the educational content measured learners’ knowledge, intentions, and confidence regarding the disparities affecting use of immunotherapy in first-line treatment of advanced NSCLC. For the on-demand activity, PVI compared participant responses to post-activity questions with those of a nonparticipant control group.

Results Participants in the CME initiatives, regardless of activity format, demonstrated significant improvements in awareness and intent.

• Symposia participants’ understanding of the inequities in lung cancer clinical practice and clinical trial participation improved from 47% to 87%.

• Intent to consider SDOH, disparities, and access to therapy when developing individualized NSCLC treatment plans increased from 36% to 82% in the symposia participants and from 38% to 81% in the regional workshop participants.

• Compared with nonparticipants, participants in the on-demand activity reported 22% greater understanding of the role and impact of immunotherapies in NSCLC, particularly among medically underserved populations facing barriers including culture, language, and economics.

Conclusions These interventions led to significant improvements in learners’ understanding of how disparities, inequities, and SDOH related to use of immunotherapy in the first-line treatment of advanced/metastatic NSCLC affect patient outcomes. More broadly, the results validate the PVI survey results and reinforce the use of CME to promote equitable healthcare delivery by increasing clinicians’ ability to address disparities in clinical practice.

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