## **EPISODE 22:** Dr. Jack West Part 2: Bridging the Gap Between Academic and Community Oncology for Better Precision Medicine Outcomes

## Dr. Jack West | September 2019

Karan Cushman: Welcome to [*The Precision Medicine Podcast*](https://www.interventioninsights.com/precisionmedicinepodcast)*,* sponsored by Trapelo. This is the podcast where experts come to discuss the problems oncologists, reference labs, and payers face, as precision medicine grows, and consider solutions for advancing the quality of patient-centered cancer care.  
  
Thanks for tuning in to part two with Dr. Jack West from City of Hope. We continue our conversation with him discussing how to bridge the gap between academic and community oncology settings for better precision medicine outcomes. Enjoy.

Jerome Madison: You and some of your colleagues did an excellent video editorial on Medscape, and you were discussing the divide between academic and community physicians and their level of understanding. With all the research and development going on in oncology, do you see a divide in the knowledge-level of academic physicians versus community physicians, and how can we bridge that gap in order to maintain or improve the quality of care as precision medicine grows?

Dr. Jack West: I think this is really an extremely relevant bottleneck that we need to pay far more attention to. It really shouldn't be painted as us or them. I've worked in a large community-based center and don't think that community oncologists should be a pejorative term. I think it's incredibly challenging to see and treat patients with twelve or fifteen kinds of cancer over the course of a day and still keep up any semblance of what's going on in so many fields versus being in a more academic setting and focusing on one or a couple of kinds of cancer.

Dr. Jack West: The fact is, these fields are just exploding with new information, new biomarkers, new targets and tons of trials. That's a great thing for patients. It's a great thing for oncology, but only to the extent that we can actually translate these developments into a better practice.

Dr. Jack West: I do think that for all of the inexorable pressure to find the next great thing and do repeat biopsies and novel therapies at some of these largest centers of excellence, we really need to focus on getting the messages out, the key messages, and making sure that it is in an accessible and digestible form, so it's not unfathomably complex, but rather, here are the basics that you need to know in community oncology.

Dr. Jack West: I think part of that could come from just having great resources, having information available when people are in podcasts going to and from work and on a plane. I think part of it could be just knowing where to find it online, whether it's Medscape or UpToDate or various other tools.

Dr. Jack West: I also think we need to try to work on having new ways of delivering care that have sub-specialists working potentially in concert with local oncologists, further away from those centers, so that there's just a sub-specialist on demand, and that could be with various consult services for molecular oncology results interpretation. There are various academic centers that are offering molecular tumor boards and commercial enterprises, including Trapelo, that are working on ways to help everybody interpret the clinical significance of molecular oncology results.

Dr. Jack West: Then… the kind of things that that I'm building at City of Hope in this program that is doing remote consult services as an employer benefit and trying to make it more widely available, so that people can get their care close to home, working with their community oncologist, and still avail themselves of a sub-specialist who is reviewing the situation and is really just part of the team, but without any, I hope, tension between the specialist and the local doc. That we're all doing the same thing, and the sub-specialist can just be there to ensure that the right tests are being done and that great targeted therapies aren't being missed as opportunities.

Dr. Jack West: Then, people can still get their treatments a couple of miles from home. I think we need to work more on ways to partner with the local oncologists who are seeing and treating many different kinds of cancer, not expecting them to know the nuances of every development in every cancer, but having them be the effector arm, but working in concert with services and specialists elsewhere.

Dr. Jack West: I do think that we need to focus far more on getting these new advances out and practiced consistently in the broader community.

Jerome Madison: Yeah. I think that was one of the main takeaways, at least mine, coming out of this past ASCO, is the need for being more interconnected. I think that's what ultimately you and your peers on your Medscape video commentary spoke to, but going back to that Flatiron Foundation Medicine report, it was 85% of those patients were treated in the community cancer centers, who ultimately didn't get.

Jerome Madison: Then, there was another abstract that was done by the Georgetown Lombardi Cancer Center as an abstract at ASCO, that showed the gap and knowledgebase on how to apply these results.

Jerome Madison: What is your advice for physicians who encounter patients who are coming in with genetic test results that they've gotten or information from Dr. Google, and who demand for those tests to be run if they're not a specialist like yourself in a particular cancer type?

Dr. Jack West: I think, ideally, if the oncologist knows enough about that to corroborate or refute what the patient is asking about, that is helpful. I think that if they don't have that, then they should try to encourage a second opinion, whether that is in the same area and just driving across town or some remote consult service, but ideally, having that outside independent view corroborate the local oncologists that we shouldn't act on something.

Dr. Jack West: I think, I would have to say that one of the potential challenges of precision medicine, molecular oncology that hasn't really been addressed properly, or even assessed well, is the rate at which targeted therapies are pursued that are inappropriate. It's not just missing the effective ones, though that is a big important issue, but also, how often is Everolimus recommended based on a dubious suggestion that's based on preclinical data, but included in a 90-page NGS report?

Dr. Jack West: There's just pressure to…increasingly, we see that a lot of these molecular diagnostics labs are bragging about how often they come up with some actionable mutation or how many they have. This is not a situation where more is necessarily better. I would say that you're looking for a diamond.

Dr. Jack West: Just giving people a big dumpster of garbage in which they might find a diamond is not the goal.

Jerome Madison: Right.

Jerome Madison: A bigger dumpster full of more and more garbage is just more to go through to get what you're looking for. I think reporting questionable, or frankly, irrelevant findings, and then having patients and doctors think that every patient has a great treatment, if you just focus hard enough, if you just squint at that panel of abnormalities long enough, you're going to find something.

Jerome Madison: I think that it's important to note that a lot, and even right now, the majority of patients still don't have a driver mutation for which we have an effective treatment. I think that's going to come from education. Frankly having third parties, just recordings like this, and various things online that say this, so that the oncologist in the community can themselves know and highlight to the patient that, look, it's not just me saying this, here's this third party telling you the same thing I'm telling you, and they don't have skin in the game here. They're just saying that if it is not a listed marker, this is a rabbit hole that you're going down. You don't want to, not only is it wasteful of money and causing potential toxicity to use a likely ineffective treatment, but you don't want to bypass a well-established standard treatment to pursue Everolimus based on preclinical evidence.

Jerome Madison: We see this too often. It may be some combination of misplaced overenthusiasm by the patient and/or the docs that there's got to be some targeted therapy for every tumor.

Jerome Madison: Before we let you go, make sure that those of our listeners, can you tell them your Twitter, your social media platforms where they can connect with you?

Dr. Jack West: Sure. I'm on Twitter at JackWestMD, and I love to connect with people there. Please follow. I put out everything, and there's lots of opportunity for vibrant discussion. My content is largely put out at Beacon Medical Interchange, and that is at BeaconMedIC, one word, .com. That's where my podcast materials are, both video and audio. I'm also findable through the website, JackWestMd.com.

Dr. Jack West: Thanks very much for having me. It's been great.

Jerome Madison: Absolutely. Now, I don't want to step on the fact that your podcast, it's very much an honor in addition to you being an academic oncologist researcher and an immediate contributor, you're also a podcaster.

Dr. Jack West: Yeah, that's right. I didn't even, I forgot to mention, though, it is available at BeaconMedIC.com. The audio podcast, which is a big focus of what I'm doing now, is West Wind, or The West Wind, and that's just because I think it's a novel, interesting way to reach people. I like the format of a back and forth discussion, just as we've had. I've been enjoying connecting with people I don't get to necessarily speak with routinely, and, in the setting of West Wind, often have a more personal discussion of their background, what led them into the field, and as well, talking about more substantive policy issues or the latest data.

Dr. Jack West: Thank you for bringing it up. It's enjoyable. I think that having such a range of podcasts out there just lifts all boats. It just creates an ecosystem where you can increasingly think about spending your time commuting or other things that you do, listening to a podcast and having it be interesting and learn something.

Jerome Madison: Yeah, it is excellent. I've listened, I say you were doing podcasts before medical podcasts were cool.

Dr. Jack West: Yeah, thanks.

Jerome Madison: Again, once again, thank you Dr. Jack West for being a guest on The Precision Medicine Podcast.

Dr. Jack West: No, it's my pleasure. Take care.

A person wearing glasses and smiling at the camera

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**About Our Guest: Dr. Jack West**

Dr. West is an Associate Clinical Professor in Medical Oncology, a specialist in thoracic oncology, and serves as Executive Director of Employer Services at City of Hope. He was previously Medical Director of the Thoracic Oncology Program at the Swedish Cancer Institute in Seattle.

Dr. West received an MPhil in Experimental Biology from Cambridge University on a Fulbright Scholarship and a medical degree (magna cum laude) from Harvard Medical School, where Dr. West also conducted research as a Howard Hughes Medical Student Fellow. His postdoctoral training included an internship and residency in internal medicine at the Harvard-affiliated Brigham and Women’s Hospital Boston, MA, followed by a fellowship in medical oncology at the Fred Hutchinson Cancer Research Center/University of Washington in Seattle, WA.

In late, 2002, he moved to Swedish Cancer Institute in Seattle, where he served for over 16 years as Medical Director of the Thoracic Oncology Program, overseeing a broad array of clinical care and research responsibilities. In March, 2019, he moved to the Los Angeles area to dedicate his focus on innovative approaches to delivering sub-specialist expertise across a broader geography, using tools such as remote case reviews and telemedicine consultations.

He has authored dozens of papers and chairs several CME programs and symposia internationally on thoracic oncology, novel educational approaches, and social media in cancer care.

In addition to these activities, he is the Founder & President of Global Resource for Advancing Cancer Education ([GRACE](https://cancergrace.org/)); Web Editor for [JAMA Oncology](https://jamanetwork.com/journals/jamaoncology); regular correspondent for [Medscape](https://www.medscape.com/); and contributing author and section editor in Lung Cancer for [UpToDate](https://www.uptodate.com/).

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