

Deliver
world-class
cancer care to
your employees



Dana-Farber
Cancer Institute

By The Numbers



LEADING PATIENT CARE

500,000 Annual patient visits and infusions

97% Patient satisfaction rate

174,239 Infusion hours annually



INNOVATION

51 Biotech start-ups launched using Dana-Farber intellectual property



OUR PEOPLE

5,231 Faculty and Staff

625 Research fellows train at Dana-Farber

GROUNDBREAKING RESEARCH AND DRUG DEVELOPMENT

1,100+ Open clinical trials

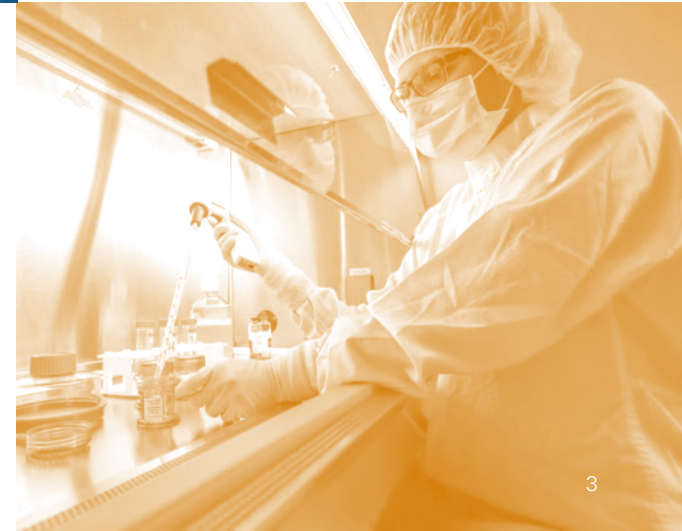
2x Research grants awarded to Dana-Farber from National Institutes of Health than other cancer centers

50% In the last five years, >50% of FDA-approved cancer drugs in the U.S. were developed in part with Dana-Farber Cancer Institute

22 Novel cancer drugs developed at Dana-Farber have been added to the World Health Organization's List of Essential Medicines

153 Independent research laboratories

88¢ of every dollar raised supports Dana-Farber's lifesaving mission



Introduction

Exceptional cancer care, no matter your zip code

Offer your employees streamlined access to Dana-Farber's world-class cancer care and early cancer detection and intervention services.



Receiving Local Care

Dana-Farber Network

DFCI is uniquely positioned to work with large employers due to our collaborations with top oncology providers.

Not pictured on map;
The Christ Hospital
Cincinnati, Ohio
Bermuda Cancer and Health Centre
Bermuda
Oncoclinicas
Brazil
First Affiliated Hospital, Sun Yat-Sen University
China

 **Regional Campuses**

 **Network Relationships**



How a cancer diagnosis affects the workplace

The Challenge for Employers

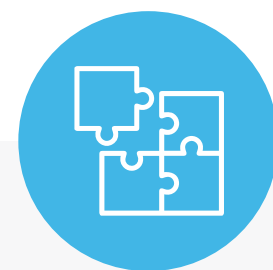
A cancer diagnosis is a major cost driver for employers



Cost Discrepancy

Cancer claims are only **1% of total claims but amount to 12% of medical cost**¹

50% of cancer-related ED visits and hospital admissions can be avoided with comprehensive care management²



Excess Cost of Care Due to Access and Variation

17% of cancers are misdiagnosed³

High costs due to variations in care and utilization of precision medicine—validation study of Dana-Farber Pathways shows **22% lower costs**⁴

Our comprehensive database includes **more than 50,000 profiles of patients' tumors, with approximately 400 added each month**



Discordance of Recommended Care Plans

Across written second opinions performed by Dana-Farber, only **3% of Dana-Farber physicians fully agree with care plans recommended by local oncologists**⁵



Late-Stage Diagnoses are Costly

Treatment costs for patients who are diagnosed with cancer early are estimated as **2-4x less** than those diagnosed at later stages.⁶

By detecting the earliest signs of cancer, patients have **more efficient treatment and better outcomes, while overall healthcare costs are reduced**⁷

¹Nobel, J., Sasser, E., Weiss J., Pickering, L.; Northeast Business Group on Health, "Cancer and the Workplace: The Employer Perspective," Oct. 2015. ²Panattoni, L., Fedorenko, C., Greenwood-Hickman, M. A., Kreizenbeck, K., Walker, J. R., Martins, R., ... Ramsey, S. D. (2018, March 14). Characterizing Potentially Preventable Cancer- and Chronic Disease-Related Emergency Department Use in the Year After Treatment Initiation: A Regional Study. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/29452549>. ³BWH Pathology, ADCC study. ⁴Jackman et al. Cost and Survival Analysis Before and After Implementation of Dana-Farber Clinical Pathways for Patients with Stage IV Non-Small-Cell Lung Cancer ⁵AccessHope Internal Data of DFCI Reviews. 2% of physicians agree with recommendations, 72% agree with minor recommendations, 19% disagree with moderate recommendations, 7% disagree with significant recommendation. Data last updated 6/1/2022. ⁶Brill, J.V.; AJMC, "Screening for Cancer: The Economic, Medical, and Psychosocial Issues," Nov. 2020. Retrieved from <https://www.ajmc.com/view/screening-for-cancer-the-economic-medical-and-psychosocial-issues>. ⁷McGarvey, N., Gitlin, M., Fadli, E., Chung, K.C.; BMC Health Serv Res, "Increased healthcare costs by later stage cancer diagnosis," Sep 2022. Retrieved from <https://pubmed.ncbi.nlm.nih.gov/36096813/>.

Oncology Support Programs: Direct Connect

Our multidisciplinary teams work together to provide comprehensive care



PALLIATIVE CARE

Palliative care by our team of professionals provides comfort and dignity for patients, families, and caregivers



FINANCIAL SERVICES

Financial assistance and financial planning services available for those looking to understand their options for paying for medical bills



GENETICS

Assisting patients at an elevated hereditary risk of developing cancer, in many cases, preventing cancer from ever arising



NUTRITION

Registered dietitians assist in planning an optimal diet at all stages of cancer



INTEGRATIVE THERAPIES

Access to integrative therapies through the Zakim Center; including acupuncture, reiki, music therapy, and more



PSYCHOSOCIAL ONCOLOGY

Individual treatment plans, developed by our caregivers, help employees cope with emotional stress



CARETAKER RESOURCES

Programs and services that support you through the challenges of caring for a loved one with cancer



SURVIVORSHIP SUPPORT

Helping individuals find the expertise, education and support for managing issues related to surviving cancer



PEDIATRIC PROGRAM

Providing families with resources that reduce the stress of a child undergoing cancer treatment

How we can help

Direct Connect

Designed for employers, Dana-Farber Direct Connect is a free direct access and navigation program that improves access to our world-leading oncologists and specialized care.



Dana-Farber
Cancer Institute

Direct Connect

Dedicated phone line and email address

staffed by our highly experienced patient liaisons

Early Detection Support

for employees interested in assessing their cancer risk

Coordination of Lodging

for employees who do not live near Dana-Farber

Dana-Farber will work with your health plan

to ensure patients are proactively identified and supported

Telehealth and remote services*

Including remote second opinions

Customized Marketing Campaign

including intranet site and co-branded marketing materials**

*Telehealth offered in states where DFCI MDs are licensed

**Additional oncology wellness programming available at a cost. Such as, customized questionnaire and tailored oncology wellness programming.

Oncology Support Programs: Direct Connect

Patient Journey



Tera F. assists a patient in evaluating their options and outlines their journey.

KEY ENABLERS

- Patient Liaison
- Physician Assistant
- Oncology Nurse Navigator
- Treating Team
- Telehealth
- New Patient Coordinator
- Travel and Lodging Coordinator

INITIAL CONTACT

The Direct Connect Patient Liaison welcomes the patient to the program and gathers the pertinent demographic and clinical details pertaining to their cancer diagnosis.

SEEKING SUPPORT

With guidance from the Direct Connect Clinical Lead, the Patient Liaison identifies the appropriate disease center at Dana-Farber and connects the patient with the new patient scheduling team.

GETTING HERE

The patient is scheduled for their consult and is sent appointment details and other information they need prior to their first visit at Dana-Farber.

GETTING SET UP

In preparation for their first visit, the patient is contacted by an Oncology Nurse Navigator who specializes in their type of cancer to review clinical questions and discuss additional clinical information.

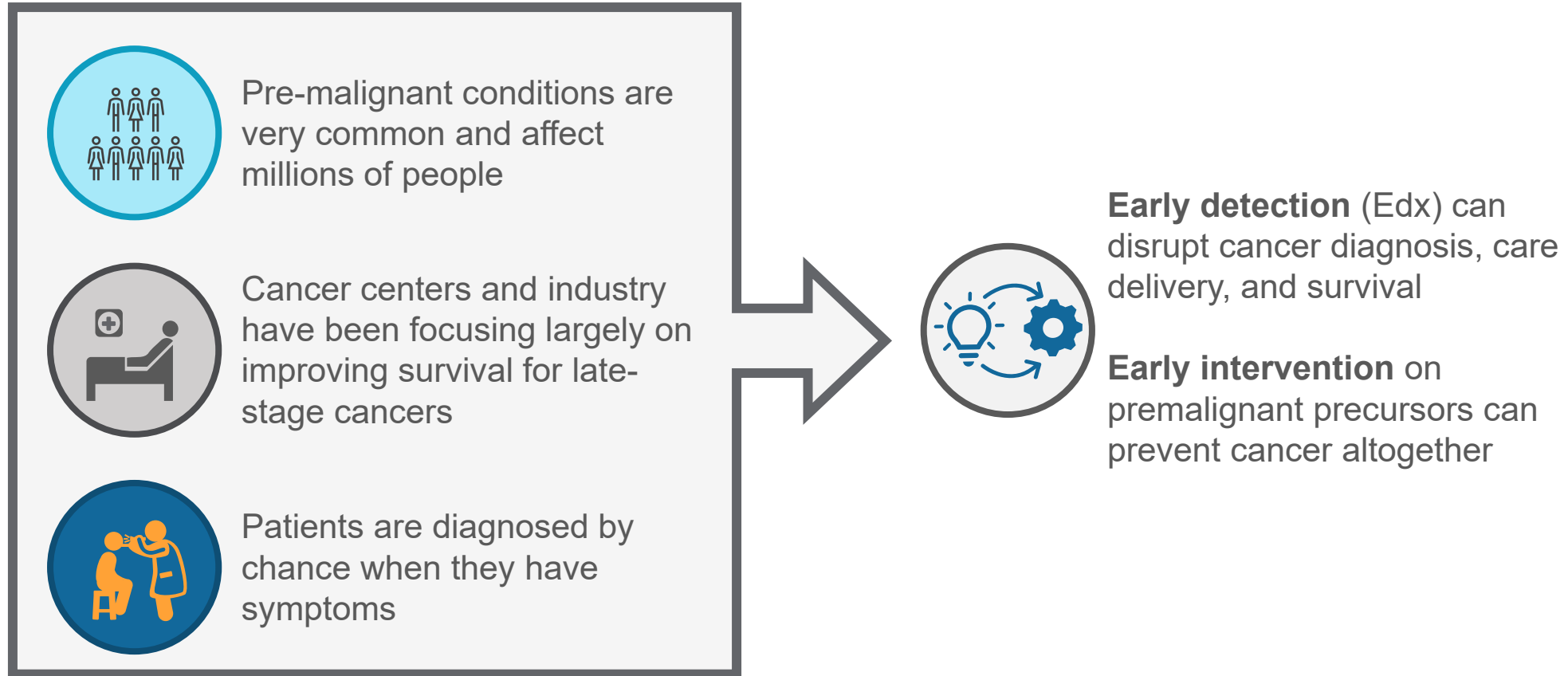
The patient is connected to the Dana-Farber Patient Lodging Coordinator if hotel accommodations are needed for their appointment.

ESTABLISHING CARE

The patient is greeted by the Direct Connect Patient Liaison who walks them to the location of their appointment and remains available as a resource throughout the day.

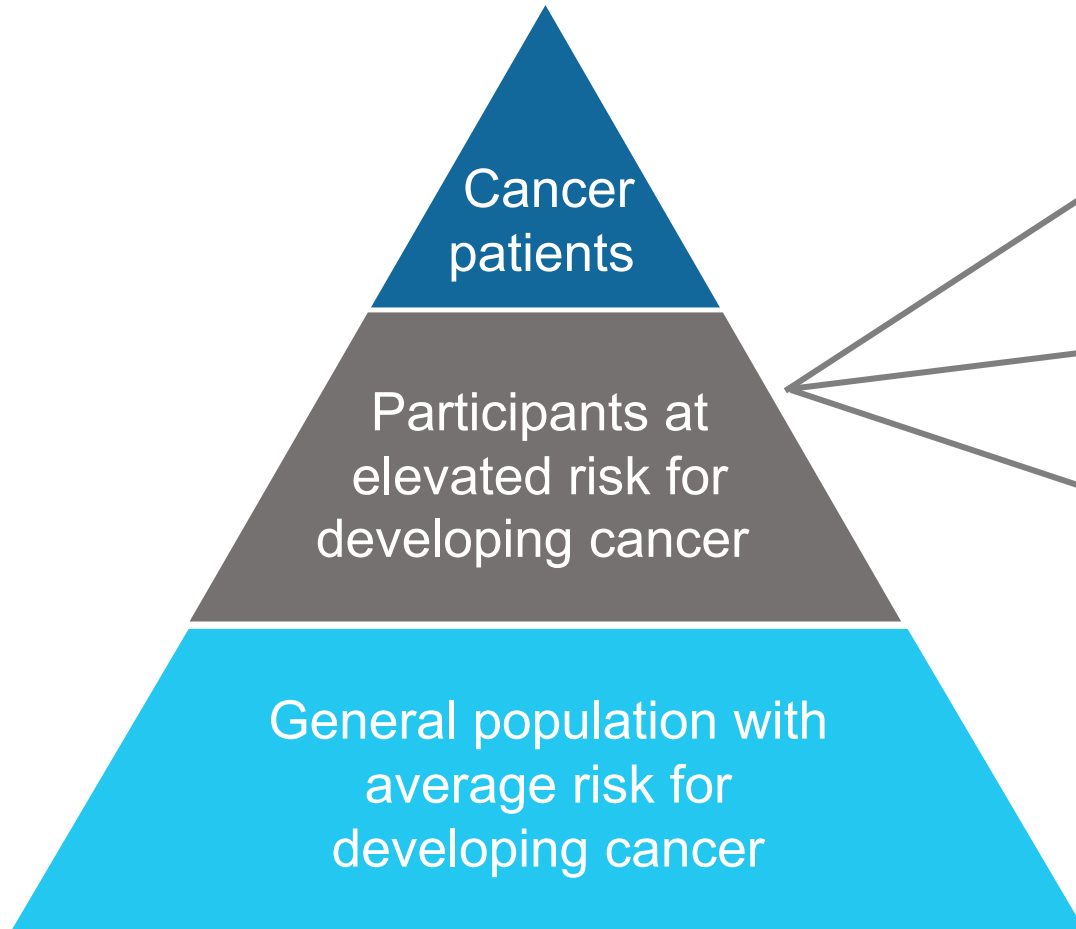
The Direct Connect Patient Liaison and Clinical Lead remain as a resource throughout the patient's treatment as needed.

Disruption of the Cancer Care Model



We can change the cancer experience through early detection and intervention

Target Populations for Early Detection and Intervention



Hereditary

- Carriers of pathogenic variants
- Hereditary cancer syndromes
- Model-based elevated cancer risk

Exposed high risk

- Childhood cancer survivors
- Adult cancer survivors
- High level exposure to group 1 IARC carcinogens

Precursor conditions

Breast: Ductal/lobular CIS, LH

Lung: Lung screening program

GI: Barrett's, pancreatic precursor lesions, NAFL, NASH, cirrhosis

GU: High grade prostatic epithelial neoplasia

H&N: Oral leukoplakia

Skin: Class II melanocytic lesions, squamous dysplasias

Heme malignancies: CHIP, CCUS, ICUS, MGUS, smoldering myeloma, smoldering WM, MBL, low grade lymphomas

Future State of Cancer: Early Detection and Intervention

Current State

- Most oncology treatment is focused primarily on treating cancer at an advanced stage
- Existing early detection programs have little synergy and cross fertilization
- Minimal comprehensive data, specimen collection and tracking, or research infrastructure for premalignant disease
- Minimal identification of patients who would benefit from early detection
- Disparities exist in access to care for screening and early detection and access to novel technologies

Future State

- Disruption of Cancer Care Models**
Change how we think about cancer from being reactive to being proactive
- Early Detection**
Significantly improve survival outcomes and change the trajectory of many malignancies
- New Technologies**
Enable early cancer detection which can be employed in high-risk populations
- Precise Risk Stratification**
Identify patients who will benefit from early interventions
- New Interventions**
Develop new high-precision interventions for at-risk patients to eliminate cancer before it begins

The proof, straight from
our patients

“

The process could not have been easier with my nurse helping me every step of the way. From the initial call to the fantastic second opinion from the Dana-Farber Cancer Institute, I felt the program anticipated my needs before I knew what they were.





I would like to thank you [Patient Liaison] for the assistance you gave [our family member]. He is mentally a different person after having met with the Dana Doctor. The information and guidance from the doctor he met with was transformative and his entire family feels indebted.

Laura, patient's family member





I listened to her and we discussed the difficulty of managing life, getting business and life affairs in order, and managing emotions. All in all, we spent an hour on the phone. She reached out to me by text a few times and decided to make an appointment.

Tera Feldman, PA-C
Direct Connect

About Dana-Farber

Access one of the world's leading cancer centers



HIGH PATIENT SATISFACTION	HARVARD-AFFILIATED	
<p>97%</p> <p>satisfaction rating among patients</p>	 <p>HARVARD MEDICAL SCHOOL TEACHING HOSPITAL</p> <p>Principal teaching affiliate of Harvard Medical School and founding member of Dana-Farber/Harvard Cancer Center</p>	 <p>NCI Comprehensive Cancer Center</p> <p>A Cancer Center Designated by the National Cancer Institute</p> <p>NCI-designated Comprehensive Cancer Center</p>

LEADERS IN INNOVATION



Notable researchers include William Kaelin, MD, 2019 Nobel Prize winner

1,100+

CLINICAL TRIAL MATCHES VIA PATHWAYS

At any given time, Dana-Farber is conducting over 1,100 clinical trials



Profile, a research project launched by scientists at Dana-Farber Cancer Institute, is one of the nation's most comprehensive personalized cancer medicine initiatives

ONE IN FOUR

Dana-Farber investigators contributed to 1 in 4 FDA oncology drug approvals

TOP RANKED BEST-IN-CLASS OUTCOMES



THE ONLY TOP-10 RANKED CANCER CENTER

for both adult and pediatric cancer care



Significantly higher outcomes/survival rates compared to other NCI-Designated Cancer Centers, academic medical centers, and community oncology providers

*2011-2018 National Medical Data

Questions? Please contact us:

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