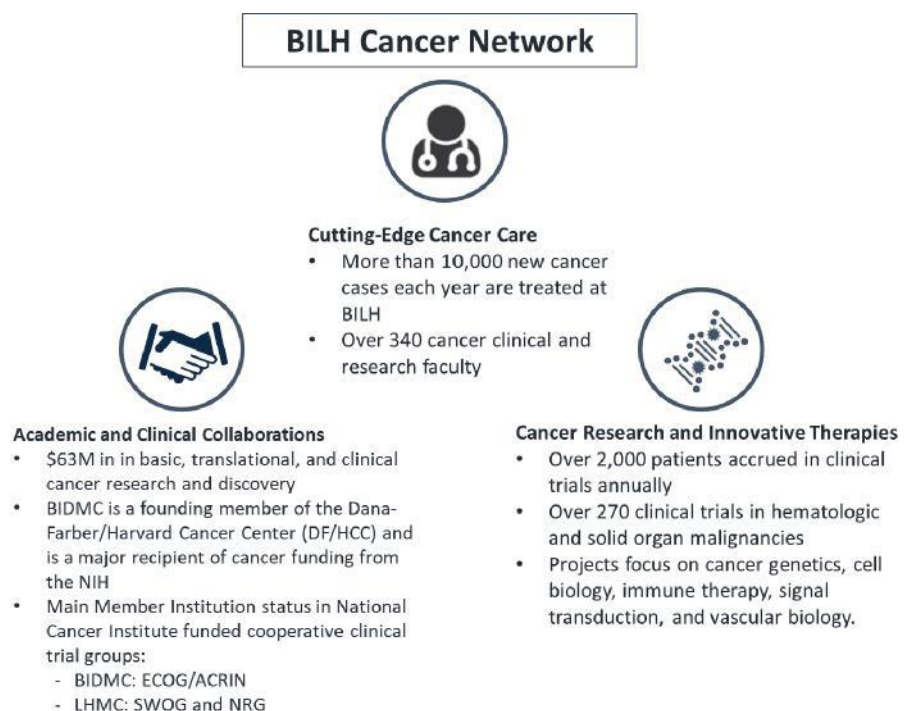


BILH aims to further enhance its national leadership in cancer care and research and distinguish its services through:

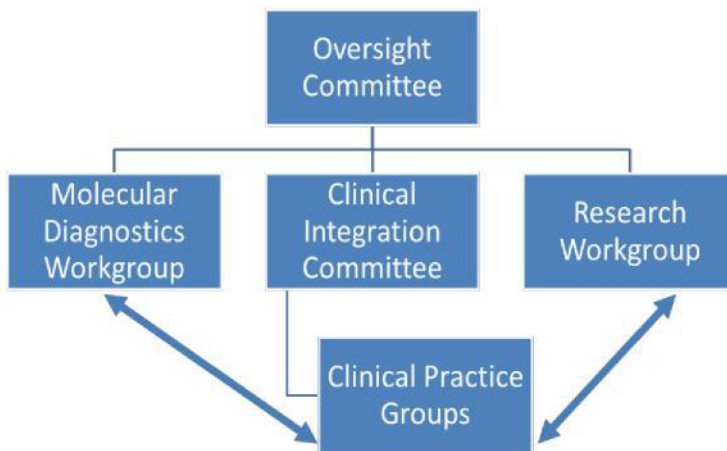
- Provision of state-of-the-art and cutting-edge cancer care;
- Superior convenience, accessibility, and patient experience;
- Seamless coordination during work-up, treatment, and survivorship;
- Scaling of widespread access to clinical trials and innovative therapies;
- Consistent, high-quality clinical care in all treatment environments; and
- Demonstrated quality and cost outcomes and stewardship of resources.

Next month, BILH is relaunching system-wide cancer network coordination efforts, in the areas of malignant hematology, thoracic oncology, molecular diagnostics, and clinical trials/research opportunities. These four workgroups will include leaders from across the system.

BILH has established a planning structure to facilitate oversight and coordination among the various teams which include representation from cancer leaders across BILH. The **Cancer Network Oversight Committee** will coordinate the implementation of the four workgroups, setting clear priorities and milestones, and will determine when to launch additional workgroups or Clinical Practice Groups (CPGs).



BILH Cancer Network Coordination: Planning Structure



Oversight Committee Membership (chairs in bold):

- **David Avigan, MD**
- **Paul Hesketh, MD**
- **David McDermott, MD**
- Elliot Chaikof, MD, PhD
- Kurt Heim, MD
- Howard Hsu, MD
- Prudence Lam, MD
- Dick Nesto, MD
- Jeffrey Saffitz, MD, PhD
- Peter Shorett
- Frank Slack, PhD
- Steven Stain, MD
- Mary Ann Stevenson, MD, PhD
- Mark Zeidel, MD

The **Clinical Integration Committee** is responsible for overseeing the practical issues that arise in implementing the integration plan developed by the Oversight Committee. With representation from clinical, quality, research, and education domains, this group will help standardize the development and function of the Clinical Practice Groups.

Under the leadership of Drs. David Avigan and Paul Hesketh, the **Malignant Hematology and Thoracic Oncology Clinical Practice Groups** have been meeting to discuss patient case presentations, clinical care guidelines, and provider referral patterns.

Both of these CPGs will continue to meet – with added analytical and project management support – to accomplish an expanded scope of work, including but not limited to:

1. Establishment of a system-wide care model, including the development of system diagnostic and treatment pathways, dissemination of disease-specific clinical standards, and alignment of accreditations, quality metrics, and participation agreements;
2. In-depth examination of provider referral patterns and tertiary care retention to improve care model planning and delivery; and
3. Integration of disease-specific clinical trials/research opportunities, in coordination with the Cancer Research Workgroup (see below).

The **Molecular Diagnostics Workgroup** will inventory and harmonize, where possible, the strategies, internal resources, vendors, and common pathways for molecular diagnostics for both solid organ and hematologic malignancies.

The **Cancer Research Workgroup** will build upon the existing infrastructure and accomplishments of BIDMC's affiliation with DF/HCC and membership in ECOG/ACRIN and LHMC's membership in SWOG and NRG. This workgroup will:

1. Expand access to clinical trials and expand cancer trial capabilities to increase accruals;
2. Explore affiliation models with DF/HCC through which Lahey can participate in the Consortium;
3. Establish shared cancer clinical trial infrastructure, including contracting, trial management, and financial functions; and
4. Coordinate clinical and translational research capabilities.