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KPNC DOR Cancer Research: Impact on Clinical Care

T. R. Levin, MD
Associate Director for Cancer Research, DOR
Clinical Lead for CRC Screening
Gastroenterology, DSA

December 18, 2025

KAISER PERMANENTE®

Colorectal Cancer: How it started

The New England Journal of Medicine

Volume 326 MARCH 5, 1992 Number 10

A CASE–CONTROL STUDY OF SCREENING SIGMOIDOSCOPY AND MORTALITY FROM COLORECTAL CANCER

JOE V. SELBY, M.D., M.P.H., GARY D. FRIEDMAN, M.D., M.S., CHARLES P. QUESENBERRY, JR., PH.D., AND NOEL S. WEISS, M.D., DR.P.H.

Abstract *Background.* The efficacy of sigmoidoscopic screening in reducing mortality from colorectal cancer remains uncertain. A randomized trial would be ideal for clarifying this issue but is very difficult to conduct. Case–control studies provide an alternative method of estimating the efficacy of screening sigmoidoscopy.

Methods. Using data on the 261 members of the Kaiser Permanente Medical Care Program who died of cancer of the rectum or distal colon from 1971 to 1988, we examined the use of screening by rigid sigmoidoscopy during the 10 years before the diagnosis and compared it with the use of screening in 868 control subjects matched with the case subjects for age and sex.

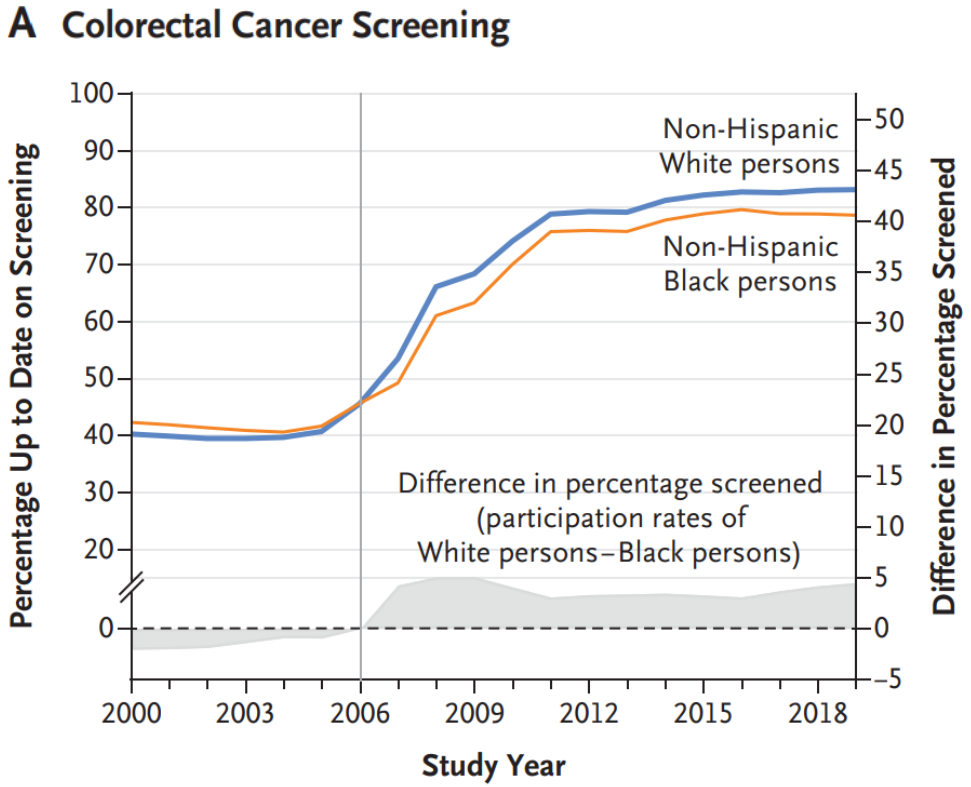
Results. Only 8.8 percent of the case subjects had undergone screening by sigmoidoscopy, as compared with 24.2 percent of the controls (matched odds ratio, 0.30; 95 percent confidence interval, 0.19 to 0.48). Adjustment for potential confounding factors increased the odds ratio to 0.41 (95 percent confidence interval, 0.25 to 0.69). The negative association was as strong when the most recent sigmoidoscopy was 9 to 10 years before diagnosis as it was when examinations were more recent. By contrast, for 268 subjects with fatal colon cancer above the reach of the sigmoidoscope and for 268 controls, the adjusted odds ratio was 0.96 (95 percent confidence interval, 0.61 to 1.50). The specificity of the negative association for cancer within the reach of the sigmoidoscope is consistent with a true efficacy of screening rather than a confounding by unmeasured selection factors.

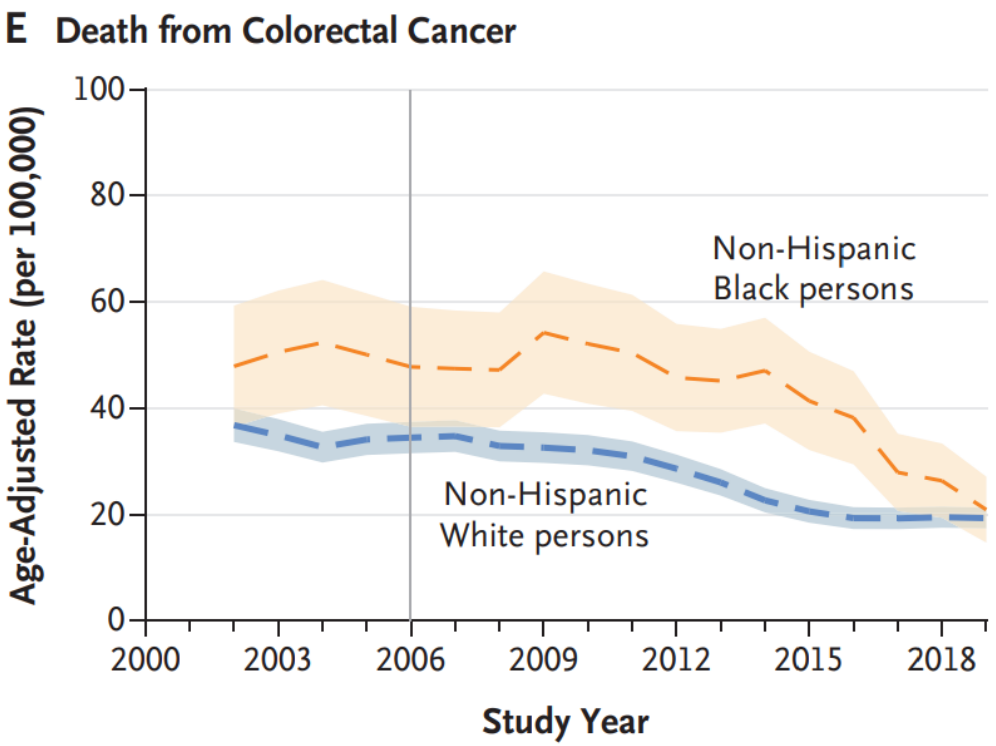
Conclusions. Screening by sigmoidoscopy can reduce mortality from cancer of the rectum and distal colon. Screening once every 10 years may be nearly as efficacious as more frequent screening. (N Engl J Med 1992; 326:653-7.)

HealthCareBusiness news

Colon cancer screening can erase disparities in outcomes

IMPACT





N ENGL J MED 386;8 2022

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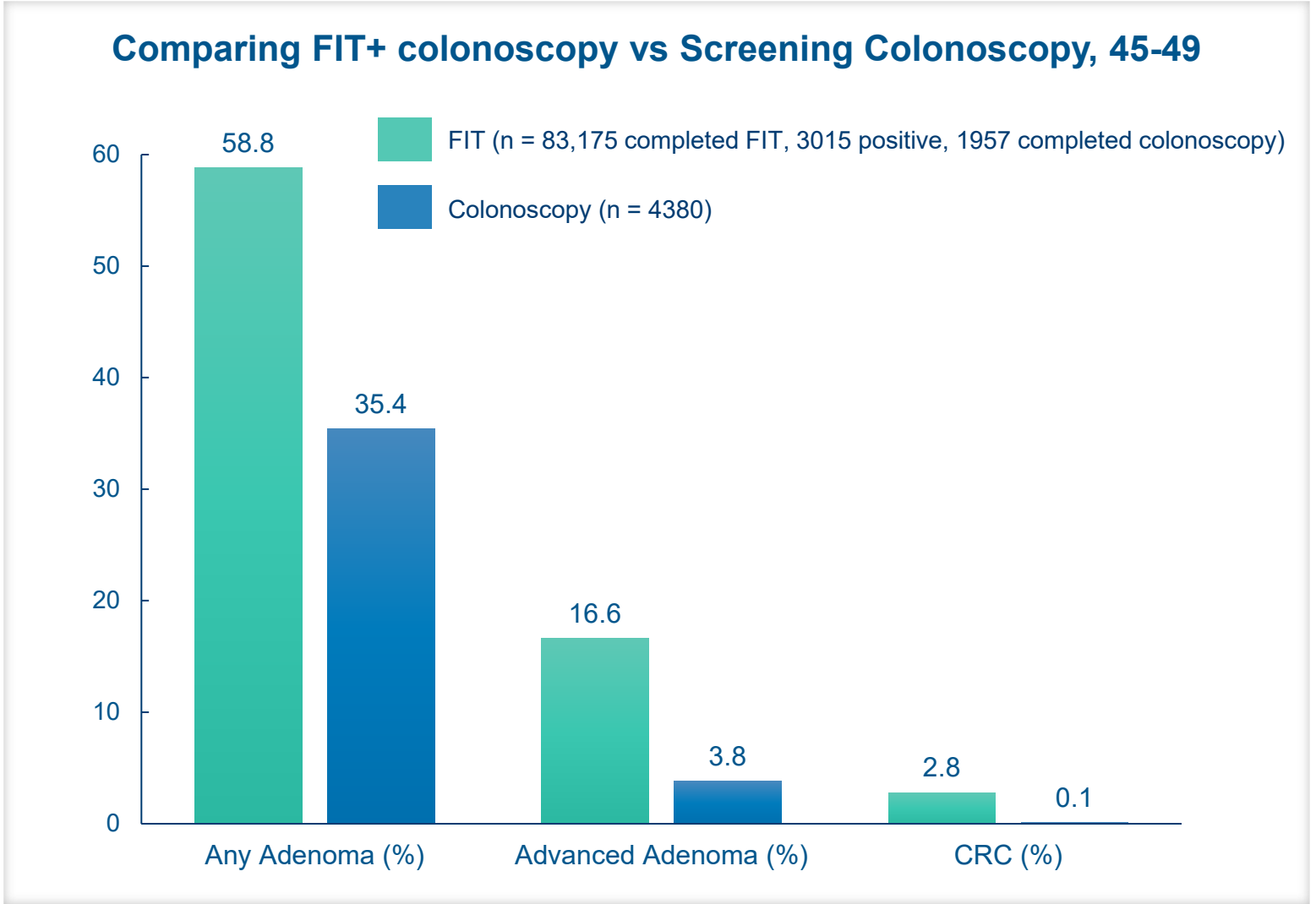
FIT vs colonoscopy 45–49-year-olds

- USPSTF updated to include 45-49-year-olds in 2021
- Based on modeling data and observational studies of cancer incidence
- Two studies of colonoscopy yield showed similar rates as people in early 50s

Lee, J. *JAMA* 2025

Levin. *Annals of IM* 2024



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Cancer Causes Control (2008) 19:1065–1076
DOI 10.1007/s10552-008-9170-5

ORIGINAL PAPER

The Pathways Study: a prospective study of breast cancer survivorship within Kaiser Permanente Northern California

Marilyn L. Kwan · Christine B. Ambrosone · Marion M. Lee · Janice Barlow · Sarah E. Krathwohl · Isaac Joshua Ergas · Christine H. Ashley · Julie R. Bittner
Jeanne Darbinian · Keren Stronach · Bette J. Caan · Warren Davis · Susan E. Kutner · Charles P. Quesenberry · Carol P. Somkin · Barbara Sternfeld
John K. Wiencke · Shichun Zheng · Lawrence H. Kushi

- **Cohort:** 4,504 women with invasive breast cancer
- Data: Lifestyle: diet, physical activity, complementary therapies; anthropometric measurement; biospecimens: blood, saliva, tumor tissue; genomic/molecular data
- Started in 2006
- Over 40 peer reviewed papers
- Total funding > $20 million, by NCI
- Funded through 2026

- One of the most comprehensive datasets on breast cancer survivorship in the US
- Informs guidelines on lifestyle interventions for cancer survivors
- Supports translational research linking molecular markers to clinical outcomes

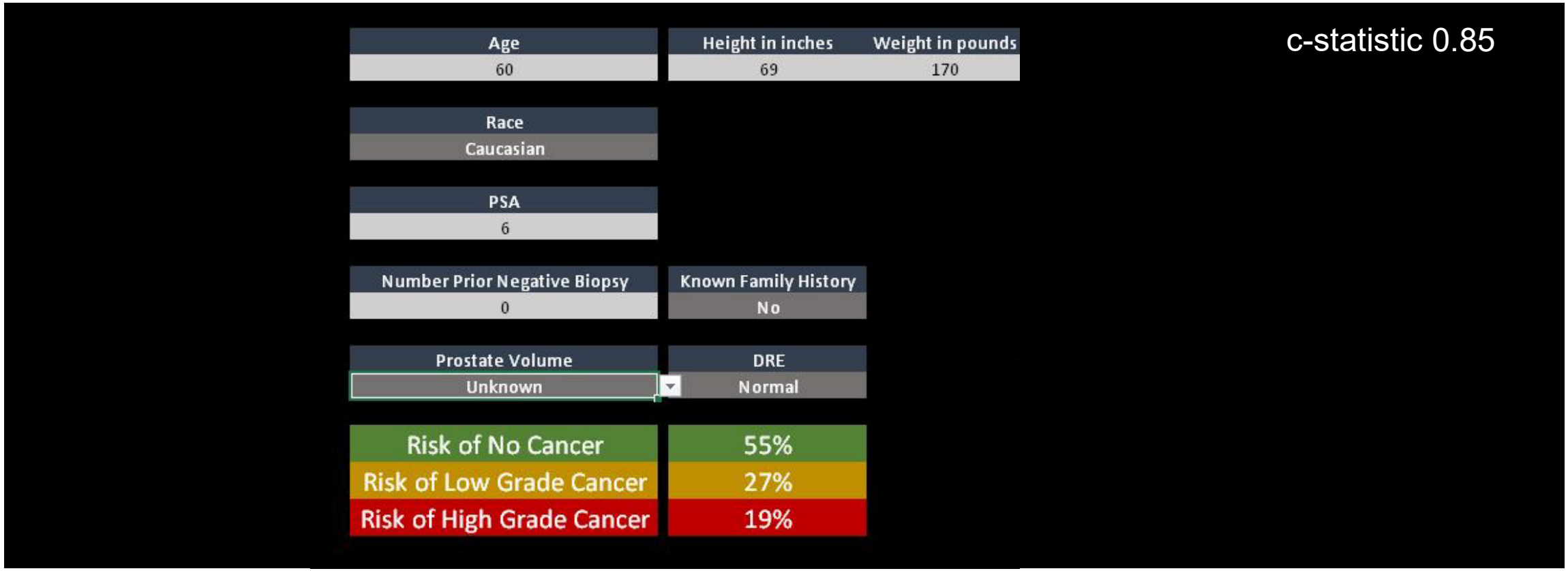
Urologic Oncology: Seminars and Original Investigations
38 (2020) 847.e1–847.e8

UROLOGIC ONCOLOGY

Clinical-Prostate cancer

Prospective development of a prostate cancer risk calculator in a racially diverse population: The Kaiser Permanente Prostate Cancer Risk Calculator

Joseph Presti Jr. M.D.[a,b,*], Stacey Alexeeff, Ph.D.[b], Brandon Horton, M.P.H.[b], Stephanie Prausnitz, M.S.[b], Andrew L. Avins, M.D., M.P.H.[b,c]



Centers of Excellence for Cancer Care

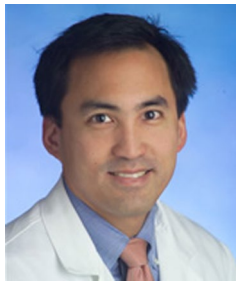
FREE ACCESS | ORIGINAL REPORTS | August 02, 2021

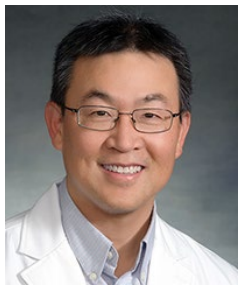
Clinical Outcomes Following Regionalization of Gastric Cancer Care in a US Integrated Health Care System

Authors: Swee H. Teh, MD, Stephen Uong, MPH, Teresa Y. Lin, MPH, Sharon Shiraga, MD, Yan Li, MD, I-Yeh Gong, MD, Lisa J. Herrinton, PhD, and Robert A. Li, MD | AUTHORS INFO & AFFILIATIONS

Journal of Clinical Oncology
An American Society of Clinical Oncology Journal

Publication: Journal of Clinical Oncology • Volume 39, Number 30 • https://doi.org/10.1200/JCO.21.00480





- Neoadjuvant chemotherapy utilization increased from 35% to 66%
- Laparoscopic gastrectomy increased from 18% to 92% (P < .0001), and D2 lymphadenectomy increased from 2% to 80% (P < .0001).
- Dissection of ≥ 15 lymph nodes increased from 61% to 95%
- Surgical complication rates did not increase after regionalization.
- Length of hospitalization decreased from 7 to 3 days

Regionalization of Lung Cancer Surgery

J. MAXWELL CHAMBERLAIN MEMORIAL PAPER FOR GENERAL THORACIC SURGERY

Regionalization of Lung Cancer Surgery Improves Outcomes in an Integrated Health Care System

Check for updates

Sora Ely, MD, Sheng-Fang Jiang, MS, Ashish R. Patel, MD, Simon K. Ashiku, MD, and Jeffrey B. Velotta, MD

UCSF East Bay Surgery, Highland Hospital, Oakland, California; Thoracic Surgery Division, Kaiser Permanente–Oakland Medical Center, Oakland, California; and Division of Research, Kaiser Permanente–Oakland Medical Center, Oakland, California

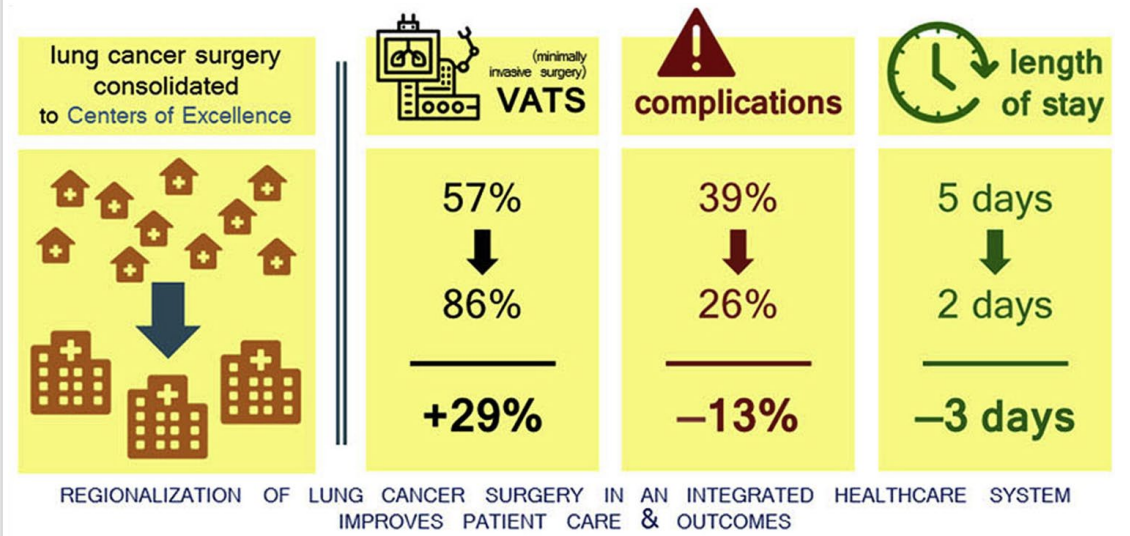
Background. Current literature favors a volume-outcome relationship in pulmonary lobectomy that prompted centralization of these operations abroad, in national, single-payer health care settings. This study examined the impact of regionalization on outcomes after lung cancer resection within a US integrated health care system.

Methods. This study retrospectively reviewed major pulmonary resections (lobectomy, bilobectomy, pneumonectomy) for lung cancer that were performed before (2011 to 2013; n = 782) and after (2015 to 2017; n = 845) thoracic surgery regionalization during 2014.

Results. Case migration from 16 regionwide sites to 5 designated centers was complete by 2016. Facility volume increased from 17.4 to 48.3 cases/y ($P = .002$), and surgeon volume increased from 12.5 to 19.9 cases/y ($P = .001$). The postregionalization era was characterized by increased video-assisted thoracoscopic surgery (86% from 57%; $P < .001$), as well as decreased intensive care unit use (−1.0 days; $P < .001$) and hospital length of stay (−3.0 days; $P < .001$). Postregionalization patients experienced fewer total (26.2% from 38.6%; $P < .001$) and major (9.6% from 13.6%; $P = .01$) complications. The association between regionalization and decreased length of stay and morbidity was independent of surgical approach and case volume in mixed multivariate models.

Conclusions. After the successful implementation of thoracic surgery regionalization in our US health care network, pulmonary resection volume increased, and practice shifted to majority video-assisted thoracoscopic surgery and minimum intensive care unit utilization. Regionalization was independently associated with significant reductions in length of stay and morbidity.

(Ann Thorac Surg 2020;110:276-83)



THE ANNALS OF THORACIC SURGERY
Official Journal of The Society of Thoracic Surgeons and the Southern Thoracic Surgical Association

Ely et al, *The Annals of Thoracic Surgery*

PERMANENTE MEDICINE®
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Bladder Cancer: BeWell study

>1400 NMIBC patients: KPNC/KPSC (since 2015)

JAMA Network Open™

2022;5;(11):e2244430
doi:10.1001/jamanetworkopen.2022.44430

Original Investigation | Urology

Smoking Behaviors and Prognosis in Patients With Non–Muscle-Invasive Bladder Cancer in the Be-Well Study

Marilyn L. Kwan, PhD; Reina Haque, PhD; Kelly C. Young-Wolff, PhD; Valerie S. Lee, MHS; Janise M. Roh, MPH; Isaac J. Ergas, PhD; Zinian Wang, MS; Kimberly L. Cannavale, MPH; Christine B. Ambrosone, PhD; Ronald K. Loo, MD; David S. Aaronson, MD; Charles P. Quesenberry, PhD; Lawrence H. Kushi, ScD; Li Tang, PhD

Findings In this cohort study of 1472 adults with NMIBC, two-thirds of whom were former or current cigarette smokers at diagnosis, longer duration and increasing pack-years of cigarette smoking were associated with higher recurrence risk in an exposure-response manner, with up to twice the risk for 40 or more years of smoking and 40 or more pack-years. Pipe, cigar, marijuana, and e-cigarette use were not associated with recurrence risk.

Artificial Intelligence

Radiology

ORIGINAL RESEARCH • BREAST IMAGING

Comparison of Mammography AI Algorithms with a Clinical Risk Model for 5-year Breast Cancer Risk Prediction: An Observational Study

Vignesh A. Arasu, MD, PhD • Laurel A. Habel, PhD • Ninah S. Achacoso, MS • Diana S. M. Buist, PhD • Jason B. Cord, MD • Laura J. Esserman, MD • Nola M. Hylton, PhD • M. Maria Glymour, ScD • John Kornak, PhD • Lawrence H. Kushi, ScD • Donald A. Lewis, MS • Vincent X. Liu, MD • Caitlin M. Lydon, MPH • Diana L. Miglioretti, PhD • Daniel A. Navarro, MD • Albert Pu, MS • Li Shen, PhD • Weiva Sieh, MD, PhD • Hyo-Chun Yoon, MD, PhD • Catherine Lee, PhD

Background: Although several clinical breast cancer risk models are used to guide screening and prevention, they have only moderate discrimination.

Purpose: To compare selected existing mammography artificial intelligence (AI) algorithms and the Breast Cancer Surveillance Consortium (BCSC) risk model for prediction of 5-year risk.

Materials and Methods: This retrospective case-cohort study included data in women with a negative screening mammographic examination (no visible evidence of cancer) in 2016, who were followed until 2021 at Kaiser Permanente Northern California. Women with prior breast cancer or a highly penetrant gene mutation were excluded. Of the 324 009 eligible women, a random subcohort was selected, regardless of cancer status, to which all additional patients with breast cancer were added. The index screening mammographic examination was used as input for five AI algorithms to generate continuous scores that were compared with the BCSC clinical risk score. Risk estimates for incident breast cancer 0 to 5 years after the initial mammographic examination were calculated using a time-dependent area under the receiver operating characteristic curve (AUC).

Results: The subcohort included 13 628 patients, of whom 193 had incident cancer. Incident cancers in eligible patients (additional 4391 of 324 009) were also included. For incident cancers at 0 to 5 years, the time-dependent AUC for BCSC was 0.61 (95% CI: 0.60, 0.62). AI algorithms had higher time-dependent AUCs than did BCSC, ranging from 0.63 to 0.67 (Bonferroni-adjusted $P < .0016$). Time-dependent AUCs for combined BCSC and AI models were slightly higher than AI alone (AI with BCSC time-dependent AUC range, 0.66–0.68; Bonferroni-adjusted $P < .0016$).

Conclusion: When using a negative screening examination, AI algorithms performed better than the BCSC risk model for predicting breast cancer risk at 0 to 5 years. Combined AI and BCSC models further improved prediction.

Radiology 2023; 307(5):e222733 • https://doi.org/10.1148/radiol.222733

Breast Care Coordination and Cancer Genomics

Ann Surg Oncol (2025) 32:75–83
https://doi.org/10.1245/s10434-024-16223-7

Annals of SURGICAL ONCOLOGY
OFFICIAL JOURNAL OF THE SOCIETY OF SURGICAL ONCOLOGY

ORIGINAL ARTICLE – BREAST ONCOLOGY

Mainstream Germline Genetic Testing with Expanded Eligibility for Early Breast Cancer Patients in a Large Integrated Health System

Veronica Shim, MD[1], Audrey Karlea, MS, LCGC[2], Leslie Manace Brenman, MD, MPhil[2], Jamila Gul, BS[3], Elizabeth Hoodfar, MS, LCGC[4], Tracy D. Chan, RN[1], Poline C. Engeman, NP[5], Vanessa M. Sheldon, RN[6], Deirdre M. Thorne-Hadfield, NP[7], Patience Odele, MD[8], Brooke Vuong, MD[5], Jennifer McEvoy, MD[6], C. K. Chang, MD[1], Dinesh Kotak, MD[9], and Laurel A. Habel, PhD[3]

Pilot sites[1]: Mainstreamed approach	Non-pilot sites[1]: Standard of care approach
• Breast cancer ≤65 years • Triple negative • Male breast cancer • Ashkenazi Jewish ancestory • Positive family history[2]	• Breast cancer ≤45 years • Triple negative ≤60 years • Male breast cancer • Ashkenazi Jewish ancestory • Positive family history[3]

	Pilot sites		Non-pilot sites	
	Tested	Not tested	Tested	Not tested
	n (%)[a]	*n* (%)[a]	*n* (%)[a]	*n* (%)[a]
Overall	309 (61.6)	193 (38.4)	568 (31.7)	1224 (68.3)
Age at diagnosis (years)				
< 45	44 (95.7)	2 (4.3)	154 (86.5)	24 (13.5)
46–65	178 (83.2)	36 (16.8)	262 (34.2)	505 (65.8)
> 66	87 (36.0)	155 (64.0)	152 (17.9)	695 (82.1)
Tumor subtype				
Triple-negative	37 (86.0)	6 (14.0)	67 (54.5)	56 (45.5)




CANCAN: Cancer Grand Challenge Cachexia

$25 million to study cancer-related loss of weight and muscle mass

OXFORD

JNCI: Journal of the National Cancer Institute, 2025, **117(8),** 1729–1732

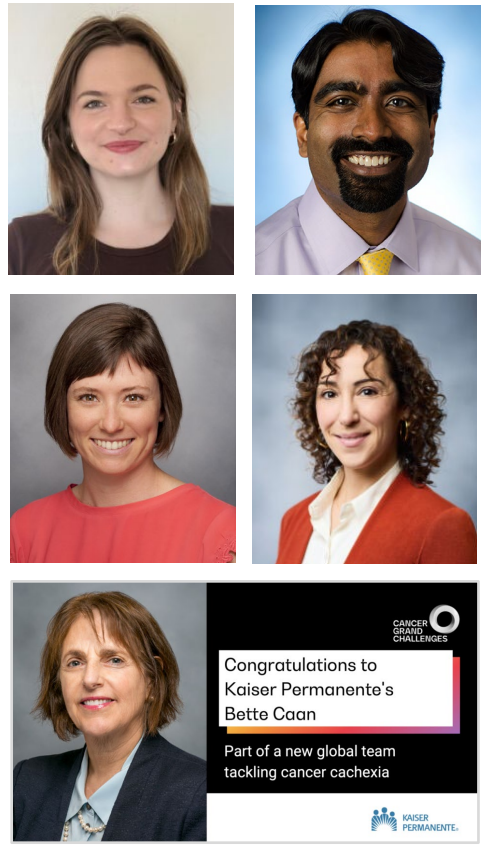
https://doi.org/10.1093/jnci/djaf030
Advance Access Publication Date: February 18, 2025
Brief Communication

Early identification of weight loss trajectories in advanced cancer and associations with survival

Sophia Fuller, MA[1], Stacey Alexeeff, PhD[1], Bette Caan, DrPH[1], Marcus D. Goncalves, MD[2], Richard F. Dunne, MD[3], Tobias Janowitz, MD[4,5], Mariam Jamal-Hanjani, MD[6,7], Tilak K. Sundaresan, MD[8], Elizabeth M. Cespedes Feliciano, ScD*[,1]

Abstract

Consensus criteria to diagnose unintentional weight loss, a condition often termed cachexia that affects most patients with advanced cancer, are based on 6-month changes by which time intervention is often ineffective. Leveraging the large and diverse population in Kaiser Permanente Northern California's community oncology practice, we studied 8338 patients with advanced lung, pancreatic, or colorectal cancers. We calculated weekly weight change measurements from 2 months pre- to 6 months post-diagnosis to identify 4 weight change trajectories (Gain, Stable, Moderate Loss, and Severe Loss) and associated these trajectories with survival. With high agreement, we classified patients into these trajectories after 3 months and found them to be prognostic; those classified in Moderate (HR = 1.55; 95% CI = 1.45 to 1.67) or Severe Loss (HR = 2.20; 95% CI = 2.01 to 2.41) at 3 months had significantly increased risk of death compared with the Stable trajectory. Weight loss at 3 months post-diagnosis can accurately classify deleterious weight trajectories, allowing for earlier clinical intervention.



KP Blood Research

BRIEF COMMUNICATION OPEN ACCESS

Cancer Medicine Open Access

Real-World Treatment Patterns and Outcomes of Zanubrutinib in Chronic Lymphocytic Leukemia and Small Lymphocytic Leukemia (CLL/SLL)

Margaret Li Krackeler[1] | Bryant H. Chee[2] | Arthur K. Orchanian[2] | Raymond Liu[1] | Lisa Law[3] | Shiyun Zhu[4] | Zheng Zhu[4] | Lori C. Sakoda[4,5] | Susan Buchanan[6] | Marjan Massoudi[6] | Alfredo Lopez[1] | Jahan Tavakoli[1]

ABSTRACT

Zanubrutinib is a next-generation selective Bruton's tyrosine kinase inhibitor (BTKi) with superior efficacy and lower cardiotoxicity rates seen in clinical trials over first-generation ibrutinib in CLL/SLL patients. We present real-world treatment patterns based on a practice change from ibrutinib to zanubrutinib in CLL/SLL patients in an integrated community oncology practice. We retrospectively analyzed adult patients who filled at least 3 months of zanubrutinib at Kaiser Permanente Northern California. Treatment patterns, adverse events (AE), and mortality were reported. Two hundred eighty-one patients received zanubrutinib; 190 patients switched from ibrutinib. Similar AE rates were seen with both BTKis, with a lower proportion of patients with treatment-limiting AEs and lower cardiac AE rates with zanubrutinib. Most patients remained on zanubrutinib at the end of data collection without treatment-related deaths reported. In the real-world setting, zanubrutinib is effective and safe in patients with or without prior ibrutinib use, with low cardiotoxicity and AE rates, though data was limited by a difference in follow-up time.

Geriatric Oncology

Journal of Geriatric Oncology 13 (2022) 606–613

Contents lists available at ScienceDirect

Journal of Geriatric Oncology

"You have to be sure that the patient has the full picture": Adaptation of the Best Case/Worst Case communication tool for geriatric oncology

Melisa L. Wong [a,b,*], Francesca M. Nicosia [b,c], Alexander K. Smith [b], Louise C. Walter [b], Vivian Lam [a], Harvey Jay Cohen [d], Kah Poh Loh [e], Supriya G. Mohile [e], Carling J. Ursem [a,f], Margaret L. Schwarze [g,h]

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Department of Medicine

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HOME > ABOUT > NEWS > LENS STUDY LED BY MELISA WONG RECEIVES NCI R37 AWARD

Lens Study Led by Melisa Wong Receives NCI R37 Award

Melisa Wong, MD, MAS, AGSF's Lens Study R37has officially received its Notice of Award from the NCI. Co-Investigators, Louise Walter, MD and Alex Smith, MD, MPH, MS, along with the Pepper Center, were instrumental in the development of this project. This five-year grant (8/25/25–7/31/30) will support efforts to develop and validate prediction models for function, cognition, and quality of life in older adults with advanced lung cancer.

Evaluating exposures prior to diagnosis

COLORECTAL

Oral Antibiotic Use in Adulthood and Risk of Early-Onset Colorectal Cancer: A Case-Control Study

Kevin J. Kane,[1] Christopher D. Jensen,[2] Jingrong Yang,[2] Huyun Dong,[2] Sophie A. Merchant,[2] Pradeep Koripella,[1] Xiaoran Li,[1] Jeffrey M. Hendel,[1] Douglas A. Corley,[1,2] and Jeffrey K. Lee[1,2]

Clinical Gastroenterology and Hepatology 2025;23:1440–1447

BACKGROUND AND AIMS:

Prior antibiotic use may be a factor in the rising incidence of colorectal cancer seen in those under 50 years of age (early-onset colorectal cancer [EOCRC]); however, the few studies to examine this link have reported conflicting results. Therefore, we evaluated the association between oral antibiotic use in adulthood and EOCRC in a large integrated healthcare system in the United States.

METHODS:

A population-based nested case-control study was conducted among Kaiser Permanente Northern California patients 18–49 years of age diagnosed with EOCRC (adenocarcinoma of the colon or rectum) in 1998–2020 who had ≥2 years of continuous pharmacy benefit prior to diagnosis. Cases were matched 4:1 to healthy controls on birth year, sex, race and ethnicity, medical facility, and duration of pharmacy benefit. Antibiotic exposure >1 year before the diagnosis/index date was assessed using prescribing records. Conditional logistic regression was used to estimate odds ratios and 95% confidence intervals. A sensitivity analysis was performed among those with ≥10 years of continuous prescribing records.

RESULTS:

A total of 1359 EOCRC cases were matched to 4711 healthy controls. Antibiotic use in adulthood was not significantly associated with EOCRC in unadjusted or adjusted analyses (adjusted odds ratio, 1.04; 95% confidence interval, 0.94–1.26). No associations were seen for cumulative number of oral antibiotic dispensations or for any prior period of antibiotic exposure.

CONCLUSIONS:

In a large U.S. healthcare setting, there was no conclusive evidence of an association between oral antibiotic use in adulthood and risk of EOCRC.

Cancer Screening and Surveillance Trials

COOP

COLONOSCOPY VS. STOOL TESTING
IN OLDER ADULTS WITH COLON POLYPS

FiveFORTenE

A COLORECTAL CANCER PREVENTION TRIAL

Kaiser Permanente Oncology Clinical Trials (KPOCT)

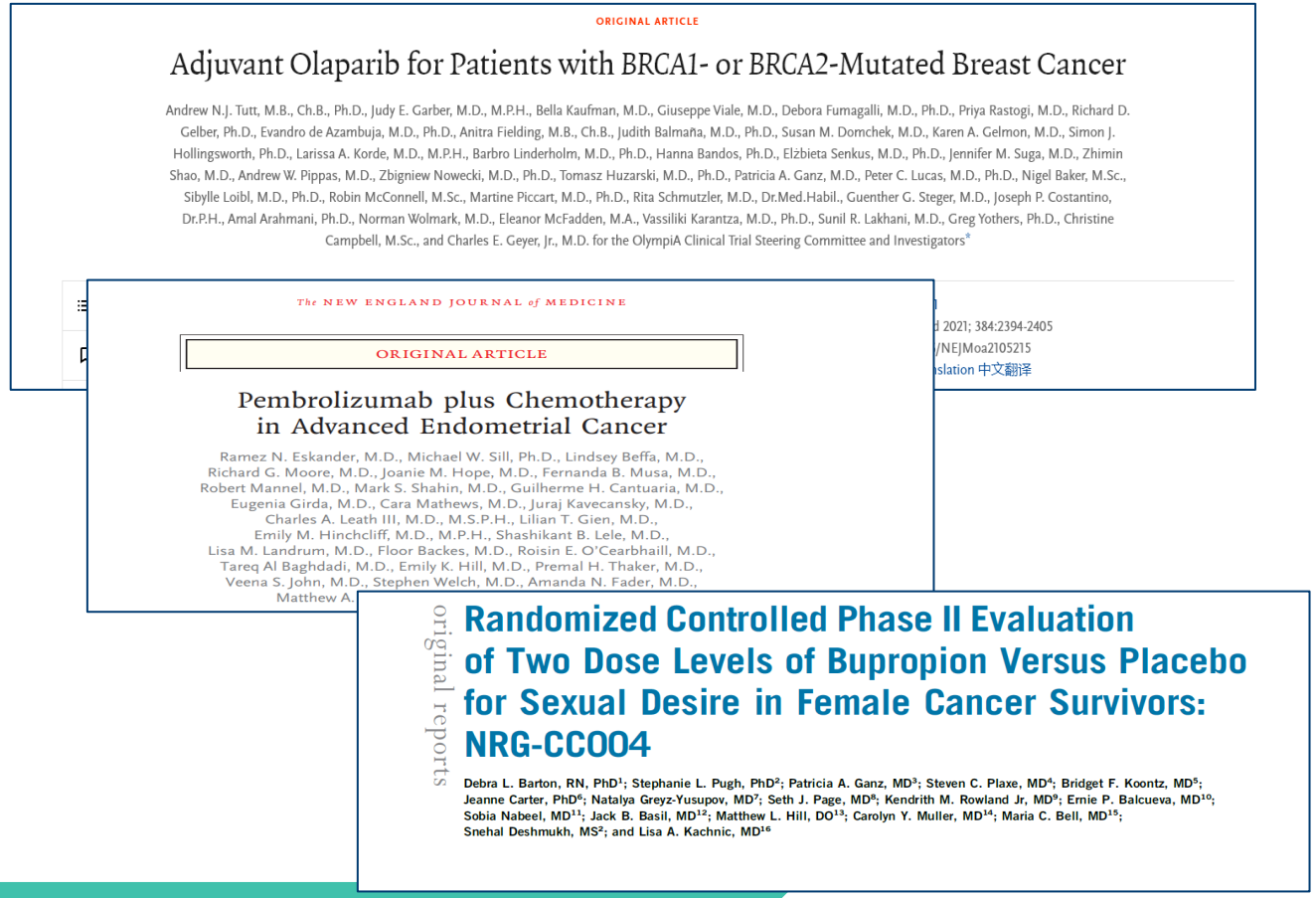
- Over 35 years of experience: funding NCI and industry
- 70+ staff and 200+ MDs dedicated to enroll and support oncology clinical trial research
- Administrative Hub for the Kaiser Permanente NCI Community Oncology Research Program (NCORP)
- Trials offered at 30 Medical Centers across KP NCAL with:
  - Over 13,000 patients consented
  - Over 475 research studies activated
  - Over 500 KP members currently receiving treatment
  - More than 3500 KP members alive and in follow-up

abbvie
MERCK
Bristol Myers Squibb
Genentech
A Member of the Roche Group
Daiichi-Sankyo
AstraZeneca
NOVARTIS
Lilly

KAISER PERMANENTE ONCOLOGY CLINICAL TRIALS

KPOCT/KP NCORP impact

- Annual recognition NCI NCORP Platinum Award for top accruing site
- TPMG authors in high impact journals such as NEJM, JCO
- 16 early drug trials that have led to FDA approval since 2020



ORIGINAL ARTICLE

Adjuvant Olaparib for Patients with BRCA1- or BRCA2-Mutated Breast Cancer

Andrew N.J. Tutt, M.B., Ch.B., Ph.D., Judy E. Garber, M.D., M.P.H., Bella Kaufman, M.D., Giuseppe Viale, M.D., Debora Fumagalli, M.D., Ph.D., Priya Rastogi, M.D., Richard D. Gelber, Ph.D., Evandro de Azambuja, M.D., Ph.D., Anitra Fielding, M.B., Ch.B., Judith Balmaña, M.D., Ph.D., Susan M. Domchek, M.D., Karen A. Gelmon, M.D., Simon J. Hollingsworth, Ph.D., Larissa A. Korde, M.D., M.P.H., Barbro Linderholm, M.D., Ph.D., Hanna Bandos, Ph.D., Elżbieta Senkus, M.D., Ph.D., Jennifer M. Suga, M.D., Zhimin Shao, M.D., Andrew W. Pippas, M.D., Zbigniew Nowecki, M.D., Ph.D., Tomasz Huzarski, M.D., Ph.D., Patricia A. Ganz, M.D., Peter C. Lucas, M.D., Ph.D., Nigel Baker, M.Sc., Sibylle Loibl, M.D., Ph.D., Robin McConnell, M.Sc., Martine Piccart, M.D., Ph.D., Rita Schmutzler, M.D., Dr.Med.Habil., Guenther G. Steger, M.D., Joseph P. Costantino, Dr.P.H., Amal Arahmani, Ph.D., Norman Wolmark, M.D., Eleanor McFadden, M.A., Vassiliki Karantza, M.D., Ph.D., Sunil R. Lakhani, M.D., Greg Yothers, Ph.D., Christine Campbell, M.Sc., and Charles E. Geyer, Jr., M.D. for the OlympiA Clinical Trial Steering Committee and Investigators*

The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

Pembrolizumab plus Chemotherapy in Advanced Endometrial Cancer

Ramez N. Eskander, M.D., Michael W. Sill, Ph.D., Lindsey Beffa, M.D., Richard G. Moore, M.D., Joanie M. Hope, M.D., Fernanda B. Musa, M.D., Robert Mannel, M.D., Mark S. Shahin, M.D., Guilherme H. Cantuaria, M.D., Eugenia Girda, M.D., Cara Mathews, M.D., Juraj Kavecansky, M.D., Charles A. Leath III, M.D., M.S.P.H., Lilian T. Gien, M.D., Emily M. Hinchcliff, M.D., M.P.H., Shashikant B. Lele, M.D., Lisa M. Landrum, M.D., Floor Backes, M.D., Roisin E. O'Cearbhaill, M.D., Tareq Al Baghdadi, M.D., Emily K. Hill, M.D., Premal H. Thaker, M.D., Veena S. John, M.D., Stephen Welch, M.D., Amanda N. Fader, M.D., Matthew A.

original reports

Randomized Controlled Phase II Evaluation of Two Dose Levels of Bupropion Versus Placebo for Sexual Desire in Female Cancer Survivors: NRG-CC004

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PERMANENTE MEDICINE
The Permanente Medical Group

KPOCT has participated in the early development studies of 16 cancer drugs that received FDA approval in 2020-2023

- Atezolizumab adjuvant treatment of NSCLC
- Abemaciclib for early-stage breast cancer
- Enfortumab vedotin for urothelial cancer
- Lorlatinib for ALK positive NSCLC
- Margetuzimab for metastatic HER2+ breast cancer
- Pembrolizumab for MSI – H CRC
- Atezolizumab + Bevacizumab for HCC
- Rucaparib for metastatic BRCA + prostate cancer
- Selpercatinib for RET positive Lung/Thyroid cancers
- Ibrutinib + Rituximab for CLL
- Tucatinib for Her2 + metastatic breast cancer
- Olaparib adjuvant tx for BRCA + breast cancer
- Dabrafenib/Trametinib for met solid tumors BRAF V600E mutation
- Axicabtagene ciloleucel for relapsed/refractory DLCBL
- Mirvetuximab soravtansine for FR-alpha + platinum resistant ovarian
- Adagrasib for KRAS G12C mutated NSCLC

KAISER PERMANENTE

KAISER PERMANENTE ONCOLOGY CLINICAL TRIALS

DOR resources supporting clinical needs

Cancer Registry: Michael Oehrli

Cancer Data Mart: Jamila Gul

Molecular Profiling—since 2017
Laurel Habel, PhD
Lori Sakoda, PhD

Strengths in research

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- Experienced research staff
- Skills in Augmented Clinical Intelligence
- Virtuous cycle with care delivery
  - Longitudinal relationships with our patients
  - Full spectrum of care, from pre-diagnosis exposure to survivorship

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