

Taking back possibility in the face of cancer

Science, collaboration and innovation are key to transforming how cancer is treated.

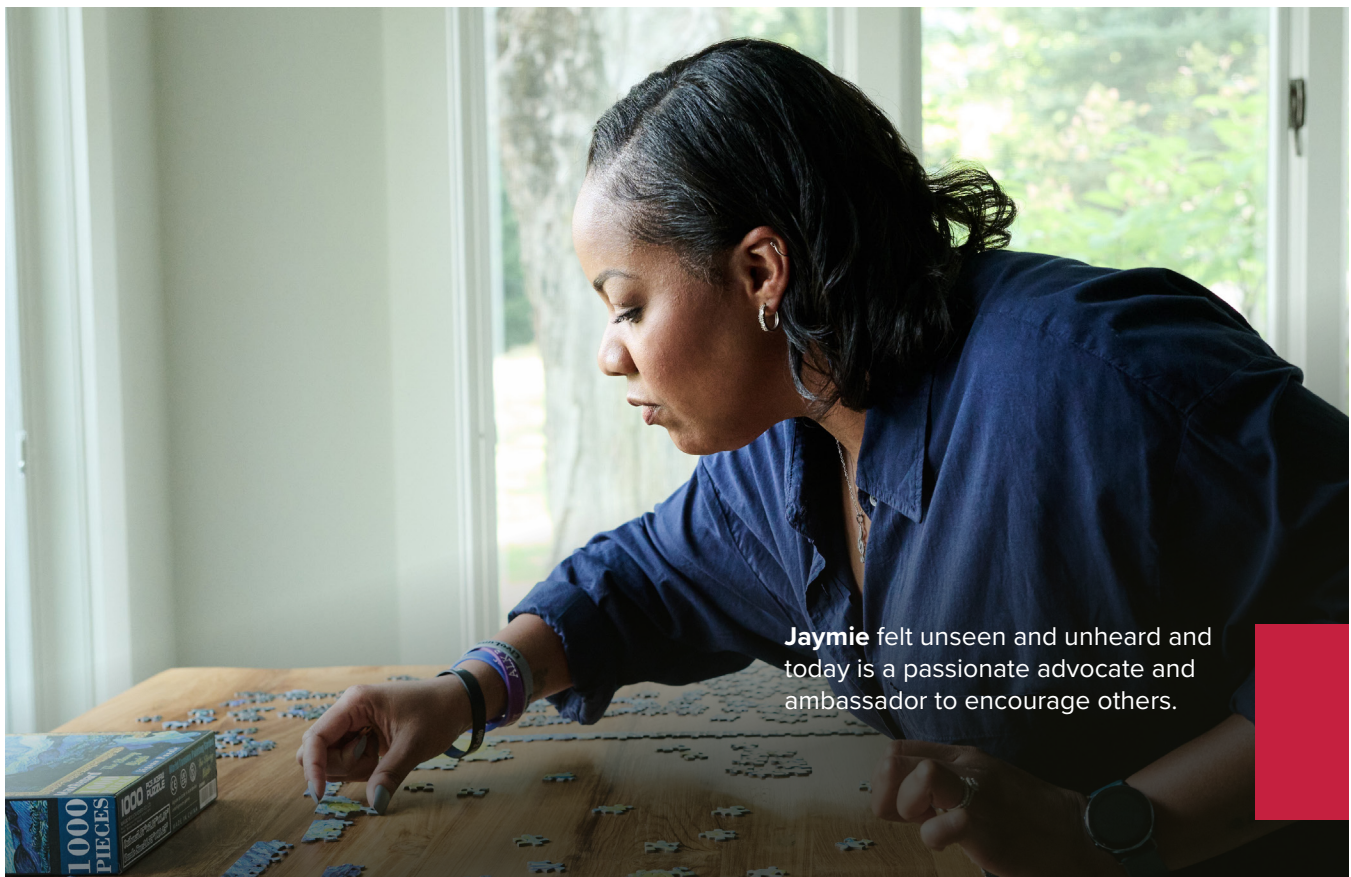


Jaymie, an entrepreneur, advocate and warrior who is diagnosed with stage 4 lung cancer, and **Emma**, a wife, daughter, sister and nurse who is diagnosed with triple-negative breast cancer, want to empower others.

For Jaymie, December 2018 started auspiciously. She got married and an exciting future full of possibility lay ahead. Then, only two weeks later, Jaymie experienced severe difficulty breathing and was rushed to the hospital. The clinical team drained fluid from her chest, and she received a devastating shock: she was diagnosed with stage 4 lung cancer. “All the things I hadn’t done

yet flashed before my eyes,” says Jaymie. At only 32 years old, she faced what seemed like an endless array of questions. What had to be put on pause? Could she still have children? How would treatment impact her daily life and future?

Emma, 28 at the time of her diagnosis of triple-negative breast cancer, was in nursing school when she first noticed something was wrong. She felt as if someone was punching her in her breast and was exhausted. But doctors told her she was likely experiencing PMS and dismissed her concerns. Months later, when her symptoms worsened to the point that she could see and feel a painful lump, she finally got an ultrasound. Emma then received and interpreted her own pathology report late on a Friday, seeing the words “invasive ductal carcinoma.” She and her husband, Dan, spent the entire weekend without any additional news or support from her care team—not even a phone call.



Jaymie felt unseen and unheard and today is a passionate advocate and ambassador to encourage others.

Unfortunately, Jaymie and Emma are not alone in feeling unseen and unheard on their paths to diagnosis. The compounding impact of cancer can steal possibilities, presenting issues ranging from financial hardship (more than 40 percent of U.S. cancer patients spend their life savings in the first two years of treatment), **challenges around family planning** and the threat of less time with loved ones—all issues that Jaymie and Emma confronted.¹

The American Cancer Society expects more than 1.9 million new cancer cases and 609,820 cancer deaths in 2023.² That’s far too many disrupted lives and people forced to navigate a complex, at times frustrating health-care system that leaves them feeling left out and let down. That’s particularly true for women and people of color, who also face gender and racial

disparities in cancer care. But it doesn't have to be this way. It's estimated that if women around the world had optimal cancer care, primary prevention or early detection, 2.3 million lives could be saved annually.³

Like Emma, Jaymie visited the doctor with concerns about her symptoms months before she was rushed to the hospital. "I remember feeling like, well, that was a waste of a copay," she recalls. "As a woman of color, they often don't pay attention to what's happening to you. They don't listen to your feelings, to your side effects, to anything." Indeed, Black people are more likely than any other racial or ethnic group in the United States to die from most cancers.⁴ Moreover, after a cancer diagnosis, they have the shortest life expectancy. And consider this: according to the U.S. National Academies of Sciences, Engineering and Medicine, lack of representation may lead to lack of access or impede medical interventions for some groups of patients, since approval and indications are often based on the demographics of the clinical studies.

These stories and statistics elucidate an opportunity for the global oncology community; from industry and academia to advocacy groups and ambassadors, everyone can play a role in ensuring patients' lived experiences are better understood and their outcomes are improved.

“It’s the people who drive progress as the energy and engine of innovation.”

LUCIANA PREGER

Vice President and Head of Global Medical Affairs Oncology at Gilead Sciences

“It’s the people who drive progress as the energy and engine of innovation,” says Luciana Preger, Vice President and Head of Global Medical Affairs Oncology at Gilead Sciences. “Ongoing dialogues within these communities inform our work in service of everyone who deserves hope, support and better outcomes. To achieve true innovation, we must deliver transformative therapies driven by science and built on a foundation of accessible and equitable care.”

That process begins by listening and developing deep, ongoing, multi-stakeholder collaborations within community organizations to reach those most impacted by disparities in care. Gilead Oncology awarded over \$11 million in grants to nonprofits in the U.S. in 2022. These included establishing the Toward Health Equity Oncology Grant™ (THE Oncology Grant), which in its inaugural year, supported 24 U.S.-based organizations focused on advancing health equity in breast cancer outcomes.

This community-minded ethos is critical, notes Darcie Green, the executive director of Latinas Contra Cancer, a health service and advocacy organization and Gilead Oncology grantee. “Cancer is hard enough. We shouldn’t have to fight for care,” says Green. “If we can make sure populations who are most vulnerable are powerful—and know how to use that power to advocate for themselves and their loved ones—we can get closer to a world that doesn’t exist yet, where we’ve

achieved health equity.” These possibilities motivate her team as they focus on health education, health-justice fellowships and navigator programs for those seeking medical care. These types of programs provide resources across the global oncology community to help educate and empower patients. In the U.S., the Centers for Medicare and Medicaid Services (CMS) recently increased funding for navigators to help consumers understand their options and resources.⁵

“Gilead has an opportunity to transform the way cancer is treated.”

MARK SNYDER

Vice President of Global Therapeutic Area Communications at Gilead Sciences

An equitable future in oncology also inspired the creation of the Gilead HOPE (Hematology - Oncology Portfolio Engagement) Network, which is a partnership model with key sites globally. Gilead HOPE Network will strengthen scientific dialogue, accelerate research, collaborate closely on operational efficiencies to maximize speed of care to patients and increase trial-enrollment diversity. This commitment to collaboration, equity and transformative science aligns with Gilead’s ongoing focus on innovating with next-generation therapies, combinations and technologies to deliver improved outcomes for people with cancer globally.

“Gilead has an opportunity to transform the way cancer is treated, having tripled our oncology pipeline in recent years to study more than 20 indications,” says Mark Snyder, Vice President of Global Therapeutic Area Communications at Gilead Sciences. “This growth is a reflection of our commitment to advancing care for those who need it most.”

This commitment may correlate to new modalities for people living with cancer, which are moving forward by harnessing synergy across therapeutic areas, including oncology, virology and inflammation. The range of experience across Gilead’s clinical portfolio and global team can unlock additional insights. For instance, what researchers learn from molecular pathways in inflammation could help them identify new targets for cancer treatment.⁶

Gilead Oncology holds a dogged belief that clear and accessible information is paramount. To that end, it recently launched a clinical trials page to provide access to answers on important questions and to help people identify potentially relevant trials. It also supports efforts like the Lazerax Cancer Foundation’s IMPACT (Improving Patient Access to Cancer Clinical Trials) program, which offers travel reimbursements to people in participating cancer centers. These steps are the clear result of an approach that considers the confluence of obstacles in cancer patients’ real-world experiences; the goal is to reduce barriers to access, especially as more than 80 percent of people living with cancer in the U.S. receive their care at community hospitals, not necessarily National Cancer Institute-designated cancer centers.⁷

Maximizing impact means continuously harnessing input and insights to evaluate and optimize each initiative. That’s why Gilead assesses a range of data when deciding where and how to prioritize its focus, including socioeconomic conditions, quality of care and population

demographic. All of this informs the way Gilead approaches conversations and collaborations to spark further awareness and action—and, ultimately, mobilizes a broad coalition to transform the way cancer is treated.



Emma wishes that no one would go through experiences like hers – and now uses her platform to uplift others.

Emma, who’s now a nurse, is committed to improving outcomes through her work and advocacy and emphasizes that these conversations must continue: “We trust our healthcare providers to really care for us and I’m lucky to have a voice in this.” With these empowered voices rising together, and partners in the oncology community committed to propelling innovation, a more equitable landscape seems within reach. Perhaps Jaymie’s personal mantra can serve as a guiding principle in this work to reclaim possibility.

“I may have cancer,” she says. “But cancer does not have me.”

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- 3 Frick, et al. Quantitative estimates of preventable and treatable deaths from 36 cancers worldwide: a population-based study. *Lancet Glob Health* 2023;11: e1700–12.
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- 5 Centers for Medicare & Medicaid Services. New Funding Opportunity Announcement for Navigators in Federally-facilitated and State Partnership Marketplaces. Accessed December 2023.
- 6 L. Coussens and Z. Werb. Inflammation and cancer. *Nature* 2002; 420(6917): 860–867.
- 7 Wong, et al. Barriers to Participation in Therapeutic Clinical Trials as Perceived by Community Oncologists. *JCO Oncol Pract* 2020; 16(9): e849–e858.

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