# State of the Cancer care in the US: Challenges with Disparities and Solutions

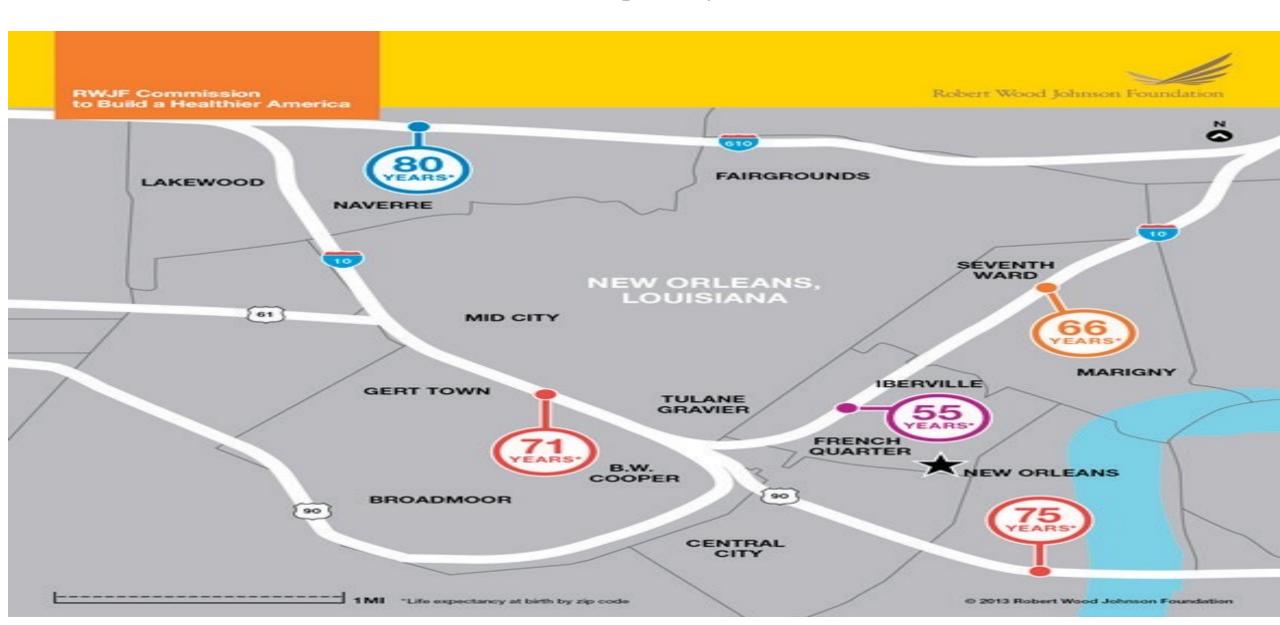
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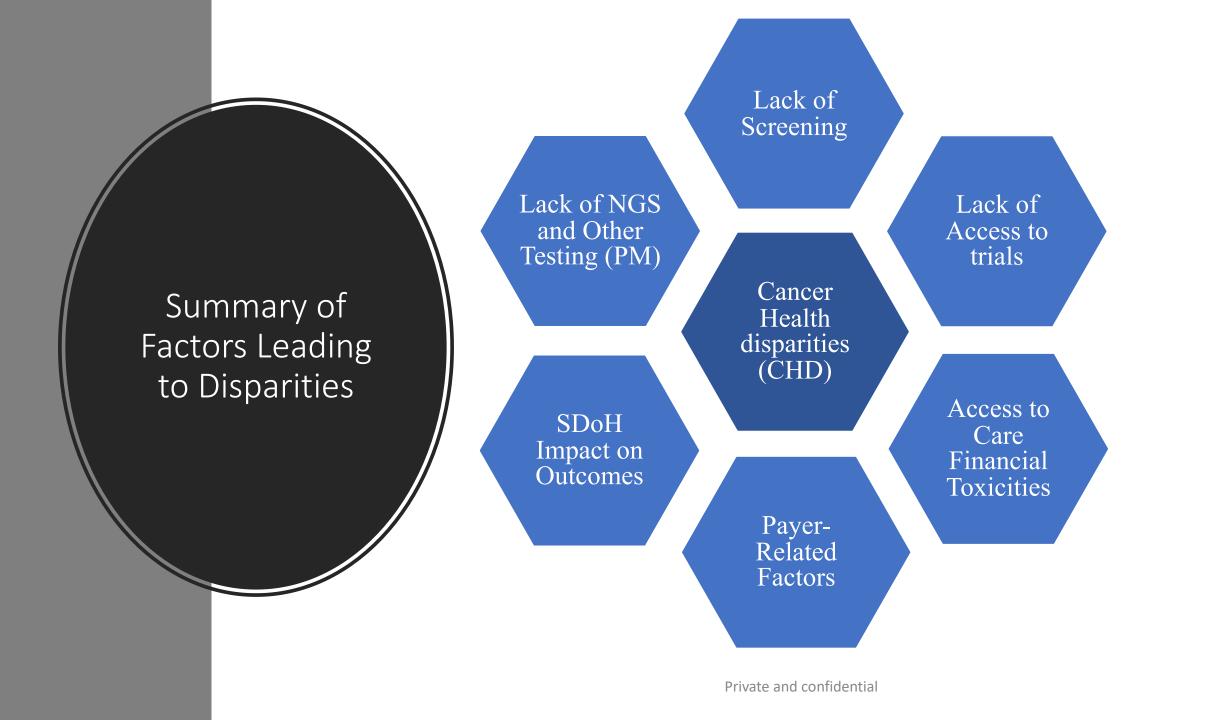
Map of life expectancy: disparities in New Orleans, Louisiana. NOTE: The average life expectancy gap for babies born to mothers in New Or-leans can reach up to 25 years. SOURCE: RWJF, 2013b.



Summary of Disparities report from the AACR (American Association of Cancer Research)

34% Of all cancer deaths could be prevented if socioeconomic disparities are eliminated

Eliminating healthcare disparities for racial and ethnic minorities would have saved \$230 billion in direct healthcare costs and over \$1trillion in premature deaths and illnesses between 2003-6



# Social Determinants of Health (SDOH)

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment Income Expenses Debt Medical bills Support	Housing Transportation Safety Parks Playgrounds Walkability Zip code / geography	Literacy Language Early childhood education Vocational training Higher education	Hunger Access to healthy options	Social integration Support systems Community engagement Discrimination Stress	Health coverage Provider availability Provider linguistic and cultural competency Quality of care

### **Health Outcomes**

Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

# Lack of Cancer Screening and impact on individual and population health

- Cancer screening saves lives and reduces total cost of care during lifetime of beneficiaries
- 87% of Eligible Seniors Do Not Receive Lung Cancer Screenings; Lung cancer screenings were higher among Medicaid beneficiaries in states that covered the preventive service.
- Over 7,600 Medicaid beneficiaries—or 15.7 percent—received a screening, leaving approximately 84 percent that did not. Nearly 41,500—or 12.5 percent—of the Medicare beneficiaries received the screening. Over 292,400 Medicare beneficiaries who were eligible for a lung cancer screening—or 87.1 percent of eligible patients—did not get screened.
- Breast cancer is the most common cancer worldwide and the most common cancer diagnosed in American women. It is second leading cause of cancer death in American women.
- Even though curable when caught earlier (close to 99%), close to 30% women did not get mammography for breast cancer between 2017-2019

# Social Determinants of Health (SDOH)

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment	Housing	Literacy	Hunger	Social	Health
Income	Transportation	Language	Access to	integration	coverage
Expenses	Safety	Early childhood education	healthy options	Support systems	Provider availability
Debt Medical bills	Parks Playgrounds	Vocational training		Community engagement	Provider linguistic and cultural
Support	Walkability	Higher		Discrimination	competency
	Zip code / geography	education		Stress	Quality of care

### **Health Outcomes**

Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

Kaiser Family Foundation, Racial equity and Health Policy; kff.org

Lack of insurance (uninsured); difficulty in navigating DSS for applying for Medicaid; average turnaround time 3 months; limited literacy may affect application process In Medicare only, 20% OOP cost can exceed \$10K; similar challenges seen in Medicare Advantage plans In commercial and selffunded plans, OOP cost can be 23%-26%; increased cost-sharing leads to discontinuation or decision to not start treatment

Other payer-related factors include narrow networks, PBM-related access issues and coverage policy limiting options

Difficulty in accessing cancer care and treatment resulting in Disparities (Socioeconomic factors)

## No One Left Alone (NOLA)

### Solving cancer health disparities through new value-based care models



# Improve SDoH data collection

Mandate the collection and reporting of key data elements to better understand the sub-populations and their health outcomes



# Improve access to cancer care

Increase access to cancer screening

Extend clinic availability, including after hours and weekends

Reduce financial toxicities



# Improve access to testing and therapies

Include appropriate biomarker testing

Leverage biomarker findings to select most appropriate treatment options

Lower costs through the use of generics and biosimilars



# Increase in clinical trial participation

Identify community clinics serving these patient populations

Provide customized patient materials to increase participation

Leverage real world evidence studies to better understand the impact of disparities on patient outcomes

SDoH: Social Detriments of Health

Access to Precision Cancer Hereditary cancer care; study Medicine Clinical Trials enrollment screening screening SDOH CBCCA For patients For For Patients advanced needing NOLA team with patients treatment: cancer collects data with cancer patients with in intake cancer diagnosis of needing form; NGS active testing CBCCA/CCORN Team CBCCA/CCORN/NOLA For patients needing CBCCA/ team works CCORN; Covance works with industry team orders/enrolls screening; CBCCA/NOLA team on financial needs, and pharma partner to write protocol; patients in appropriate coordinates screening; social needs, transport partners prepares a proposal for NGS/biomarker study : monthly assessments and other needs compiles results and universal screening; publishes q 6 months generate evidence

NO	LA PATIENT INTAKE	FORM/Cancer screening/SDOH/Cognitive asse	ssment	need	8		
TO	DAYS DATE	Chart No.					
	ST NAME	LAST NAME DOB:					
1.	What is your country of b	pirth: USA, including Puerto Rico / Other					
2.	How many years have you lived in the United States						
3.	WHAT IS YOUR RACE	?					
4.		ual orientation: Male / Female/ Transgender /Prefer	not to	identii	fy		
5.	Sexual orientation: hetero	sexual/bisexual/LGBT/prefer not to identify					
6.	EDUCATION status	Less than High school/high school/Undergraduate	/Gradu	ate/Do	octorate		
7.	WHAT IS YOUR MARITAL STATUS?	Married/living as married/Widowed/ Divorced/ S	eparate	d/ Nev	er married/ Other		
8.	ANNUAL INCOME? (household)						
9.	HOW OFTEN DO YOU FEEL THIS	I DON'T HAVE ENOUGH MONEY TO PAY MY BILLS NEVER / RARELY/ SOMETIMES/OFTEN/ALWAYS					
10.	EMPLOYMENT	FULL TIME/PARTIME/ UN EMPLOYED/RETIRED/SEL	F EMPL	OYED	STUDENT		
11.	IF SELF- EMPLOYED (OR EMPLOYED-FIELDS						
Ac	cess to healthcare/Transp	portation					
	Do you have a doctor or get your care	clinic for your regular care? If no where do you	Yes	No	FQHC/ER/Urgent care		
	In the past year, was the not get	re a time when you needed health care but could	Yes	No	If not why		
	Do you have any proble	ms with transportation to your health care visits?	Yes	No			
La	nguage/literacy/Mental H	Iealth					
	Are you able to communicate with your doctor in your language?			No	Preferred language		
	Do you have cell phone/ access to the internet, if yes, do you use for visit			No			
	Do you often feel anxious, depressed, or worried? Are you experiencing any memory lapses or forgetfulness? Do you ever feel confused?						
	Are you under care from	a psychologist and/or mental health counselor	Yes	No			
	Are you on any medicate	ons like <u>anti anxiety,</u> sleep or opioids	Yes	No			

Fo	od insecurity					
			ere been a point where the food you bought 't have money to get more?			If yes, is it often or sometimes
	Within the past out before you		nave you worried that your food would run buy more			If yes, is it often or sometimes
Fa	mily responsibil	ities for fami	ly members/friends/social support/commun	ity activ	vity	
			d/elder care in your family? Do problems ficult for you to work/study	Yes	No	
	Do problems g	etting childca	re make it difficult for you to get healthcare?			
	Do you have fr	iends or neig	hbors support	Yes	No	
Ho	using: access, ut	tility services	, household density			l
	Do you have ar infestation/Mol working/ Water above	ld/ <u>Lead</u> paint	Yes	No	If yes, how often	
	How many peo	ple live in yo	ur house/apartment?			
	Do you exercis	e		Yes	No	
	Do you drink a	lcohol		yes	No	If yes; daily or a social drinker
	Do you smoke			yes	No	Pack years
	Do you take an	y recreationa	l drugs	yes	No	
PE.	RSONAL AND	FAMILY H	ISTORY OF CANCER			
12.	FAMILY H/O	CANCER	(WRITE IN) TYPE OF CANCER?	AGE/YE	SAR AT	DIAGNOSIS
a.	SELF	Yes/No				g Don't know
b.	Sibling	Yes/ No	or Don't know	oz Don't know		
c.	Birth mother	Yes/ No	or_Don't know	or Don't know		
d.	Her Parents	Yes/No	or_Don't know	or Don't know		
e.	Her Siblings	Yes/No	or Don't know	<u>or</u> Don't know		
f.	Father	Yes/No	or Don't know			<u>oz</u> Don't know
g. h	His Parents His Siblings	Yes/No Yes /No	—or Don't know —or Don't know			or Don't know Or Don't know
11.	THIS OTOHINGS	162/1/0	Don't know			Don't know

_				
7	Colon (	Cancon	Samaaning	Annonemant

Does any of your family members had colon cancer	Yes (at what age)	No
Do you have ulcerative colitis/ Crohn's disease or IBD		
Have you been screened or provider discussed colon cancer screening		

### Lung Cancer Screening Assessment

Do/Did you smoke	Yes	No		
How many packs and years				
Have you been screened for lung cancer	No insurance/did not know/never heard about it (is eligible)			

### BREAST Cancer Screening

Didning Cuncer Serecumb				
Have you ever had a discussion with your doctor about the			Yes	No
risk/benefits of breast cancer	screening with mam:			
Have you ever had a mammogram? If yes,			If Yes; when	No
Have you ever had a breast biopsy?			Yes	No
If "Yes", result of biopsy Right/left Result: Breast			st cancer/pre-cance	erous
Have you or anyone in your	Yes	No	If yes, type of mutation	
breast cancer gene mutation?				

### CERVICAL CANCER ASSESSMENT

Г	Have you ever had a Pap smear?	Yes	No/Don't know
	27b. If "No", is there a reason why you have not had a Pap sme	ar yet/in the past	2 years?

### Prostate Cancer Screening/:

_		
Have you ever had your PSA checked	Yes	No/Don't know
Bone density		
TT 1.15 1.5 1.16	37	N /D 1/1
Have you ever had Bone density checked for osteoporosis	Yes	No/Don't know
Advanced Care Planning		
Do you have a living will or have you completed advance care	Yes	No/Don't know
planning? Do you want us to help you? (will not cost you)	162	THO DON'T KNOW
planning: Do you want us to help you! (will not cost you)		

Research: Our cancer center participates in multiple national research studies to develop understanding about cancer, how it occurs, what tests help us, how best to develop new treatments and how to bring equity, equality and better access to all socioeconomic class of individuals (all of these studies are in full compliance of regulatory agencies like Office of Human Research Protection ACT)

Would you be willing to participate in research to better understand disease process by certain tests (blood or tissue)	yes	no	If not why
Would you be willing to participate in a research that helps develop- newer drugs for cancer patients (including for you or future)	yes	No	If not, why

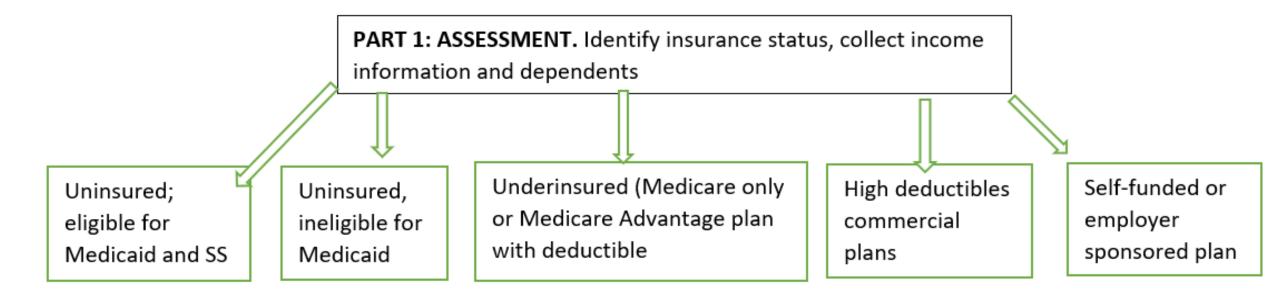
PATIENT SIGNATURE	date

### TASK List

### Reviewed by and action plan

CANCER SCREENING SERVICES	Yes/No	Scheduled
Needed		
BREAST		
CERVICAL		
COLORECTAL		
LUNG		
PROSTATE		
Bone density		
SMOKING CESSATION		
Alcohol counselling		
Depression/Mental health		
counselling/cognitive screening		
Research participation		
Advance Care Planning		
Other		
Other SERVICES; DSS/Financial	YES/No	Referral/assistance
counsellor		
Medicaid/Dual Eligibility? LISS/DSS		Catawba agency on ageing/Norrell/Congressional office
Health Insurance/ACA/Other		
Foundation support		CBCCA financial counsellor/Pharmacy team
Free drugs		CBCCA financial counsellor/Pharmacy team
Mental Health Services		
Transportation		
Housing/Free		
clinics/FQHC/Food/Utility/Other		

### FIGURE 4. How NOLA Provides Access to Care



						screenin		4	4	5	1		8	
		Danida V			_	needs w								
Gende	Office Locatior <u></u>	Provider	Health Net	Type of Need1	Next Appointment	patient?								
#REF!	Lancaster	Gor	Yes	Colon cancer screen	03/30/22		Gende	▼ .	Office Location	Provider	Health Net	Type of Need	▼ Nevt Δ	ppointment
#REF!	Lancaster	Gor	Yes	Colon cancer screen	NFA		9 Female	$\overline{}$	Lancaster	Patel	Yes	Colon cancer so		08/16/22
#REF!	Lancaster	Gor	Yes	Colon cancer screen	05/04/22		) #REF		Rock Hill	Rabara	Yes	Lung		04/05/22
#REF!	Lancaster	Nathwani	Yes	Lung screen (current	NFA		1 #REF	_	Lancaster	Naidu	Yes	Colon cancer so	reen	04/07/22
,	Rock Hill		Yes	Colon cancer screen	05/10/22		2 #REF	_	Lancaster	Rabara	Yes	Colon cancer so		NFA
7							3 #REF		Lancaster	Naidu	Yes	Breast, lung, os		04/28/22
#REF!	Rock Hill	Patel	Yes	Colon cancer screen	05/04/22		4 #REF	_	Lancaster	Nathwani	Yes	Osteoporosis, d	aily a	04/04/22
#REF!	Lancaster	Patel	Yes	Colon cancer screen	04/05/22		5 #REF		Rock Hill	Naidu	Yes	Lung, alcohol		05/02/22
,	Rock Hill		No				6 #REF	_	Rock Hill	Rabara	Yes	Colon cancer so		04/07/22
,							7 #REF		Rock Hill	Naidu	Yes	Colon cancer so		03/30/22
#REF!	Lancaster	Nathwani	Yes	Colon cancer screen	04/18/22		B #REF	_	Rock Hill	Naidu	Yes	Colon cancer so		04/13/22
#REF!	Rock Hill	Patel	Yes	Colon cancer screen	04/07/22		9 #REF	_	Rock Hill	Gor	Yes	Colon cancer so	reen	04/12/22
,	Rock Hill		Yes	Colon cancer screen	NFA		) #REF	_	Rock Hill	Naidu	Yes	Cervical		05/02/22
							1 #REF	_	Rock Hill	Gor	Yes	Colon cancer so		04/04/22
#REF!	Lancaster		Yes	Colon cancer screen	04/07/22		2 #REF	_	Rock Hill	Rabara	Yes	Colon cancer so		03/31/22
#REF!	Lancaster		Yes	Lung	05/12/22		3 #REF	_	Rock Hill	Rabara	Yes	Colon cancer so		
	Rock Hill		Yes	Colon cancer screen	03/31/22		4 #REF	_	Rock Hill	Rabara	Yes	Colon cancer so		05/03/22
#REF!	Lancaster	Patel	Yes	Colon cancer screen	04/13/22		5 #REF	_	Rock Hill	Rabara	Yes	Colon cancer so		NFA
#REF!	Lancaster	Nathwani	Yes	Colon cancer screen	05/26/22		6 #REF		Rock Hill	Rabara	Yes	Colon cancer so	reen	04/05/22
#REF!	Rock Hill	Naidu	Yes	Lung	05/09/22		7 #REF	_	Rock Hill	Gor	Yes	Lung		5/10/22
#REF!	Rock Hill	Gor	Yes	Lung	8/8/22		B #REF	_	Rock Hill	Naidu	Yes	Prostate		04/01/22
	Rock Hill	Naidu	Yes	Colon cancer screen	04/13/22		9 #REF	_	Lancaster	Nathwani	Yes	Colon cancer so	reen	04/06/22
	Rock Hill		Yes	Colon cancer screen	03/31/22		) #REF		Rock Hill	Patel	Yes	Osteoporosis		03/31/22
	Rock Hill		Yes	Colon cancer screen	04/05/22		1 #REF		Rock Hill	Naidu	Yes	Colon cancer so		04/06/22
	Rock Hill		Yes		04/06/22		2 #REF		Rock Hill	Naidu	Yes	Colon cancer so		04/04/22
				Lung			3 #REF	_	Rock Hill	Rabara	Yes	Smoking cessat		03/31/22
	Rock Hill		Yes	Colon cancer screen	04/04/22		4 #REF	_	Lancaster	Naidu	Yes	Needs primary of	locto	NFA
	Rock Hill		Yes	Lung	4/7/22		5 #REF	_	Lancaster	Naidu	No	_		
	Rock Hill		Yes	Colon cancer screen	05/11/22		_		Rock Hill	Gor	Yes	Lung		NFA
#REF!	Lancaster	Naidu	Yes	Osteoporosis	09/08/22				Master NI	OLA Shoot		Noods	ocial No	odc Dha

			Next								Next
Office			Appointmen		C	)ffice			1		Appointmen
Age ▼ Location	Provider	Type of Need	t <sub>▼</sub> T	Age	ΨÎ L	ocation	▼	Provider *	Type of Need	<u> </u>	t <del>v</del> 1
72 Rock Hill	Naidu	not enough money for bills,	04/06/22			ancaster		Nathwani	Not enough money for bills	, access to primary doct	4/28/22
32 Rock Hill	Rabara	Not enough money for bills, access to primary doctor	4/7/22		67 L	ancaster		Naidu	Utilities, No internetMenatl	health resources	4/28/22
49 Lancaster	Nathwani	Utilities, child/elder care difficulties	4/7/22		39 R	ock Hill		Naidu			5/2/22
52 Rock Hill	Gor	Access to primary doctor, food insecurities	4/7/22			ancaster		Nathwani	Not enough money for bills		5/3/22
59 Rock Hill	Rabara		4/7/22			ock Hill		Rabara			5/3/22
59 Rock Hill	Rabara	Smoke detectors, water leaks	4/7/22			ock Hill		Gor	not enough money for bills		5/3/22
60 Lancaster	Naidu		4/7/22			ock Hill		Rabara	Transportation, Money for	•	
60 Lancaster	Nathwani	Utilities, difficulty with getting into doctor appts., me	4/7/22			ancaster		Nathwani	Not enough money for bills	, phone access, Utilities	
61 Rock Hill	Gor	Food insecurites, housing problems	4/7/22			ock Hill		Patel			5/4/22
65 Rock Hill	Patel	Not enough money for bills, food insecurities, housi	4/7/22			ancaster		Gor	Phone access		5/4/22
69 Rock Hill	Gor	, i	4/7/22			ancaster		Nathwani	Phone/internet access		5/4/22
70 Rock Hill	Gor		4/7/22			ancaster		Nathwani	Transportation, Utilies		5/9/22
71 Rock Hill	Patel		4/7/22			ock Hill		Patel			5/11/22
74 Rock Hill	Patel	Housing, not enough money for bills	4/7/22			ancaster		Gor	Mental health resources		5/11/22
75 Rock Hill	Rabara	Not enough money for bills	04/07/22			ock Hill		Rabara	Phone/internet access		5/12/22
76 Rock Hill	Patel	Not enough money, phone assistance, food insecur				ancaster		Nathwani	Utilities		5/16/22
78 Lancaster	Naidu	Utilities, phone/internet access	4/7/22			ancaster		Nathwani	Not enough money for bills	, phone/internet access	5/16/22
79 Lancaster	Naidu	Utilities, food insecurities	4/7/22			ock Hill		Gor	Food insecurities		5/23/22
81 Rock Hill	Gor	ounides, 1000 insecurities	4/7/22			ock Hill		Naidu	Phone/internet access		5/23/22
44 Rock Hill	Patel	Not enough money, primary caregiver resources	4/8/22			ock Hill		Lavender			5/26/22
38 Rock Hill	Rabara	Not enough money, primary caregiver resources  Not enough money for bills, food insecurities	4/11/22			ancaster		Nathwani	Utilities, transportation Hou	• , ,	5/26/22
54 Rock Hill	Rabara	Not enough money for bills, food insecurities	4/11/22			ock Hill		Naidu	Not enough money for bills		5/31/22
		Not anough manay for hills, housing problems				lock Hill		Gor			6/6/22
56 Rock Hill	Naidu	Not enough money for bills, housing problems	4/11/22			ancaster		Nathwani	Phone/internet access		6/7/22
61 Rock Hill	Rabara	Not enough money for bills, phone/internet access,	4/11/22			ock Hill		Patel	Not enough money for bills		
61 Rock Hill	Rabara	not enough money for bills	4/11/22		62 R	ock Hill		Rabara	Not enough money for bills		6/8/22
69 Rock Hill	Gor	Not enough money for bills, + mental health screen	4/11/22	<b>.</b>		Mast	er N	NOLA Shee	et Health Needs	Social Needs   F	harmacy N

### NOLA Intake form (demographics) - Basic demographics including address, race, ethnicity, income, insurance

Fully insured, can afford OOP cost; proceed with treatment plan; precert; Software for OOP cost Underinsured; MAP, other commercial with OOP cost; calculate OOP cost; VA, treatment plan, copay foundation; free drugs, if eligible for Medicare/Medicaid; LISS, Part D Medicare only: Look for copay's assistance, foundations, free drugs; see if eligible for Medicaid; LISS, part D insurance premium (501C3) Uninsured; Check if eligible for Medicaid, and/or Medicare (if disabled for over 2 years); look for dual eligibility and LISS and Part D; Free drugs additional assistance from cancercare.org; free

Green-CBCCA's role; Sky blue: Congressman Norman and NP, -

Needs assessment for copay assistance, foundation support (CBCCA), Legislative help for Medicare/ Medicaid, dual eligibility NP- SCOS; Congressman Norman's office, Medicaid PBM, insurance premium, or medigap insurance

Analyze data publish, SOP and <u>flowcharts</u>

<u>Dependent</u> on funding

For all patients (including active cancer, all incomers, survivors, hematology and other patients and if possible, relatives)

Needs assessment for cancer screening (based on personal, family history, occupation exposure and USPTF recommendation); schedule screening and follow up action. Pre and post NOLA

Analyze, publish, SOP (501C3) and/or grants

NGS/Hereditary cancer testing; pre and post NOLA; clinical trial information and participation; NGS already in place (SEMA4, PREFER); Germline (universal) in advanced talks); Gallery (blood-based cancer screening) in conversations with GRAIL

Analyze, publish, SOP (501C3) and/or grant

SDoH; collect and compile all information, collect and compile data

Analyze, publish, SOP (501C3) and/or grant

Prepare summary of findings of over 500 patients; correlate <u>SDoH</u> to access to care; access to CGP; access to screening and intervention

Analyze, publish, SOP (grant; expand to other SC practices, GA and across the country

### NOLA would provide \$25,000 from NOLA funding at the start of partnership

### CBCCA/NOLA

identifies patients in needs of nonhealthcare related issues, Transportation Financial and Utility Assistance, Benefits, Food, Shelter or other and refers to Pathways team (appropriate source) Once appropriate
steps are placed in
order, CBCCA/NOLA
start tracing and
tracking
improvement in care
delivery,
continuously
analyzes data and
start looking at
creating SOPs for
best practices

During ongoing partnership, start creating HEOR (Health Economics Outcomes research) and societal impact in improved outcomes, addressing SDOH\_disparities and seek additional funding from state and federal resources

CBCCA maintains comprehensive and detailed data (full SDOH) and log of all patients referred to Pathways and tracks outcome. Also carries out pre and post surveys, shares with Pathways team, plan for joint funding application to address SDOH impact on disparities in cancer

Within six months of partnership, CBCCA/NOLA/Pathways prepares prospective analysis and start writing paper and looks at national meetings for presentation and paper in medical journals. Prepare media briefs and social media strategy. Track performances and identify critical areas of needs, share outcomes in multiple publications and create a cookbook for improving outcomes by addressing SDOH.

### Addressing Cancer Health Disparities in a Multilateral Collaboration in an Independent Community Cancer Clinic: Translating Words Into Action

KASHYAP PATEL, MD; HIRANGI MUKHI, BS; ANJANA PATEL, BSC; NIYATI NATHWANI, MD; DHWANI MEHTA, MS; JENNIFER SHERAK, MBA; NATASHA CLINTON, MSN, APRN, AOCNP; HOLLY PISARIK, JD; BENJAMIN BROWN, BS; SARA ROGERS, PHARMD; MARY KRUCZYNSKI; NICOLAS FERREYROS, BA; TED OKON, MBA

APPENDIX A. Foundation Support Procured for CBCCA Patients Under NOLA, 2021

Under NOLA, 20	VE 1		
Foundations	No. of patients enrolled	Paid by foundation	Pending payment, foundation (in process)
Company 1	2	\$0.00	\$2492.28
Company 2	3	\$12,302.57	\$0.00
Company 3	2	\$5079.55	\$0.00
Company 4	14	\$12,507.19	\$407.82
Company 5	1	\$2055.00	\$0.00
Company 6	1	\$2779.50	\$0.00
Company 7	1	\$1348.54	\$0.00
Company 8	3	\$6650.72	\$0.00
Company 9	1	\$6198.70	\$521.76
Company 10	2	\$3335.88	\$0.00
Company 11	32	\$13,797.98	\$0.00
Company 12	1	\$315.00	\$80.00
Company 13	2	\$5000.00	\$0.00
Company 14	4	\$3739.69	\$135.00
Company 15	3	\$1705.03	\$100.44
Company 16	s	\$7830.97	\$0.00
Company 17	1	\$381.82	\$0.00
Company 18	3	\$11,207.14	\$0.00
Company 19	3	\$6414.69	\$0.00
Company 20	1	\$6616.52	\$0.00
Company 21	2	\$529.85	\$0.00
Company 22	9	\$6973.80	\$0.00
Company 23	3	\$9321.04	\$0.00
Company 24	1	\$6088.34	\$0.00
Company 25	1	\$15.00	\$0.00
TOTAL	101	\$132,194.52	\$3737.30
		\$3737.30 (pending)	

\$135,931.82

APPENDIX B. Free Drugs Received for Patients

Dosage	No. of units	Cost per unit	Total cost
12,800 mg	1280	\$69.70	\$89,216.00
6100 mg	610	\$69.83	\$42,596.30
16,600 mg	16,600	\$49.34	\$819,044.00
1500 mg	1500	\$19.65	\$29,475.00
14,500 mg	580	\$32.09	\$18,612.20
7650 mg	765	\$90.42	\$69,171.30
1260 mg	1260	\$12.60	\$15,876.00
3000 mg	300	\$73.39	\$22,017.00
1240000 KU	1240	\$8.50	\$10,540.00
4200 mg	420	\$41.13	\$17,274.60
2250 mg	2250	\$1.09	\$2452.50
45 mg	6	\$104.71	\$628.26
720 mg	720	\$27.62	\$19,886.40
4200 mg	420	\$67.77	\$28,463.40
1500 mg	150	\$39.18	\$5877.00
5700 mg	570	\$84.56	\$48,199.20
560 mg	56	\$37.98	\$2126.88
840 mg	840	\$185.73	\$156,013.20
1560 mg	1560	\$60.62	\$94,567.20
20 mg	200	\$6.55	\$1310.00
10,800 mg	1080	\$74.94	\$80,935.20
1760 mg	176	\$57.33	\$10,090.08
102 mg	204	\$241.26	\$49,217.04
TOTAL			\$1,633,588.76

KU indicates kilo unit; mg, milligrams

Note: Each entry represents an individual drug; names of drugs and J codes can be made available upon request.

