Opportunities to improve care in HER2-positive gastrointestinal cancers: recommendations from payer and oncologist regional forums

Laura Bobolts, PharmD, BCOP[1]; Melinda Bachini[2]; Terry Richardson, PharmD, BCACP[3]; Jeffrey D. Dunn, PharmD, MBA[4]; James Kenney, RPh, MBA[5]; Dana McCormick, RPh, FAMCP[6]

Background

Gastroesophageal adenocarcinoma (GEA) and biliary tract cancers (BTC) impose a significant burden on patients with gastrointestinal (GI) cancers. Managed care professionals desire greater awareness of disease severity and have limited knowledge of evidence-based treatment and biomarker testing recommendations, contributing to gaps in coverage policies.

Objective

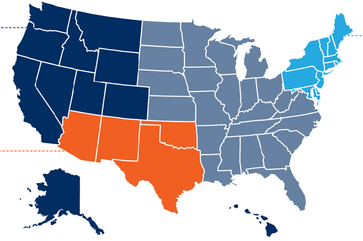
To identify opportunities and develop actionable recommendations by analyzing insights on clinical evidence, biomarker testing, multidisciplinary care, and health plan utilization management strategies for human epidermal growth factor receptor 2 (HER2)-positive gastrointestinal cancers, gathered through collaborative discussions between oncology specialists and managed care decision makers.

Methods

Three virtual forums were conducted across the South, North, and West regions of the U.S. in January and February 2025. Participants provided quantitative insights through polling and engaged in discussions to identify opportunities and recommend strategies to improve patient care.

West Region
4 GI Oncology Specialists
4 Payer Specialists
1 Patient Representative

South Region
4 GI Oncology Specialists
5 Payer Specialists
1 Patient Representative

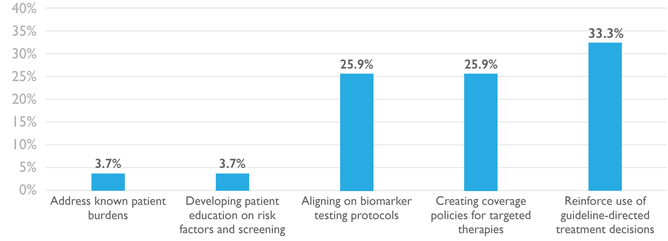


North Region
4 GI Oncology Specialists
5 Payer Specialists
1 Patient Representative

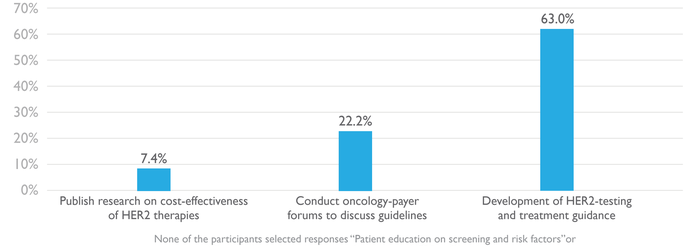
Results

Insights from 27 participants (14 managed care professionals, 12 oncology specialists, 1 patient) highlighted key challenges in managing HER2-positive GI cancers, including insufficient biomarker testing guidance, limited payer awareness of clinical trial data, and inconsistent coverage policies. Polling revealed the top collaboration opportunities as guideline-directed treatment (33.3%), biomarker testing alignment (25.9%), and targeted therapy coverage (25.9%). Major gaps included lack of testing guidance (53.8%) and limited awareness of trial data and therapy costs (50.0% each). Developing HER2 testing and treatment guidance was the most effective strategy (63.0%) to address known barriers in HER2-positive GI cancers.

Which area represents the greatest opportunity for collaboration between oncology specialists and payers to optimize care for patients with GEA or BTC? (N=27)

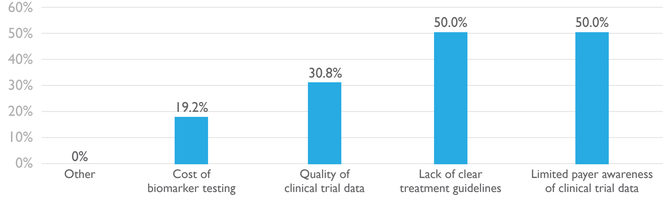


What is the most effective educational strategy to address known barriers to HER2-targeted therapy? (N=27)

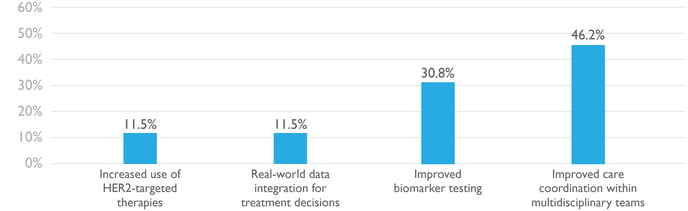


None of the participants selected responses "Patient education on screening and risk factors" or "Outline the biological rationale for targeting HER2 in GI malignancies"

Based on your experience, what are the primary gaps or challenges for HER2-targeted therapies in GEA and BTC? (N=26)



Which of the following will have the greatest impact on improving outcomes for patients with GEA or BTC? (N=26)



None of the participants selected response "Enhanced patient education on risks and screening"

Conclusions

Open communication between managed care professionals, oncology specialists, and patients proved to be an effective approach for identifying treatment barriers and providing recommendations for payer strategies with HER2-positive GI cancers. The insights highlight that informed, collaborative interactions can lead to meaningful improvements in payer utilization management strategies in oncology.

Download

Listen

Author affiliations: 1. OncoHealth. 2. Cholangiocarcinoma Foundation. 3. Impact Education, LLC. 4. Cooperative Benefits Group (CBG). 5. JTKENNEY, LLC. 6. Optum Insights.

Supported by an independent medical education grant from Jazz Pharmaceuticals.

Impact Education LLC

20 YEARS