

P1.367: Improving Access to Unfunded Therapies Through Implementation of a Precision Medicine Program

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Introduction

- Access to unfunded therapies remains limited for patients with advanced cancer.
- Key barriers include regulatory complexity and administrative burden.
- The Lung Precision Oncology Program (LPOP) supports clinicians in identifying eligible patients and navigating unfunded therapy access pathways.
- Prior to implementation, only 13 patients in 2024 at the Princess Margaret Cancer Centre were approved for unfunded lung cancer therapies.

Key Objective

To evaluate the impact of a dedicated precision oncology navigator program designed to facilitate timely access to targeted therapies.

Methods

- Retrospective institutional analysis of unfunded therapy access following implementation of a navigator program from January to December 2025.
- **Primary endpoints:** applications submitted/approved, clinician utilization, and time to approval and treatment initiation.
- Clinician survey assessed experiences, barriers, and unmet needs related to unfunded therapies.

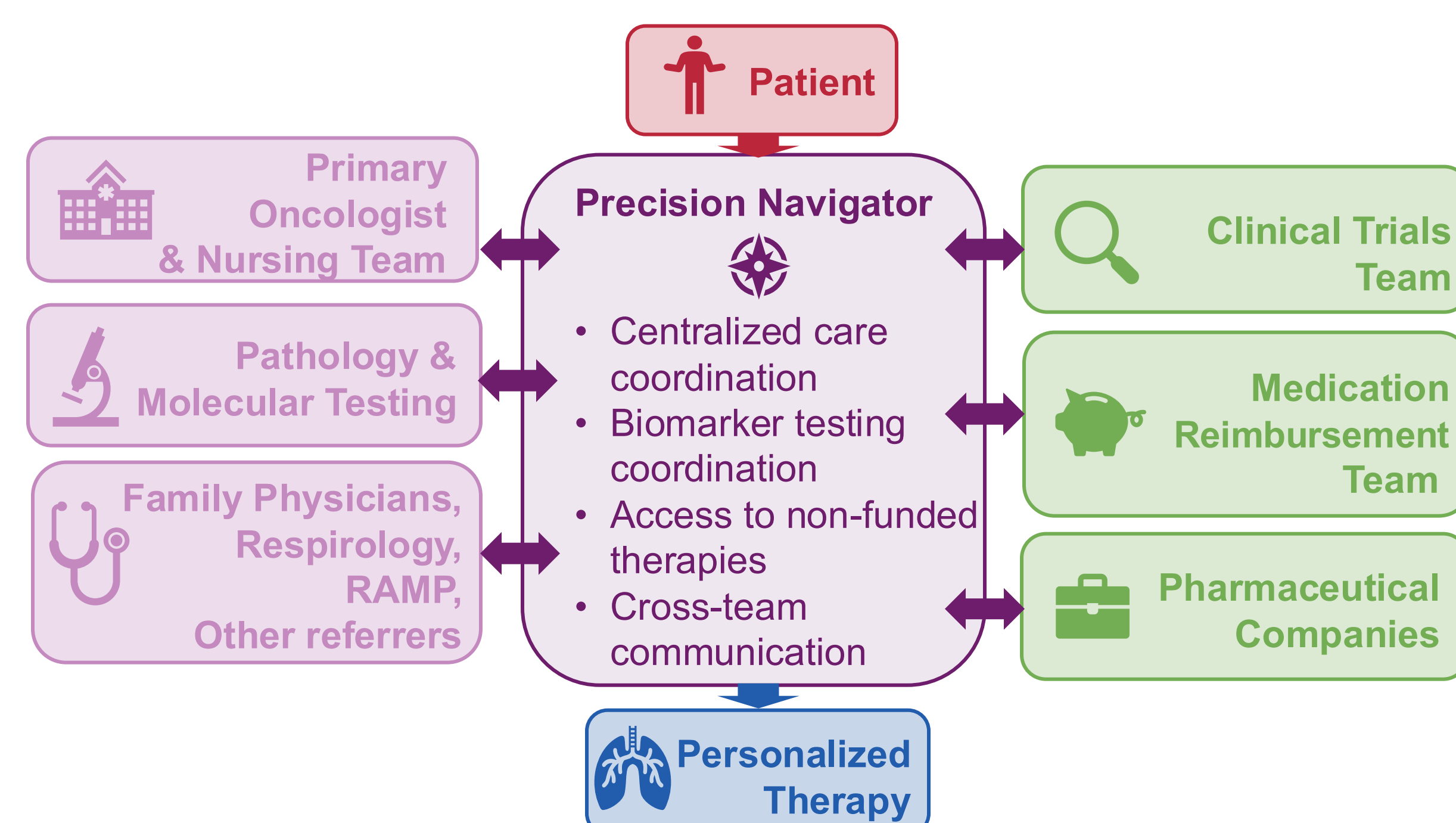


Figure 1. Schematic diagram of the Lung Precision Oncology Program

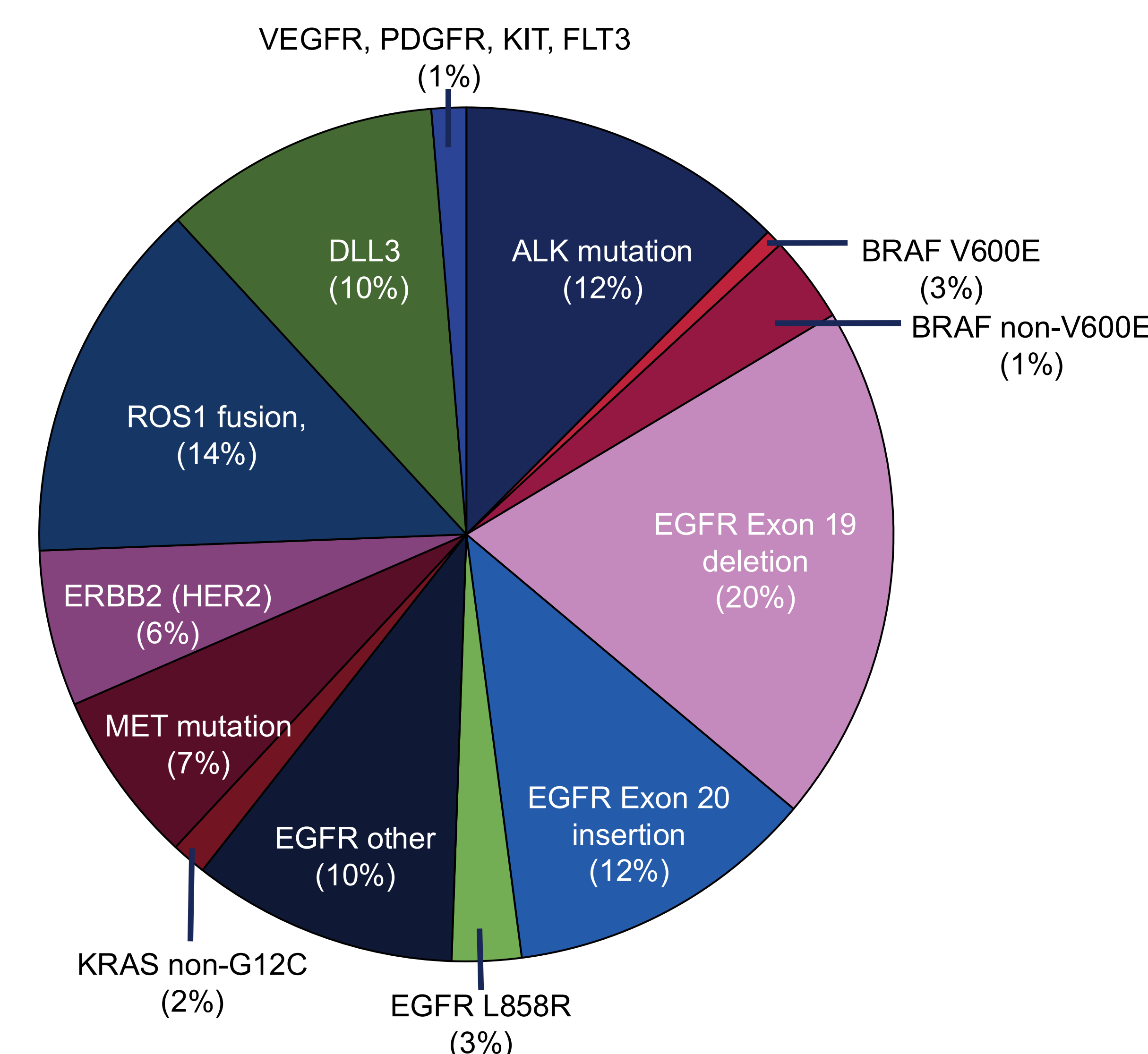


Figure 2. Distribution of patients who accessed unfunded therapies, including compassionate access and expanded access programs, stratified by molecular alteration and histological subtype (N = 153).

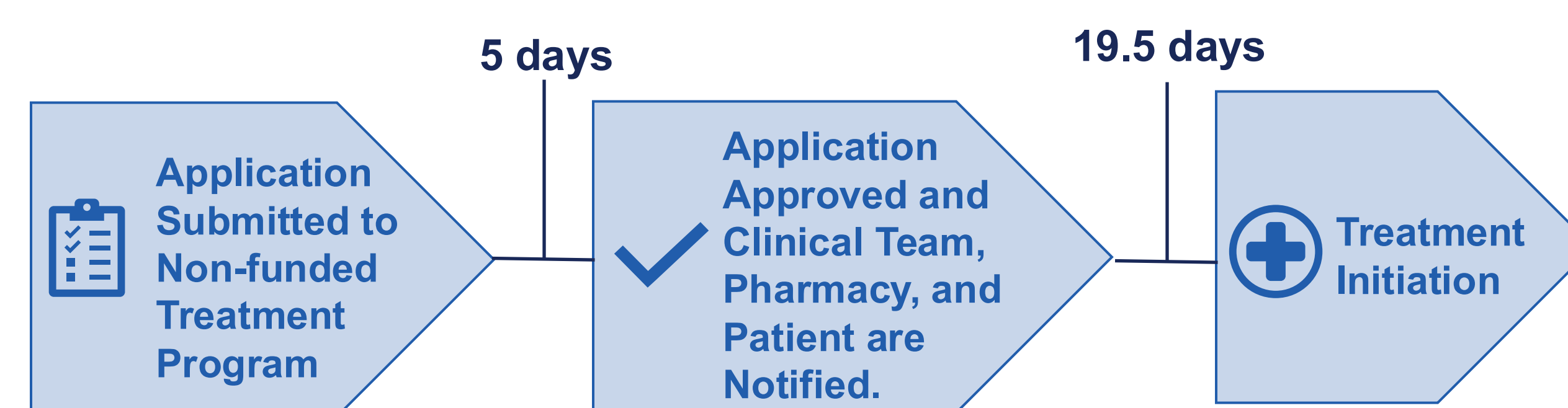


Figure 3. Median time from application initiation to approval and treatment initiation (days)

Results

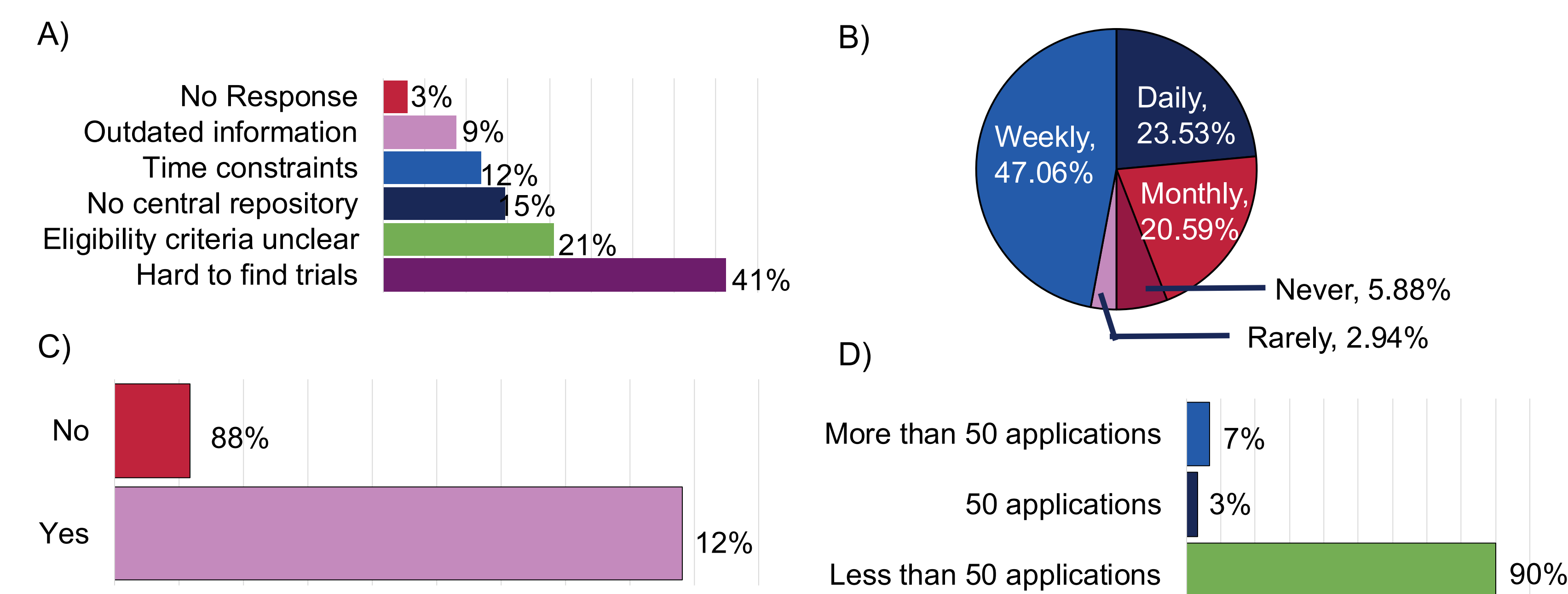


Figure 4. Application experience among surveyed medical oncologists. (A) Reported challenges when searching for clinical trials and unfunded therapy programs (N = 33). (B) Frequency of searching for unfunded therapy access options for patients (N = 34). (C) Previous experience applying for unfunded therapy programs (N = 34). (D) Number of unfunded therapy applications submitted in the past 6 months among respondents with prior application experience (N = 30).

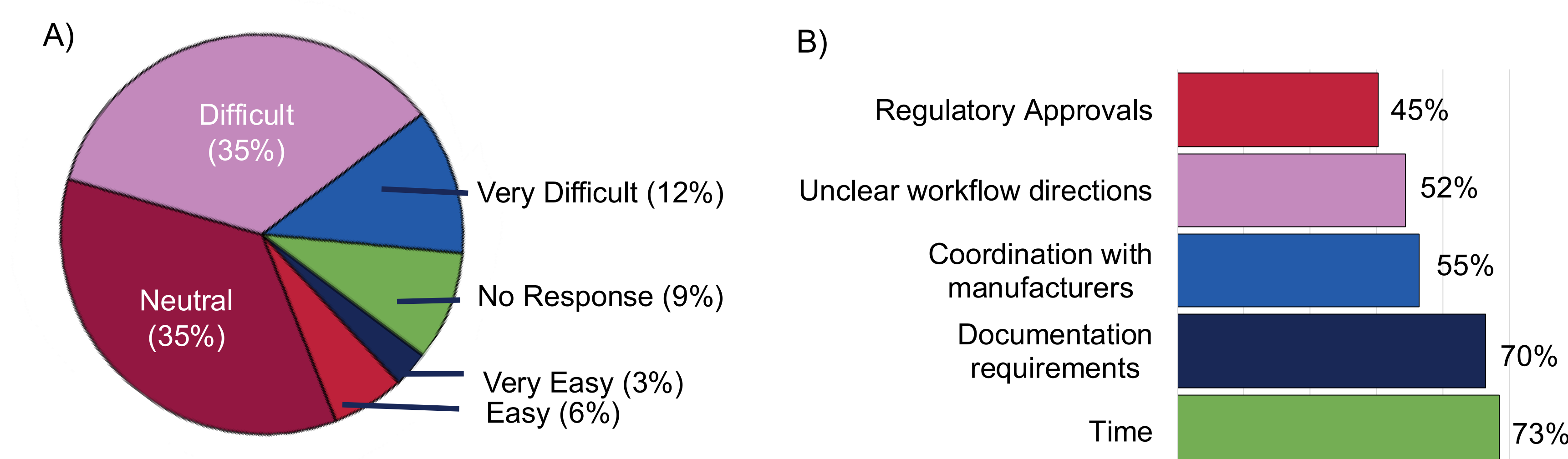


Figure 5. Clinician-reported challenges in the unfunded therapy application process. (A) Perceived difficulty of the unfunded therapy application process (N = 34). (B) Main administrative barriers encountered during unfunded therapy applications (N = 33).

Conclusions

- Among patients receiving navigator support, the median time to approval was 5 days and the median time to treatment initiation was 19.5 days.
- Clinicians reported persistent barriers to unfunded therapies and strong demand for a centralized access platform.
- Structured navigation may improve patient access while reducing clinician administrative burden.
- Future directions include building upon our centre's workflow, expanding LPOP to other hospital networks, and creating educational resources for patient advocacy groups.