OM1 oncology & rare disease publications

- 1. Starzyk KA, Milberg K, Deshpande A, Swenson A, Curhan G. <u>An Evaluation of Real-World Use of Biologics in Rare Systemic Vasculitides During Routine Clinical Care in the US. Virtual ACR Convergence</u>, November 2020.
- 2. Conant EF, Mortimer K, Friedler H, Behling M, Donadio G, Hitchcock C, Pohlman S, Sardiña A, Talley M, Alsheik N, <u>Effect of Breast Cancer Screening Modality Order on Recall, Cancer Detection Rates, and Positive Predictive Value 1</u> <u>for Women with Multiple Screening Exams</u>. Virtual RSNA 2020. Philadelphia, PA, October 2020.
- 3. Leavy MB, Starzyk K, Myers E, Curhan G, Gliklich R, <u>Using Real-World Evidence to Support a Changing Paradigm for Cancer Screening: A Commentary</u>. Pharmacoepidemiology and Drug Safety, September 2020.
- 4. Alsheik N, Su Z, Lafontant A, Donadio G, Troeger K, Pohlman S, Talley M, Menon V, Conant E. <u>Disparities in Accessing Screening Mammography: Opportunities for Improving Diagnostic Outcomes</u>. National Comprehensive Cancer Network Annual Conference, Orlando. March 21–23, 2019.
- 5. Alsheik NH, Dabbous F, Pohlman SK, Troeger KM, Gliklich RE, Donadio GM, Su Z, Menon V, Conant EF. <u>Comparison of Resource Utilization and Clinical Outcomes Following Screening with Digital Breast Tomosynthesis vs. Digital Mammography: Findings from a Learning Health System.</u> Academic radiology, 2018 Jul 26.
- 6. Dabbous F, Su Z, Donadio G, Dolan J, Menon V, Alsheik N; <u>Towards Personalized Breast Imaging Pathways: Initial Findings from a Learning Health System</u>. ACOG Annual Conference, March 2018. 27.
- 7. Alsheik N, Dabbous F, Donadio G, Su Z, Gliklich R, Pohlman S, Mortimer K, Menon V, Conant E. <u>Impact of Population Characteristic on Recall Rates: Initial Finding from a Learning Health System</u>. NCCN Annual Conference, March 2018



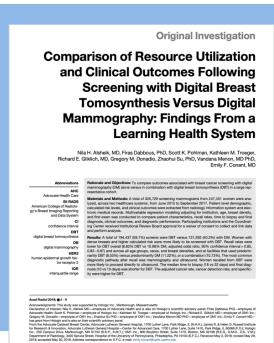
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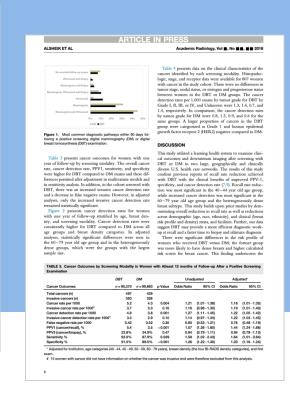
RWE Co-publication (2018)

2018

Alsheik NH, Dabbous F, Pohlman SK, Troeger KM, Gliklich RE, Donadio GM, Su Z, Menon V, Conant EF. <u>Comparison of Resource Utilization and Clinical Outcomes Following Screening with Digital Breast Tomosynthesis vs. Digital Mammography: Findings from a Learning Health System.</u> Academic radiology, 2018 Jul 26.







ARTICLE IN PRESS	
cademic Radiology, Vol ■, No ■■, ■■ 2018	COMPARISON OF RESOURCE UTILIZATION AND CLINICAL
To the figure of	that superior lesion localization, characterization and compi- cuity on the index screening DBT provides higher diagnostic control and the control of the co
times examply furnered interpretable former frequency furnered have frequency furnered f	In our study, there was a 22% higher cancer detection rate for DBT compared to DM. The mission of screen detected cancers were early stage for both DBT and DM with no sig- afficient difference in nodil statu between the two groups. There were significant differences in the distribution of the contract of the contract of the contract of the con- tract of the contract of the contract of the con- tract of the contract of the contract of the con- tract of the contract of the contract of the con- tract of the contract of the contract of the con- tract of the contract of the contract of the con- tract of the contract of the contract of the con- tract of the contract of the contract of the con- tract of the contract of the contract of the con- tract of the contract of the contract of the con- tract of the contract of the contract of the contract of the con- tract of the contract of the contract of the contract of the con- tract of the contract of the contract of the contract of the con- tract of the contract of the contract of the contract of the con- tract of the contract of the con- tract of the contract o
inportance of adequately controlling for these population ifferences in comparative analyses. Our data demonstrate at recal rates are forewarth DBT overall, across all age roups, all races, non-Hispanic ethnicity, all breast density stegories, and in women with elevated lifetime Tyrer-tuzick risk score. These findings may assist clinical decision daking for specific groups of womens who are the most likely decision.	strating a humind A-like subtype (enrogen receptor positive or progasterone receptor positive to both, human epidermal growth factor receptor 2 negative, and Ki-67 expression 2-14%) were more often associated with DIT screening than DM alone screening on multivariate analysis (23). Further investigation is warranted to evaluate whether DIT screening detects earlier stage, less advanced, and aggressive breast canceen.
be recalled such as those with dense breasts. The observa- on that African American women and women of Hippanic thaticity were less likely to receive DBT raises concerns alread to DBT access and potential health care dispatities. As commendations for screening mammography are increas- sply delayed past the original cut point of 40 years of age, BT may be of value in younger women, particularly those	The strengths of this study include the large, geographi- cally, ethnically, and racially diverse screening obsert from multititie academic and community health care networks. Linkage with either KIS and/or local tumor registry allowed analysis of the histopathologic characteristics of the breast cancer detected as well as the false negative screens. Limitations include linkage for some of the data with only
higher lifetime risk of breast cancer. Facility level data from ur tudy indicate ant throse facilities which fully transitioned DBT exhibit lower DBT recall rates than hybrid and pre- ominantly DM screen environments. The finding that women in the DBT group were more kely to receive ultrasound alone as their diagnostic test is in ne with Lourence or al. who reported that 28.3% in the	local tumor registry from one institution versus complete matching with state or larger population-based numor regis- try, which may affect sensitivity and specificity calculations. Additionally, while we adjusted for facility and several patient factors associated with screening outcomes when comparing DBT and DM outcomes, it is possible that other factors not included in the adjustments may inforture the results.
BT recall cohort proceeded to ultrasound alone for diag- ostic evaluation versus 2.6% in the DM recall cohort, in a	Our data demonstrate a streamlined diagnostic imaging eval- uation in the DBT cohort and sustained recall rate reduction

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