

REAL-WORLD BARRIERS AND OPPORTUNITIES FOR CELL AND GENE THERAPY: AN ANALYSIS OF US HEMATOLOGIST AND ONCOLOGIST INSIGHTS ON CGT READINESS AND ACCESS

Gary L Simmons, DO, MSHA¹; Joe DePinto, MBA²; Elias C. Pittos, PharmD, BCOP²
¹Virginia Oncology Associates, Norfolk, VA, USA; ²McKesson, Irving, TX, USA

Poster #27915

BACKGROUND

- Cell and gene therapies (CGTs) are rapidly transforming the hematologic malignancy treatment landscape, offering potentially curative options for patients with high unmet needs and limited therapeutic alternatives
- Delivery and treatment of CGTs has been primarily concentrated within academic medical centers (AMCs). However, approximately 85% of patients with cancer receive care in community oncology settings where access to CGTs remains limited
- As indications for CGTs expand into larger populations (eg, earlier lines of therapy, other therapeutic areas), real-world adoption and access must be nurtured and stimulated, particularly beyond AMCs

AIM

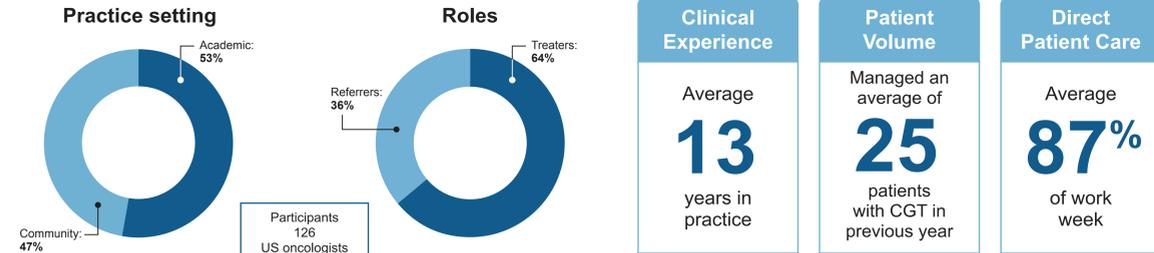
- This analysis aimed to characterize physician real-world insights into barriers and readiness for CGT delivery across diverse US practice settings

METHODS

- A double-blind, online survey was conducted from June to July 2025, to capture physician perspectives on CGTs and challenges and barriers to CGT expansion
 - Survey topics included access, barriers, institutional readiness, patient and physician attitudes, and CGT outlook
- Physicians were required to be board-certified and have direct, recent experience treating patients with CGT or referring patients for CGT administration
- Descriptive statistics were used to quantify consensus on barriers, readiness, and outlook
 - Subgroup analyses were performed to isolate distinct challenges faced by community oncologists versus their academic counterparts

RESULTS

DEMOGRAPHICS



KEY FINDINGS

Most physicians believe CGTs are important innovations and hold promise for improving patient outcomes. However, concerns related to risk and uncertainty persist.

Figure 1. Perceptions on CGT benefits in patient care

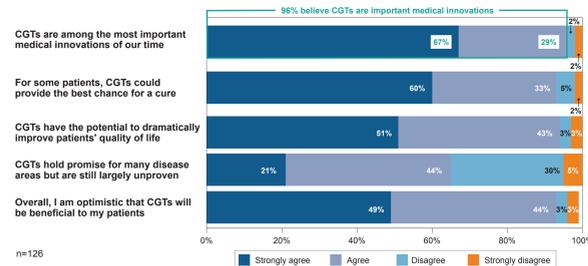
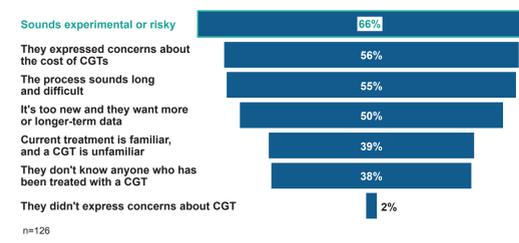


Figure 2. Most common concerns patients have when they are referred/treated with CGT



Referral gaps limit patient access to CGT. Reform of healthcare ecosystem is needed to support access.

Figure 3. Frequency of patients not receiving CGT following referral

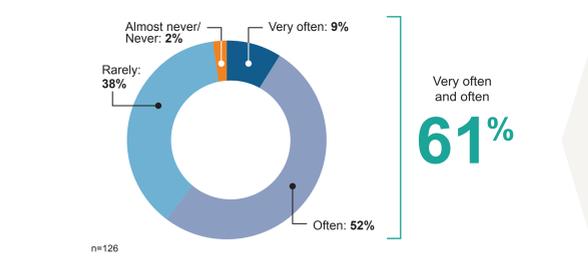


Figure 4. Reasons for patients not receiving CGT following referral

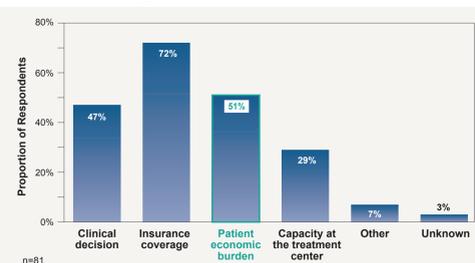
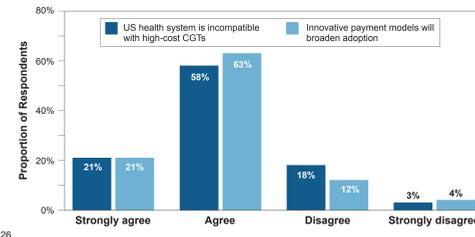


Figure 5. Perceptions on current healthcare ecosystem



Top barriers to CGT delivery include insurance coverage, workforce shortage, and institutional resourcing. Expanding CGT access will require prioritizing real-world durability data, payment reform, and workforce training.

Figure 6. Significant barriers to CGT delivery

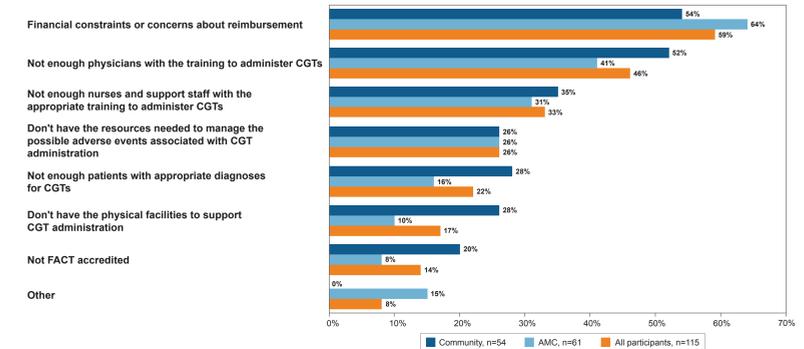
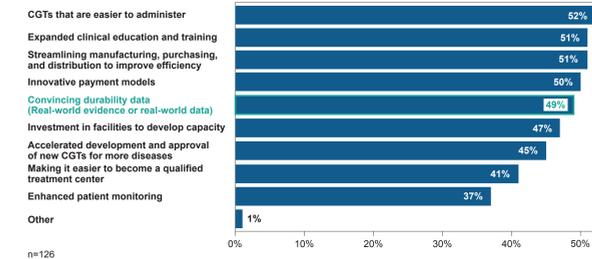


Figure 7. Priority items to expand CGT access



Most oncologists believe CGTs will be widely accessible within 5-10 years and administration of non-oncology CGTs will remain largely within hospital settings.

Figure 8. Time to widespread accessibility of CGT

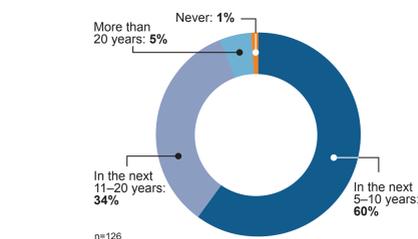
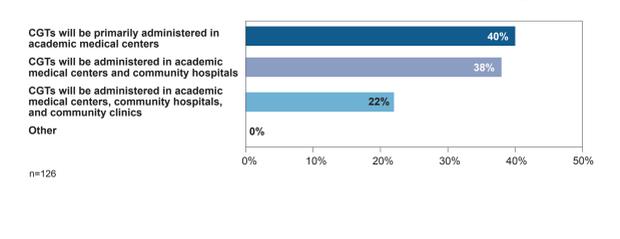


Figure 9. Outlook on administration of non-oncology CGT



CONCLUSIONS

- Physicians recognize the transformative potential of CGTs but are constrained by a healthcare ecosystem designed for chronic, rather than curative, care
- To bridge the gap between scientific innovation and patient access, stakeholders must:
 - Address reimbursement shortfalls and financial constraints, minimizing financial risk and adopting value-based and innovative payment models
 - Support robust collection of real-world durability data to assuage payer and provider concerns
 - Streamline accreditation and treatment center site activation and qualification processes
- Meaningful progress will depend on a shared commitment to collaboration, ensuring CGTs reach patients safely and efficiently



Scan this QR code to access this poster and other publications by McKesson.

References: 1. Bringing Research to the Community to Reduce Cancer Disparities. <https://www.cancer.gov/research/areas/disparities/chanita-hughes-halbert-clinical-trials-community-access>. Accessed 12/12/2025. 2. McKesson Corporation. 2025 Cell and Gene Therapy Report: Advancing the Future of Medicine. Oct 2025. 3. Nze C and Flowers, C. Barriers to accessing cellular therapy for patients receiving care in community practices." Hematology Am Soc Educa Program 2023. 2023(1)382-383. <https://doi.org/10.1182/hematology.2023000518> 4. Phares S et al. Managing the Challenges of Paying for Gene Therapy: Strategies for Market Action and Policy Reform in the United States. 2024.;13(12):e240118. DOI: 10.57264/ceer-2024-0118.