ClinicalPath

Where clinical expertise becomes clinical guidance

A look inside ClinicalPath's disease committee model

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Advancing human progress together

Introduction

This paper explores how ClinicalPath's disease committee model works, why it matters, and what participating physicians say they gain from it. Drawing on first-hand interviews with three oncologists across lymphoma, thoracic, and breast cancer — spanning academic medical centers and private practice — it makes the case for a model of guideline development that is transparent, evidence-based, and built to serve the full spectrum of oncology practice.

The challenge

Oncology moves fast. New FDA approvals arrive, pivotal trials read out, and fresh data from major conferences lands — often all at once. But keeping pace means more than tracking approvals. It means knowing which clinical trials are launching and why they matter, anticipating how emerging readouts might shift treatment algorithms, and translating that evidence into confident, practice-ready decisions. A general oncologist managing a broad tumor mix may see only a handful of breast or lung cancer patients each month. For them, knowing which therapy to reach for — and why — can mean the difference between optimal care and a missed opportunity.

The problem isn't a lack of information. It's the opposite. As **Dr. Mark Socinski**, a thoracic oncologist at the AdventHealth Cancer Institute with more than three decades of experience, describes it:

"If you fall asleep at the wheel of lung cancer, when you wake up you will have no idea where you are. The management of this disease has changed dramatically over the past two decades. For a general oncologist, the amount of information is overwhelming. A pathway managed prospectively by disease experts should allow the generalist to feel confident in their therapeutic decisions."

Most clinical guidelines respond to this by listing every evidence-supported option — useful for completeness, but not for decision-making at the point of care. As Dr. Robyn Young, a breast oncologist at The Center for Cancer & Blood Disorders, puts it: "That's not a pathway. That's a menu."

The approach

A committee built for the full spectrum of practice

ClinicalPath's disease committees bring together oncologists from academic medical centers and community practices on a shared mission: translate evidence into a clear, primary recommendation, with alternates when needed for select patient scenarios — not an all-inclusive list. Each committee is led by co-chairs who guide the agenda topics for each meeting, flagging new FDA approvals, major conference presentations, and high-impact publications for discussion.

The composition is intentional. **Dr. Andy Chen**, a lymphoma specialist at OHSU Knight Cancer Institute, explains why having both academic and community voices matters:

"We welcome diverse viewpoints — not just from academic centers, but from community and private practice providers. And unlike some other guidelines, we really try to give guidance on the optimal path, not just list multiple options. We do that based on efficacy first, then safety, then cost."

Transparent by design

Every meeting begins with an agenda distributed in advance, complete with supporting references for each item. Members can submit questions and suggestions before the call. Voting is conducted blind — no one knows how colleagues voted — so the final recommendation reflects true consensus rather than deference to seniority. Minority views that don't reach consensus simply don't advance.

For **Dr. Robyn Young**, that transparency is part of what makes the process credible:

"When you get the agenda, it's completely obvious that nothing just came out of somebody's head. The reference is right there. And those user questions — when a member flags something from their own practice — are inclusive, never punitive. It makes people feel safe to speak up."

In practice

Consistent, current guidance across every practice setting

The pace of change in oncology doesn't discriminate by practice setting. Regardless of whether a physician works at a major cancer center or a local practice, the challenge of staying current with new approvals, emerging trial data, and evolving treatment standards is the same. What varies is access to the structured support that makes it manageable.

Dr. Andy Chen sees this play out in his own network — and points to the pathway as the mechanism that keeps everyone aligned:

"Our community partners really find the pathways useful because they cannot keep up with the constant changes — and they know that this has been discussed and vetted. It's not just listed as another option. They actually have an idea of how important it is and whether we feel it's practice-changing."

The value runs in both directions. Physicians across all practice types who participate in the committee bring their own clinical experiences to the table, flagging cases where the pathway needs refinement and contributing the kind of real-world perspective that no single institution could provide on its own.

Guidance that holds up in the clinic

Dr. Mark Socinski recalls a patient he treated early in the checkpoint inhibitor + chemotherapy combination era — a man with advanced lung cancer, night sweats, and significant weight loss.

"I was 100 percent on pathway with him," Socinski says. "He got the KEYNOTE-189 regimen. Two years later, the patient rang the bell. Five years later, he rang it again — this time with his two teenage daughters in the room."

"He called me before his five-year anniversary and asked if he could come back and ring the bell again. At year six, he switched to telemedicine — because he was just living his life. The pathway reinforced the treatment that benefited him greatly. That's one example. But we're seeing this across the board."

Expanding access to clinical trials

Beyond keeping clinicians current on approved therapies, the committee process serves as a real-time map of active research. When members discuss emerging data, they routinely surface clinical trials open at their institutions — creating a peer-to-peer awareness network that individual physicians couldn't replicate on their own.

Dr. Robyn Young has experienced this firsthand, both as a recipient and a contributor:

"On the calls, we'll hear from other members who have a study at their institution that we don't have — they'll say the trial is open here or there. And sometimes it's been good that I'm able to say, 'Hey, we have that clinical trial open in Fort Worth — if you know of a patient you want to send, you could.' Care never advances unless we put our patients on clinical trials. Having those trials visible on the pathway, and hearing about them in the calls, makes everyone think of them more."

The value of committee participation

For the physicians who serve on these committees, the relationship is reciprocal. They contribute expertise — and come away sharper for it. The meeting cadence, timed to follow major conferences like ASCO, ASH, and ESMO, creates a structured moment to step back from the clinic and process new evidence alongside peers who see the same data through different lenses.

"I have always felt that I can speak up on the calls and it doesn't matter that I'm in community practice. Some calls, there has been an abstract or presentation that I missed and on the call, I get to hear and read about it. Every single call, I learn something."

Robyn Young, MD

"Other doctors make me a better doctor — if you listen to them. Whether you do thoracic full time or not, if you're seeing lung cancer patients, you have experience, you've learned from your decisions. It's one hour of great discussion, once every three months."

Mark Socinski, MD

Real influence on what gets recommended

Committee members don't just observe — they shape the outcome. Pre-meeting input, open discussion, and blind voting mean that every voice carries weight, regardless of institution size or academic rank. For physicians who care about the standard of care extending beyond their own patient panel, this is a direct lever.

"This is a way that if you have a particular interest in lymphoma, you can participate in pathway development without being purely academic. Institutions that subscribe can have major input into how they practice at their site — because on the list of participating institutions, there are major academic centers, but also large community-type organizations. All of them matter."

Andy Chen, MD

"I've personally been proud to be part of this pathway and to have watched over it diligently — to make sure that the oncologist who doesn't do lung cancer for a living gets it right. I can't see every lung cancer patient in the United States. But I can make sure the ones on our watch get the right treatment."

Mark Socinski, MD

Giving back — and getting something in return

Many committee members describe their participation first as a service — a way to extend their expertise to colleagues who don't have the same subspecialty depth. But the longer they stay involved, the more the returns compound: staying current, strengthening peer relationships, and multiplying the reach of the clinical knowledge they've built over years of practice.

"I have honestly thought of the committee process as a service for other physicians rather than necessarily what I'm going to get out of it — I know most of my data. But I've come to realize it's a big help to the other doctors who don't do all that. And the ability for patients to access the knowledge that drives the pathway — that's a real boon. Drugs like Herceptin exist because patients went on trials many years ago. This is how care advances."

Robyn Young, MD

"I've never felt, over 15 years, that anyone was ever trying to promote anything. It's evidence-based, it's fair, it's one hour of great discussion once every three months — and it's your chance to make sure the pathway reflects what you know works for your patients."

Mark Socinski, MD

ClinicalPath disease committees are how clinical expertise becomes clinical guidance. Peer-reviewed, consensus-driven, and updated consistently to keep pace with the evolution of evidence and practice — the pathway gives every oncologist, regardless of subspecialty or setting, the confidence to make the right call for their patient. And for the physicians who help build it, it's one of the most meaningful hours they spend every quarter.

Request a conversation with the **Elsevier ClinicalPath team.**

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