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- Establish parameters for the use of real-world data including patient reported outcomes, post-market analysis and the representation of diverse population groups to leverage the use of real-world evidence
- Encourage and incentivize widespread patient participation in clinical trials to increase diverse study populations
- Build upon the regulations of the Office of the National Coordinator for Health Information Technology to expand available standardized data elements in a manner that is actionable to the patient and the provider
- Promote policies and reimbursement mechanisms that support interoperability and encourage the aggregation of patient data that will promote shared decision-making and increase understanding between patients, providers, and payers
- Maintain and increase advancements made during the COVID-19 pandemic to enhance patient access to telehealth services and increase access to tumor boards to improve patient care

For more information and background on these policy recommendations, plus a look at upcoming NCCN Policy Summits, visit [NCCN.org/policy](https://www.nccn.org/policy). Join the conversation online with the hashtag #NCCNPolicy.

## ERRATUM

### **Erratum to: Nipp et al. Pilot Randomized Trial of a Transdisciplinary Geriatric and Palliative Care Intervention for Older Adults With Cancer. *J Natl Compr Canc Netw* 2020;18(5):591–598.**

In the May 2020 issue of *JNCCN*, the article by Nipp et al (*J Natl Compr Canc Netw* 2020;18[5]:591–598; doi: 10.6004/jnccn.2019.7386) was published with an error.

The name of one of the authors, Ardeshir Z. Hashmi, MD, was inadvertently omitted. Dr. Hashmi's affiliation is Department of Internal Medicine and Geriatrics, Cleveland Clinic, Cleveland, Ohio.

This has been corrected online. The authors apologize for the error.

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