

Virtual Toxicity Team Cleveland Clinic

It Takes a Village

This article explores how Cleveland Clinic is taking a unique approach to recruiting specialists outside the field of oncology to participate in immunotherapy multi-specialty immune-related adverse events (irAE) tumor boards.

According to Pauline Funchain, MD, the right champions are essential to attracting the interest of specialists in the adverse events that immunotherapy patients can manifest during treatment. The key, says Pradnya Patil, MD, is to recruit physician champions who are not oncologists.

Drs. Funchain and Patil co-chair the tumor board at Cleveland Clinic that addresses irAEs. When first assembling the tumor board, they found it difficult to maintain interest among the specialists they were targeting. "We kept trying to get a multi-disciplinary team together, but we couldn't sustain it," says Dr. Patil. "It wasn't until someone outside of oncology championed our cause that other specialists began to take an interest."

"When we reached out to specialists ourselves, they'd agree that something needed to be done," adds Dr. Funchain. "But it didn't go any further than acknowledging these patients existed. It took rheumatologists getting interested in the immunotherapy side effects they were seeing in their own patients to spread the word. Once that happened, it catapulted the whole thing."

Dr. Funchain explains that while appointing specific champions can be beneficial to recruiting a multidisciplinary irAE team, it's ideal when champions are self-

motivated. "For us, it happened organically," says Dr. Funchain. "We tried to get people to be champions for our board, but it worked better if they wanted to be champions, rather than us trying to put a crown on somebody."

Spreading the Word

Drs. Funchain and Patil launched Cleveland Clinic's monthly irAE tumor board in September 2017. Their goal was to obtain specialist opinions about the side effects their immunotherapy patients were experiencing and to review the latest literature from the rapidly evolving field.

The original irAE tumor board consisted of a handful of oncologists and rheumatologists with specific research interest in immune-related toxicities. Since then, the board has grown to include specialists in gastroenterology, endocrinology, cardiology, infectious disease, urology, pulmonology, and hepatology. Dr. Funchain says additional specialists sit in on meetings if their specific expertise is required. Approximately 15 to 20 people attend each meeting.

"We've tapped the knowledge of specialists who have dealt with natural autoimmune

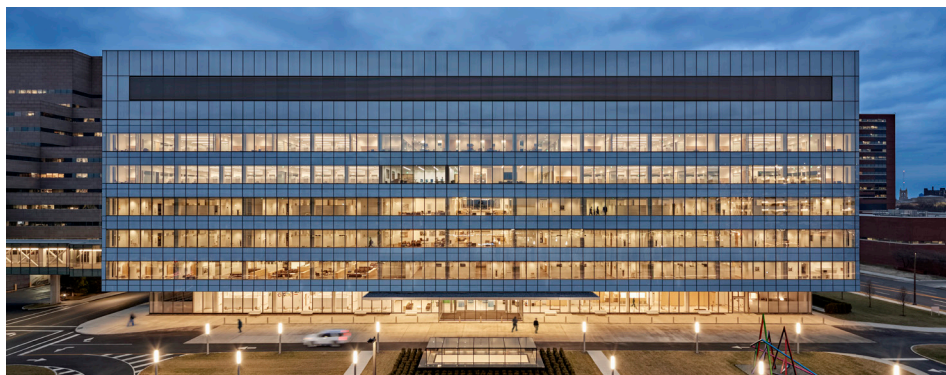
conditions that resemble what immunotherapies can do to patients," says Dr. Funchain. "They can pull tricks out of their hats that we as oncologists don't necessarily think of."

Dr. Patil adds that the tumor board draws attention to the more urgent care immunotherapy patients may require. "Autoimmune diseases tend to build gradually," explains Dr. Patil. "They don't happen overnight. But for some of these cancer patients, autoimmune toxicity does literally occur overnight, and trying to get an expert opinion right away can be a challenge."

Conveying that immediacy to specialists has proven problematic. Recruiting and retaining non-oncologists who appreciate the importance of quickly identifying and treating cancer patients experiencing immunotoxicities has helped other specialists understand why immunotherapy patients may require their services right away.

Making Connections

Each month, Cleveland Clinic's irAE tumor board meets to discuss an average of six to seven cases. Before the conference, Dr. Patil assembles a synopsis on each patient based on the information provided by his or her referring doctor. She reaches out to the appropriate specialists a week



before the meeting to alert them that their expertise will be needed. If an opinion is required before the board's scheduled meeting date, Dr. Patil asks for a recommendation upon receipt of her message, or—if necessary—she requests a patient appointment right away.

"One of the things this tumor board has really done is help others realize that there are some cases that can't wait a month," says Dr. Funchain. "Now that we're several years into this effort, we've gotten some of our colleagues to save same-day spots if they are needed by our immunotherapy patients."

During the tumor board's monthly meetings, most members attend in person. "It's nice to have the specialists physically there," says Dr. Patil. "But sometimes people cannot join us in person due to scheduling conflicts. So we share a slide deck with them, and they join remotely."

Dr. Funchain agrees that professional interaction among participants has strengthened the effectiveness of Cleveland Clinic's irAE tumor board. The virtual conversations among board members that sometimes precedes in-person meetings can be invaluable, she adds: "Talking about the cases before and after we meet has led to discussions about how we can make the clinical practice better."

Soliciting Feedback

Dr. Funchain says she has personally seen the positive impact of the tumor board's recommendations on her melanoma patients. "The tumor board has been invaluable for our patients," she says. "We've had discussions about drugs that we never would have thought of otherwise." Being able to proactively solicit specialists'

opinions has enabled Dr. Funchain and her colleagues to anticipate side effects before they occur and coordinate appointments with oncologists and specialists.

Most of the physicians who have referred cases to the irAE tumor board believe their patients have benefited from its recommendations. In response to a 2018 survey of referring physicians on their experience with the board, more than 66 percent of respondents reported a significant increase in their awareness of the scope and presentation of irAEs, and nearly 42 percent reported significantly increased confidence in diagnosing and managing certain irAEs.

Dr. Funchain and her colleagues are in the midst of compiling metrics to determine whether recommendations by tumor board members have influenced patient treatment and whether any subsequent clinical decisions have led to more positive outcomes. "We do get a sense that patient management after tumor board discussion does change to some degree," says Dr. Funchain, "but we haven't quantified that yet."

Educating One by One

For cancer programs that want to establish their own multidisciplinary irAE tumor board, Drs. Funchain and Patil recommend approaching the effort as a grassroots project and letting it grow organically. They emphasize the value of making personal connections with the specific specialists identified for recruitment.

"Medicine is like anything else," says Dr. Funchain. "If you sit down and talk to someone face to face, you make a much better connection than if you just send out an email saying, 'We've had these cases, would you be interested?' It's about starting a conversation."

When they set out to assemble their tumor board, oncologists at Cleveland Clinic adopted a divide-and-conquer approach in which they assigned themselves to specific specialties and then sought to connect with the specialists they wanted to recruit.

Making those personal connections, says Dr. Patil, ties into the education effort that many oncologists must undertake to expand understanding of immunotherapy drugs and how patients experience their side effects. To better accomplish this, oncologists at Cleveland Clinic have developed a CME course directed at non-oncologists to teach them about the management of immune-related toxicities in cancer patients.

But education doesn't always have to take a formal route. Dr. Funchain says she takes every available chance to educate the physicians she comes into contact with about immunotherapies and their side effects. She says such opportunities have presented themselves when she is contacted by emergency medicine physicians about oncology patients who present in the ER with irAEs.

"I explain that these are immunotherapy patients who can manifest anything that looks like an autoimmune disease," says Dr. Funchain. She keeps her explanations intentionally short, which can trigger follow-up questions. "People say, 'Oh, what's that?' which enables me to start a conversation that they've prompted."

Brief interactions such as these can lead to piqued interest and wider understanding among those who want to learn more. "At least the people who care enough to learn about it, they will ask," says Dr. Funchain. "And that's a start." ▲

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