ASSOCIATION OF COMMUNITY CANCER CENTERS

IMMUNO-ONCOLOGY INSTITUTE

Virtual Toxicity Team Jefferson Health

Networking for Health

This article explores how Jefferson Health is taking a unique approach to recruiting specialists outside the field of oncology to participate in an Immuno-oncology Working Group.

At Jefferson Health, detecting, diagnosing, and monitoring the irAEs that immunotherapy patients can manifest during treatment is a group effort in a virtual space. Rather than meeting in person at a designated location and time each week or month, the 11 members of Jefferson's Immuno-oncology Working Group meet online on an as-needed basis. Doing so, says Melissa Wilson, MD, PhD—associate professor of medical oncology at Thomas Jefferson University School of Medicine and clinical director of the biorepository—gives working group members the flexibility to respond to queries when they occur without having to shift their schedules.

"We communicate by phone, email, text, or we message one another in Jefferson's EMR," explains Dr. Wilson. "Everyone is very responsive, especially if we send them a question about a specific toxicity. They are very good about communicating their findings and their thoughts to us."

Dr. Wilson says Jefferson's Immuno-oncology Working Group, formed in late 2017, has specialist representatives from pulmonology, dermatology, gastroenterology, neurology, cardiology, nephrology, rheumatology, endocrinology, and hepatology. Which working group members are called upon when a case arises depends on the nature of the side effect in question. Dr. Wilson says that, typically, individual group members personally counsel the clinician who poses a question. "It's usually a one-on-one interaction unless the issue is multifactorial," she says. "Then everyone chimes in."

Dr. Wilson says working group members respond to referrals promptly, resolving them the same day they are received. She estimates that the group fields four to five referrals a week, totaling approximately 20 per month. For referrals that require a face-to-face patient consult, Dr. Wilson says several specialists have built patient slots into their clinic hours for irAE emergencies.

Building a Network

Like those of other healthcare systems, Jefferson Health's Immuno-oncology Working Group grew organically as oncologists using IO therapies reached out to their colleagues for consultation on the side effects they saw. "It grew from having to reach out to our specialist colleagues when we needed their expertise," says Dr. Wilson. "You start to learn who has research interests in this area, and you begin to connect with the individuals most likely to be interested in helping you."

But oncologists who want to assemble a multidisciplinary IO group may not always have colleagues in specialty departments. Tracy Virgilio, RN, MSN, CCRC, OCN—an oncology nurse manager and co-chair with Dr. Wilson of Jefferson's Immuno-oncology Working Group—says oncologists who are seeking expertise in a specialty with which they are unfamiliar should approach relevant department heads to try to identify the individuals most likely to have an interest in

treating immunotherapy adverse events. "If you start with someone enthusiastic about working with irAEs, you can build on that enthusiasm," says Virgilio.

Networking and building professional alliances in this area is key, affirms Virgilio, since irAEs can manifest in so many organs. "Maintaining these relationships is vital," she stresses. "I was able to capitalize on our own built-in group recently when we opened an immuno-oncology clinical trial for patients with underlying autoimmune disorders. The trial requires a specialist from each organ site to be a PI on the study, and I was able to recruit them using connections I had already established in the working group."

Cultivating Contacts

Dr. Wilson recognizes that Jefferson Health is fortunate to have a wealth of specialty expertise from which to draw when dealing with irAEs. For oncologists who do not have a multi-specialty working group with which to consult, Dr. Wilson recommends designating the effort to physician champions who want to take on the responsibility of leveraging their professional networks for the purpose of cultivating resources for potential irAE consultations. "People are increasingly recognizing that immuno-oncology is a medical field in and of itself," says Virgilio. "Having someone who sees this and wants to forward that work would be a great spearhead for developing an immune-response team."

For smaller oncology practices unsure of where to look for specialist expertise for their immunotherapy patients, Dr. Wilson encourages them to contact nearby large medical centers. "Talk to the heads of the departments you are interested in and start networking," advises Dr. Wilson. "Identify a point person whom you can call and ask for advice about specific toxicities. Setting up calls and asking for introductions can help you build interest and momentum."

Creating Algorithms

Before gathering and making available the expertise of Jefferson's working group, Dr. Wilson says her colleagues began putting into place methods of alerting non-oncologists about the possibility of encountering irAEs in their patients. "First off, we built a flag into the EMR so, when patients called in, people could see whether or not they were on immunotherapy," says Virgilio. To help clinicians deal with irAEs once they were identified, oncologists at Jefferson developed and distributed algorithms for use by all of the health system's clinicians when they were faced with immunotherapy patients experiencing adverse events. "We recognized that not everybody would know how to deal with IO side effects," says Dr. Wilson. "Early intervention and management are essential to keep them from getting any worse. We needed a way to efficiently disseminate information when physicians are faced with these scenarios."

Dr. Wilson says the algorithms go beyond identifying irAEs; they also indicate care plans: "If a provider thinks there is an irAE, they can look at the algorithms to determine which specific tests to run, depending on the organ system that may be affected by these drugs. If they determine that the problem is a side effect, there are initial guidelines on management, which they can escalate to interventions depending on the severity of the situation."

As other clinicians have become aware of irAEs through the use of the algorithms, Dr. Wilson says more physicians have become interested in immunotherapies and their possible side effects. "We are asked to give talks on the topic," says Dr. Wilson. "One of our colleagues has given a grand rounds on irAEs, and more people are learning about our virtual tumor board. More of our specialists are being called on for their advice." Although Dr. Wilson is not collecting data on the impact of the efforts of the Immuno-oncology Working Group, she says that she has seen the number of ER visits and admissions in response to irAEs decrease. She says this is a result of more clinicians referring IO patients to same-day clinic visits rather than the emergency department (ED), and of Jefferson's "Call First" initiative, which instructs IO patients to first call their oncologist before heading to the ED.

Dr. Wilson says that, in the future, she can see the need for the Immuno-oncology Working Group to meet in person on a regular basis: "Perhaps something that's monthly or quarterly, in which all the doctors involved can discuss cases in general and share their own personal experience with this effort. Everybody's time is precious, but this effort is having a tremendous effect on our patients." ▲

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The **ACCC Immuno-Oncology Institute** is the leader in optimizing the delivery of cancer immunotherapies for patients by providing clinical education, advocacy, research, and practice management solutions for cancer care teams across all healthcare settings.

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