

Reframing the Conversation: Effective Practices for Diffuse Large B-Cell Lymphoma

Spotlight on Rutgers Cancer Institute

In part with ACCC's education program, *Reframing the Conversation: Effective Practices for Diffuse Large B-Cell Lymphoma*, ACCC aims to reframe the conversation between patients and providers to incorporate new therapy advancements and set positive, realistic expectations with patients about their treatment journey. In this spotlight, ACCC shares Rutgers' approach to supporting, treating, and communicating with patients with DLBCL and shares practices for incorporating the involvement of community and local oncologists throughout the patient's treatment journey.

At Rutgers Cancer Institute, a multidisciplinary team of oncology experts specializing in lymphoma combine their expertise in cancer care and clinical research to provide individualized care in a compassionate environment. They collaborate to deliver the most effective and advanced treatments available, many of which are only available to NCI-Designated Comprehensive Cancer Centers. As New

Rutgers Cancer Institute

LOCATION: New Brunswick, New Jersey

CENTER TYPE: Academic Medical Center



Jersey's first and only NCI-Designated Cancer Center, Rutgers strategically fosters partnerships with community oncologists throughout the state to provide the best possible care to patients with DLBCL.

Patient Volumes

Patients diagnosed with DLBCL	32,982
Patients monitored, no current treatment	4,585
Anticipated growth in number of new patients	10% year over year

Patient Profiles

Typical patient demographics (race, age, gender identity)	<p>Race: White 43%, Black 11%, Asian/Filipino 8%, Hispanic 1%, Other/Decline to Answer 37%</p> <p>Age: 18-26y 5%, 27-54y 26%, 55-82y 61%, >82y 8%</p> <p>Gender Identity: Female 59%, Male 35%, Other 6%</p>
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Rutgers Cancer Institute features some of the nation's most experienced physicians in treating rare and complex blood cancers as well as clinical trial opportunities, immunotherapy, autogenic (and allogeneic) transplant, bispecific antibodies, and other cellular therapies such as chimeric antigen receptor T-cell therapy (CAR T-cell therapy). Rutgers has been awarded the FACT (Foundation for the Accreditation of Cellular Therapy) accreditation under the FACT-JACIE International Standards for Hematopoietic Cellular Therapy. Furthermore, a wide range of oncology support services are offered to help patients navigate their diagnosis, treatment plan, and recovery.

In collaboration with Robert Wood Johnson University Hospital, an RWJ Barnabas Health facility, Rutgers Cancer Institute hosts one of the state's only bone marrow transplant (BMT) programs, which is also the sole program at an NCI-Designated Comprehensive Cancer Center in New Jersey.

Care Team Roles and Responsibilities

For management of patients with DLBCL, Rutgers emphasizes the importance of timely access to specialists following a DLBCL diagnosis. Patients are directed to the new patient office or Oncology Access Center (OAC) following diagnosis, ensuring an appointment with the appropriate physician within 72 hours of the request. This quick response time is crucial for facilitating early intervention and support for these patients. From there, the oncology nurse navigator will receive a "new patient referral" report via the EPIC EHR. The goal is to have direct communication with the new patient within 24 hours of the initial OAC appointment to identify and remove any potential barriers to care from the outset. The nurse navigator will often tell the patient: "I may not be the person to solve the issue for you, but I will connect you with the person who can." DLBCL patients will also be connected with support groups via the Leukemia & Lymphoma Society (LLS) from the outset of care.

Once patients have seen a lymphoma specialist, they are provided with essential support through Education, Preparation, and Planning (EPP) teams. These teams ensure patients receive education about their treatment options. Additionally, nurse clinicians play a vital role in coordinating various aspects of patient care, including scheduling appointments for infusions, transfusions, biopsies, and scans. They act as the primary point of contact

for patients, offering support and guidance throughout their treatment journey.

Another critical component of the care team is the robust social work program. Recognizing the diverse needs of their patient population (which includes individuals with limited medical literacy, non-English speakers, and underinsured patients), the institution has prioritized comprehensive social support. This includes assistance with transportation, insurance issues, and providing emotional support to patients and their families. Nurse navigators will often connect patients with the social work team following the initial OAC appointment. Social work is also present at regular tumor board meetings to address new patient needs as they arise.

Furthermore, close collaboration with the radiation oncology department is essential, particularly for DLBCL patients who may require radiation therapy as part of their treatment plan. The team also maintains close ties with transplant colleagues and leverages cellular therapies, such as CAR T-cell therapy and bispecific antibodies, to offer innovative treatment options to patients.

Care Coordination and Navigation

As mentioned previously, navigation begins with referrals from the Oncology Access Center, and efforts are made to reach out to patients within 24 hours to assess their needs and provide immediate assistance.

Navigation services extend beyond the initial contact, with ongoing support provided throughout the patient's treatment and survivorship phases. Nurse clinicians play a central role in coordinating care, working closely with various members of the care team: physicians, pharmacy, social work, and diagnostic scheduling. Their goal is to ensure that patients receive comprehensive support tailored to their individual needs, whether it involves scheduling appointments or offering emotional guidance. By engaging with patients and caregivers, they aim to build trust and establish a supportive environment that empowers patients to actively participate in their care decisions.

Shared Decision-Making

Shared decision-making is a key principle guiding patient care, particularly in the context of treatment planning for DLBCL. The providers emphasize the importance of

engaging patients in discussions about treatment options and tailoring approaches based on individual patient goals and preferences. The team adopts a patient-centered approach, considering factors such as age, comorbidities, and treatment expectations when formulating treatment plans. Dr. Matthew Matasar, MD, hematologist/oncologist and chief of the Division of Blood Disorders, emphasizes to patients that he, his physician colleagues, and the entire oncology care team are there to serve as guides during the patient's journey. He explains: "If you come into the room saying I'm the doctor, I know best ... you've done your patient a terrible disservice."

Communication strategies for shared decision-making involve transparent discussions about the benefits and potential risks of different treatment modalities. Nurse clinicians play a crucial role in facilitating these conversations by addressing patient questions and concerns and providing ongoing support throughout the decision-making process. Shared digital resources such as the EPIC EHR play a crucial role in fostering collaboration between the patient, the Rutgers multidisciplinary team, and the primary community oncologist, who will often have EPIC access and can follow along with the patient's care journey. Nurse navigators and advanced practice providers will often document phone calls with the patient where key questions are asked, such as inquiries regarding the indication for a PET scan or other imaging test. In this manner, the entire team is made aware of the patient's unique concerns.

Strategies for Facilitating Care

Several multidisciplinary tumor board meetings have been implemented to facilitate communication and coordination of care, particularly in the context of relapsed or refractory DLBCL. In addition to the Transplant and Lymphoma Tumor Boards, Rutgers also regularly holds what is termed the "ABC Tumor Board," which stands for (A)llogeneic/autogeneic, (B)ispecific, and (C)AR T-cell.

In these meetings, complex cases are discussed and treatment plans are formulated collaboratively with the patient's primary medical oncologist (often from an outside community medical center), who will typically lead the discussion by formally presenting the patient case to the Rutgers team. The local oncologist will remain present for the review of pathology and imaging studies and actively participate in discussion surrounding any areas of uncertainty or controversy regarding treatment recommendations.

In addition to incorporating community oncologist participation in tumor board meetings, Rutgers physicians make an intentional effort to write a letter summarizing treatment recommendations, clinical trial opportunities, and clinical status updates to the referring oncologist in the community. Dr. Matasar explains that he may also call the referring oncologist directly when in the room with a patient at Rutgers. Relationship building with primary community oncologists is a hallmark of Rutgers' approach to collaborative care and shared decision-making.

CAR T-Cell Therapy Referral

Early referral from community oncologists is essential to ensure timely access to CAR T-cell therapy and maximize the potential for positive outcomes. Building strong relationships with referring physicians and providing education about the benefits and eligibility criteria for CAR T-cell therapy can help increase referrals for consideration of this novel therapy.

Often, patients will travel long distances for a consultation at Rutgers and will prefer not to travel back and forth to New Brunswick while receiving CAR T-cell therapy, which requires a heightened level of clinical observation due to the potential for toxicity. Successful collaboration between Rutgers and local oncologists across the state allows patients to be able to receive CAR T-cell therapy while still being adequately monitored for adverse effects in the community setting. By leveraging technology and establishing multilayered communication channels, the Rutgers team streamlines the referral process and improves patient outcomes.

Conclusion

Collaboration between primary oncologists and specialists at Rutgers is highlighted as instrumental in crafting comprehensive care plans tailored to each patient's unique needs. Robust communication channels between clinicians, patients, and families serve as a crucial link for clinical education, treatment guidance, emotional support, and access to resources. With a dedicated roster including physician specialists, community oncologists, clinical research coordinators, nurse clinicians, nurse navigators, nutritionists, financial counselors, and social workers, the Rutgers team endeavors to deliver quality care grounded in interdisciplinary collaboration.

ACKNOWLEDGMENTS

ACCC is grateful to the Advisory Committee, partner organizations, and others who graciously gave their knowledge and time to contribute to this publication.

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This project is made possible by support from:

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Genmab

In partnership with:

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