Abstract # 96

Identifying Obstacles to Optimal Integration of Cancer Immunotherapies in the Community Setting

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BACKGROUND

Rapidly expanding indications and new approvals for cancer immunotherapies pose significant challenges to integrating this new class of agents into practice for community clinicians. They need guidance around the practical issues that must be addressed before implementing immunotherapy safely and effectively to patients in community-based cancer programs. The Association of Community Cancer Centers (ACCC) initiated a quality improvement (QI) research study to assess the impact of comprehensive educational interventions targeting the multidisciplinary cancer care team on evidence-based integration of immunotherapies in the community.

OBJECTIVES

The overall goal of this research study is to identify barriers to optimal integration of cancer immunotherapies and to assess the impact of educational interventions on the integration of immunotherapies for treating cancer in the community.

METHODS

- Baseline data collected from 98 patients who initiated checkpoint inhibitor therapy between Dec 2017-Apr 2018 at the two community cancer centers
- Collected data on co-morbidities, immune-related adverse events (irAEs), laboratory tests, ER visits and hospitalizations, patient education, and treatment adherence
- Conducted clinician surveys to assess practice patterns
- Advisory committee analyzed the baseline data to identify specific practice gaps and designed educational interventions to address these gaps
- ACCC IO wallet card distributed to patients and the clinical teams received NCCN® pocket guides on management of immune-related adverse events
- Post-intervention data collected from 100 patients who initiated checkpoint inhibitor therapy between Jan 2019-Apr 2019 and Fisher's exact test was used to analyze the data
- Conducted clinician surveys to assess practice changes

CONCLUSIONS

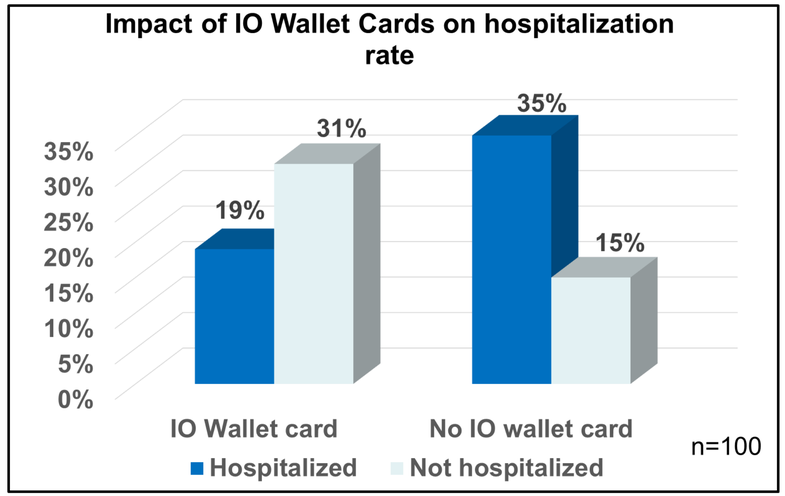
- Analysis of the baseline data revealed that only 61% of the patients fully completed the checkpoint inhibitor treatment as planned and the treatment was delayed or stopped due to irAEs in 22% of patients
- **Administering wallet cards to patients at the beginning of checkpoint inhibitor therapy may decrease the risk of hospitalization and warrants further investigation in larger studies**
- **Clinician-reported improvements in practice patterns related to administering checkpoint inhibitor therapy were noted following QI interventions**
- This QI initiative proved that community cancer center directed educational interventions are impactful and may improve clinician understanding, comfort, and attitudes with the integration of checkpoint inhibitors

For more information on this project and to download this poster:

bit.ly/ACCC-ASCO-SITC

RESULTS

Offering ACCC-created IO wallet cards to patients was a recommended intervention but only one site adopted this. The site that used the wallet cards had a statistically significant lower hospitalization rate compared to the other site (19% vs 35%, p=0.0024).



Improvements in the following categories identified from self-reported clinician responses at both sites to practice surveys issued before and after implementing QI interventions:

- Management of co-morbidities
- Monitoring and management of adverse events
- Integrating shared decision-making
- Interprofessional communication
- Coordinating with non-oncology specialists
- Patient education

ACKNOWLEDGEMENTS

This project is supported by a grant from Genentech.

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