

Early Recognition & Rapid Treatment of Immune-related Adverse Events (IrAE)

Joint Working Project between University College London Hospitals (UCLH) NHS Foundation Trust (on behalf of the Cancer Vanguard) and Bristol-Myers Squibb Pharmaceuticals Ltd (BMS)

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Introduction

The Immune-related Adverse Events Patient Pathway is a joint working project between University College London Hospitals (UCLH) NHS Foundation Trust (on behalf of the Cancer Vanguard) and Bristol-Myers Squibb (BMS) Pharmaceuticals Ltd.

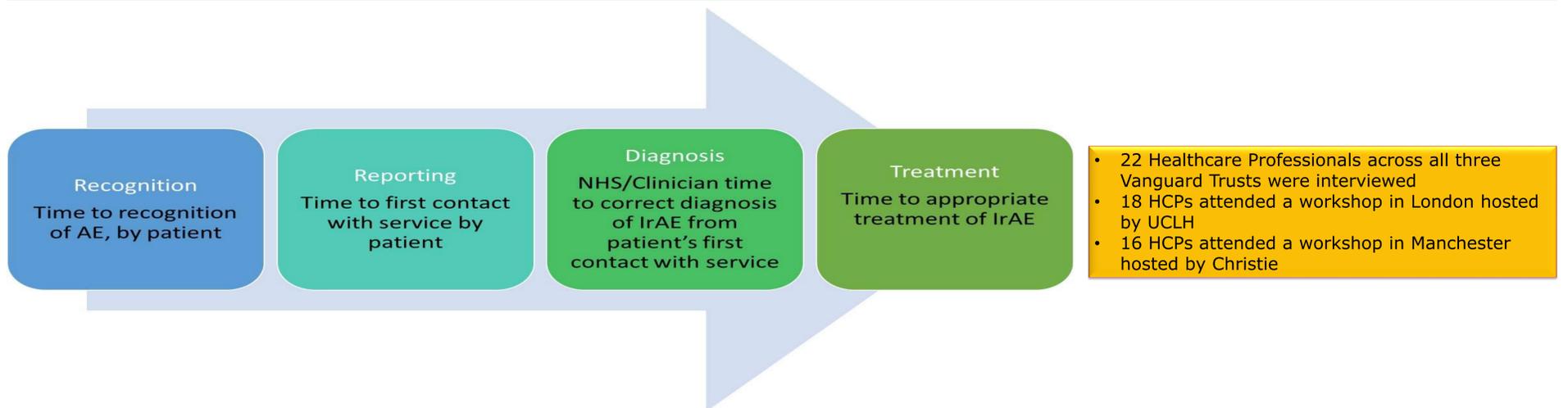
Background, Aims and Objectives

Immuno-oncology (I-O) agents have led to a significant innovative change and development in the way some cancers are treated. However, their side-effect profile is very different from standard chemotherapy. Their unfamiliarity within the health service can lead to poor management and thus potential poorer outcomes for the patient.

The project aims to produce a peer-generated set of recommendations which describe essential elements needed in a service that is effective for the Early Recognition and Rapid Treatment of Immune-related Adverse Events.

Method

Intelligence gathering from early adopters of immunotherapy suggested the patient pathway for IrAEs can be divided into four distinct sections



Key Numbers (Recognition)

- 85% respondents reported that changes to Patient Information was necessary
- 25% commented that the IO information was of a lower quality/standard than traditional treatment Information
- 70% respondents felt that there was action that could be taken to shorten the time to recognition of IRAE events.

Key Themes (Reporting)

- Some patients: didn't want to be a bother; would wait for their next appointment before reporting; were concerned about their treatment being stopped as a result of reporting an IrAE.
- There is a need to make patients 'feel safe' to report IrAEs
- The first contact with the Health Service determines the speed of patient's pathway through the system

Key Numbers (Diagnosis)

- 95% respondents stated that there was need for further education for HCPs
- Multiple speciality involvement is key: 70% said communication between specialist teams is a barrier
- <50% respondents reported 'ad hoc' contact from departments in their Trust to discuss patients with IrAEs

Key Themes (Time to Treatment)

- Average of 3-4 HCPs (up to 10) encountered by patient before receiving appropriate IrAE treatment
- Developing clear guidelines for signposting and processing patients through the pathway were seen as primary area for improvement to ensure time to diagnosis and treatment was acceptable.

Proposed Metrics:

- Maximum 24 hours from recognition to appropriate treatment
- Ideally there will be a maximum of three HCP contacts from recognition to appropriate treatment

Recommendations

These findings have led to five project recommendations which describe essential elements needed in a service that is effective

These recommendations were agreed by the Project Board and endorsed by the Cancer Vanguard's Medicines Optimisation Group

- Creation of central digital Immunotherapy information hub with sections for patients/HCP sections
- Robust 24/7 acute oncology services hotline manned by appropriately trained staff
- Patient app as an alert system to inform, report and support early detection, diagnosis and monitoring
- I-O information to be tailored and reinforced according to patient segmentation by HCPs with specified responsibility for delivery
- Standardised Operating Procedures, developed by engagement of multidisciplinary clinicians, to accelerate diagnosis and treatment