

## Leveraging NCODA Resources to Manage Patients on Oral Oncolytics

### Puerto Rico Specialty Pharmaceutical Summit

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Associate Manager of Education | NCODA







- 1. Review NCODA's available educational resources and their benefits for cancer patients and the oncology medical team.
- 2. Examine scenarios in which NCODA's educational resources are beneficial.





# **About NCODA**

- Nonprofit organization
- Multidisciplinary
- International
- Empowering education for health care professionals and patients

### **Guiding Values** Patient-centered Always collaborative





### **NCODA's Mission**

Our Mission is to empower the medically-integrated oncology team to deliver positive, patient-centered outcomes by providing leadership, expertise, quality standards and best practices.





### **NCODA's Vision**

Our Vision is to be the world leader in oncology by building a patient-centered medically-integrated community whose focus is to innovate the continuity of cancer care so every patient receives the maximum benefit from their cancer treatment.





### **Medically Integrated Pharmacy (MIP)**

- Multidisciplinary team approach
- Cost-effective
- Increased patient
   access to care
- Improved health outcomes





### **NCODA's Patient-Centered Resources**

### **QUALITY RESOURCES**



#### **Clinical Guidance Documents**

- Positive Quality Interventions (PQIs)
- PQI Case Study (PQI-in-Action)
- Adverse Event Management and Care Planning



INTERNATIONAL



#### **Monthly Member Webinars**

- 15 30 minutes focused on Clinical
   Updates, or Best Operational Practices
- 60 minutes for immersive clinical overviews or roundtable discussions



### **Treatment Support Kits**

- Unbranded Patient Starter KitsCustomizable, accessible to
  - community and academic practices

### **EDUCATION & INSIGHTS**



#### **Education & Development**

- Spring Forum / Fall Summit are our flagship meetings.
- Oncology Institute fosters Industry Member - NCODA collaborations



# **Significant Progress in 2023**

**Positive Quality Intervention in** Action (PQI in Action) documents



Developed and published 40+ documents demonstrating improved patient outcomes resulting from NCODA resource implementation at leading oncology practices



#### Membership Growth 8.000 +3.000+

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1

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- Continue to collaborate with Prime Therapeutics on the IntegratedRx\* Oncology Program
- Accreditation training provided at all International meetings and upon request.
- Expect to have 65+ accredited practice sites by the end of 2024





### Treatment Support Kits (TSK)

- Over 150 NCODA member practices have received branded and generic kits
- O FDA Registered Kit Manufacturer



#### **Oral Cancer Treatment Education (OCE)** and IV Cancer Treatment Education (IVE)

Intravenous

**Cancer Treatment** Education



- Published 200+ sheets and
- 150,000 average page views per month  $\oslash$
- O Developed 60+ Spanish Translated Sheets



Launched oncology-focused education platform to deliver easily accessible learning opportunities for NCODA members and partners



ASCO/NCODA Collaboration Standards for Medically (Dec. 2019 - J. Clinical Oncology)



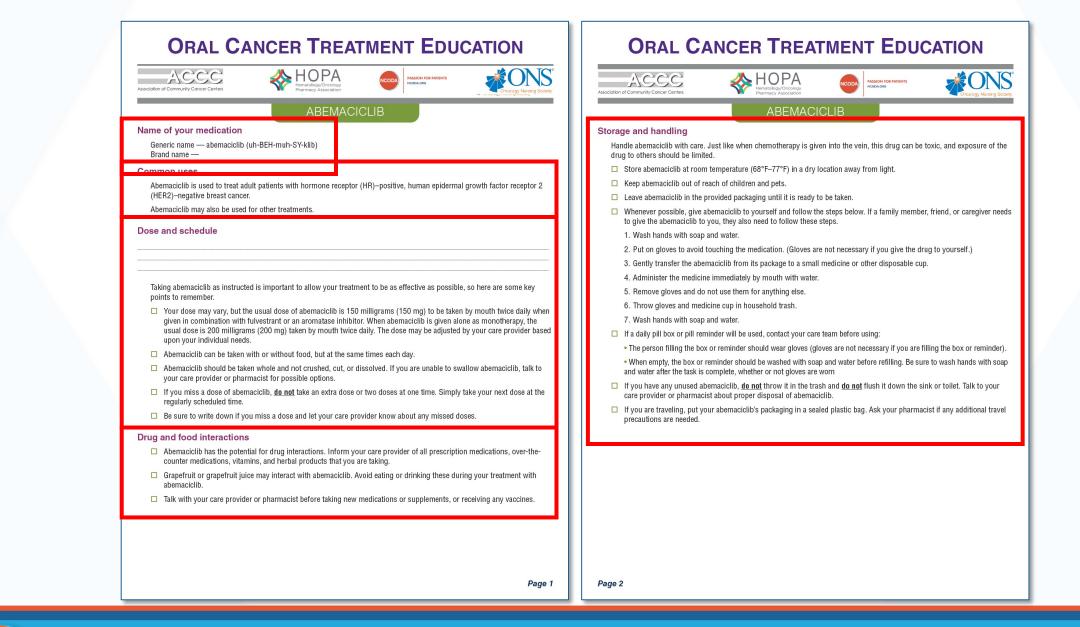


### **Oral Cancer Treatment Education**

- Tool for patients and caregivers
- Collaboratively executed
- Routinely reviewed and updated
- Information about oral cancer treatments and their side effects
- Empowering patients to become active participants in their cancer treatment
- 50+ available in Spanish











#### **ORAL CANCER TREATMENT EDUCATION**





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#### ABEMACICLIB

NCODA

#### Side Effects of Abemaciclib

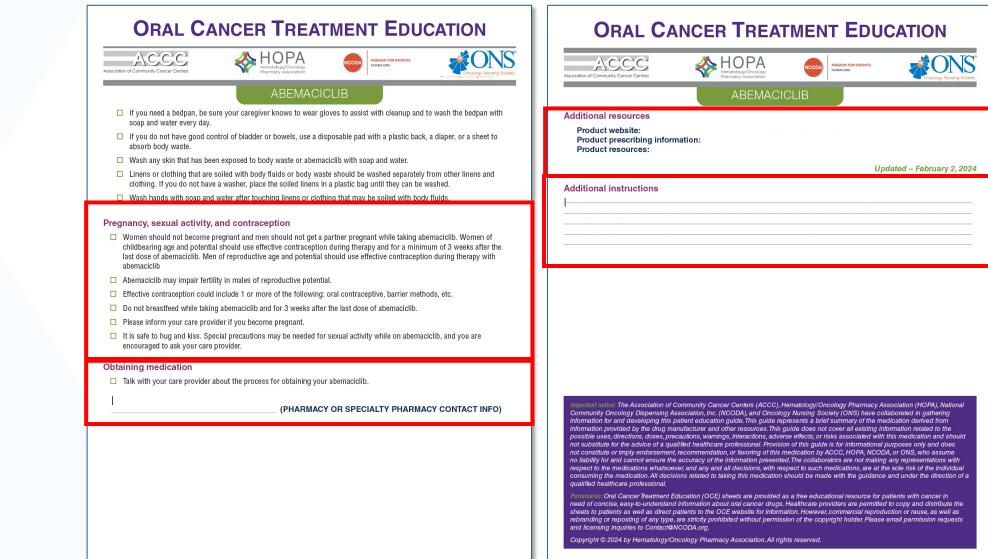
Below are common side effects that have been known to happen in about one third or more of patients taking abemaciclib are listed on the left side of this table. You <u>MAY NOT</u> experience these side effects. Options to help manage any side effects that do occur are included on the right side of this table. These should be discussed with your care provider. If you experience any side effect you cannot manage or that is not listed here, contact your care provider.

	Management
Changes in kidney function	Your kidney (renal) function should be checked periodically by a simple blood test. Contact your care provider if you notice any of the following: • Decreased amount of urination • Unusual swelling in your legs and feet
Diarrhea (loose and/ or urgent bowel movements)	<ul> <li>Monitor how many bowel movements you have each day.</li> <li>Drink 8–10 glasses of water or fluid each day unless your care provider has instructed you to limit your fluid intake due to some other health problem.</li> <li>Eat small, frequent meals throughout the day rather than a few large meals.</li> <li>Eat bland, low-fiber foods, such as bananas, applesauce, potatoes, chicken, rice, and toast.</li> <li>Avoid high-fiber foods, such as raw vegetables, raw fruits, and whole grains.</li> <li>Avoid loods that cause gas, such as broccoli and beans.</li> <li>Avoid spicy, fried, and greasy foods.</li> </ul> Contact your provider if any of the following occur: <ul> <li>The number of bowel movements you have in a day increases by four or more.</li> <li>Your care provider may recommend an over-the-counter medication called loperamide (Imodium®) to help with your diarrhea, but talk to your care provider before starting this medication.</li></ul>
	Continued on the next pag

#### **ORAL CANCER TREATMENT EDUCATION**

sociation of Community Cancer Centers	
	ABEMACICLIB
Possible Side Effect	Management
Decreased platelet count and increased risk of bleeding	<ul> <li>Your platelets should be monitored by a simple blood test. When they are low, you may bruise or bleed more easily than usual.</li> <li>Use caution to avoid bruises, cuts, or burns.</li> <li>Blow your nose gently, and do not pick your nose.</li> <li>Brush your teeth gently with a soft toothbrush, and maintain good oral hygiene.</li> <li>When shaving, use an electronic razor instead of razor blades.</li> <li>Use a nail file instead of nail clippers.</li> <li>Call your care provider if you have bleeding that won't stop. Examples include the following: <ul> <li>A bloody nose that bleeds for more than five minutes despite pressure</li> <li>A cut that continues to ooze despite pressure</li> <li>Gums that bleed excessively when you floss or brush</li> </ul> </li> <li>Seek medical help immediately if you experience any severe headaches, observe blood in your urine or stool, cough up blood, or experience prolonged and uncontrollable bleeding.</li> </ul>
	You may need to take a break or "hold" your medication for medical or dental procedures. Talk to your care provider or dentist before any scheduled procedures.
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CODA

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### **Benefits of OCE Sheets**

- Education for patient starting a new oral anti-cancer treatment
- Accessed through the NCODA website and discussed with the patient during an education session
- Printed and handed to the patient to take it home





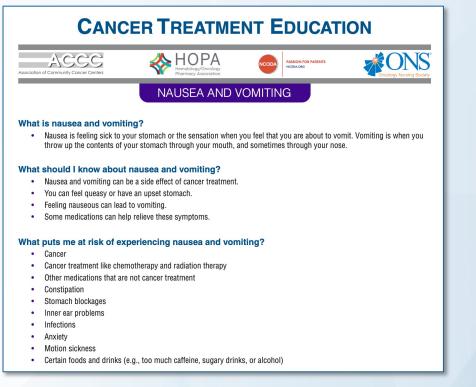


# **Supplemental Sheets**

- Collaboratively executed resources
- Understanding and managing side effects
- Information on:

CODA

- How to Categorize Cancer Therapy
- Dietary Supplements
- Oral Oncology Treatment Terms
- Safe Handling of Oral Chemotherapy
- Specialty Pharmacy Insurance Terms









# **Benefits of Supplemental Sheets**

- Patient about to start a new oral cancer treatment associated with a common side effect
- Patient experiencing a common side effect after starting their oral cancer treatment
- Help patients understand various terms they may read or hear during their cancer treatment





# **Positive Quality Interventions (PQIs)**

- Quick, precise, and concise
- Peer-reviewed
- Clinical guidance for the oncology medical team
- Information about diseases, medications, and supportive care



Written by: Lola Botero and Nicole Unwin University of Arizona R. Ken Coit College of Pharmacy Reviewed by Beth Zerr PharmD

Positive Quality Intervention: Smoking Cessation

**Description:** This PQI aims to provide screening, treatment options, and additional patient resources for smoking cessation.

**Background:** Smoking and other forms of tobacco use can cause various different types of cancer, including but not limited to lung, mouth, and esophageal<sup>1</sup>. A smoker's cancer risk is between two and ten times higher than a nonsmokers. Smoking cessation can reduce the risk of lung cancer by 30-50% in 10 years compared to those who continues to smoke<sup>2</sup>. They can also reduce their risk of mouth and esophageal cancer by half within five years of quitting. While quitting can be daunting for patients, there are many ways a provider can support their journey by offering education, pharmacological and non-pharmacological therapies.

**PQI Process:** Tobacco dependence is a two-part problem – physical and behavioral. Smoking cessation should be individualized to address both the addiction and the habit, by utilizing motivational interviewing to strengthen the patient's commitment to change. Use the following four steps of motivational interviewing in conjunction with the 5 A's or 5 R's for patients willing or not willing to quit smoking, respectively.

- 1. Engage
  - Establish a trusting and respectful relationship by using open-ended questions, affirmations, and expressing empathy
  - Collaborate on goal setting and ways to achieve them
- 2. Focus
  - o Maintain direction, reflect, summarize, and identify discrepancies
- 3. Evoke
  - Determine underlying concerns and resolve ambivalence to change
  - Assess desire, ability, reasons, and needs to quit smoking
- 4. <u>Plan</u>
  - Utilize a plan personalized to the patient's needs







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# **Positive Quality Interventions (PQIs)**

Sections:

- Description
- •Background
- •PQI Process
  - Patient Centered Activities
  - References



Written By: Dan Hertz, PharmD, PhD University of Michigan College of Pharmacy

Positive Quality Intervention: DPYD Testing Prior to Fluoropyrimidine Treatment

**Description:** The purpose of this PQI is to review recommendations for *DPYD* testing prior to initiation of treatment with fluoropyrimidine based chemotherapy and increase awareness of the clinical benefit of pre-treatment DPYD testing.

**Background:** Fluoropyrimidine (5-fluorouracil or capecitabine) (FP) chemotherapy is highly effective for several solid tumor types, including colorectal and breast cancer. FP treatment is associated with substantial risk of severe toxicities including neutropenia, diarrhea, mucositis, and hand-foot syndrome that can cause hospitalization and death. Approximately 7% of patients carry pathogenic germline variants in *DPYD*, the gene encoding the DPD enzyme. These pathogenic variants reduce DPD activity and substantially increase risk of severe (>50%)<sup>1, 2</sup> and sometimes fatal (2%-4%)<sup>3</sup> toxicity. This increased toxicity risk is acknowledged in the FDA-approved drug labeling as well as in clinical practice guidelines published by the National Comprehensive Cancer Network (NCCN).<sup>4</sup> The Clinical Pharmacogenetics Implementation Consortium (CPIC) assigned *DPYD*/fluoropyrimidines as Level A, indicating that "[*DPYD*] information should be used to change prescribing of [fluoropyrimidines]," and published consensus dosing recommendations based on *DPYD* genotype.<sup>5</sup> Briefly, patients are assigned a DPD activity score (AS) based on their *DPYD* genotype, and the AS is used to determine whether the patient should receive standard or reduced dosing or should avoid FP treatment, if possible.

#### **PQI Process:**

- Identify patient scheduled to initiate systemic FP (5-fluorouracil or capecitabine) treatment
- Order <u>CLIA-approved DPYD genotype test</u>
- Follow CPIC guideline to recommend appropriate dosing; for most up-to-date guidelines
- Monitor patient for toxicity to guide dose escalation or further dose reduction





# **Positive Quality Interventions (PQIs)**

Sections:

- Description
- Background
- PQI Process
- Patient Centered Activities

•References

CODA PASSION FOR PATIENTS

Patient-Centered Activities: The patient should be informed that:

- Testing may take 5-10 days and may not be appropriate when there is an urgent need to start treatment as soon as possible
- A positive *DPYD* test does not guarantee toxicity from standard FP dosing (risk of toxicity 50%-90%) and a negative test does not guarantee no toxicity (risk of toxicity ~30%)
- The best available studies suggest that reduced dose chemotherapy in *DPYD* carriers should achieve treatment effectiveness similar to standard dosing in *DPYD* non-carriers; however, definitive studies have not been conducted
- The dose may need to be re-adjusted after the first or second treatment based on whether they are tolerating treatment
- Insurance coverage of pre-treatment *DPYD* testing varies by insurance provider and geographic region, and testing may have out of pocket costs of up to \$300

#### **References:**

- 3. Sharma BB, Rai K, Blunt H, Zhao W, Tosteson TD, Brooks GA. Pathogenic DPYD variants and treatment-related mortality in patients receiving fluoropyrimidine chemotherapy: A systematic review and meta-analysis. Oncologist. 2021;10:13967.
- 4. NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Colon Cancer.





<sup>1.</sup> Lee AM, Shi Q, Pavey E, et al. DPYD variants as predictors of 5-fluorouracil toxicity in adjuvant colon cancer treatment (NCCTG N0147). J Natl Cancer Inst. 2014;106.

<sup>2.</sup> Meulendijks D, Henricks LM, Sonke GS, et al. Clinical relevance of DPYD variants c.1679T>G, c.1236G>A/HapB3, and c.1601G>A as predictors of severe fluoropyrimidine-associated toxicity: a systematic review and meta-analysis of individual patient data. Lancet Oncol. 2015;16:1639-1650.

### **PQI in Action**

- PQI case study
- Opinions and experiences from oncology experts
- Experiences implementing medically integrated pharmacies (MIP) and the use of PQIs
- Improving clinical outcomes of patients





## **Benefits of PQIs and PQIs in Action**

- Quick resource for information about drug therapy management
- Appropriate patient identification, treatment selection, speed to therapy, reduced cost and hospitalization, and improved adherence techniques

- Accessible for the entire oncology multidisciplinary team
- Standardize knowledge exchange
- Improve clinical communication



## **Closing Remarks**

- NCODA is committed to developing unique resources to help the medical oncology team deliver top-tier care
- These resources are complimentary and accessible for all members of the community, including patients and caregivers
- Empowering the oncology team to deliver positive, patientcentered outcomes by providing leadership, expertise, quality standards and best practices



NCODA

PASSION FOR PATIENTS

# Join NCODA Today!



### **Question and Answer**







# Leveraging NCODA Resources to Manage Patients on Oral Oncolytics

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