

RENAL CELL CARCINOMA (RCC) PATHWAY REDESIGN:

LEARNINGS FROM INTRODUCING ADJUVANT THERAPY TO THE RCC PATHWAY

Summary of four centres' RCC adjuvant therapy service development

KEYTRUDA (pembrolizumab) as monotherapy is indicated for the adjuvant treatment of adults with renal cell carcinoma at increased risk of recurrence following nephrectomy or following nephrectomy and resection of metastatic lesions (for selection criteria, please see Summary of Product Characteristics).¹

DIAGNOSTICS

UROLOGY

PATIENT

ONCOLOGY

TREATMENT

Please refer to the Summary of Product Characteristics and risk minimisation materials before making prescribing decisions.

This is an MSD promotional resource for UK healthcare professionals only.

These case studies were developed alongside healthcare professionals involved in the kidney cancer service. It has been funded by MSD. Healthcare professionals involved received honoraria. The contents of the case studies reflect these healthcare professionals' opinion and are not necessarily reflective of those of their Trust.

Access the Prescribing Information [here](#)

Adverse events should be reported. Reporting forms and information can be found at <https://yellowcard.mhra.gov.uk> or search for MHRA Yellow Card in the Google Play or Apple App Store. Adverse events should also be reported to Merck Sharp & Dohme (UK) Limited (Tel: 0208 154 8000).

By clicking the above link you will be taken to the MHRA website (a third-party website)

GB-RCC-00857

Date of preparation: April 2025



KEYTRUDA[®]
(pembrolizumab)

METHODS

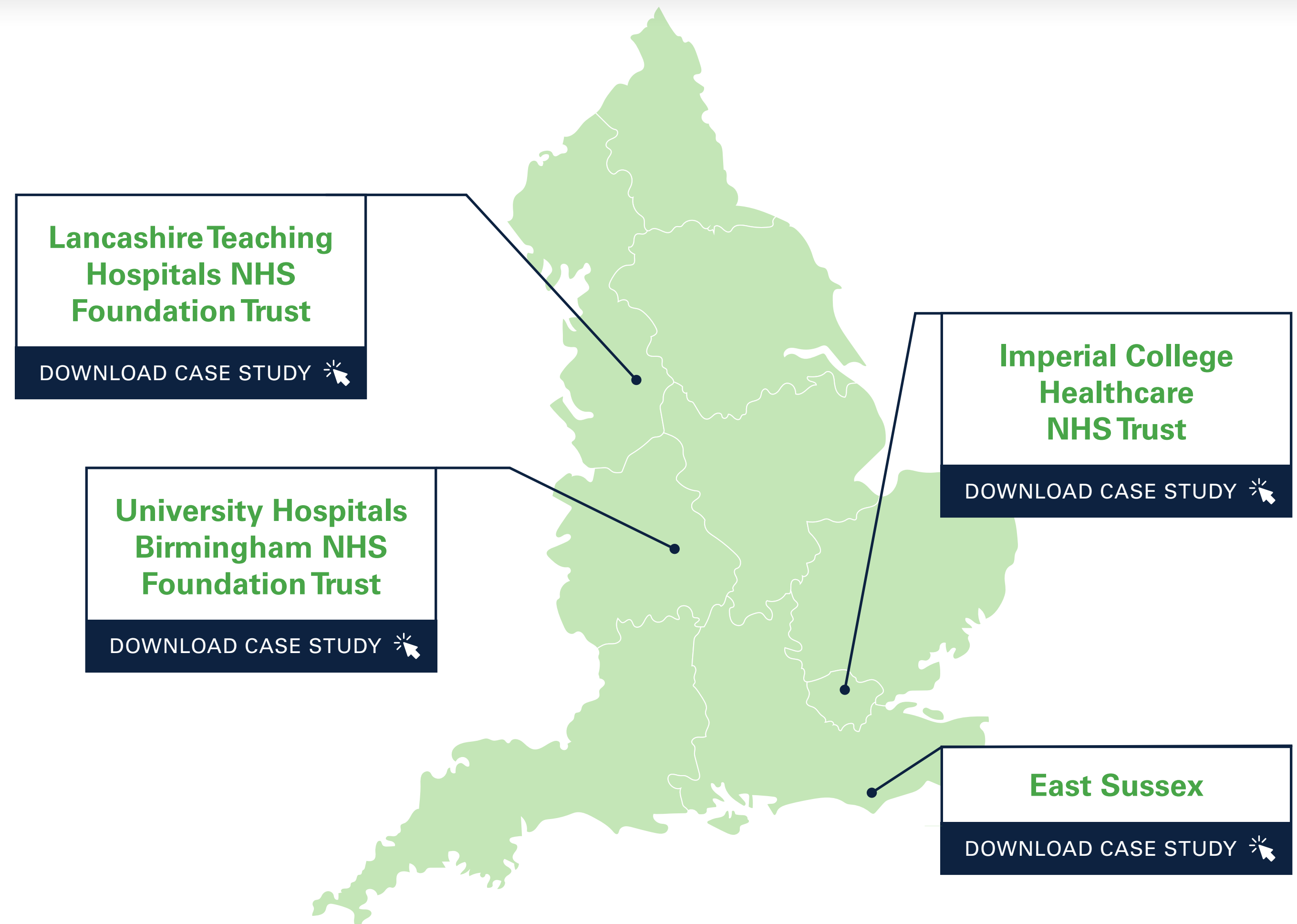
This document summarises the main findings from across the case studies. Individual case studies can be downloaded by clicking the buttons on the map.



We conducted in-depth interviews with healthcare professionals working in **four centres** throughout England to gain a consensus view on how they agreed, designed and implemented a change to their pathway and service locally, and what learnings can be taken from this to be shared with other areas contemplating a similar approach.

Healthcare professionals interviewed included:

- Uro-oncology clinical nurse specialists
- Medical and clinical oncologists
- Urology surgeons
- Oncology pharmacists



For more information on the case studies, or to discuss your own pathway, please contact your local **MSD Oncology Therapy Lead**



Click here to visit our MSD connect website to access more resources to support in RCC pathway redesign and patient care



Click here to request further information by contacting our MSD Oncology Mailbox



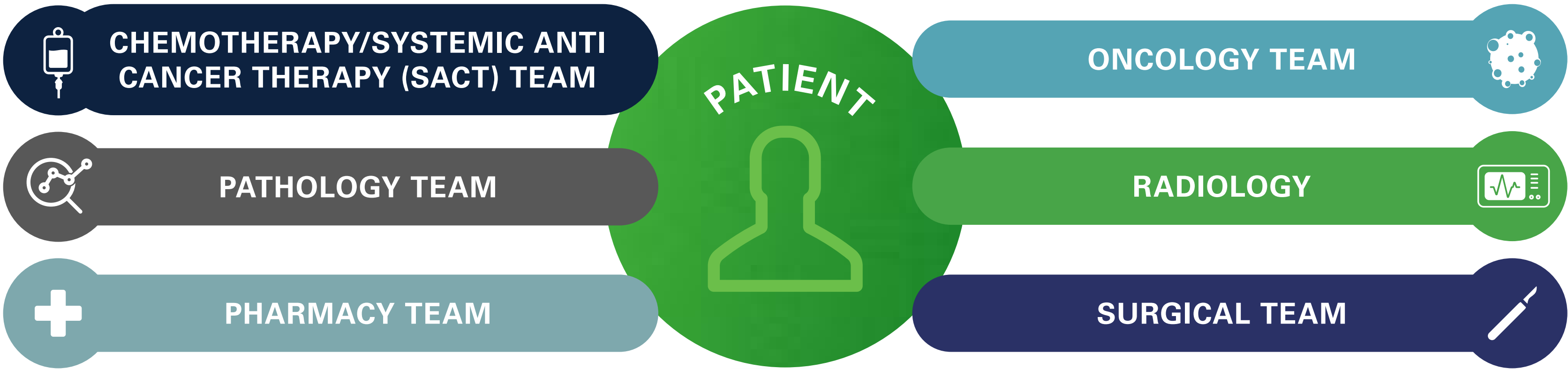
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COLLABORATION BETWEEN THE MULTIDISCIPLINARY TEAMS WAS KEY TO IMPLEMENTING AN ADJUVANT RCC THERAPY PATHWAY

All centres used a

MULTIDISCIPLINARY TEAM (MDT) APPROACH

Close communication and collaboration were cited as an important determinant of developing a pathway that could effectively include adjuvant RCC therapy by most interviewees



Communication

- Considered the most important aspect of successful pathway implementation
- Early communication with MDTs allowed for efficient pathway planning
- Communication needs centred around awareness of KEYTRUDA and the new pathway to access it



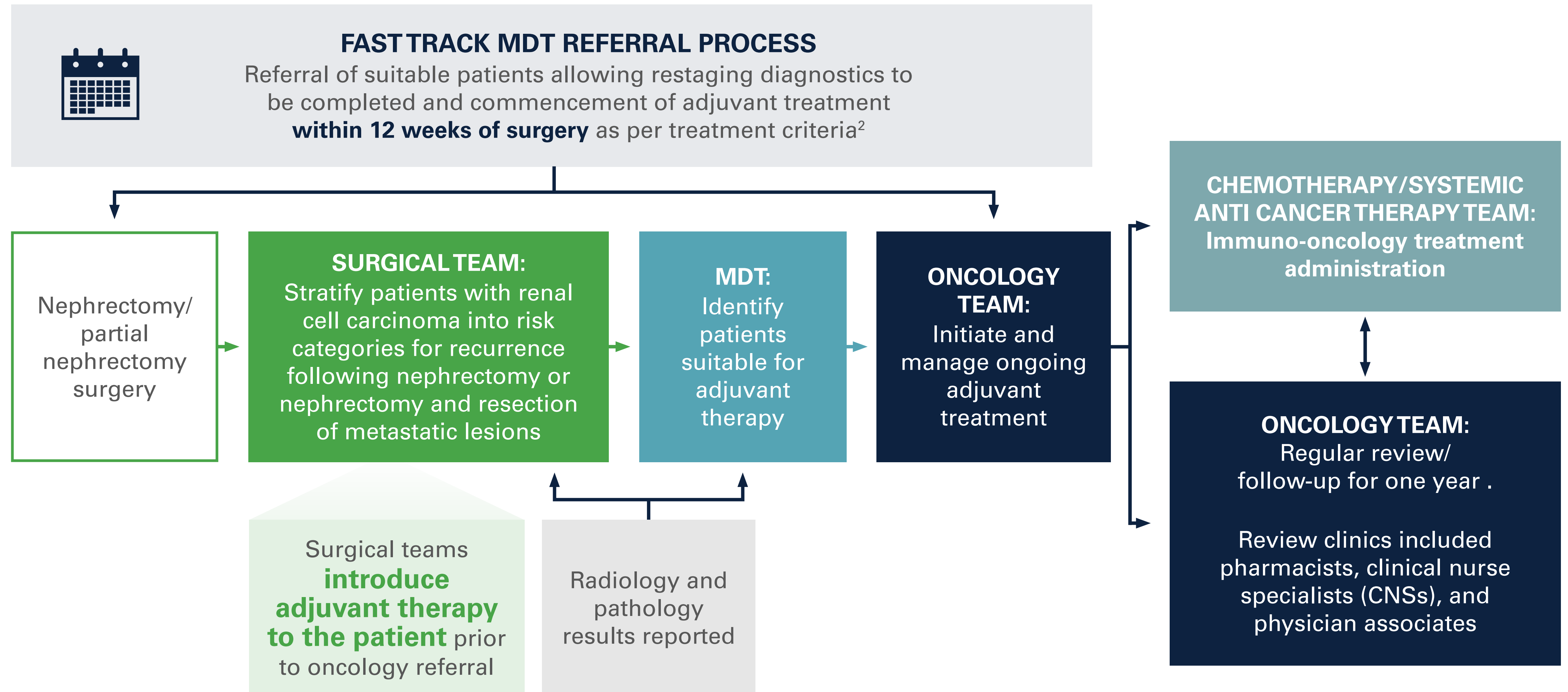
Involvement of the MDT is critical to ensure appropriate identification of eligible patients and **transfer of care between surgical and oncology departments**

"We're very lucky because we've traditionally had a fantastic relationship with our urology surgeons, and they've been very empowered and felt very engaged in adjuvant treatment..."
- Consultant oncologist, Lancashire

"...the collaboration and the crossing over from medical to surgical... you're seeing that joined up care between the urology CNS and the medical oncologist."
- Clinical nurse specialist, East Sussex


"We're trying to have more of a [surgical] presence... at [referral centre] MDTs to try and expedite the referrals of those patients who need to be seen quickly"
- Consultant urologist, Imperial

KEY CHANGES TO THE PATHWAY ACROSS TRUSTS INCLUDED TIMING OF THERAPY INTRODUCTION, REFERRAL PROCESS CHANGES, AND COLLABORATION



CAPACITY WAS CREATED BY OPTIMISING CLINIC APPOINTMENT TIMINGS, AND SKILL MIX, AS WELL AS UTILISING TECHNOLOGY

1



Some centres optimised the patient experience by 'batching' key appointments together

TREATMENT REVIEW

BLOOD TESTS

IMAGING

TREATMENT ADMINISTRATION

3

Skill mix optimisation

Oncology departments described changing the skill mix used to lead clinics, shifting away from consultants to using **CNSs, pharmacists, and physician associates**, as appropriate depending on where the patients were in the treatment pathway and their needs

2

The option to administer KEYTRUDA **400 mg as a six weekly dose** was cited by centres as having the potential to keep services manageable

Week

1

2

3

4

5

6

Administration appointments for six weekly dosing vs. three weekly dosing

The recommended dose of KEYTRUDA in adults is either:
200 mg every 3 weeks
or
400 mg every 6 weeks
administered as an intravenous infusion over 30 minutes¹

4

Telephone consultations and clinics

were implemented as they were more manageable than in-person follow-up, providing benefits for both the health service and patients



References

1. KEYTRUDA (pembrolizumab) Summary of Product Characteristics.

2. Choueiri, T. K., et al. (2021). Adjuvant Pembrolizumab after Nephrectomy in Renal-Cell Carcinoma. *New England Journal of Medicine*, 385(8), 683-694. <https://doi.org/10.1056/NEJMoa2106391>

KEY CONSIDERATIONS WHEN REDESIGNING YOUR PATHWAY



Planning

- Discuss what the resource gaps in any potential pathway are with MDT staff
- Map out an ideal patient pathway and consider how the number of appointments required can be optimised



Staffing

- Invest in training and development of staff to develop their roles so the skill mix in the department can meet RCC patients evolving needs within current capacity and workforce constraints



Service

- Engage with the most critical members of your MDT to ensure patients can receive treatment within 12 weeks of surgery
- **Build a clear referral pathway** with neighbouring hospital MDTs who refer to your service
- Discuss the proposed pathway with the MDT
- Liaise with the pharmacy department regarding what needs to be done to provide access to KEYTRUDA adjuvant RCC therapy

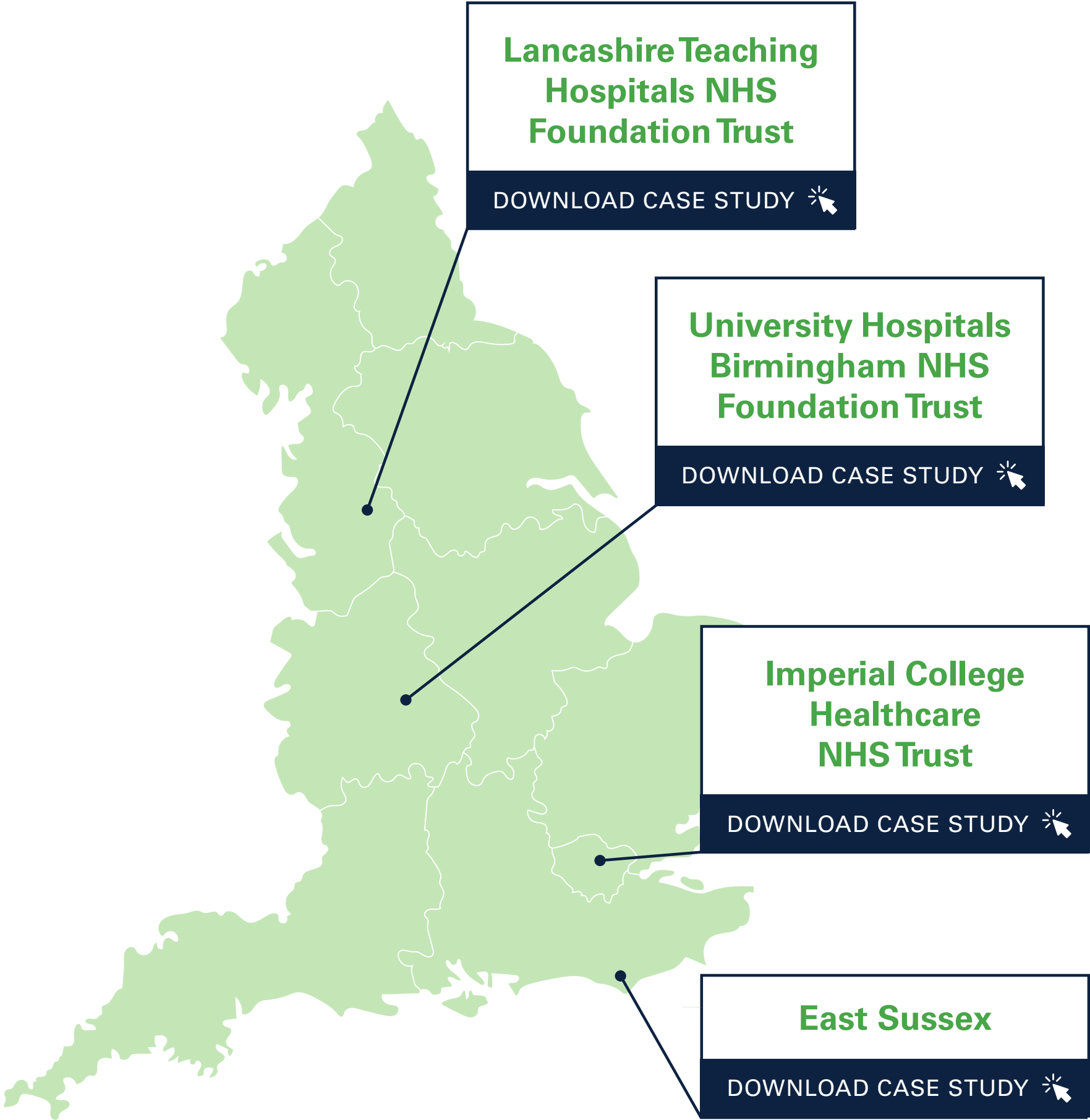


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