Case study 4: Lancashire Teaching Hospitals NHS Foundation Trust

RENAL CELL CARCINOMA (RCC) PATHWAY REDESIGN:

LEARNINGS FROM INTRODUCING ADJUVANT THERAPY TO THE RCC PATHWAY

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]

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.

This case study was developed alongside healthcare professionals involved in the kidney cancer service at LTH NHS FT. It has been funded by MSD. The 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.

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MSD

KEYTRUDA® (pembrolizumab)

THE ROYAL PRESTON HOSPITAL RENAL CANCER SERVICE

Receives **regional referrals** for renal cancers

~5 nephrectomy cases discussed by the Multi-Disciplinary Team (MDT) **per week**

~5 patients were undergoing treatment with **adjuvant KEYTRUDA therapy** for renal cell carcinoma **at time of interview**

KEYTRUDA Implementation for adjuvant therapy:[2]

Patients with renal cell carcinoma at increased risk of recurrence following nephrectomy or nephrectomy and resection of metastatic lesions underwent post-surgery surveillance under the **urological surgical team**

RECOMMENDATIONS

AT A GLANCE

Planning

Involve the pharmacy team and MDT early in the pathway development planning process

Collaborate closely with surgical colleagues

Staffing

Your oncology pharmacist and the MDT will be central to the process - ensure they are on board

Service

Organise clinic timings to provide the most efficient pathway for patients and service clinics

Ensure mechanisms are in place through the MDT so that patients who could benefit from treatment are not missed and are referred in a timely manner

Consider a patient experience coordinator who may be able to answer patient queries which do not require a specialist nurse

In-depth recommendations are available further on in this document

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WHO IS INVOLVED IN DELIVERING THE ADJUVANT RCC THERAPY SERVICE?

DELIVERING THE ADJUVANT THERAPY SERVICE:

- Medical oncologists – treat renal cancer
- Three specialist nurses
- Oncology pharmacists
- Chemotherapy nurses: administer KEYTRUDA treatment
- Members of the acute oncology team

THE MULTI-DISCIPLINARY TEAM (MDT)

- Urology specialist nurses
- Patient experience co-ordinator – improve patient pathways and provide administrative and patient support
- Service manager
- Outpatient manager
- Urologists
- Radiologists
- Research nurses (for clinical trials)

"It is very important that all suitable patients be identified at the MDT meeting and the outcomes accurately documented. Furthermore, the action plan should be clear on timeline and those responsible for further management of the patient"

Urologist

KEY CONSIDERATIONS BEFORE ADJUVANT RCC THERAPY SERVICE REDESIGN

from Lancashire Teaching Hospitals NHS Foundation Trust clinical experience

Planning

- Familiarise yourself with the existing pathway, and identify steps which are prone to bottle necks
- Identify teams and **roles outside the oncology department** who may also need to be involved or notified
- Consider what **extra staffing** or **estates resources** might be needed to deliver a new treatment

Development

- Engaging with the pharmacy department is essential in ensuring patient access following reimbursement/availability through locally funded NHS supply

Communication

- Involve and engage with pharmacy at an early stage
- Collaborate closely with the urology team to ensure patients receive scans and are referred in a timely manner
- Build pre and post operative conversations with patients about the purpose of adjuvant KEYTRUDA therapy into the pathway

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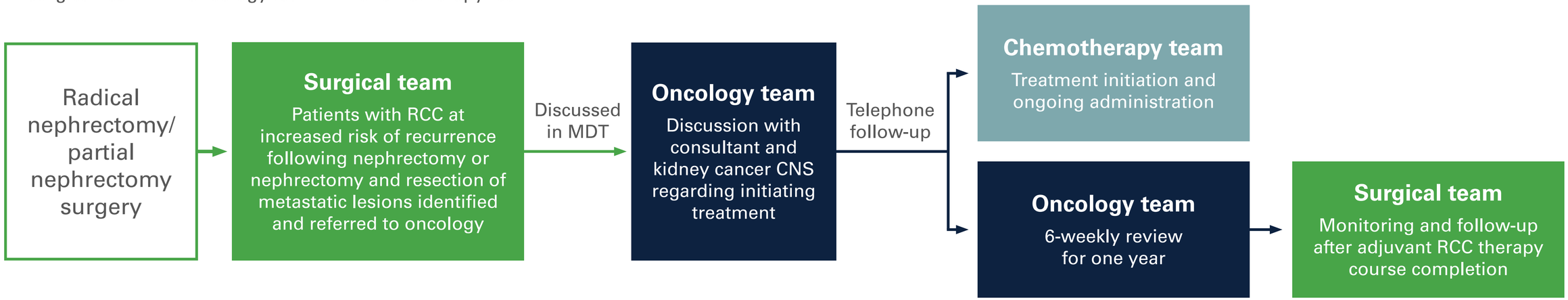
HOW WAS THE NEW PATHWAY DESIGNED?

Urology surgeons proactively requested an adjuvant treatment pathway and played a proactive role in setting up the new pathway.

The Royal Preston Hospital Pathway

Surgical team | Oncology team | Chemotherapy team



What has changed?

Patients have a post-surgery clinic appointment with their primary surgeon. If they have been assessed as a suitable candidate for adjuvant therapy, they are formally referred to oncology at this appointment.

Potentially suitable patients are identified in the MDT meetings to be fast-tracked to ensure their treatment can start within 12 weeks.[3]

Patients who may be suitable for adjuvant therapy now have a post-operative re staging scan 4-6 weeks post-surgery to allow for their treatment to begin at or before 12 weeks.[3]

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WHAT EDUCATION AND TRAINING WERE IMPLEMENTED TO FACILITATE THE NEW PATHWAY?

- The **KEYTRUDA adjuvant treatment protocol**, which is available to all members of staff involved in the service, includes the dose, how often it is given, and management of toxicity
- The surgical team were provided with **education to be able to have an initial discussion with the patients** prior to their referral to the oncology team

"We usually alternate the visits [for patients on adjuvant therapy] between consultants and the nurse practitioners. And sometimes, if the patients are very stable, they might have two visits [with the nurse practitioner]"

Consultant oncologist

WHAT CHANGES TO THE SERVICE ARE NEEDED OR EXPECTED IN THE FUTURE?

- **Ways for the patient to be assessed closer to home, to reduce travel time and disruption for patients, including clinic appointments held in satellite sites. Telephone consultations have also been trialled**
- Extending clinic times to include weekends. This will help to optimise clinic resources and fit in with patients' lives
- Recruitment of a specialist oncology nurse to act as a consistent point of contact for the MDT, co-ordinating care throughout the patient's journey

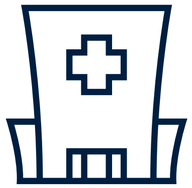
COMMUNICATION

- Communication with the pharmacist is a must, as they will be responsible for filling in the relevant funding forms
- Communication with the patient throughout the process is essential. Consider how the risk of recurrence is communicated with patients at each stage of their journey

WHAT WOULD YOU RECOMMEND TO ANOTHER CENTRE PUTTING A NEW ADJUVANT TREATMENT PATHWAY IN PLACE?

Planning

- **Collaborate closely** with surgical colleagues, as they are essential for referring patients into the service
- Involve the **pharmacy and urology teams** early on in the pathway development process



Staffing

- The **oncology pharmacist** will be central to ensure patient access following reimbursement/ availability through locally funded NHS supply
- Involvement of the **MDT** is critical as this is where suitable patients are identified

Service

- Ensure mechanisms are in place through the MDT so that **patients who could benefit from treatment are not missed**
- Consider whether you need to **discuss or optimise timing of scans** with the radiology department prior to developing the pathway
- Examine the skills required for each role within the pathway and match them to the skillsets available to you to ensure **optimisation of clinic time**, e.g. a patient experience coordinators may be able to answer patient queries which do not require a specialist nurse
- **Engage with referring centres** to ensure eligible patients are referred in a timely manner

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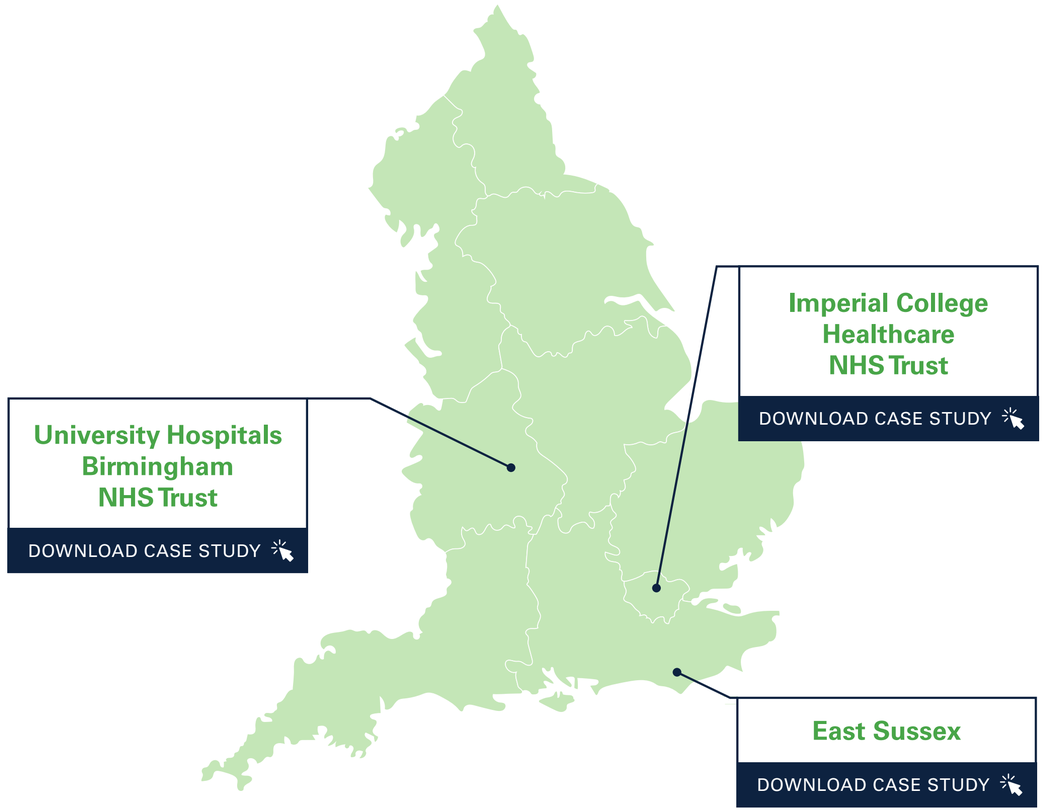

For more information on the case studies, or to discuss your own pathway, please contact your local **MSD Oncology Therapy Lead**

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

REFERENCES

1. KEYTRUDA (pembrolizumab) Summary of Product Characteristics.
2. Pembrolizumab for adjuvant treatment of renal cell carcinoma. Technology appraisal guidance [TA830].
3. 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

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