PRESENTER:

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INTRO

An immune-related adverse effects (IrAE) assessment tool may increase confidence in identifying IrAE of patients receiving an Immune Checkpoint Inhibitor (ICI) for the treatment of cancer.

BACKGROUND

- IrAEs are common and may manifest in a wide variety of organ systems and be unpredictable in timing of onset.
- Early recognition and treatment is crucial in mitigating IrAE severity.
- There is not a standardized algorithm, guide, or list of symptoms to follow when monitoring patients ICIs.
- Many health care providers, including oncologists, report that they do not feel very comfortable managing IrAEs.
- The current standard of practice at The Guthrie Clinic is to assess all patients for general symptoms that are common with traditional chemotherapy.

METHODS

- This cross-over, pilot study compared confidence associated with identifying IrAE through the traditional adverse effect (tAE) assessment tool compared to the modified IrAE assessment tool.
- Nurses physically assessed each patient that presented to the outpatient infusion center for ICI treatment using the tAE tool followed by the IrAE tool.
- Confidence changes were assessed through Likert Scale questions and analyzed using Wilcoxon signed-rank test with continuity correction.

Immunotherapy and chemotherapy are vastly different. Assessment for toxicity should also differ.

Gender

Immune c inhibitor

Cancer dia

Patient Population (N = 30 patients)		
	n (%)	n (%)
	Male 20 (66.7%)	Female 10 (33.3%)
checkpoint (ICI)	Pembrolizumab 11 (36.7%)	
	Nivolumab 7 (23.3%)	
	Durvalumab 6 (20.0%)	
	Atezolizumab 6 (20.0%)	
agnosis	Non-Small Cell Lung Cancer 15 (50.0%)	
	Small Cell Lung Cancer 6 (20.0%)	
	Melanoma 4 (13.3%)	
	Squamous Cell Carcinoma 2 (6.7%)	
	Oropharyngeal 1 (3.3%)	
	Hepatobiliary 1 (3.3%)	
	Colon 1 (3.3%)	

Nurse Confidence



Title: Comparing nurse confidence in identification of adverse effects from immune checkpoint inhibitors between a traditional adverse effect tool and a modified immunerelated adverse effect tool

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OUTCOMES

- Primary outcome: difference in the confidence that nurses rate their ability to assess for IrAE when using each assessment tool.
- Secondary outcomes: accuracy of the new tool for predicting presence of IrAE, steroid utilization, incidence of treatment interruptions, incidence of ED visits or hospital admissions for management of IrAE, and satisfaction of the interdisciplinary team.

RESULTS

- A total of 43 symptom assessments were conducted on 30 unique patients.
- A Wilcoxon signed-rank test showed that the tool did elicit a **statistically significant** change in confidence scores (p = 0.01471).
- Nurses declared an IrAE was present on 7 of the 43 assessments.
- Three were not identified with the traditional adverse effect assessment.
- Two patients received steroids to treat IrAE
- One patient was hospitalized for possible IrAE, and treatment was discontinued.
- Average time to complete IrAE assessment note was 5 minutes and 36 seconds.
- Post-study survey to assess satisfaction is still pending.

CONCLUSION

Use of the IrAE symptom assessment tool appears to significantly increase infusion center nurses' confidence in their ability to identify an IrAE

