Case study 1: East Sussex

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 in East Sussex. 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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KEYTRUDA® (pembrolizumab)

THE EAST SUSSEX RENAL CANCER SERVICE

Treatment and clinics are run through two main hospitals

The renal cancer service treats approximately **40 new renal cell carcinoma patients per year**

2 patients had been referred for KEYTRUDA adjuvant treatment 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**

THE NEED FOR PATHWAY OPTIMISATION

The introduction of KEYTRUDA adjuvant therapy for renal cell carcinoma provided an opportunity for service redesign

The oncology service delivery has been challenged by restraints in oncology consultant recruitment.

At the same time, there has been a substantial increase in the number of patients requiring their service, in line with UK-wide increasing kidney cancer incidence rates since the 1990s[3] and the impact of COVID-19 on diagnosis and treatment, resulting in backlogs and delays.[4]

With the introduction of adjuvant KEYTRUDA, eligible patients require treatment administration in chemotherapy clinics as well as regular reviews for one year in the acute urological oncology clinic.

RECOMMENDATIONS
AT A GLANCE

Planning — Approach service recommendations proactively with a view to improve quality

Staffing — Match staff skills to patient needs to ensure optimal skill mix

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

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 RCC THERAPY SERVICE:

- Oncologist: reviews patients with renal cell carcinoma
- Oncology nurses: independent working, reviewing patients in the clinic setting
- Lead urological oncology nurse specialist: leads diagnostics
- Physician associates: provides clinic support
- Macmillan support worker: provides holistic support to patients (works cross-site)
- Chemotherapy nurses: administer KEYTRUDA treatment
- Service manager (covers oncology and haematology departments)

CROSS-FUNCTIONAL REFERRAL ROLES:

- Surgical team: refers potentially suitable patients to the oncology MDT and takes on surveillance of the patient following completion of their treatment course
- A&E staff: identify patients with potential immunotherapy toxicity and refer them to the fast-track clinic

So, if I could choose one colleague of mine to look after adjuvant immunotherapy patients it would be a pharmacist, or a physician associate"

Medical oncology consultant, East Sussex

KEY CONSIDERATIONS BEFORE RCC ADJUVANT THERAPY SERVICE REDESIGN

from East Sussex clinical experience

Planning

- Consider the end goals of the service redesign and **identify** the **key individuals** who will need to be involved and make decisions
- Identify teams and **roles outside of oncologists** who may also need to be involved or notified
- Consider what **extra staffing** or **resources** might be needed to deliver a new treatment
- Examine the skills required for each role within the pathway and **match them to the skillsets available to you**. For example, a clinically focused pharmacist or physician associate role may be suitable for follow up of patients requiring adjuvant treatment in clinics, allowing specialist nurses more time to deal with patients with metastatic disease who may have more complex, holistic requirements
- Use a **PDSA** structure to drive quality improvement – Plan, Do, Study, Act

Development

- Make use of available resource planning **toolkits** to help **quantify increased workforce resources** needed when initiating a new treatment
- Use **business cases** to communicate the resource requirements and service changes to key stakeholders such as service managers
- Check whether any external support is available from the voluntary, community and social enterprise sector (e.g. Macmillan Cancer Support)

Communication

- Consider training yourself or the team on **negotiation skills** to ensure you can get the whole team on board with the new pathway

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HOW WAS THE ADJUVANT RCC THERAPY PATHWAY DESIGNED?

A pathway task group was formed, involving staff from various departments including urological oncology nurse specialists, lead cancer urologists, and the wider MDT group

The East Sussex adjuvant RCC therapy pathway

■ Surgical team ■ Oncology team ■ Chemotherapy team

What has changed?

Rather than undergoing post-surgery surveillance with the surgical team, patients who are suitable for adjuvant therapy are now referred into the urological oncology clinic within 7 days

Imaging and diagnostic visits have been rearranged to provide efficiencies for both the patient and the oncology service

Patients receiving adjuvant treatment are reviewed every 6 weeks for at least one year

The skill mix used to lead clinics changed, shifting away from consultants and towards clinical nurse specialists (CNSs), pharmacists and physician associates, as appropriate depending on where the patients were in the treatment pathway and their needs

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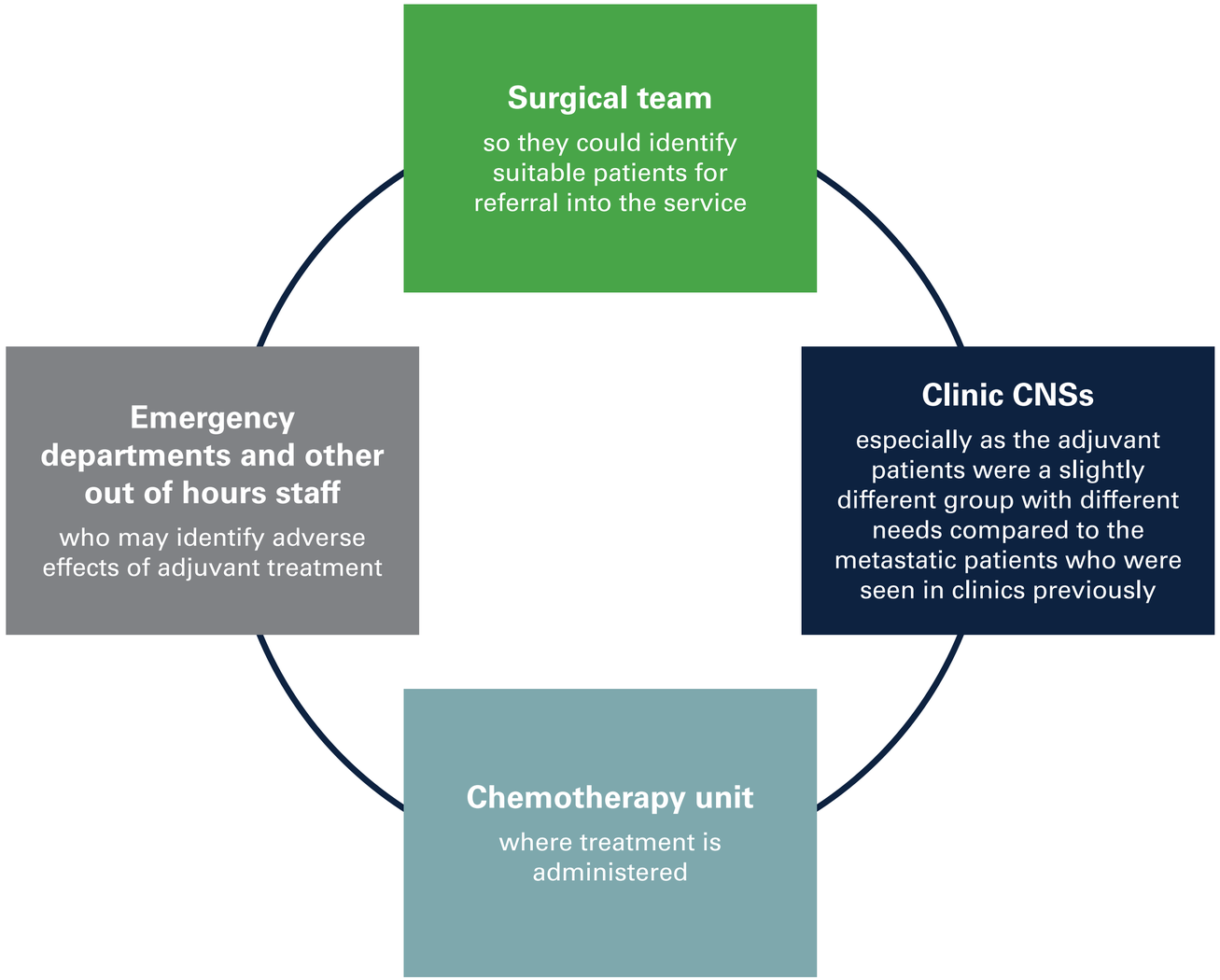
COMMUNICATION

Considered the most important aspect of successful pathway implementation

Alongside clear communication about the need and implementation of the pathway within the oncology department, discussions with wider staff groups was essential. Those informed about the new pathway included:



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WHAT EDUCATION AND TRAINING WERE IMPLEMENTED TO FACILITATE THE NEW PATHWAY

Education was identified as a major pain point when initiating the new pathway

- **Specialist nurses** would now be seeing a new group of patients in clinics. They were therefore provided with training and education regarding how to approach this patient group
- An **educational meeting** about adjuvant therapy in RCC with KEYTRUDA was provided to the wider oncology team as part of their internal medical education schedule
- Training was also made available to the **wider hospital team** in areas which may encounter patients being treated with adjuvant KEYTRUDA therapy such as A&E departments
- Recruitment of a **systemic anti-cancer treatment educator** to provide ongoing staff training is included in the future plans of the service

HOW IS THE PERFORMANCE OF THE PATHWAY MONITORED?

- The service has undergone a clinical audit
- Ongoing logging of incidence reports is encouraged
- Patients and staff are surveyed – at the time of interviews, the patient surveys had returned a 100% recommendation rate

"...What's really unique about that service... is the development ***and the collaboration in the crossing over from medical to surgical****... you're seeing that joined up care more between the urology CNS and the medical oncologist. So that's quite nice to see that developing."*

Renal oncology CNS

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

The team are considering extending clinic times to include weekends. This will help to optimise clinic resources and fit in with patients' lives.

Changes to date include moving blood transfusions to the infusion clinic to free up capacity in the cancer unit, and providing electrolyte infusions at weekends when a full acute oncology service is not required.

Ways to provide in-person and virtual group educational sessions to patients are also being considered, to reduce the number of individual appointments required without compromising quality.

"And I do think [our] five-year plan will ***include [achieving] the best seven-day service, including offering treatments that weekend,*** *because obviously patients are a lot younger and having these treatments"*

Renal oncology CNS

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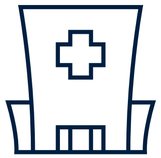
WHAT WOULD YOU RECOMMEND TO ANOTHER CENTRE ESTABLISHING A NEW ADJUVANT RCC THERAPY PATHWAY IN PLACE?

Planning

- Consider the need for a new pathway as a **quality improvement** for patients rather than an inconvenience
- Approach service changes **proactively** rather than reactively where possible



Staffing

- Consider the need for a new pathway as a **quality improvement** for patients rather than an inconvenience
- Approach service changes **proactively** rather than reactively where possible
- Consultants may need to move into a more **supervisory** role to help maximise clinical capacity
- Managing many different clinics can prove a challenge - consider a **“mega-clinic”** in which patients can be seen by all the relevant multidisciplinary team members in the same clinic, at the same visit
  - Mega-clinics could be run on a weekly basis by consultants and 2 specialist nurses who will each see between 7 and 11 patients
  - Could include new patients, patients requiring review of scan results, and patients requiring toxicity reviews

Service

- Consider whether clinics could be **reorganised to ensure optimal efficiency**, e.g. scheduling administration, reviews, and diagnostic appointments in a way which enables efficiencies in the number and timings of appointments
- Consider ways to use **technology** in the pathway, e.g. **telephone consultations and clinics** may be more manageable than in-person clinics, providing benefits for both the health service and patients
- Plan a way to collect and **include patients’ views** and needs throughout the process of service redesign

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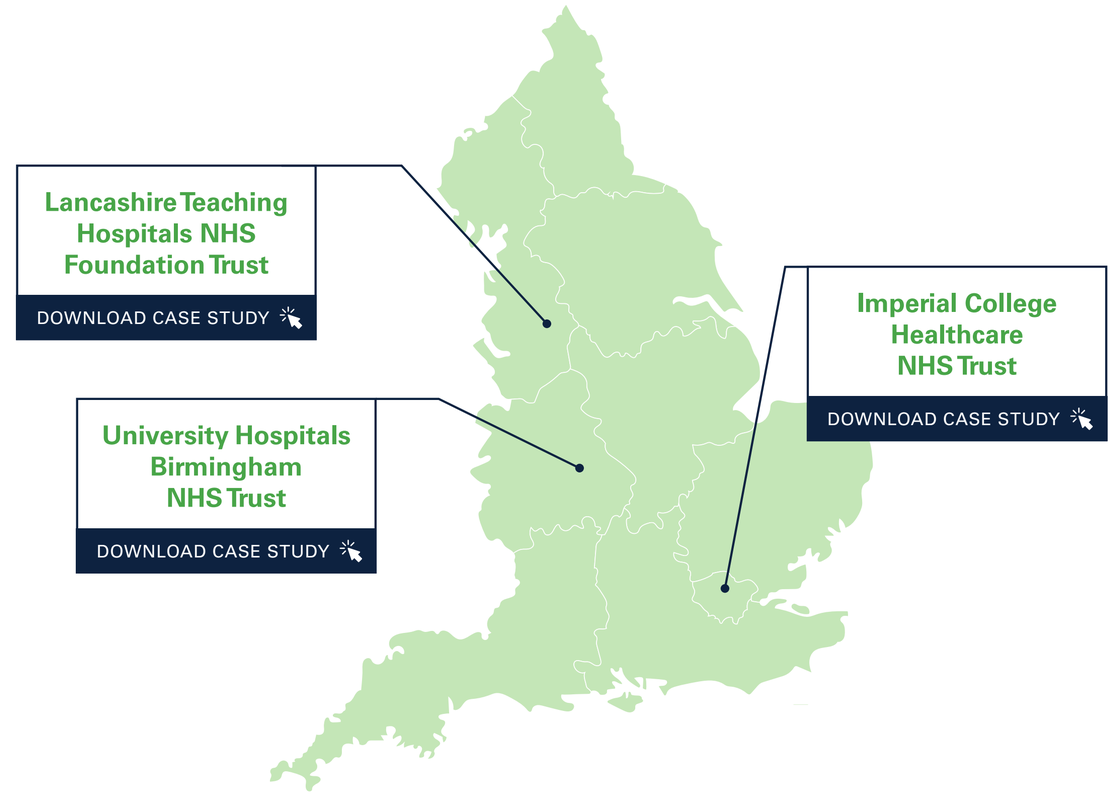

For more information on the case studies, or to discuss your own pathway, please contact your local **MSD Oncology Therapy Lead**

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

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REFERENCES

1. KEYTRUDA (pembrolizumab) Summary of Product Characteristics.
2. NICE. 2022. Pembrolizumab for adjuvant treatment of renal cell carcinoma. Technology appraisal guidance [TA830].
3. Cancer Reasearch UK. Kidney cancer statistics.
4. International Kidney Cancer Coalition. The impact of COVID-19 on the kidney cancer community.

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