Case study 3: Imperial College Healthcare NHS 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 ICH NHS Trust. 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 IMPERIAL COLLEGE HEALTHCARE NHS TRUST RENAL CANCER SERVICE

6 hospitals
in the West London area refer kidney cancer patients to Charing Cross Hospital for nephrectomy surgery

~6
full or partial nephrectomies per week

10-12 patients
undergoing KEYTRUDA adjuvant therapy 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 immediate post-surgery care under the **urological surgical team**, then were followed up by the oncology team regardless of risk of recurrence. Patients are followed up for between five and ten years, depending on their risk grouping.

THE NEED FOR PATHWAY OPTIMISATION

Patients receiving KEYTRUDA adjuvant therapy would require review in an acute urological oncology clinic setting

There has been a substantial increase in the number of patients requiring the renal cancer service, in line with UK-wide increasing kidney cancer incidence rates since the 1990s[2] and the impact of COVID-19 on diagnosis and treatment, resulting in backlogs, delays, and strain on the service.[3]

Locally, pressures on imaging departments led to a backlog of unreported scans, meaning outpatient appointments were being cancelled and rebooked, adding to existing administration and workload pressures.

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.

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RECOMMENDATIONS
AT A GLANCE

Planning
Streamline the patient pathway within the MDT so eligible patients can receive treatment within the 12 week post-surgical period

Pathway
Close collaboration between oncology and the surgical team is key

Service
Timing is essential. Proactive follow up of pathology or imaging may be required

In-depth recommendations are available further on in this document

WHO IS INVOLVED IN DELIVERING THE ADJUVANT RCC THERAPY SERVICE?

DELIVERING THE ADJUVANT RCC THERAPY SERVICE:

- Oncologists: review patients with renal cell carcinoma
- 2 oncology nurses: provide clinic support
- Pharmacy support
- Chemotherapy nurses: administer KEYTRUDA treatment
- MDT renal cancer co-ordinator
- Oncology service manager

THE WIDER TEAM:

- 1 MDT co-ordinator
- 8 surgeons who operate on renal cancers, 3 of which work exclusively on kidney cancer: refer potentially suitable patients to the MDT
- Surgical admin support
- Surgical service manager
- Radiology team

*"I think it's important that whoever's running the MDT **has [the pathway] in the forefront of their mind** and that the outcome is mentioned in the MDT, and everything will kind of roll on from there."*

Oncologist, Imperial College Healthcare Trust

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KEY CONSIDERATIONS BEFORE RCC ADJUVANT THERAPY SERVICE REDESIGN

from Imperial College Healthcare Trust

Planning

- Communicate and liaise closely with the leaders of the MDT, and ensure the intended purpose of the **pathway is presented** to the whole MDT

Development

- Centres may need to reconsider the **timings of imaging result availability** and follow up appointments to ensure that patients are able to initiate treatment within the 12-week post-operative window[4]
- Referral pathways likely won't need to change radically, but more resources such as **imaging and pharmacy support** may be required
- Identify local centres where patients are not referred in a timely manner and explore ways to expedite referrals

Communication

- Ensure that the pathway specifies that the **surgeon should communicate the possibility of adjuvant systemic therapy to potential candidates** for systemic therapy

COMMUNICATION

- Provide an awareness across the whole MDT that surgery isn't necessarily the end of the road for patients with renal cell carcinoma, and that adjuvant therapy is now available
- Communication with radiology departments regarding the need for prompt reporting of CT scans for suitable patients

HOW WAS THE ADJUVANT RCC THERAPY PATHWAY DESIGNED?

The pathway was designed in discussion with the MDT as an extension of that utilised during clinical trials.

The Imperial College Healthcare Trust adjuvant RCC therapy pathway

Surgical team | Oncology team | Chemotherapy team

≤12 weeks[5]

Radical nephrectomy/ partial nephrectomy surgery

Surgical team
Assess risk of recurrence in patients with renal cell following nephrectomy or nephrectomy and resection of metastatic lesions

MDT
Discussion of pathology results

Surgical team
Post-operative follow up

Initial discussion of adjuvant RCC therapy

Oncology clinic
Discuss adjuvant therapy. Patient is issued a leaflet

Telephone follow-up

Oncology team
CT scan and administration appointment requested

Oncology team
Clinic appointment to discuss CT scan results

Chemotherapy team
Treatment initiation and ongoing administration

Oncology team
6-weekly review for one year

What has changed?

Patients are discussed at the MDT, then referred to the surgical clinic. Following surgery, they are discussed in the MDT when their pathology results are back

Suitable patients are assessed in the surgical clinic, where adjuvant therapy is discussed. Ideally, they are seen in the oncology clinic on the same day, though this is not always possible

In the oncology clinic, the rationale and adjuvant treatment options are discussed in detail, and the patient is issued with an information leaflet. They are followed up by telephone a few days later

If they agree to treatment, they are booked in for re stage and an administration appointment

They are seen again in clinic in two weeks' time to discuss the CT scan results. The oncologist proactively chases up CT scan results to ensure they are back in time for the appointment

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

Using six-weekly KEYTRUDA dosing to reduce the number of cycles required in order to free up capacity. Patients would likely still be followed up at 3 weeks in the first treatment cycle to check for adverse events.

Providing a joint surgical and oncology clinic so that the oncologist is present when suitable patients are followed up post-operatively

> ***"I think it would be very sensible to have a joint clinic where the oncologist was sat in the same space as the surgeons and everyone could see the patients on same day... normally that will save a week or two"***
>
> Urologist, Imperial College Healthcare Trust

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

Planning

- Discuss the **planned pathway** with the MDT
- Discuss ways to streamline the patient pathway within the MDT so that eligible patients can receive treatment within the 12 week post-surgical period

Patient pathway

- Surgeons should **mention the possibility of adjuvant RCC therapy** to appropriate patients when they deliver their pathology results

Service

- **Timing is essential.** Proactive follow up of pathology or imaging may be required
- Speeding up referrals can be a continuous process. Maintain a surgical presence at referring hospitals' MDTs to try to **expedite referrals of appropriate patients**
- Consider joint surgical and oncology clinics if capacity allows

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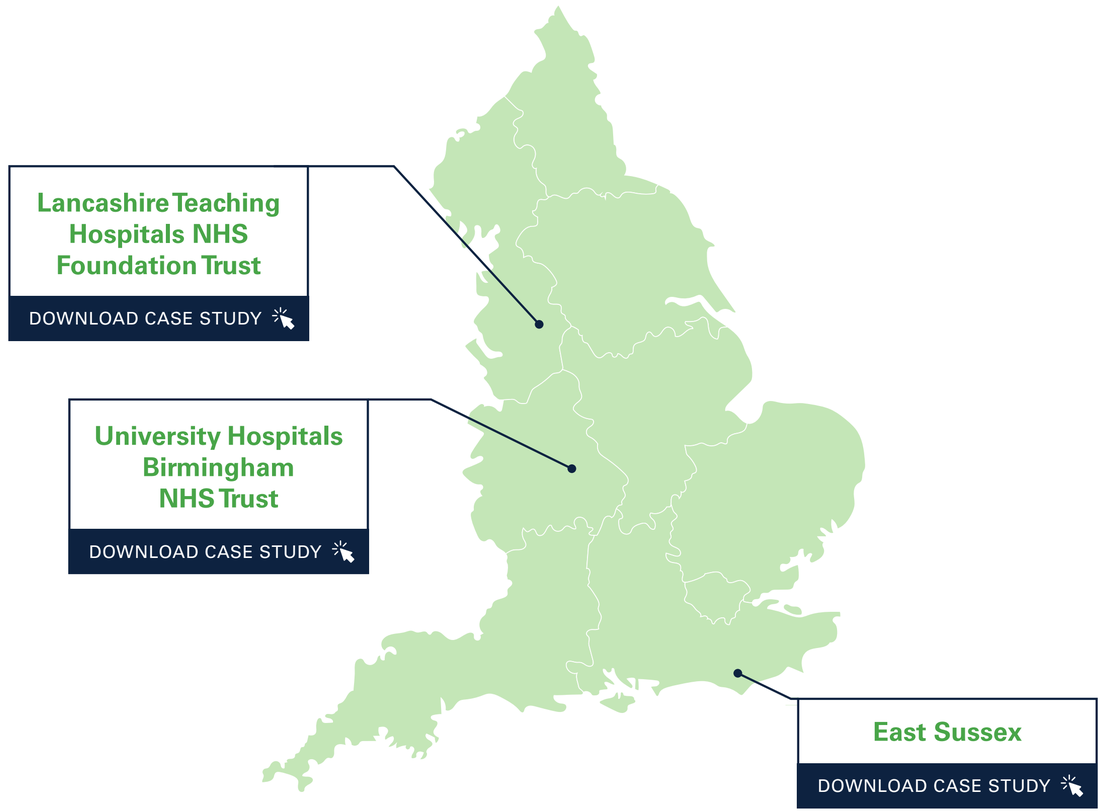

For more information on the case studies, or to discuss your own pathway, please contact your local **MSD Oncology Therapy Lead**

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.
5. 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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