PHARMACIST TAILORED MONITORING FOR PATIENTS INITIATING ENCORAFENIB AND BINIMETINIB COMBINATION THERAPY

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PURPOSE

This study assessed the impact of pharmacist tailored monitoring on therapy changes during the first 90 days after encorafenib and binimetinib initiation.

METHODS

- Single-center pre/post-intervention design at Vanderbilt University Medical Center
- Patients, not part of a clinical trial, filling encorafenib and binimetinib for metastatic melanoma at Vanderbilt Specialty Pharmacy or manufacturer assistance program

FIGURE 1. PATIENT MONITORING SCHEDULE

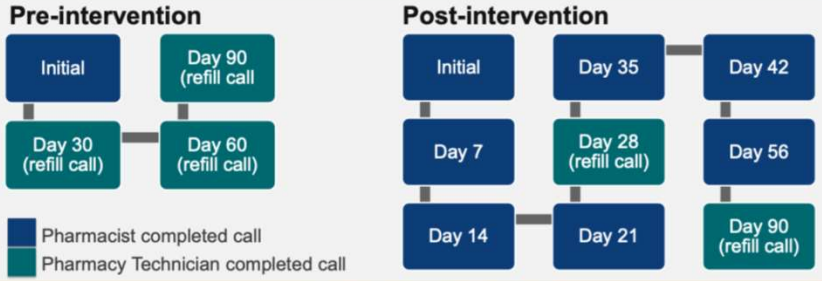


FIGURE 2. MONITORING TOPICS

Specific Adverse Effects (AEs) Monitored*

Day 7	Nausea, vomiting, diarrhea, constipation, headache
Day 14	Fatigue, body aches, rash
Day 21	Fever
Day 35	Body aches, pains, changes in breathing
Day 42	Vomiting
Day 56	Changes in vision, breathing, or skin

*Specific AE monitoring schedule was determined using clinical trial AE data. Patients were asked about the specific AEs in the designated days on therapy, however, all AEs reported by patients were addressed in monitoring calls

CONCLUSION

This study supports the recommendation to follow-up 7-14 days after oral anticancer medication initiation.

More studies are needed to evaluate the benefit of increased pharmacist monitoring beyond 2 weeks of therapy in patients initiating encorafenib and binimetinib combination therapy.

RESULTS

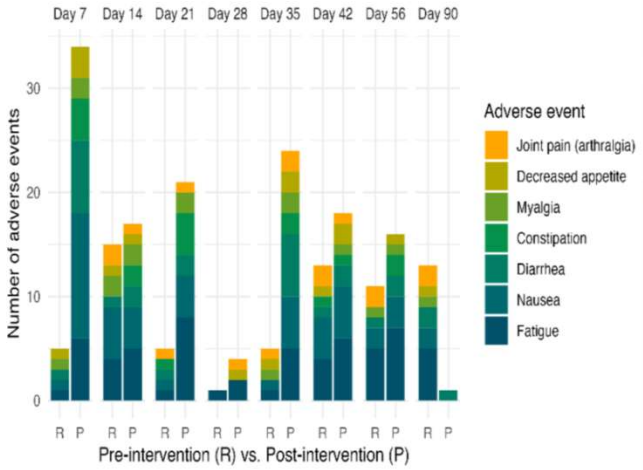
TABLE 1. COHORT CHARACTERISITICS

	Pre-intervention (n=18)	Post-intervention (n=19)
Age, years-median (IQR)	59 (43-65)	59 (51-68)
Gender, n (%)		
Female	9 (50)	7 (37)
Male	9 (50)	12 (63)
Race, White, n (%)	18 (100)	19 (100)
Disease duration, years-median (IQR)	1.6 (0.8-3.1)	1.0 (0.4-2.6)
Cancer Type, n (%)		
Metastatic melanoma, BRAF V600E +	17 (94)	15 (79)
Metastatic melanoma, BRAF V600K +	1 (6)	3 (16)
Unresectable melanoma, BRAF V600K +	0 (0)	1 (5)
Cancer Stage at Diagnosis, n (%) stage 4	10 (56)	18 (95)

TABLE 2. PHARMACIST INTERVENTIONS (PIs)

	Total PIs (n=128)	Patient Level PIs (n=19)
Patient education, n (%)	70 (55)	18 (95)
Supportive therapy, n (%)	28 (22)	13 (68)
Dose interruption, n (%)	9 (7)	6 (32)
Chart review, n (%)	6 (5)	6 (32)
Dose reduction, n (%)	5 (4)	5 (26)
Care coordination, n (%)	6 (5)	5 (26)
ER/hospital visit, n (%)	3 (2)	3 (16)
ER/hospital visit unrelated to therapy, n (%)	1 (1)	1 (5)

FIGURE 3. ADVERSE EVENTS (AEs) FREQUENCY & TIMING



126 vs. 211
AEs reported in the pre-intervention vs. post-intervention over first 90 days of treatment

The most common AEs were similar between the groups:
Fatigue (56%, 68%)
Nausea (44%, 74%)
Diarrhea (17%, 47%)

44% vs. 84%
of patients reported at least 1 AE in the first 7 days of treatment pre-intervention vs. post-intervention, supporting the potential benefit of early monitoring

Summary of therapy changes in the first 90 days of treatment

Dose Interruptions
- More patients with interruptions in the post-intervention cohort (44% vs 58%)

Dose reductions
- More patients with dose reductions in the post-intervention cohort (39% vs 47%)
- Dose increases after a reduction occurred only in the post-intervention cohort (11%)

Discontinuations
- More patients discontinued treatment in the post-intervention cohort (11% vs 26%)
- AEs contributed to 1 treatment discontinuation in the post-intervention cohort and 0 in the pre-intervention cohort

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