

Pilot Student-Led Patient Education and Proactive Toxicities Follow-Up for Moderately and Highly Emetogenic Chemotherapy Regimens at an Outpatient Oncology Clinic in New Brunswick



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Background

- A gap in patient access to care and follow-up was identified in cancer patients receiving IV systemic therapy
- With the switch of Canadian pharmacy schools to a PharmD program, it was proposed that year-round APPE students could offer a follow-up service for IV chemotherapy patients at higher risk for toxicities such as patients on moderately and highly emetogenic chemotherapy
- Similar student-led initiatives have been described at other institutions such as the Odette Cancer Centre in Toronto, Ontario (1)

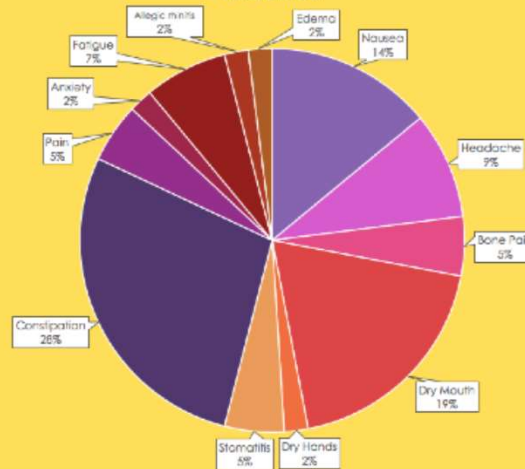
Objectives

To improve access to follow-up care and proactively manage toxicities for patients on moderately and highly emetogenic chemotherapy regimens

Methods

- This pilot project ran from June 24, 2024 to August 13, 2024
- The student printed a list of new chemotherapy starts for the week and identified moderately and highly emetogenic chemotherapy regimens as classified by BC Cancer (2)
- The student contacted the oncologist/hematologist for any drug therapy related problems, such as failure to order or prescribe supportive care medications or for drug interactions
- The student met with patients in the chemotherapy room to:
 - Discuss nausea medications and non-pharmacological measures for preventing and managing nausea
 - Assess baseline nausea
 - Discuss any other supportive medications
 - Provide a supportive medications calendar
 - Answer questions
 - Get consent to complete a follow-up call
- The student conducted a follow-up call in 2-3 days (if a Thursday start it was 4 days) and:
 - Conducted a toxicities assessment and graded toxicities using CTCAE Version 5 Criteria (3)
 - If applicable, provided non-pharmacological recommendations, pharmacologic recommendation, answered drug information request, provided education and/or referred to other healthcare provider if needed

Toxicities



Results

- There were 43 toxicities with interventions among the 31 patients
- The top three most common toxicities were
 1. Constipation
 2. Dry Mouth
 3. Nausea
- 51 interventions made for 31 patients
 - 26 pharmacological interventions
 - 13 non-pharmacological interventions
 - 2 drug information consults
 - 4 incidences of education about treatment during follow-up
 - 2 referrals (one to family doctor for anxiety management and one to oncologist to determine if treatment of edema was needed)
 - 4 drug therapy recommendations provided to oncologists
- There were 4 possibly serious near misses caught including missed premedication orders and duplicate orders being sent to more than one community pharmacy

Conclusions

- Despite the program being focused on patients receiving moderately and highly emetogenic IV chemotherapy regimens, this was only the third most common toxicity reported after constipation and dry mouth which was unexpected
- The pilot program showed this follow-up program did increase access to care to proactive follow-up care
- The pilot program demonstrated feasibility for continuation of the program with APPE students
- The program not only educated and managed toxicities for patients, but also identified medical near misses that would have otherwise been unidentified
- Future projects that could be conducted:
 - A patient satisfaction survey to access patient perspective on the benefit of this pilot program
 - A follow-up program for all chemotherapy patients including patient on low emetogenicity IV chemotherapy regimens
 - A follow-up program for immunotherapy patients

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References

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