

Anticipative monitoring to improve chemotherapy induced nausea.

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Reza-Thierry Elaidi, Stephane Oudard, Hail Aboudagga, Constance Thibault, Lorraine Waechter, Jerome Stevens, Brigitte Bonan And Florian Scotté

Association for Innovative Therapies in Oncology, Paris, France; Department of Medical Oncology, Hôpital Européen Georges Pompidou, Paris, France; Pharmacy Department, Hôpital Européen Georges Pompidou, Paris, France; Direct Medica, Boulogne, France; Pharmacy Department, Hôpital Foch, Suresnes, France

Background

The PROCHE [Programme for optimisation of the chemotherapy network] initiative is an innovative oncology-monitoring program designed to reduce patient waiting time and chemotherapy wastage, ultimately improving patient care.

The program designed in 2008 is based on a nurse call 48 hours before Anti Cancer Treatment appointment.

The nurse collects safety data scored following the NCI-CTCAE v4.0 scale.

- Patients are offered to enrol in the program by the oncologists (signed enrolment form).
- On D-3, HEGP oncology outpatient clinic sends the list of patients scheduled for chemotherapy 72 hr later.
- On D-2, the call centre nurses calls each patients to collect side effects based on a CTC-NCI version 4.0 questionnaire. Laboratory test results received on a secure fax line are also entered into the database protected by an encryption software. By the end of D-2 encrypted patient data files are sent to the hospital (HEGP).

On D-1, upon review of each patient data file, oncologists either confirm, modify, postpone or cancel the chemotherapy session. If the chemotherapy is postponed or cancelled, the patient is called back to prevent an unnecessary journey to the hospital. If confirmed or modified chemotherapy is then prepared in advance by the hospital pharmacy.

- On the day scheduled for the chemotherapy, patients arrive with an anticipated treatment preparation, allowing prompt and secured initiation of the infusion, as well as supportive care anticipation

METHODS

We conducted a prospective observational study to evaluate the program and the outcomes of safety data over the whole period. Primary objective was to assess the incidence of nausea reported by grade (NCI-CTC AE: from 0 to 4) from 2008 to 2016. Association was quantified using Mantel-Haenszel χ^2 and exact *p-values*. Secondary objective was to compare the 2009-2016 patients with the Control patients (2008 period).



RESULTS

Between Oct 2008 and Oct 2016:

- 3012 patients participated in the program,
- That means 36 803 questionnaires completed over the whole period.
- Nausea was, clinically and statistically, significantly improved during the whole follow-up period.
- The PROCHE program achieved the objectives with a decrease of grade 3-4 from 0.6% to 0.08% and a decrease of grade 1-2 from 29.3% to 8.2%.
- The already adapted nausea management in 2008 with 70% of questionnaires reported no nausea improved to 92% in 2016, with a 10% improvement the year after program initiation.

	No adverse event (%)	Grade 1-2 (%)	Grade 3-4 (%)	
> 10%	2008	70.08	29.32	p<0.0001
	2009	79.12	20.57	
	2010	85.71	14.07	
	2011	87.57	11.87	
	2012	89.53	10.39	
	2013	90.60	9.36	
	2014	90.39	9.61	
	2015	90.61	9.39	
	2016	91.68	8.23	0.08

CONCLUSIONS

Anticipating anti-cancer treatment adaptation and prevention, following guidelines and using adapted antiemetics, explain these positive results. The PROCHE initiative improves chemotherapy induced nausea.

As MASCC propose to change guidelines with an improvement above 10%, such an organization may impact new recommendations by developing anticancer treatment anticipation programs.

Supportive care coordination and its involvement in a cancer department leads to enhance quality of care, to anticipate anticancer treatment toxicity, to improve safety and hence improves patient's outcomes.

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Please contact Florian Scotté MDPH at
flscotte@gmail.com