MERCURE 1.2 STUDY

IMPACT OF THE FOLLOW-UP BY A COORDINATION NURSE (CN/IDEC) FROM THE DIAGNOSIS ON CARE PATHWAY AND TREATMENT COMPLIANCE IN PATIENTS WITH METASTATIC RENAL CANCER (MRC) TREATED WITH TYROSINE KINASE INHIBITOR (TKI)

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WHY A CN/IDEC?

- To contribute to improve management of patients treated with TKI.
- To early identify patient frailties and refer him/her to dedicated resource players.
- To evaluate potential treatments toxicities, grade them and limit emergency hospitalizations, doses reductions even treatment discontinuations.
- To promote treatment compliance by making the patient active in his/her illness: regular follow-up with CN/IDEC, loss of opportunities limitation.

How does the involvement of a CN/IDEC in patient management throughout the care pathway contribute to improve survival and reduce TKI side effects?

OBJECTIVES

Primary objective

To evaluate care pathway and treatment compliance with CN/IDEC follow-up since diagnosis *versus* standard care pathway (SP) in patients with MRC treated with TKI at Centre Léon Bérard.

Secondary objectives

To evaluate quality and safety of patient management in terms of:

· Early identification of frailties

· Anticipation of treatment-related adverse events

· Coordination in- out- patients

73 patients were analyzed:

- 44 with standard care pathway (SP)
- 29 with CN/IDEC follow-up

FOR WHOM?

Patients with MRC treated with oral TKI: sunitinib, pazopanib.

EXPERIMENTAL PLAN

Retrospective monocentric non-randomized study evaluating care pathway and treatment compliance with CN/IDEC follow-up *versus* standard pathway in patients with MRC treated by oral therapy.

Integration into patient pathway of a new player, a CN/IDEC, with well-defined scope and field of action: 2 periods were analyzed:

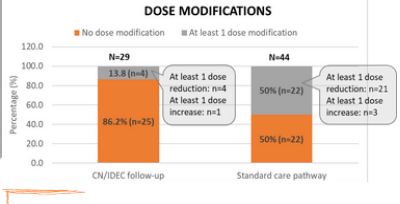
- 2017 : NO CN/IDEC
- 2019 : CN/IDEC ARRIVAL

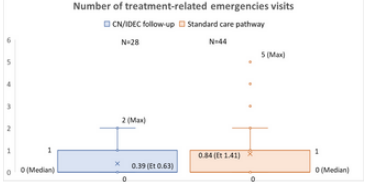
Several external factors can impact the results: new treatments becoming available, different approaches to patient care, and varying patient characteristics…

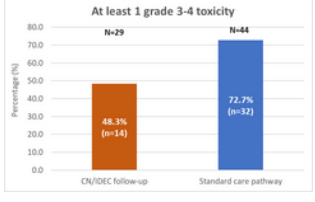
RESULTS

CN/IDEC FOLLOW-UP

- ☑ Dose intensity higher 96% *versus* 75%
- ☑ Less treatment discontinuations 51.7% *versus* 68.2%
- ☑ Reduction of grade 3-4 toxicities thanks to NC/IDEC follow-up: 48% ofpatients with toxicity *versus* 73% for SP
- ☑ Median overall survival of 25.8 months *versus* 18.8 months







LIMITS

- Non-randomized study.
- Different patient characteristics
- Median progression-free survival of 5.7 months for CN/IDEC follow-up *versus* 9.3 for SP, however this indicator was not the objective of this study.

OPPORTUNITIES

Indicators that can be observed to date within Article 51 Oral Therapy, which recommends a mandatory tripartite consultation, at the beginnng of prescibed therapy, with the oncologist, hospital pharmacist and NC/IDEC.

CONCLUSION

This study demonstrates that the quality of care for patients with metastatic kidney cancer treated with Oral Therapy is better if a coordination Nurse (IDEC) is included in the care pathway. Its added value lies in :

- Early identification of vulnerabilities
- Anticipation of treatment-related side effects
- Coordination and interface between hospital and home care
- Multidisciplinary collaboration among healthcare professionals also enhances safety and reduces healthcare consumption (supportive care, emergency visits, etc.).

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