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Hospital Authority Convention 2018

Multidisciplinary Clinic targeting Patients with HER2-Positive Breast Cancer: The UK and Local Experience

*Ms. Amy Yuen, Clinical Pharmacist
Queen Mary Hospital*

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NOW READING

Hong Kong records latest high of 30,318 new cancer cases, with colorectal cancer most co

Hong Kong cancer therapy

Hong Kong records latest high of 30,318 new cancer cases

Doctors say ageing population means current trend of increase will continue

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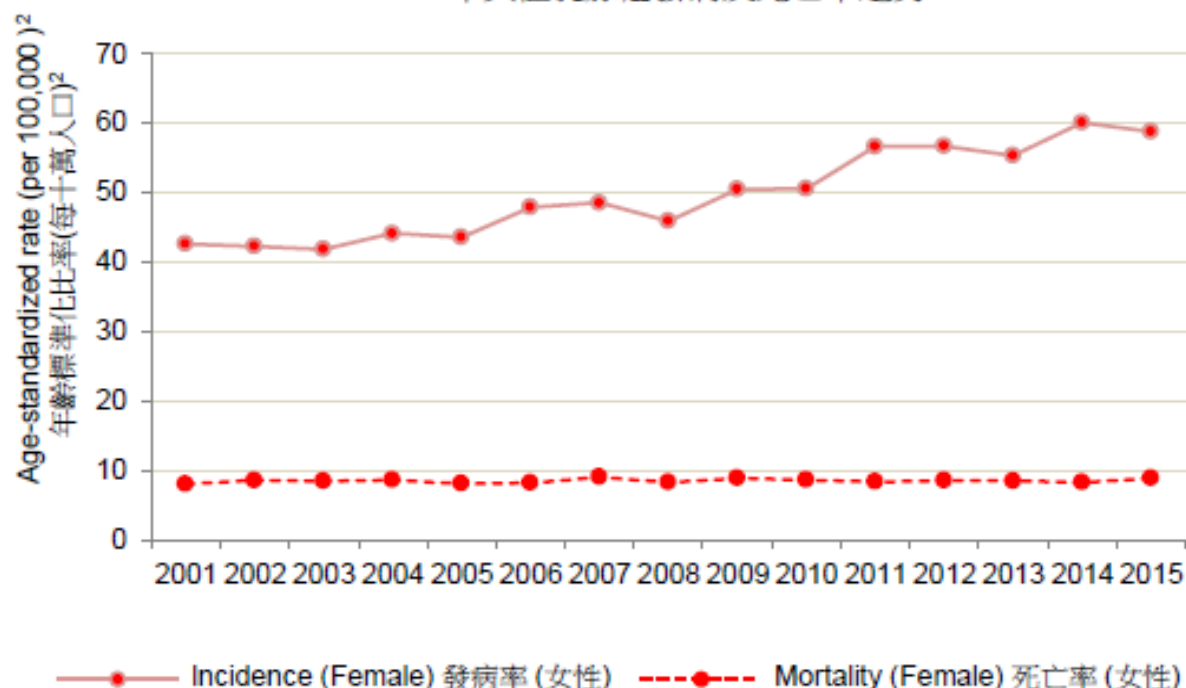
COMMENT:

1



Incidence and Mortality Trends for Female Breast Cancer, 2001-2015

2001-2015年女性乳腺癌發病及死亡率趨勢



Female Breast Cancer in 2015

2015年女性乳腺癌統計數字

	Incidence 發病	Mortality 死亡
Number of cases registered 登記個案數目	3,900	637
Rank 排名	1	3
Proportion of all cancers 佔性別總數百分比	26.1%	10.7%
Median age (years) 年齡中位數 (歲)	56	59
Crude rate ¹ 粗發病/死亡率 ¹	99.3	16.2
Age-standardized rate [ASR] (Segi) ² 年齡標準化比率 (Segi) ²	58.8	9.0
Average Annual Percent Change of ASR over the past 10 years ³ 年齡標準化比率在過去十年內的平均每年百分比變化 ³	+2.4%*	+0.0%

Breast Cancer subtypes

Table 2.15 Biological subtypes of invasive tumours by cancer stage (N=11,319)

Biological subtypes	Cancer Stage, N (%)						Total
	I	IIA	IIB	III	IV		
Luminal A*	1,202 (27.0)	596 (17.2)	269 (16.3)	198 (13.2)	31 (12.3)	2,296 (20.3)	
Luminal B (HER2 negative)#	726 (16.3)	709 (20.5)	351 (21.3)	346 (23.0)	42 (16.7)	2,174 (19.2)	
Luminal A/B (HER2 negative)†	1,252 (28.1)	915 (26.4)	486 (29.5)	417 (27.8)	81 (32.1)	3,151 (27.8)	
Luminal B (HER2 positive)^	504 (11.3)	439 (12.7)	216 (13.1)	245 (16.3)	48 (19.0)	1,452 (12.8)	
HER2-positive*	335 (7.5)	298 (8.6)	130 (7.9)	151 (10.1)	23 (9.1)	937 (8.3)	
TND§	438 (9.8)	504 (14.6)	195 (11.8)	145 (9.7)	27 (10.7)	1,309 (11.6)	
Total	4,457 (39.4)	3,461 (30.6)	1,647 (14.6)	1,502 (13.3)	252 (2.2)	11,319 (100.0)	

* Luminal A: ER and/or PR+, HER2-, and low Ki-67 index (<14%)

Luminal B (HER2 negative): ER and/or PR+, HER2-, and high Ki-67 index (≥14%)

† Luminal A/B (HER2 negative): ER and/or PR+, HER2-, and Ki-67 index not known

^ Luminal B (HER2 positive): ER and/or PR+, HER2+, and any Ki-67 index

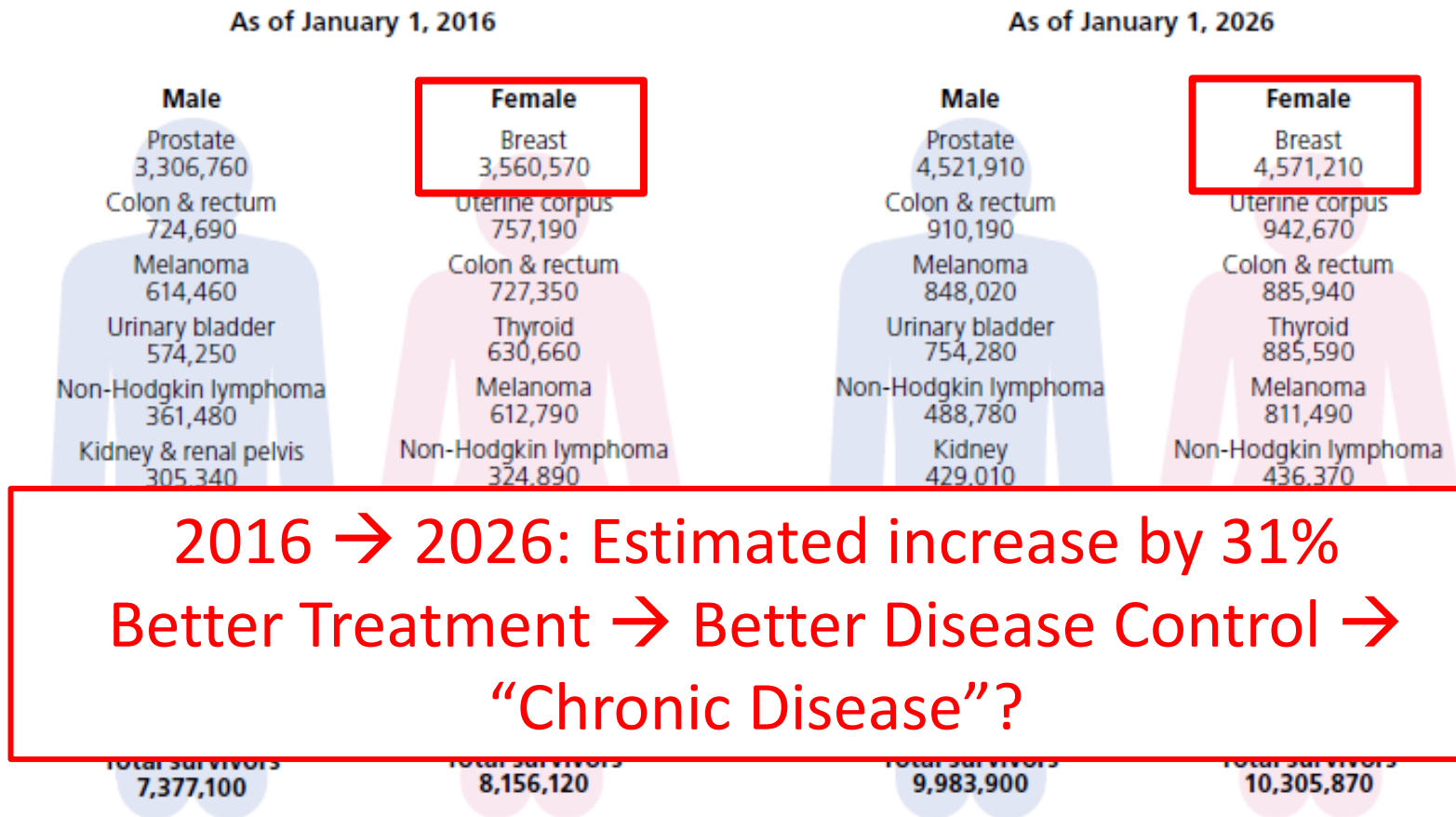
* HER2-positive: ER and PR-, HER2+, and any Ki-67 index

§ TND (Triple Negative Disease): ER and PR-, HER2-, and any Ki-67 index

HER2 + Cases: ~21%

Cancer Survivorship

Figure 1. Estimated Numbers of US Cancer Survivors

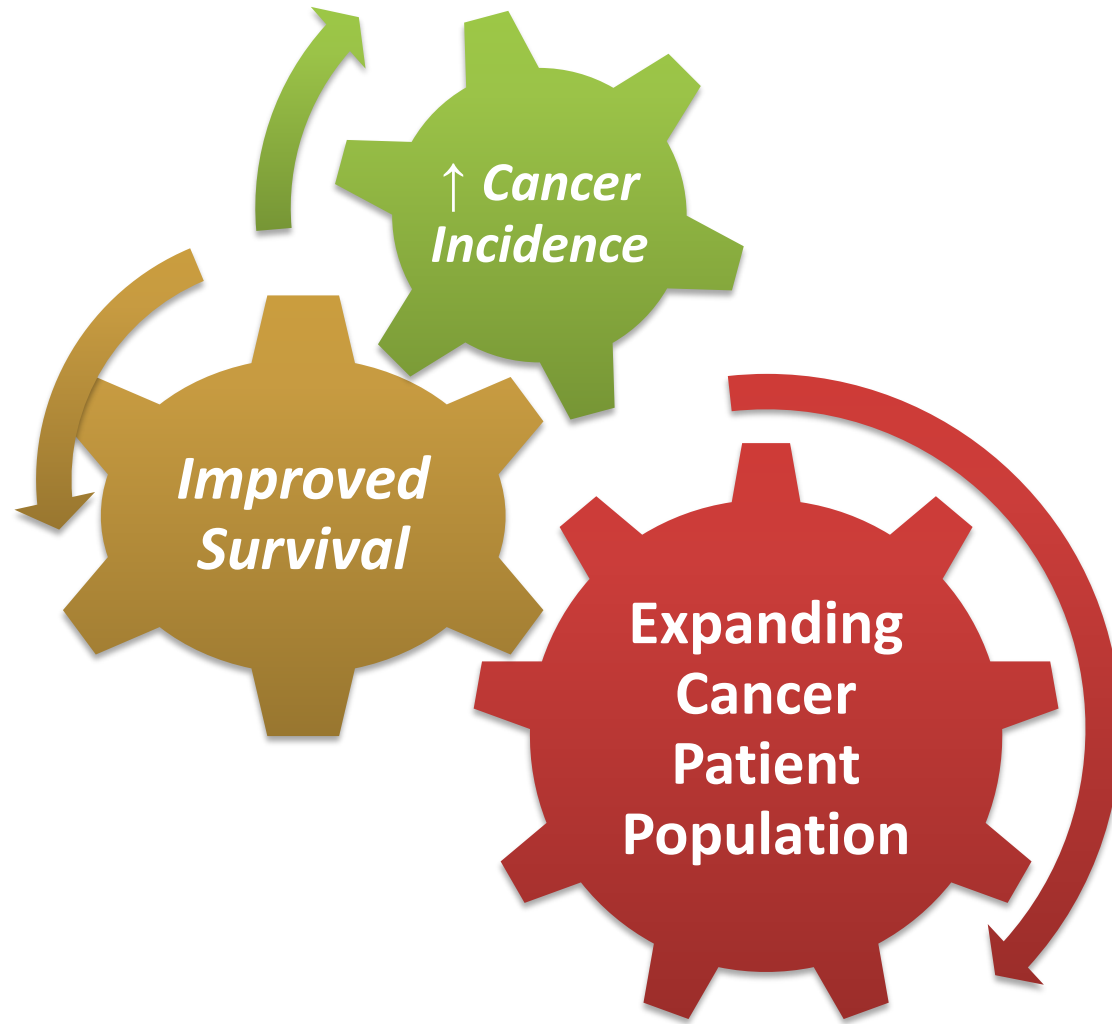


NOTE: Beginning with the 2016-2017 edition, estimates for specific cancer types now take into account the potential for a history of more than one cancer type. Estimates should not be compared to those from previous years. See Sources of Statistics, page 34, for more information.

Source: Surveillance Research Program, Division of Cancer Control and Population Sciences, National Cancer Institute.

American Cancer Society, Surveillance and Health Services Research, 2016

Challenges



Any New Strategies for Breast Cancer Patient Care?

1. UK Experience at the Royal Marsden
2. HK Experience at Queen Mary Hospital



10-week Overseas Clinical Attachment **Royal Marsden Hospital (RMH), London**

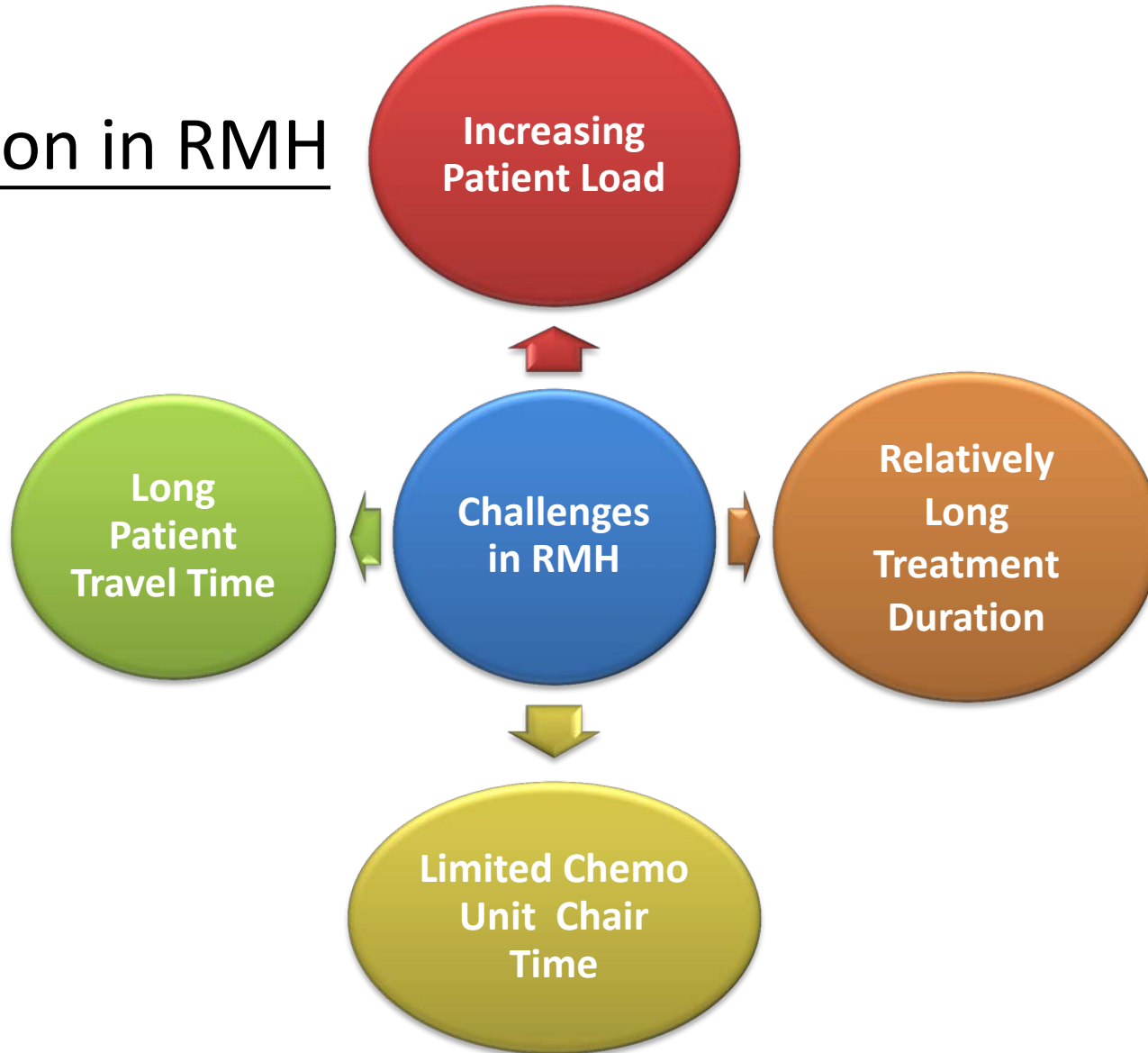
A Tertiary Specialist Oncology Centre for cancer patients



Experience in RMH



Situation in RMH



Experience in RMH



Pilot Pharmacist-Coordinated Multidisciplinary Trastuzumab Homecare Service

- Objectives:

- To cope with the increasing demand for chemotherapy unit chair
- To manage the increasing patient waiting time
- To ensure safety and sustainability of the chemotherapy delivery system

- Target:

HER2 +ve Ca Breast patients on SC maintenance Trastuzumab (5-minute injection)

Experience in RMH



Multidisciplinary Collaboration

Pharmacists

- Liaise with patient at point of registration
- Verify order for chemotherapy regimen and maintain clinical records
- Monitor patient's therapeutic outcomes
- Solve patient's drug related problems and manage side effect of drug treatment for patient
- Act as point of contact

Oncologists

- Clinical assessment of patients
- Referral of eligible patients
- Prescription of chemotherapy /cancer pharmacotherapy regimen

Nurses

- Administration of drug at patients' home
- Assessment of patients' clinical condition

Experience in RMH



Vision

- Combining the medical day unit and pharmacy teams to deliver a fully integrated service across a wide geography
- Delivery of specialist cancer care with expert nursing in patients' homes
- Multidisciplinary collaboration between Oncologists, Pharmacists and Nurses

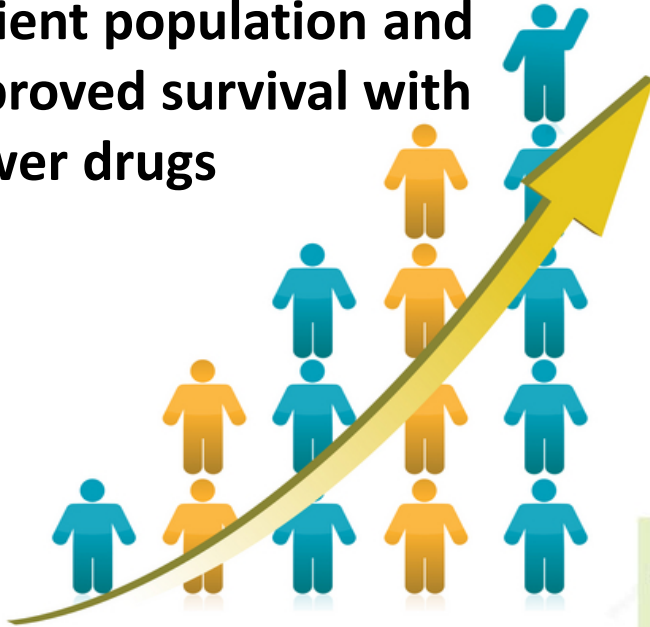
Goals

- Allow patients to receive Trastuzumab injection at home safely without long travel back to hospital
- Reduce Chemo unit Chair Time



Local Situation

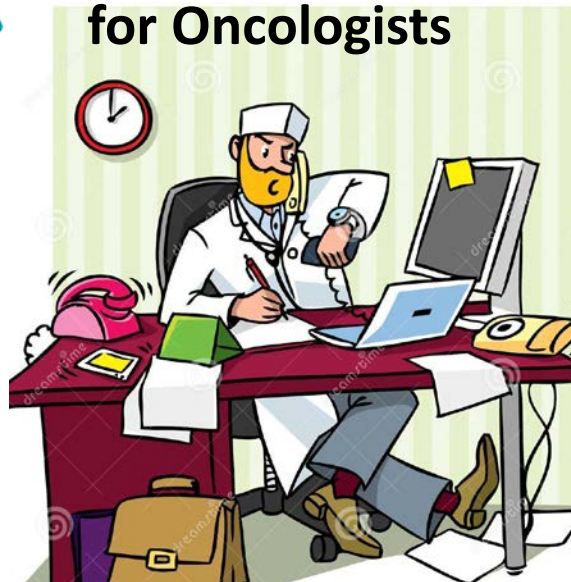
1. Increasing cancer patient population and improved survival with newer drugs



2. Long patient waiting time



3. Heavy workload for Oncologists



RMH Vs QMH

Common Challenges

Increasing cancer patient load

Heavy oncologist workload

Limited chair time in chemotherapy day unit

Differences	RMH (UK)	QMH (HK)
Common formulation	SC	IV
Drug Supply	1. In-house cytotoxic reconstitution unit 2. Contract external supplier	In-house cytotoxic reconstitution unit
Patient geographical location	Wide territory Far from geographic hospital	Cluster-based



Pharmacist Clinic?





Experience in QMH

Pharmacist-managed Trastuzumab Clinic

- **Objectives:**
 - To relieve Clinical Oncologist's workload
 - To optimize patient pharmaceutical care by oncologist and oncology pharmacist multidisciplinary approach
 - To reduce patients' waiting time for Trastuzumab administration
- 2 sessions/week (every Tue and Fri AM)
- **Target:**

HER2 +ve Ca Breast patients on adjuvant maintenance IV/SC
Trastuzumab



Considerations

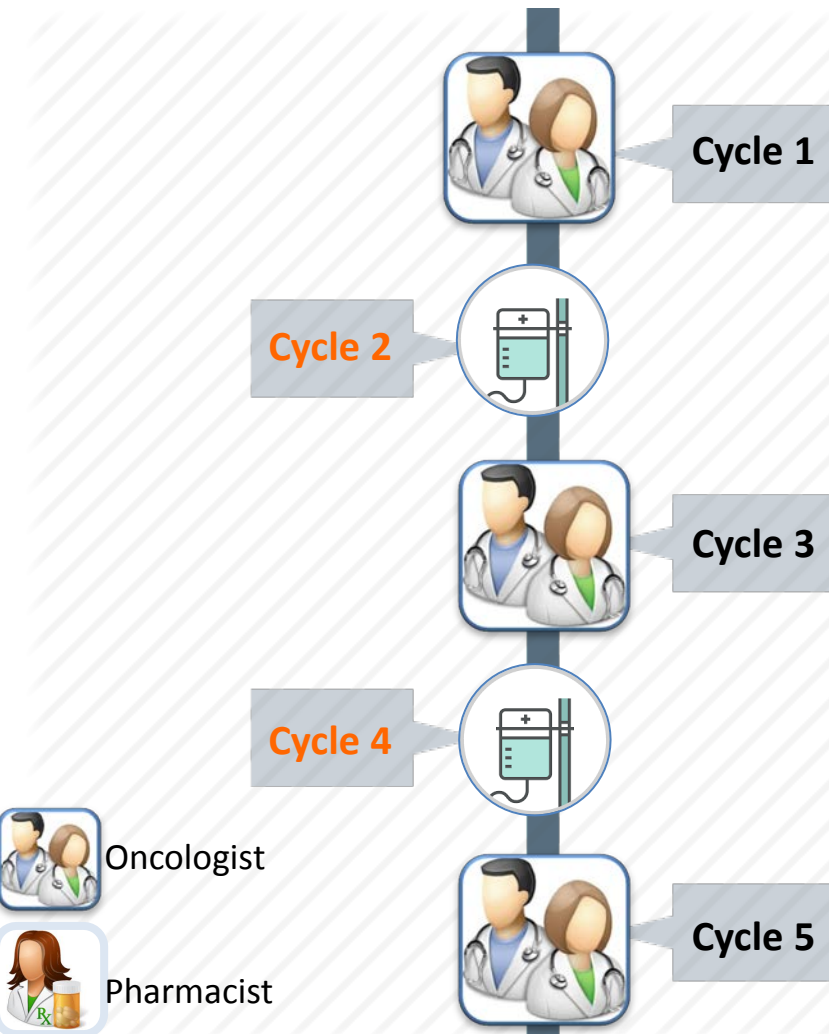
Patients on adjuvant Trastuzumab

1. Relatively long treatment duration (Total 1 year) with frequent follow-ups
2. Relatively stable patient characteristics
3. Increasing number of breast cancer patients on Trastuzumab

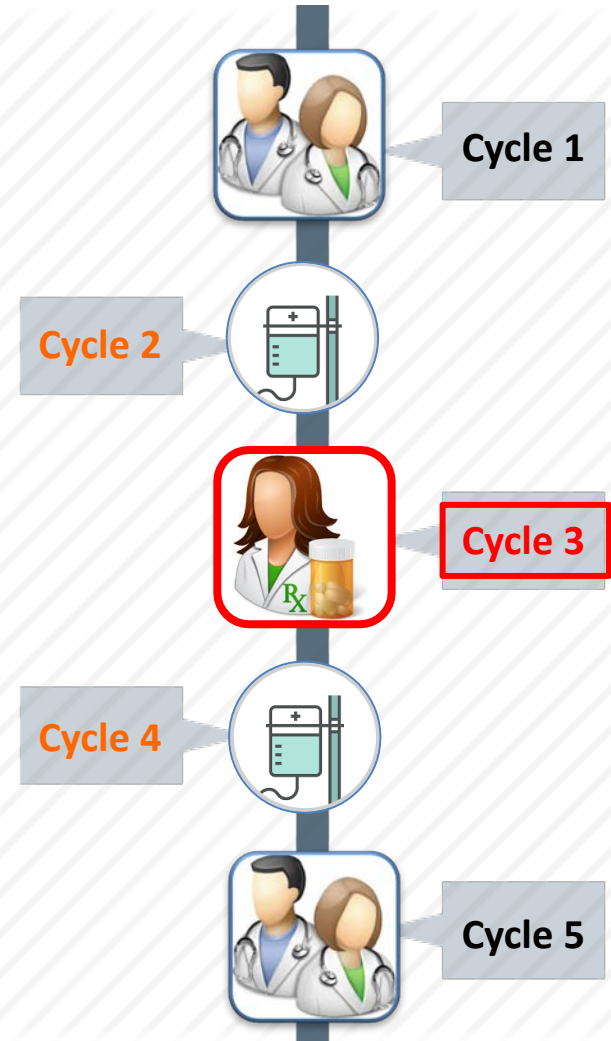
Consultation Schedule



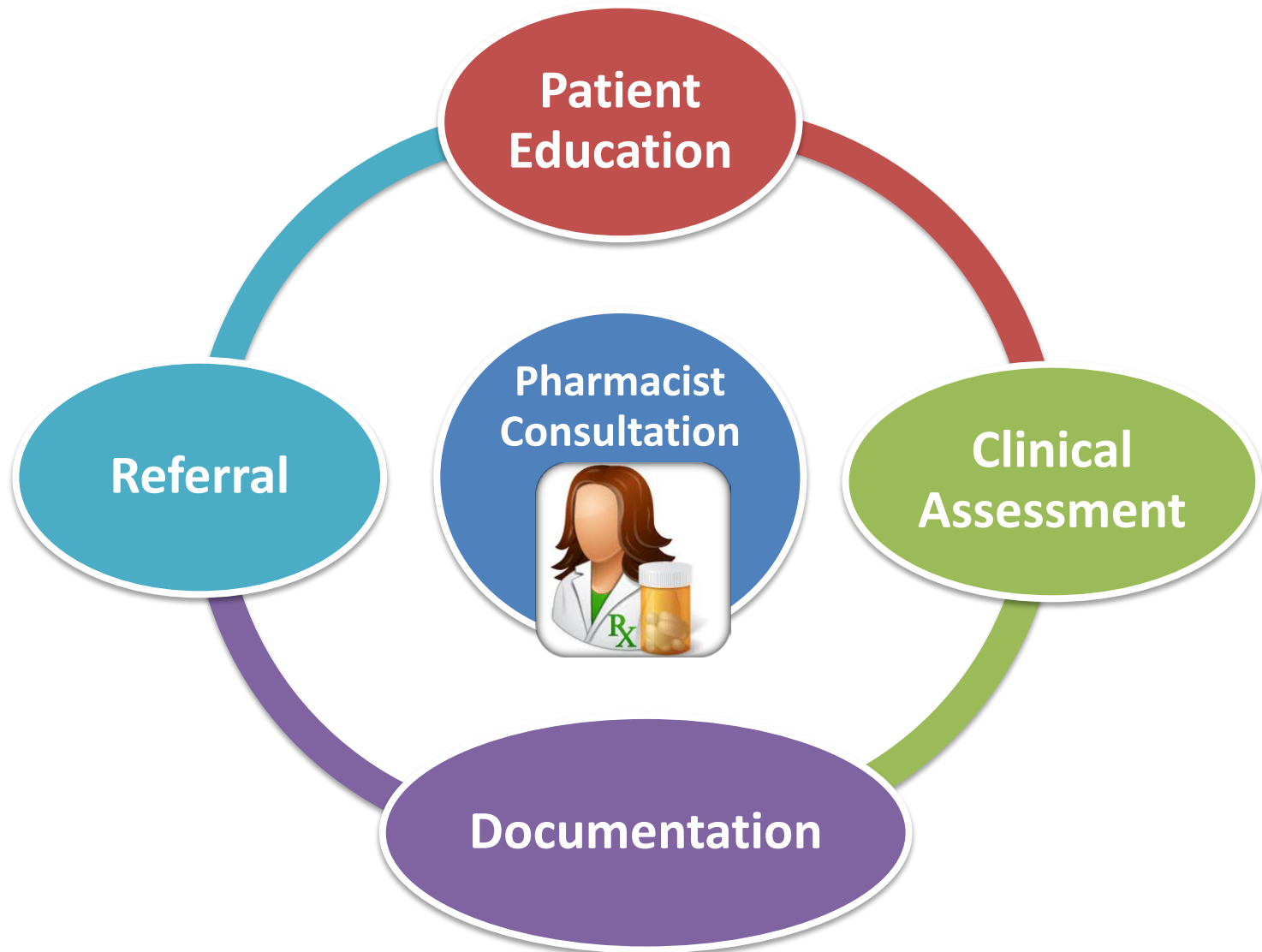
Previous Schedule



New Schedule



Pharmacist Consultation



Multidisciplinary Support



Oncologists

- Support in early preparation phase
e.g. Provide comments in SOP,
Arrange consultation shadowing session for pharmacist
- Refer eligible patients to Pharmacist Clinic
- Manage patients with specific concerns identified during Pharmacist consultation
e.g. Patients with unsatisfactory cardiac assessment or symptoms, Require prescription of medications for side effects

Nurses

- Facilitate the referral logistics
e.g. Arrange proper appointment schedule



Experience in QMH

Current Data

**Number of Oncologists' Consultation
Spared**

145

Number of Interventions	19	10
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Experience in QMH

Patients' feedback

- Median satisfactory score:

4 out of 5

- **97.5%** interviewees agree that Pharmacist Clinics can be extended to other oncology patients

- Patient's waiting time for drug administration is largely shortened

i.e. Time of attendance - Actual time of Trastuzumab administration

Mean: 306 minutes (Usual Care) Vs **183 minutes** (with Pharmacist Clinic)

Difference: **123 minutes**

調查問卷：病人對藥劑師提供的標靶藥物指導診所服務的滿意程度

日期：_____

受訪者身份：☐ 病人本人 ☐ 病人家屬/朋友/照料者

年齡：☐ <30 ☐ 30-39 ☐ 40-49 ☐ 50-59 ☐ 60-69 ☐ 70-79 ☐ >80

性別：☐ 男 ☐ 女

1. 您同意藥劑師能幫助您增加對標靶藥物及荷爾蒙藥物(如有)的知識嗎？

- ☐ 非常同意
☐ 同意
☐ 沒意見
☐ 不同意
☐ 非常不同意

2. 您同意藥劑師能幫助您更清楚標靶藥物及荷爾蒙藥物(如有)所引起的副作用和處理方法嗎？

- ☐ 非常同意
☐ 同意
☐ 沒意見
☐ 不同意
☐ 非常不同意

3. 總括而言，您滿意藥劑師所提供的標靶藥物指導診所服務嗎？

- ☐ 非常滿意
☐ 滿意
☐ 沒意見
☐ 不滿意
☐ 非常不滿意

4. 您贊成把現時藥劑師提供的指導診所服務推廣至並其他腫瘤科的病人嗎？

- ☐ 非常贊成
☐ 贊成
☐ 沒意見
☐ 不贊成
☐ 非常不贊成

其他意見：

Conclusions

- Development of new drugs have prolonged survival for HER2 positive breast cancer patients
- Expanding cancer patient population has increased workload for oncologists and chemotherapy day unit
- New model of multidisciplinary care for breast cancer patients both in UK and local setting are needed and being implemented
 - E.g. Trastuzumab homecare service, Pharmacist-managed Trastuzumab Clinic , Pre-treatment Pharmacist consultation service

Pharmacist-managed Trastuzumab Clinic in QMH has:

- Demonstrated a successful model in multidisciplinary care for early breast cancer patients
- Relieved Clinical Oncologist's workload
- Reduced patients' waiting time for Trastuzumab administration

Thank You!



Experience in QMH



Patients' feedback

4. 您贊成把現時藥劑師提供的指導診所服務推廣至並其他腫瘤科的病人嗎？

- ☒ 非常贊成
☐ 贊成
☐ 沒意見
☐ 不贊成
☐ 非常不贊成

其他意見：有禮貌，態度親切，很細心。

謝謝您的參與

4. 您贊成把現時藥劑師提供的指導診所服務推廣至並其他腫瘤科的病人嗎？

- ☒ 非常贊成
☐ 贊成
☐ 沒意見
☐ 不贊成
☐ 非常不贊成

其他意見：非常好，能夠有足夠時間解釋，消除很多對药物的疑慮，值得每位病人在治療中提供。謝謝！

謝謝您的參與

調查問卷：病人對藥劑師提供的標靶藥物指導診所服務的滿意程度

日期：5/1/18

受訪者身份：☒ 病人本人 ☐ 病人家屬/朋友/照料者

年齡：☐ <30 ☐ 30-39 ☐ 40-49 ☐ 50-59 ☒ 60-69 ☐ 70-79 ☐ >80

性別：☐ 男 ☒ 女

1. 您同意藥劑師能幫助您增加對標靶藥物及荷爾蒙藥物(如有)的知識嗎？

- ☒ 非常同意
☐ 同意
☐ 沒意見
☐ 不同意
☐ 非常不同意

2. 您同意藥劑師能幫助您更清楚標靶藥物及荷爾蒙藥物(如有)所引起的副作用和處理方法嗎？

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☐ 同意
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3. 總括而言，您滿意藥劑師所提供的標靶藥物指導診所服務嗎？

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- ☐ 非常贊成
☒ 贊成
☐ 沒意見
☐ 不贊成
☐ 非常不贊成

其他意見：謝謝你們耐心及詳細的解釋。

謝謝您的參與

Pharmacist Consultation

Patient Education

- Treatment schedule and the rationale of Trastuzumab and hormonal therapy (if applicable)
- Common side-effects and their management
- Red flags for severe complications

Assessment

- Patient's latest medication profile
- Potential drug-drug or drug-food interactions
- Patient's drug adherence (Hormonal therapy)
- Adverse reaction(s) from trastuzumab and hormonal therapy (if any)
- Patient's cardiac function (LVEF)



Pharmacist Consultation

Referral to Oncologists

- Refer patients to oncologists for any unusual symptoms or the following conditions:

