The Development of Local Nursing Clinical Pathways to Standardise the Safe Monitoring and Management of Breast Cancer Patients Prescribed Oral Anticancer Therapies (OACTs)

Presenter: Gillian Kruss (Breast Cancer Nurse Practitioner)

Co-authors: Katie Cao, Katie Evans, Catherine Healy, Catherine Langford, Lisa Rowlston, Dr Michelle White

CNSA Congress 19/06/26

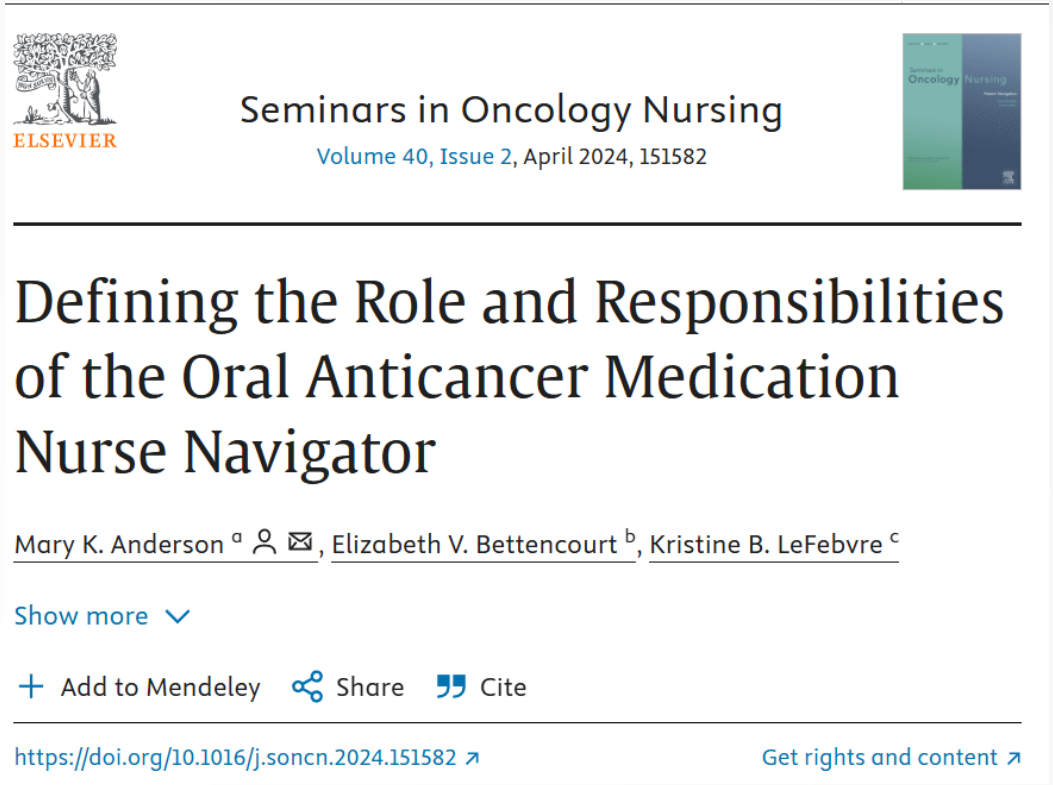
Monash Health

Background: OACT development - a changing landscape

- The ever-expanding development and use of OACTs has transformed cancer care delivery from an inpatient to an outpatient model
- Many patients are now taking their treatments in their home environment and are being managed in the community and within the outpatient setting
- OACTs offer patients convenience, however present significant challenges regarding adherence, toxicity management and care co-ordination.
- Efficacy reports on newer OACTs are based on studies that may not have taken adherence rates into account and the degree to which patients take the prescribed agents as ordered in the real-world remains unknown.
- Adherence rates impact dosing, adverse events and overall survival & safety
- A nurse led interprofessional approach is an ideal model for safe management of patients on OACTs

Nurse's important role in monitoring/managing patients on OACTs

- Oncology Nursing Society (USA) 2024 publication
- Specialised cancer nurses can and do play an important role in co-ordinating the care of those on OACTs
- The nurse uses their skills and knowledge to help their patients take their medication safely, manage side effects and have better results from their treatment.
- Nurse navigator roles help reduce healthcare costs and help meet quality standards



ELSEVIER

Seminars in Oncology Nursing

Volume 40, Issue 2, April 2024, 151582

Defining the Role and Responsibilities of the Oral Anticancer Medication Nurse Navigator

Mary K. Anderson [a], Elizabeth V. Bettencourt [b], Kristine B. LeFebvre [c]

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https://doi.org/10.1016/j.soncn.2024.151582

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Nurse’s role in monitoring/managing patients on OACTs

Nursing publications

| **Articles** | April 27, 2013
Oncology Nursing News
March/April 2013 | Volume **7** | Issue **2**

Nurses Leading the Way: Promoting Adherence to Oral Cancer Medications

Author(s) *By Sandra Spoelstra, PhD, RN*

cancernetwork home of the journal ONCOLOGY Search... News Media Conferences Publications

Cancer Focus Spotlight - Psycho-Oncology | Artificial Intelligence | Radia

| **Articles** | January 2, 2001
Oncology
ONCOLOGY Vol 15 No 1 | Volume **15** | Issue **1**

Nursing Strategies for Patients on Oral Chemotherapy

Author(s) *Deborah Semple Rn, MSN*

Adherence to Oral Cancer Therapies

Nursing Interventions

Debra Winkeljohn

Authors and Affiliations

Clinical Journal of Oncology Nursing 14(4):p 461-466, August 2010. | **DOI:** 10.1188/10.CJON.461-466

Semin Oncol Nurs. Author manuscript; available in PMC: 2013 May 14.

Published in final edited form as: Semin Oncol Nurs. 2011 May;27(2):133–141. doi: 10.1016/j.soncn.2011.02.005

INTERVENTIONS TO PROMOTE ADHERENCE WITH ORAL AGENTS

Susan M Schneider [1], Kimberly Hess [2], Tracy Gosselin [3]

Author information Copyright and License information

PMCID: PMC3653175 NIHMSID: NIHMS462983 PMID: 21514482

https://www.onclive.com/view/nurses-leading-the-way-promoting-adherence-to-oral-cancer-medications

https://www.ovid.com/journals/cjon/abstract/10.1188/10.cjon.461-466~adherence-to-oral-cancer-therapies-nursing-interventions?redirectionsource=fulltextview

https://pmc.ncbi.nlm.nih.gov/articles/PMC3653175/

https://www.cancernetwork.com/view/nursing-strategies-patients-oral-chemotherapy

Background cont:

- Many current cytotoxic/targeted/endocrine OACTs are available to treat breast cancer (BC)

Current available OACTs for breast cancer – June 2026

Chemotherapies	Targeted therapies	Endocrine therapies
Cytotoxic pro-drug • capecitabine (d1-14 q21/7 bd OR bd continuous)	CDK4/6 inhibitors: • ribociclib (d1-21 q28/7) • palbociclib (d1-21 q28/7) • abemaciclib (bd continuous)	Steroidal aromatase inhibitor • exemestane (daily)
Vinca alkaloid • vinorelbine (d1 q1/52)	PARP inhibitor • olaparib (bd)	Non-steroidal aromatase inhibitors • letrozole (daily) • anastrozole (daily)
Alkylating agent • cyclophosphamide (d1-7 q1/52)	Tyrosine kinase inhibitors • lapatinib (daily) • tucatanib (bd continuous)	Selective estrogen receptor modulator (SERM) • tamoxifen (daily)
Antimetabolite • methotrexate (d1-2 q 1/52)	mTOR inhibitor • everolimus (daily)	Selective estrogen receptor down-regulator (SERD) • fulvestrant (monthly IM injection, cycle 1 has loading dose C1 D15)
	PIK3CA inhibitor • alpelisib (daily)	Luteinizing hormone-releasing hormone (LHRH) agonists • Goserelin (monthly sc injection)
	AKT inhibitor • capivasertib (d1-4 q1/52)	

- Monotherapy or various combinations
- Each with varying dosing schedules, side effect profiles, monitoring and management recommendations.
  egs:
  ribociclib ECGs &
  capivasertib FGLs
- More OACTs coming in the pipeline
  eg: oral SERD

Background cont:

- Can be difficult for clinicians to manage the differing dosing schedules, side effect profiles and monitoring/management recommendations.
- Although guidelines exist to direct care of patients taking OACTs, variation in practice is evident and local systems to support increasing numbers and varied monitoring and management had not yet been developed.
- Casually employed and less experienced BCNs at Monash Health lacked knowledge of & confidence with the monitoring and management processes
- Local nursing clinical pathways were needed to standardise the management of those prescribed OACTs.

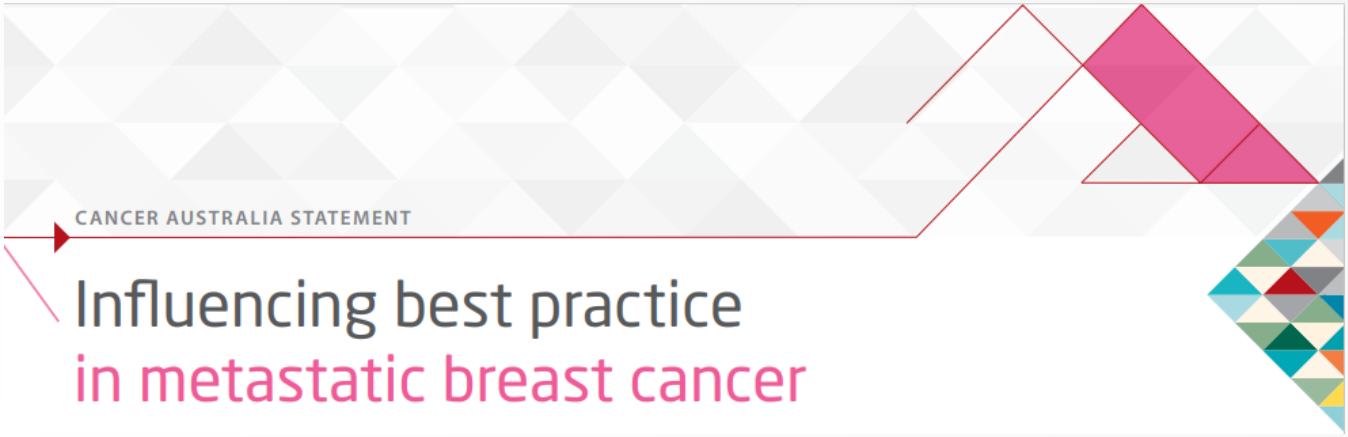
Aim/objective

- To develop and implement locally endorsed nursing clinical pathways to guide standardised management and care co-ordination processes for breast cancer patients prescribed specific OACTs.

Design / Methods: 4 parts

Part 1: We conducted a literature review of national/international guidelines, resources and product information for managing BC patients on OACTs to inform a generalised process.

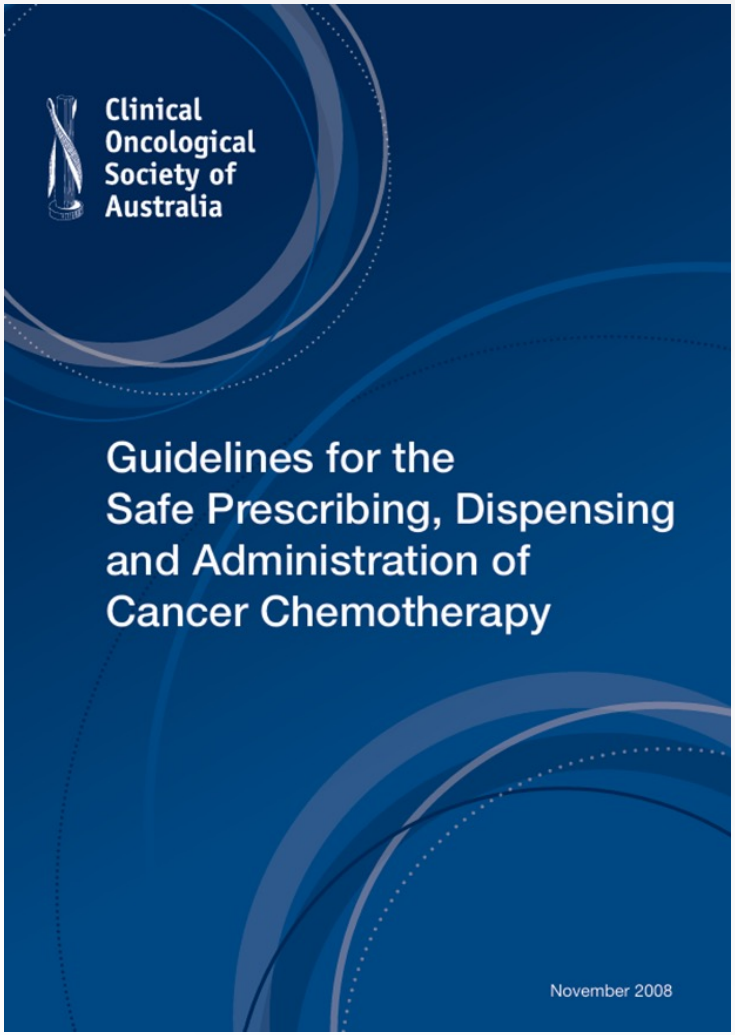
Cancer Australia's no. 1 guiding principle (2019)



1 APPROPRIATE to involve a multidisciplinary team to consider effective evidence-based anti-cancer and supportive therapies in the management of patients with metastatic breast cancer. A key contact person should be agreed to support communication and coordination of patient-centred care.

COSA guidelines

- Page 12 – HCP information and recommendations related to oral anti-cancer therapies (OACTs)
- Pages 13 & 14 – suggested information to provide patients when starting OACTs
- Pages 25-30: the administration of chemotherapy and related treatment **– <u>the role of the nurse</u>** (page 29: OACTs)



ttps://www.cosa.org.au/media/1093/cosa_guidelines_safeprescribingchemo2008.pdf

Supportive care framework – processes need to be patient-centred and tailored

All need education about their medication, supportive care screening and a contact number

Many need follow up education and assistance with supportive care needs

Some require ongoing monitoring outside scheduled reviews

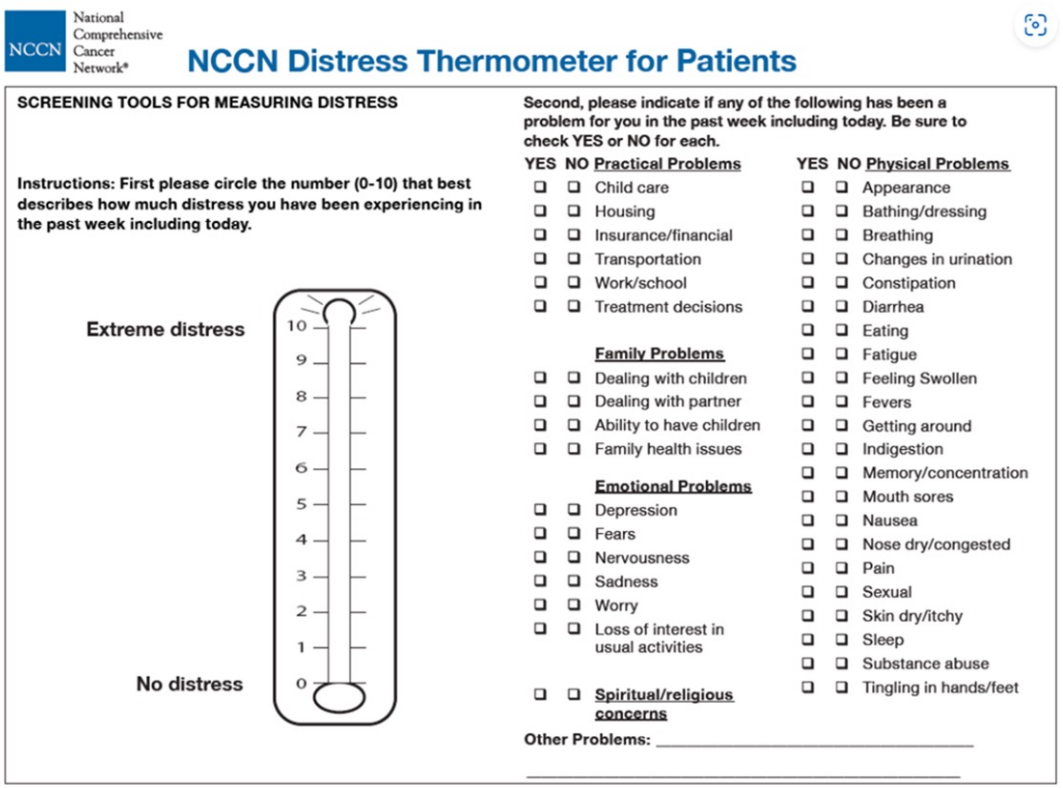
A few require case management

(modified) Model of supportive care framework, Fitch 2008

https://www.cancer.org.au/assets/pdf/ocp/breast-cancer-optimal-cancer-care-pathway

NCCN supportive care screening guidelines

Figure 5: NCCN Distress Thermometer for Patients[27]



National Comprehensive Cancer Network®

NCCN Distress Thermometer for Patients

SCREENING TOOLS FOR MEASURING DISTRESS

Instructions: First please circle the number (0-10) that best describes how much distress you have been experiencing in the past week including today.

Extreme distress

10 9 8 7 6 5 4 3 2 1 0

No distress

Second, please indicate if any of the following has been a problem for you in the past week including today. Be sure to check YES or NO for each.

YES	NO	Practical Problems
❑	❑	Child care
❑	❑	Housing
❑	❑	Insurance/financial
❑	❑	Transportation
❑	❑	Work/school
❑	❑	Treatment decisions

YES	NO	Family Problems
❑	❑	Dealing with children
❑	❑	Dealing with partner
❑	❑	Ability to have children
❑	❑	Family health issues

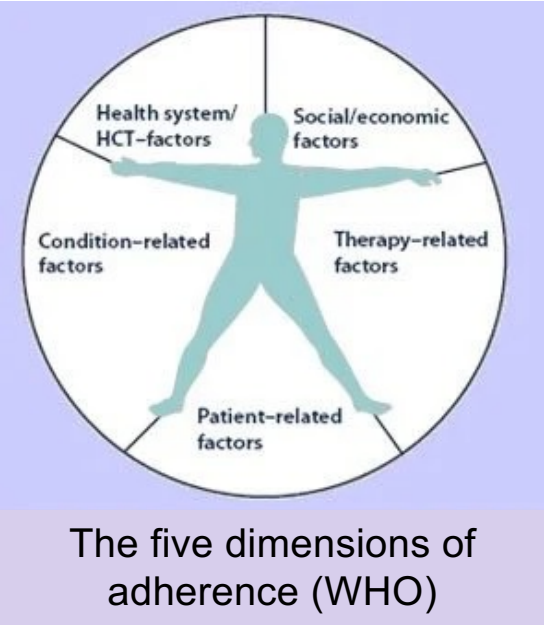
YES	NO	Emotional Problems
❑	❑	Depression
❑	❑	Fears
❑	❑	Nervousness
❑	❑	Sadness
❑	❑	Worry
❑	❑	Loss of interest in usual activities
❑	❑	Spiritual/religious concerns

Other Problems: _____

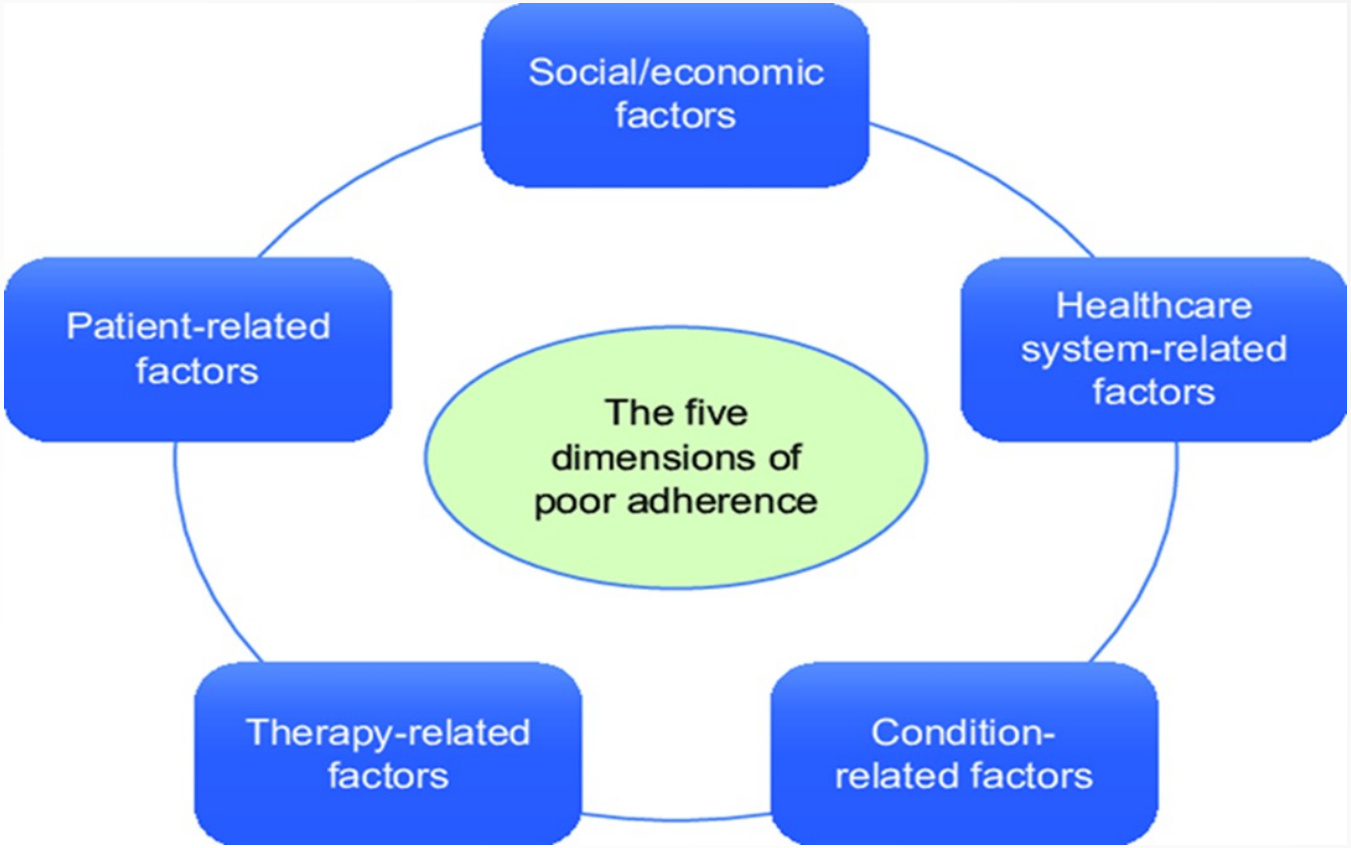
YES	NO	Physical Problems
❑	❑	Appearance
❑	❑	Bathing/dressing
❑	❑	Breathing
❑	❑	Changes in urination
❑	❑	Constipation
❑	❑	Diarrhea
❑	❑	Eating
❑	❑	Fatigue
❑	❑	Feeling Swollen
❑	❑	Fevers
❑	❑	Getting around
❑	❑	Indigestion
❑	❑	Memory/concentration
❑	❑	Mouth sores
❑	❑	Nausea
❑	❑	Nose dry/congested
❑	❑	Pain
❑	❑	Sexual
❑	❑	Skin dry/itchy
❑	❑	Sleep
❑	❑	Substance abuse
❑	❑	Tingling in hands/feet

Factors affecting adherence (WHO 2003)

- At baseline and at each contact



The five dimensions of adherence (WHO)



https://www.researchgate.net/publication/28229081_Developing_a_generic_individualised_adherence_programme_for_chronic_medication_users/figures

Education resources

Cancer genetics | Haematology and BMT | Medical oncology | Radiation oncology | Clinical resources | Patients and carers

HOME › CLINICAL RESOURCES › ASSESSMENT TOOLS ›

Anti-cancer drug patient education checklist

ID: 550 v.5 Endorsed

Related eLearning:
- Anti-cancer Drug Administration Course (ADAC)
- Supportive care

Related pages:
- Anti-cancer drug patient assessment tool
- Safe administration of anti-cancer drugs
- Central venous access devices

Draw | 1 of 2

NSW GOVERNMENT

eviQ

Anti-cancer drug patient education checklist

> Support Care Cancer. 2010 May;18(5):583-90. doi: 10.1007/s00520-009-0692-5. Epub 2009 Jul 10.

Development of the MASCC Teaching Tool for Patients Receiving Oral Agents for Cancer

Sultan Kav [1], Lisa Schulmeister, Anita Nirenberg, Linda Barber, Judi Johnson, Cynthia Rittenberg

Affiliations + expand

PMID: 19590904 DOI: 10.1007/s00520-009-0692-5

MOATT V1.2 (updated on: September 2016; reviewed on: May 2021)

MASCC WWW.MASCC.ORG

Multinational Association of Supportive Care in Cancer

Supportive Care Makes Excellent Cancer Care Possible

MOATT©	MASCC Teaching Tool for Patients Receiving Oral Agents for Cancer

This teaching tool has been prepared to assist healthcare providers in the assessment and education of patients receiving oral agents as treatment for their cancer. The goal is to ensure that patients know and understand their treatment and the importance of taking the pills or tablets as prescribed. Family members and other healthcare providers can be involved in this process.

Any of the following can affect adherence to treatment with oral agents (pills or tablets) for cancer.

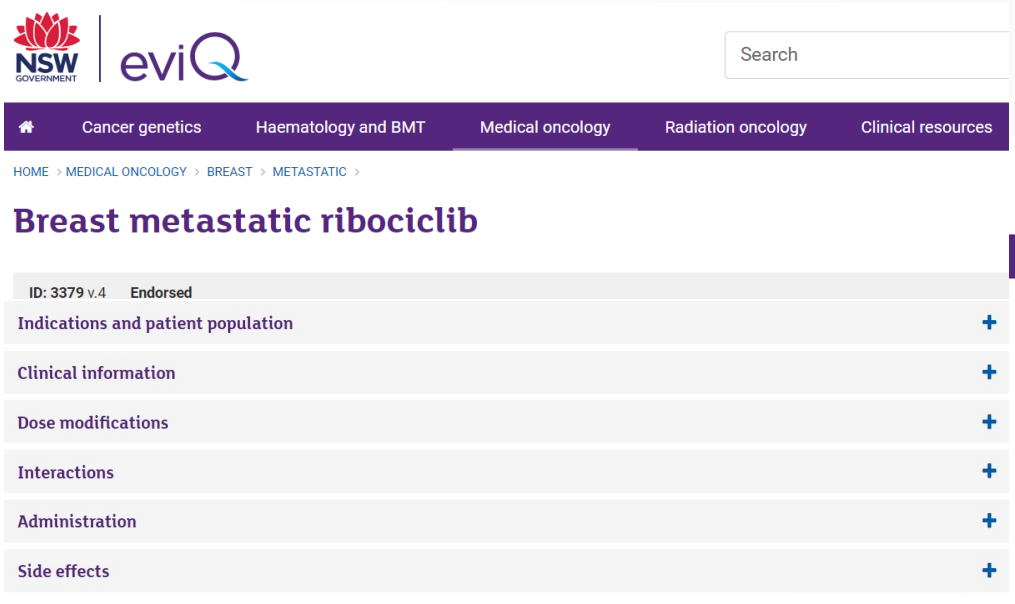
- **Patient Characteristics**
- **Drugs (pills or tablets)**
- **Disease Characteristics**
- **Treatment Plan**

Contents

https://www.eviq.org.au/getmedia/72a5616e-de94-462d-ba52-0d71c6a6e87d/SCTASK2926688-Anti-cancer-drug-patient-education-checklist-FINAL.pdf

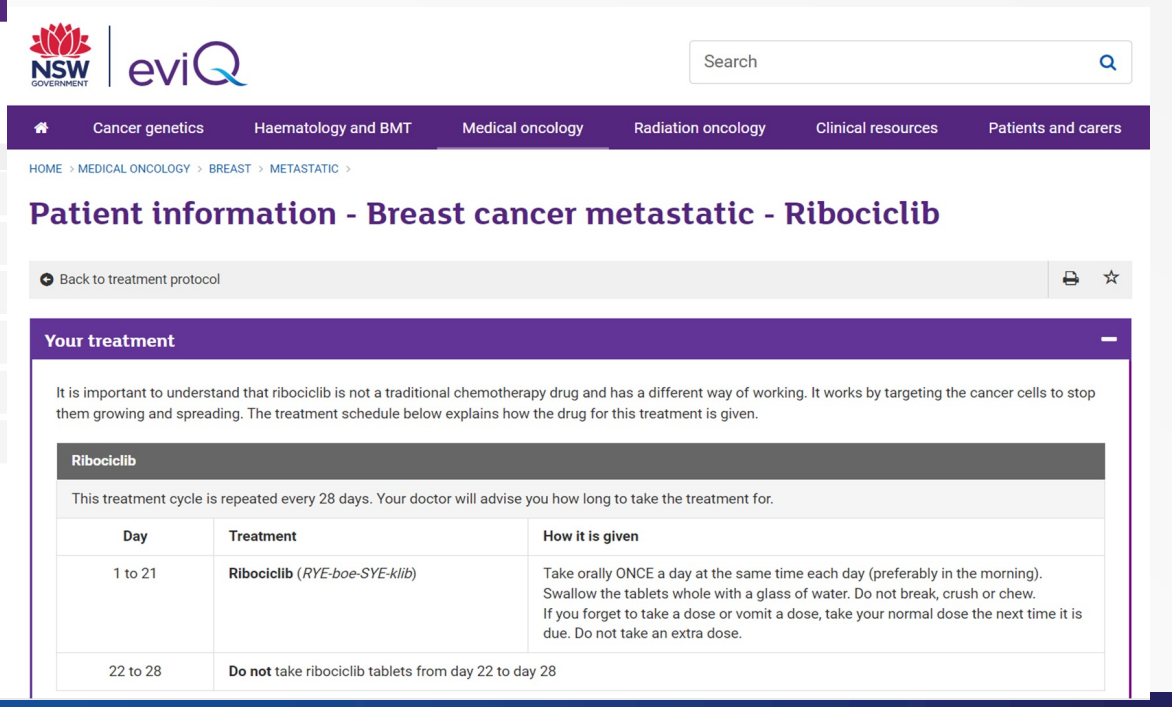
https://mascc.org/resources/assessment-tools/mascc-oral-agent-teaching-tool-moat/

eviQ resources on specific OACTs for pts and HCPs



Healthcare professionals

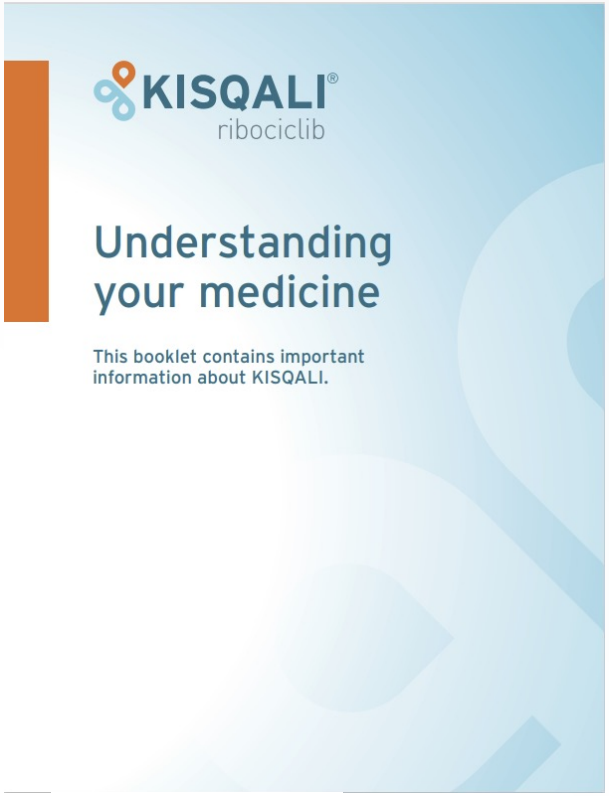
Patients



https://www.eviq.org.au/medical-oncology/breast/metastatic/3379-breast-metastatic-ribociclib
https://www.eviq.org.au/medical-oncology/breast/metastatic/3379-breast-metastatic-ribociclib/patient-information

Egs of pharma resources for patients and HCPs

Patients



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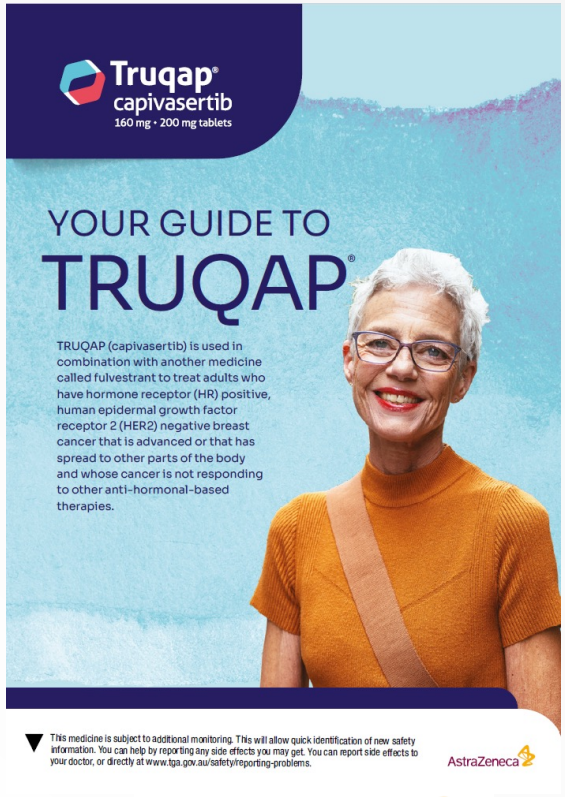


AstraZeneca

Healthcare professionals

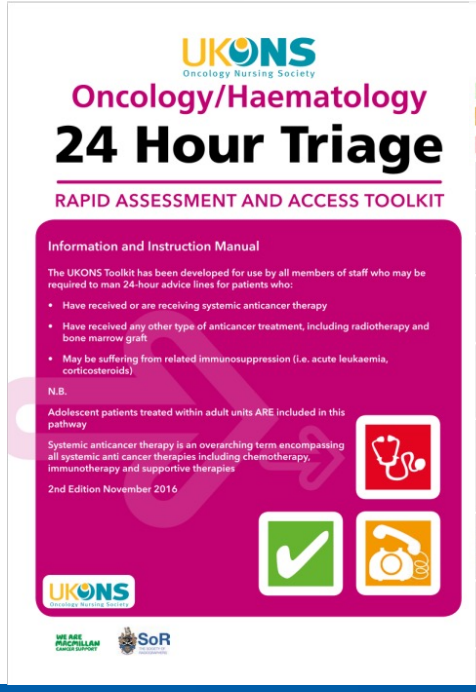
NSW GOVERNMENT | eviQ

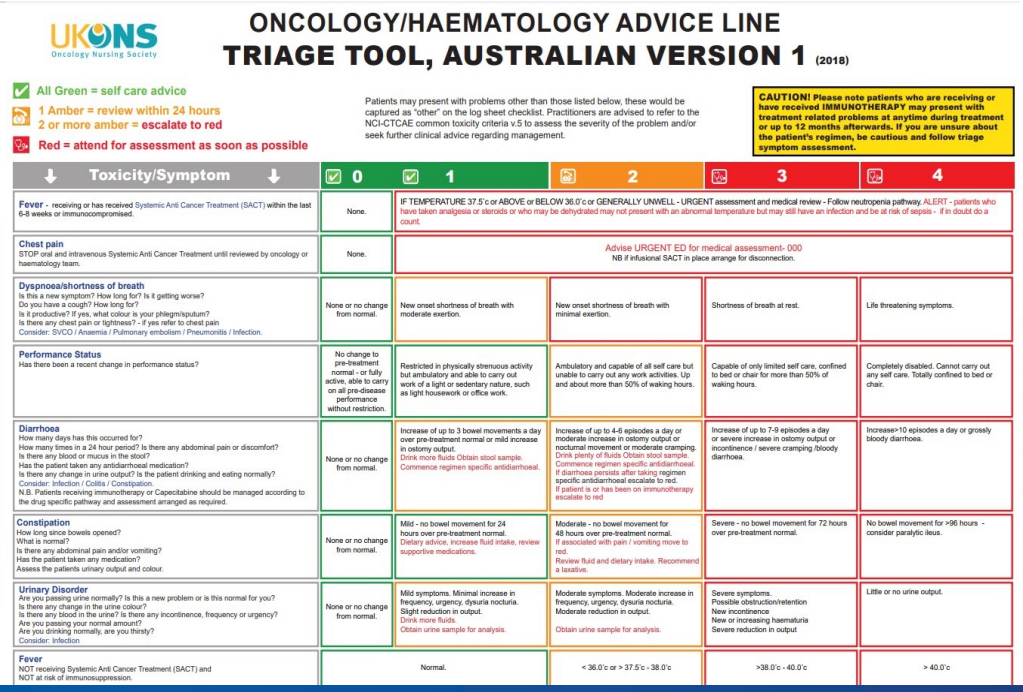
Search

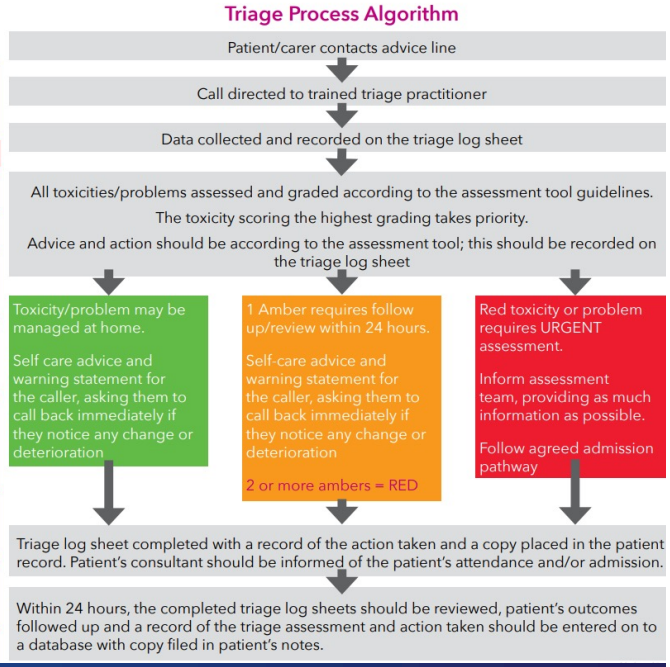
Cancer genetics | Haematology and BMT | Medical oncology | Radiation oncology | Clinical resources

HOME > CLINICAL RESOURCES > TELEPHONE TRIAGE TOOLKIT >

Rapid Assessment & Access Toolkit







Design / Methods cont:

Part 2: Reviewed and expanded upon our existing processes for managing patients on OACTs

General process for managing patients on OACT

MDTM presentation: treatment recommendation

↓

Medical oncology consultation

↓

Automatic referral to Cancer Care NP/BCN/CNC

↓

Education / supportive care screening / Assessment for factors affecting adherence

↓

Engaging the GP and pharmacist

↓

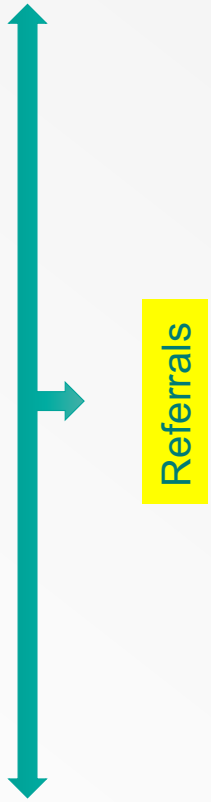
Contact person allocated: details provided

↓

Telephone review one week post starting OACT

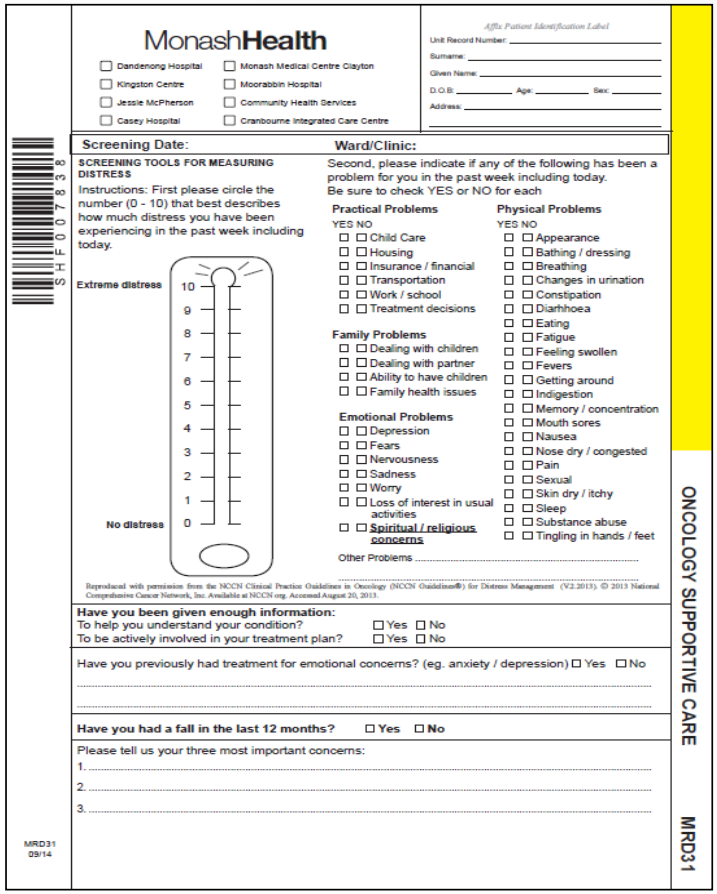
↓

Ongoing clinic/phone review: treatment and/or patient specific



*Encourage patients to report side effects of OACT early

Monash Health's supportive care screening tool



MonashHealth

Dandenong Hospital · Monash Medical Centre Clayton · Kingston Centre · Moorabbin Hospital · Jessie McPherson · Community Health Services · Casey Hospital · Cranbourne Integrated Care Centre

Affix Patient Identification Label

Unit Record Number: Surname: Given Name: D.O.B: Age: Sex: Address:

Screening Date: Ward/Clinic:

SCREENING TOOLS FOR MEASURING DISTRESS

Instructions: First please circle the number (0 - 10) that best describes how much distress you have been experiencing in the past week including today.

Extreme distress 10 9 8 7 6 5 4 3 2 1 0 No distress

Second, please indicate if any of the following has been a problem for you in the past week including today. Be sure to check YES or NO for each

Practical Problems (YES NO)
- Child Care
- Housing
- Insurance / financial
- Transportation
- Work / school
- Treatment decisions

Family Problems
- Dealing with children
- Dealing with partner
- Ability to have children
- Family health issues

Emotional Problems
- Depression
- Fears
- Nervousness
- Sadness
- Worry
- Loss of interest in usual activities
- Spiritual / religious concerns

Physical Problems (YES NO)
- Appearance
- Bathing / dressing
- Breathing
- Changes in urination
- Constipation
- Diarrhoea
- Eating
- Fatigue
- Feeling swollen
- Fevers
- Getting around
- Indigestion
- Memory / concentration
- Mouth sores
- Nausea
- Nose dry / congested
- Pain
- Sexual
- Skin dry / itchy
- Sleep
- Substance abuse
- Tingling in hands / feet

Other Problems .....

Have you been given enough information:
To help you understand your condition? ☐ Yes ☐ No
To be actively involved in your treatment plan? ☐ Yes ☐ No

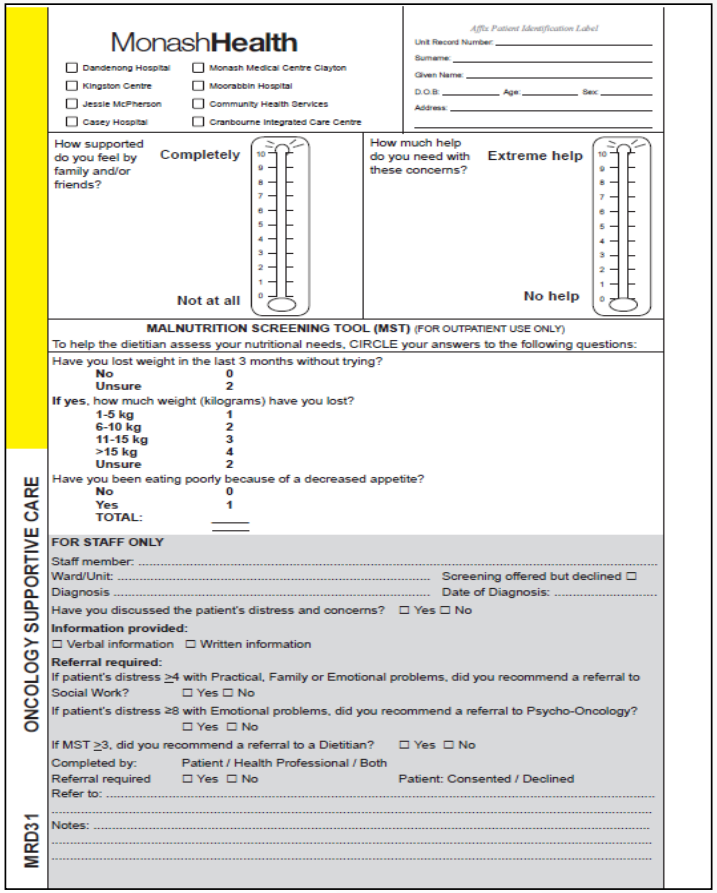
Have you previously had treatment for emotional concerns? (eg. anxiety / depression) ☐ Yes ☐ No

Have you had a fall in the last 12 months? ☐ Yes ☐ No

Please tell us your three most important concerns:
1. .....
2. .....
3. .....

ONCOLOGY SUPPORTIVE CARE MRD31

MRD31 09/14



MonashHealth

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Affix Patient Identification Label

Unit Record Number: Surname: Given Name: D.O.B: Age: Sex: Address:

How supported do you feel by family and/or friends? Completely … Not at all

How much help do you need with these concerns? Extreme help … No help

MALNUTRITION SCREENING TOOL (MST) (FOR OUTPATIENT USE ONLY)

To help the dietitian assess your nutritional needs, CIRCLE your answers to the following questions:

Have you lost weight in the last 3 months without trying?
- No 0
- Unsure 2

If yes, how much weight (kilograms) have you lost?
- 1-5 kg 1
- 6-10 kg 2
- 11-15 kg 3
- >15 kg 4
- Unsure 2

Have you been eating poorly because of a decreased appetite?
- No 0
- Yes 1

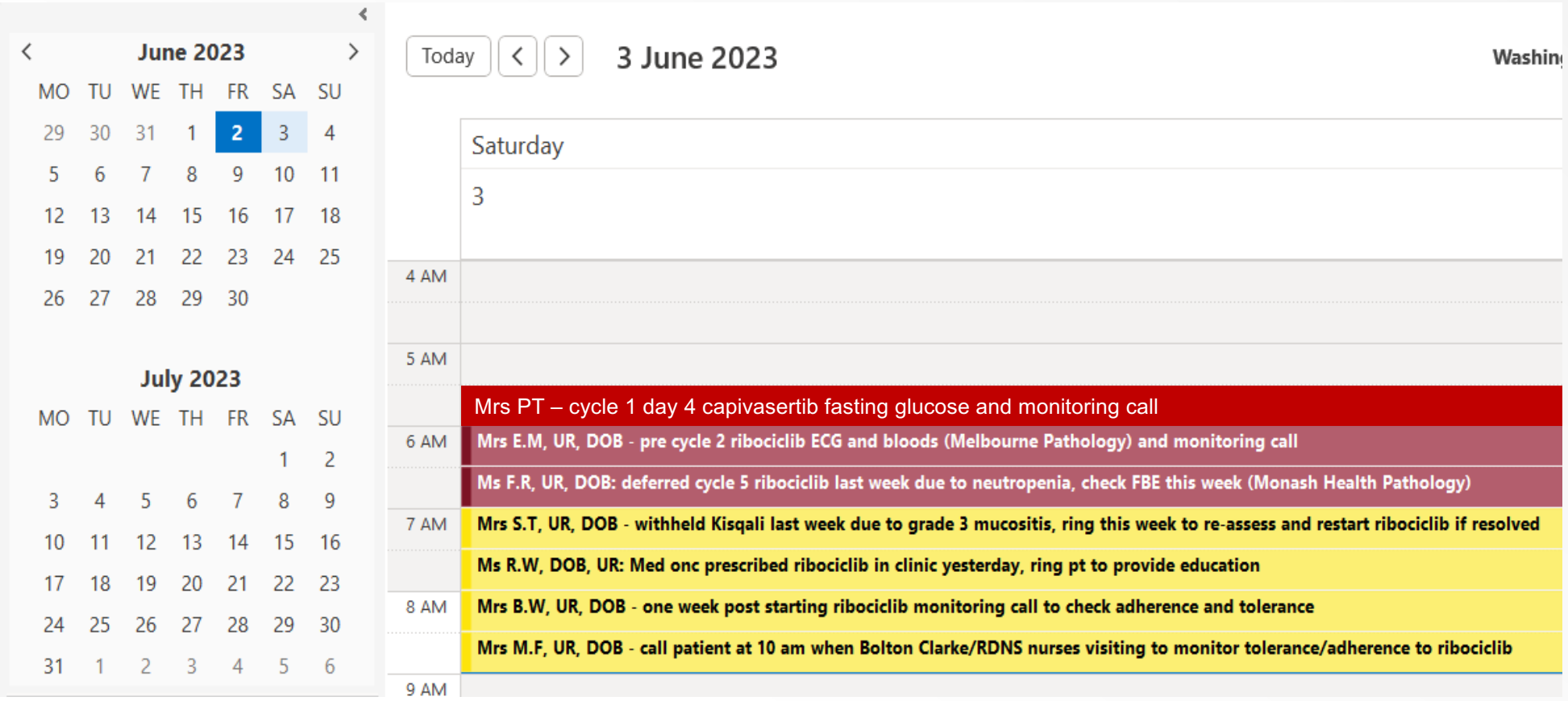
TOTAL: ____

FOR STAFF ONLY

Staff member: .....
Ward/Unit: ..... Screening offered but declined ☐
Diagnosis ..... Date of Diagnosis: .....
Have you discussed the patient's distress and concerns? ☐ Yes ☐ No
Information provided:
☐ Verbal information ☐ Written information
Referral required:
If patient's distress ≥4 with Practical, Family or Emotional problems, did you recommend a referral to Social Work? ☐ Yes ☐ No
If patient's distress ≥8 with Emotional problems, did you recommend a referral to Psycho-Oncology? ☐ Yes ☐ No
If MST ≥3, did you recommend a referral to a Dietitian? ☐ Yes ☐ No
Completed by: Patient / Health Professional / Both
Referral required ☐ Yes ☐ No Patient: Consented / Declined
Refer to: .....
Notes: .....

ONCOLOGY SUPPORTIVE CARE MRD31

BCNs use of outlook calendars



Eg: documentation processes using ISBAR format

Identification	Patient: M.F, DOB, Hospital UR number
Situation	16/10/24: Pre-cycle 2 ribociclib monitoring phone call to pt
Background	82yoF diagnosed with ER+ MBC (liver mets) Dx August 2024 -commenced 1L letrozole 4/9/24 -commenced 1L ribociclib 400 mg 18/9/24 -commenced denosumab q 1/12 18/9/24 (after seen by dentist)
Assessment	15/10/24: Pre-cycle 2 bloods tests and ECG (Melbourne Pathology) -ECG NAD -neutrophils 0.7 -LFT derangement reduced to mild/grade 1 from baseline -pt reporting mild intermittent nausea and decreased appetite -nil constipation or other identified causes of nausea, nausea likely Kisqali induced -nil LOW -afebrile and nil signs/symptoms of infection
Recommendation	D/W med onc -Advised pt to withhold ribociclib 1 week -Called local pharmacy to withhold ribociclib in blister pack this week and will call back next week; if neutrophils recovered next week to trial taking ribociclib in evenings -Arranged another home pathology visit to recheck FBE in 1/52 -Updated outlook calender to reassess pt and blood test in 1/52 -next breast oncology clinic review in 2 weeks -for restaging scans after 3 cycles of ribociclib

Design / Methods cont:

Part 3:

- Developed content for specific OACT nursing clinical pathways to support timely care co-ordination of:
  - patient education,
  - baseline/ongoing assessments/investigations,
  - toxicity monitoring,
  - adherence support,
  - escalation processes and
  - documentation requirements.

Part 4:

- Each clinical pathway was reviewed/endorsed by a local panel of senior Cancer Care Nurses (CCNs)/Oncologists and a Clinical Governance Committee.

Results

Comprehensive nursing clinical pathways have been developed for the following OACTs:

- CDK4/6 inhibitors: abemaciclib, palbociclib, ribociclib
- Targeted therapies: everolimus (& exemestane), capivasertib (and fulvestrant), olaparib,
- Chemotherapies: capecitabine and vinorelbine.

Each clinical pathway template includes:

- Purpose
- Indication
- Specific dosing schedule for the OACT
- Information on any dual therapies eg: CDK4/6i + A.I/fulvestrant and their dosing schedule
- Specific baseline assessments, patient education, monitoring tests required
- Specific contact points with step-by-step guidance on assessment, monitoring & management tasks; guidance on what to co-ordinate for the next contact time-point

NOTE: these contact points may be modified for patients who have been assessed to have complex supportive care needs or who have developed certain side effects of treatments.

Example: capivasertib & fulvestrant clinical pathway

Capivasertib (Truqap®) Clinical pathway- Nurse Led Support/Management

Version 1; dated 9 December 2025	
Purpose	A pathway to safely and effectively manage and monitor patients on capivasertib
Indications	Locally advanced/metastatic breast cancer setting • Hormone receptor positive, HER2 negative advanced or metastatic breast cancer in combination with fulvestrant injections • Must have had disease progression on at least one endocrine-based regimen in the metastatic setting; OR following recurrence on or within twelve months of completing endocrine-based adjuvant therapy. • Patient must be post-menopausal or rendered post-menopausal • Pre/peri-menopausal women and men will need to be on luteinising hormone releasing hormone (LHRH) goserelin to induce menopause or Bilateral Salpingo Oophorectomy (BSO) • ECOG (Eastern Cooperative Oncology Group) performance status score 0 to 2
Capivasertib dosing schedule	Locally advanced/metastatic breast cancer setting • The standard dose is 400 mg (2 tablets) taken twice daily, approximately 12 hours apart (total daily dose of 800 mg) with or without food for four days followed by 3 days off treatment. In a 28 day cycle, capivasertib is given on days 1-4; 8-11; 15-18; and 22-25. • **Note:** any missed doses can be taken within 4 hours after the usual scheduled time. After more than 4 hours the dose should be skipped and normal dosing should be resumed at the next scheduled dosing. • To be given in combination with fulvestrant injections
Concurrent endocrine therapy with capivasertib	• Patients will also be prescribed fulvestrant IM, an IM Selective Estrogen Receptor Degrader – SERD (500 mg days 1,15 and 29 and once monthly thereafter) concurrently with capivasertib. • Consider starting fulvestrant a few weeks prior to starting capivasertib in some patients, who may benefit from being able to more effectively assess tolerance levels of these drugs.
Breast Care Nurse (BCN) role - capivasertib Baseline assessment, education and monitoring process	• Review patient in person in clinic or on phone • Provide patient education on drug, rationale for, mechanism of action of drug, dosing amount and schedule, potential side effects and strategies for preventing/managing side effects, drug or food interactions and the monitoring schedule; provide eviQ written information, patient diary, pharmaceutical product information resources. • EMR referral for any diabetic, pre-diabetic or hyperglycaemic patients to the diabetes nurse practitioner and nurse educators and organise fasting blood glucose tests daily for the first 2 weeks • Provide a free glucometer to diabetic patients if they do not already have one. • Assess patient for any risk factors for developing hyperglycemia (ie: gestational diabetes; obesity –high BMI) • Check baseline investigations prior to starting capivasertib including bloods (FBE, CUE, LFT, CMP), lipids and fasting glucose and HbA1c. Flag any abnormalities with the treating Medical Oncologist/ Oncology Registrar on call for Chemotherapy Day Unit (CDU) and/or Nurse Practitioner (NP) • Conduct an ECG to monitor QTcF for any patients with a medical history of clinically significant cardiac disease or those at risk of arrhythmic events
	• Undertake supportive care screening and review with patient, and make necessary referrals/provide appropriate information. Address any factors that may impact on adherence. • Review patient concomitant medications for any potential drug interactions, contact with pharmacy as needed • Provide the patient with the BCN contact number and hours of availability – encourage the patient to contact the BCN to report side effects of treatment • Advise the patient of the start date capivasertib and fulvestrant • Ensure the patient has referrals for monitoring investigations for cycle 1 • Ensure the patient is aware of BCN phone review for cycle 1 day 3 or 4 • Input BCN monitoring phone reviews in the BCN calendar for cycle 1 • Document contact with patient (as per ISBAR format; Identify, Situation, Background, Assessment, Request) including nursing assessment/interventions, ECOG and starting date and dose of capivasertib and fulvestrant; monitoring schedule and next medical oncology clinic review NOTE: If the patient is diabetic or pre-diabetic or becomes hyperglycemic: • a dose reduction may be indicated • arrange for monitoring or self-monitoring of fasting glucose daily for the first 2 weeks of treatment • arrange an additional HbA1c at cycle 1 day 24 or 25 and monthly thereafter
Capivasertib – cycle 1 day 3 or 4	• A fasting glucose test (via venepuncture or finger prick) to be done at pathology or with the patient's General Practitioner (GP). BCN/NP Phone contact • Call the patient to monitor adherence to dosing amount and schedule and tolerance of drug (in particularly assess for any diarrhoea or skin rashes). • Ask about fasting glucose result at GP. • Provide advice and relevant resources to address any side effects of treatment. • Ensure the patient has a referral for cycle 1 day 10 or 11 blood test and next phone review and input next BCN/NP review into the outlook calendar
Capivasertib – cycle 1 day 10 or 11	• Review bloods (FBE, CUE, LFT, CMP and fasting glucose). Flag any abnormalities with the treating Medical Oncologist/ Oncology Registrar on call for Chemotherapy Day Unit (CDU) and/or Nurse Practitioner (NP) BCN/NP Phone contact • Call the patient to monitor adherence to dosing amount and schedule and tolerance of drug. • Provide advice and relevant resources to address any side effects of treatment. • Ensure the patient has a referral for cycle 2 day 24 or 25 blood test and next BCN phone review and input into the outlook calendar
Capivasertib Cycle 1 Day 24 or 25	Phone contact or NP review in breast oncology clinic • Perform patient toxicity assessment • Review bloods (FBE, CUE, LFT, CMP and fasting glucose). HbA1C if the patient is diabetic or pre-diabetic • Flag any abnormalities (as per eviQ guidelines) with treating Medical Oncologist/Oncology Registrar on call for CDU and/or NP • Provide advice and relevant resources to address any side effects of treatment. • Provide patient with blood test referrals for cycle 2

Results cont: some feedback from the BCNs

The clinical pathways are set out in a clear methodical way and helped guide when blood tests and other tests are required and the dosing schedule of each drug

The OACTs clinical pathways were helpful for consistency and for reminders of what needs to be done and when, and to understand the indications for each drug

I found the OACT clinical pathways to be a very useful guide

Thanks for writing the pathways, much appreciated

Consider including hyperlinks to recommended resources to be used

Results cont

- Monash Health BCNs are currently using the clinical pathways to guide standardised clinical practice
- This has resulted in:
  - consistent patient education approaches;
  - timely care co-ordination;
  - early identification/management of drug toxicities/adherence concerns;
  - improved documentation and multidisciplinary team communication.
- The clinical pathways have helped support the professional development and orientation of new/less experienced BCNs.
- BCN feedback has helped inform plans to update the clinical pathways -> to include hyperlinks to specific external resources eg: eviQ resources; MASCC teaching tool; a corrected QTcF calculator for ribociclib; rapid assessment & access toolkit (UKONs triage tool)

Conclusion

- The development of nursing clinical pathways for OACTs has:
  - strengthened nursing practice
  - promoted patient safety,
  - supported high-quality, nurse-led care in an evolving treatment landscape at a metropolitan hospital.
- These structured care pathways have led to the identification of critical measures which enable timely intervention in the community setting, preventing patient deterioration that has the potential to place further pressure and costs on the already burdened acute care setting.
- This initiative has demonstrated that CCNs can lead system-level improvements to deliver safe, patient-centred care to those prescribed OACTs
- This initiative is transferrable across healthcare services and can be modified to fit local resources/service needs .