

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

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CNSA Congress 19/06/26



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



Nurse's role in monitoring/managing patients on OACTs

| **Articles** | April 27, 2013

Oncology Nursing News

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Nurses Leading the Way: Promoting Adherence to Oral Cancer Medications

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

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Oncology

ONCOLOGY Vol 15 No 1 | Volume 15 | Issue 1

Nursing Strategies for Patients on Oral Chemotherapy

Author(s) *Deborah Semple RN, MSN*

Nursing publications

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](https://doi.org/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://pubmed.ncbi.nlm.nih.gov/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://pubmed.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 <u>OR</u> 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)



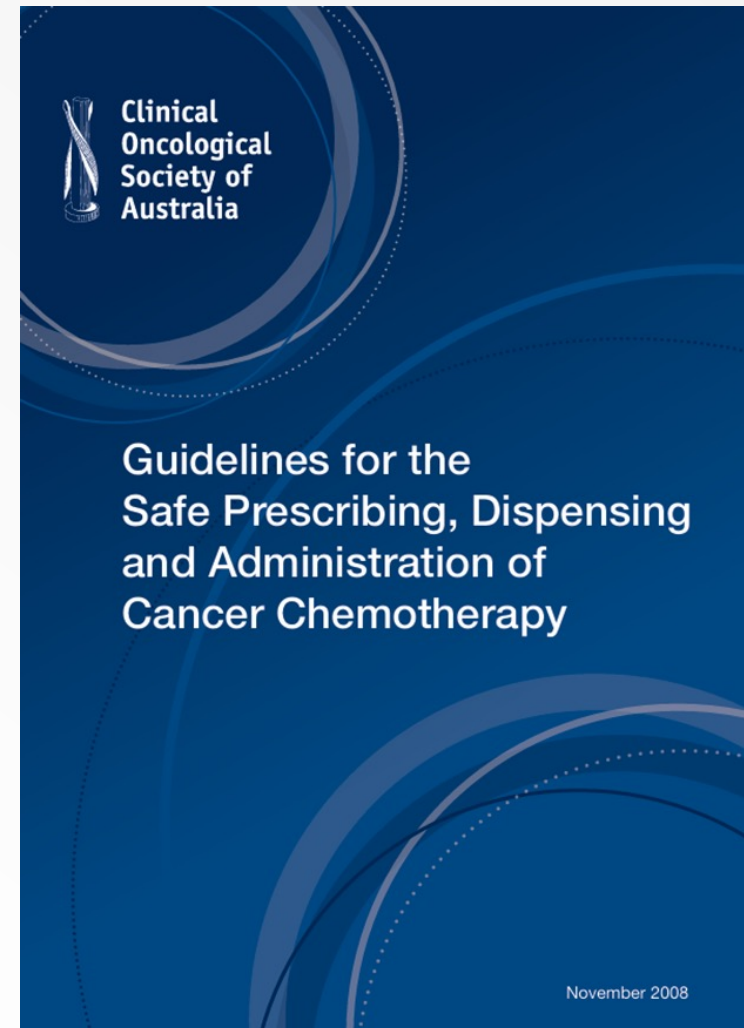
1

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.

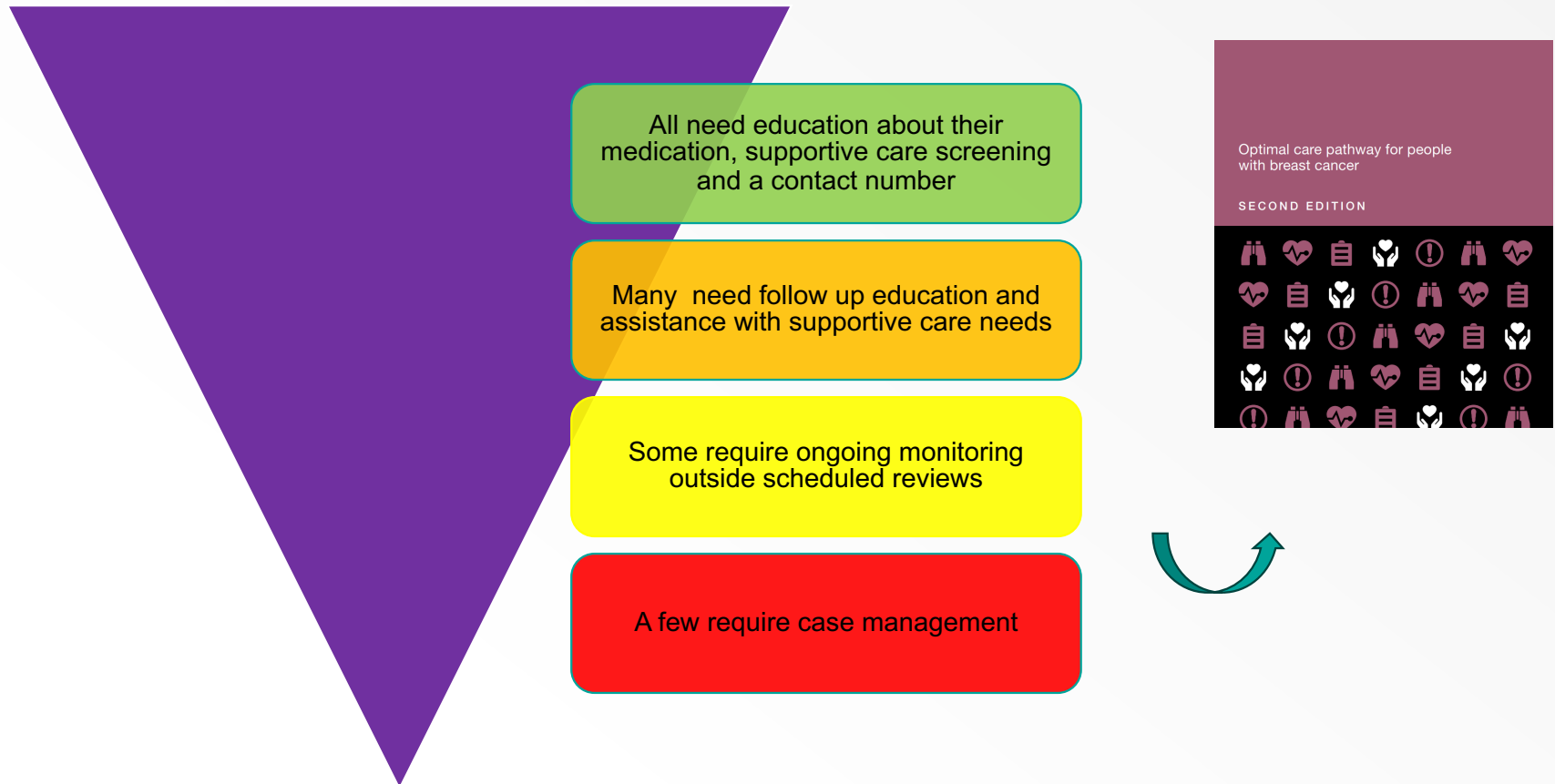


COSA guidelines

- 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 – **the role of the nurse** (page 29: OACTs)



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



NCCN supportive care screening guidelines

Figure 5: NCCN Distress Thermometer for Patients^{2,7}

NCCN 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.

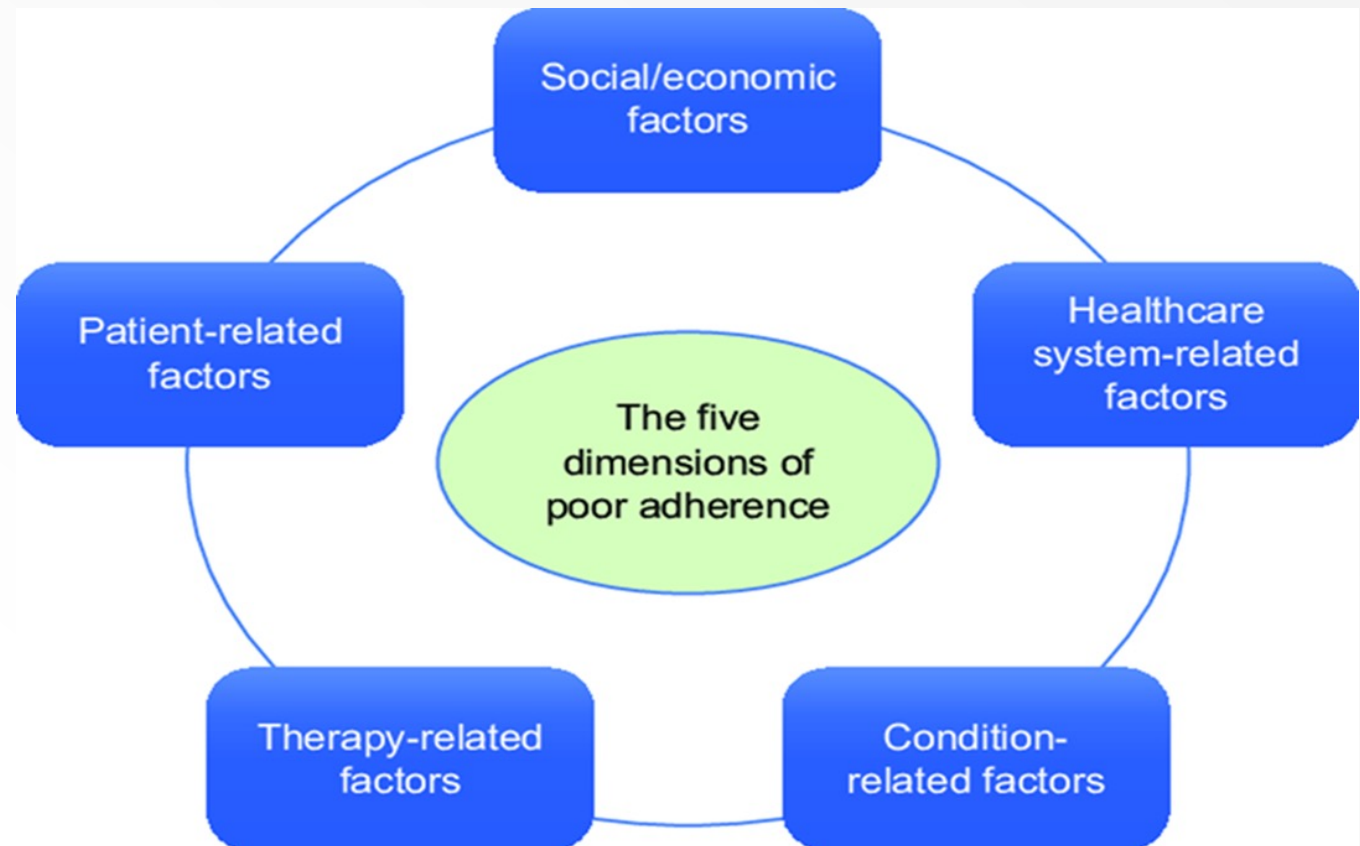
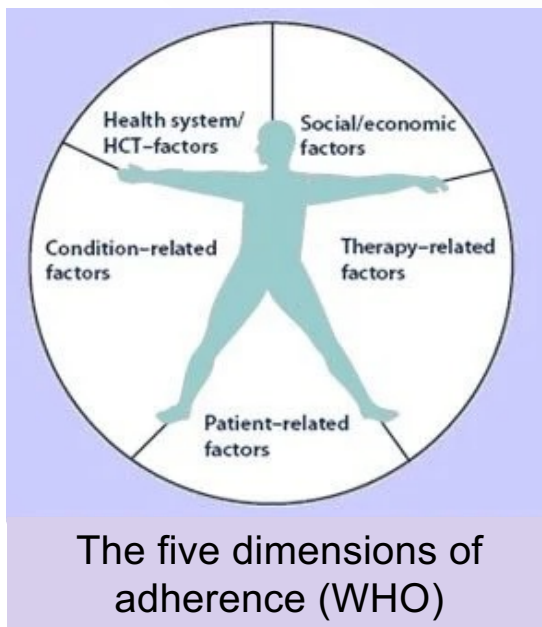
YES	NO	<u>Practical Problems</u>	YES	NO	<u>Physical Problems</u>
☐	☐	Child care	☐	☐	Appearance
☐	☐	Housing	☐	☐	Bathing/dressing
☐	☐	Insurance/financial	☐	☐	Breathing
☐	☐	Transportation	☐	☐	Changes in urination
☐	☐	Work/school	☐	☐	Constipation
☐	☐	Treatment decisions	☐	☐	Diarrhea
			☐	☐	Eating
		<u>Family Problems</u>	☐	☐	Fatigue
☐	☐	Dealing with children	☐	☐	Feeling Swollen
☐	☐	Dealing with partner	☐	☐	Fevers
☐	☐	Ability to have children	☐	☐	Getting around
☐	☐	Family health issues	☐	☐	Indigestion
			☐	☐	Memory/concentration
		<u>Emotional Problems</u>	☐	☐	Mouth sores
☐	☐	Depression	☐	☐	Nausea
☐	☐	Fears	☐	☐	Nose dry/congested
☐	☐	Nervousness	☐	☐	Pain
☐	☐	Sadness	☐	☐	Sexual
☐	☐	Worry	☐	☐	Skin dry/itchy
☐	☐	Loss of interest in usual activities	☐	☐	Sleep
			☐	☐	Substance abuse
☐	☐	<u>Spiritual/religious concerns</u>	☐	☐	Tingling in hands/feet

Other Problems: _____



Factors affecting adherence (WHO 2003)

- At baseline and at each contact



Education resources

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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



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 Kav¹, 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)



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

Page 2: Section 1 - Assessment Questions
 Page 3: Section 2 - Patient Education
 Page 4: Section 3 - Drug Specific Education
 Page 5: Section 4 - Evaluation
 Page 6: Handout - Drug-Specific Information

Nonprofit entities (physicians, nurses, etc.) are encouraged to use the MOATT and may do so free of charge. Commercial companies must obtain written approval from MASCC and will incur a nominal fee for using this tool. For more information on using the MOATT or obtaining permission, visit the MASCC website at <http://www.mascc.org/MOATT>.



eviQ resources on specific OACTs for pts and HCPs

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Breast metastatic ribociclib

ID: 3379 v.4 Endorsed

Indications and patient population

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Administration

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Patient information - Breast cancer metastatic - Ribociclib

[Back to treatment protocol](#)

Your treatment

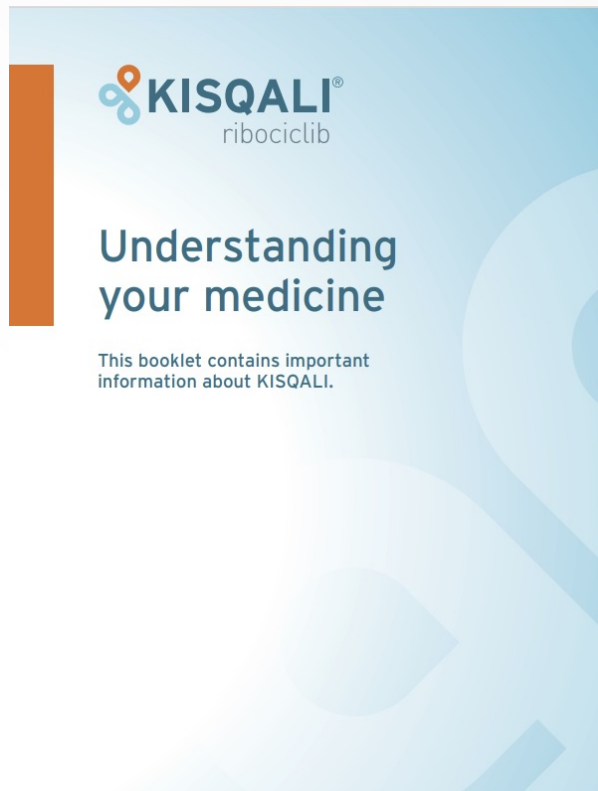
It is important to understand that ribociclib is not a traditional chemotherapy drug and has a different way of working. It works by targeting the cancer cells to stop them growing and spreading. The treatment schedule below explains how the drug for this treatment is given.

Ribociclib		
This treatment cycle is repeated every 28 days. Your doctor will advise you how long to take the treatment for.		
Day	Treatment	How it is given
1 to 21	Ribociclib (<i>RYE-boe-SYE-klib</i>)	Take orally ONCE a day at the same time each day (preferably in the morning). Swallow the tablets whole with a glass of water. Do not break, crush or chew. If you forget to take a dose or vomit a dose, take your normal dose the next time it is due. Do not take an extra dose.
22 to 28	Do not take ribociclib tablets from day 22 to day 28	



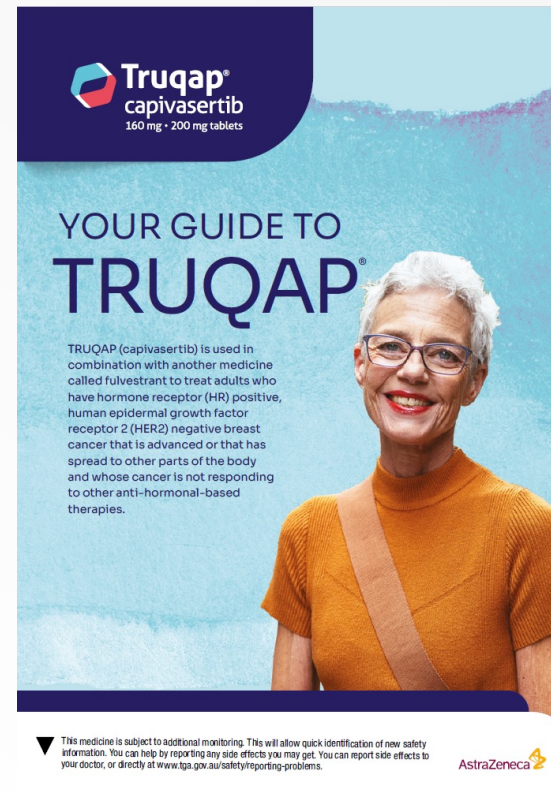
Egs of pharma resources for patients and HCPs

Patients



 **NOVARTIS**

Healthcare
professionals



AstraZeneca 



Rapid Assessment & Access Toolkit

Oncology/Haematology 24 Hour Triage

RAPID ASSESSMENT AND ACCESS TOOLKIT

Information and Instruction Manual

The UKONS Toolkit has been developed for use by all members of staff who may be required to man 24-hour advice lines for patients who:

- Have received or are receiving systemic anticancer therapy
- Have received any other type of anticancer treatment, including radiotherapy and bone marrow graft
- May be suffering from related immunosuppression (i.e. acute leukaemia, corticosteroids)

N.B.

Adolescent patients treated within adult units ARE included in this pathway

Systemic anticancer therapy is an overarching term encompassing all systemic anti cancer therapies including chemotherapy, immunotherapy and supportive therapies

2nd Edition November 2016



ONCOLOGY/HAEMATOLOGY ADVICE LINE TRIAGE TOOL, AUSTRALIAN VERSION 1 (2018)

All Green = self care advice

1 Amber = review within 24 hours

2 or more amber = escalate to red

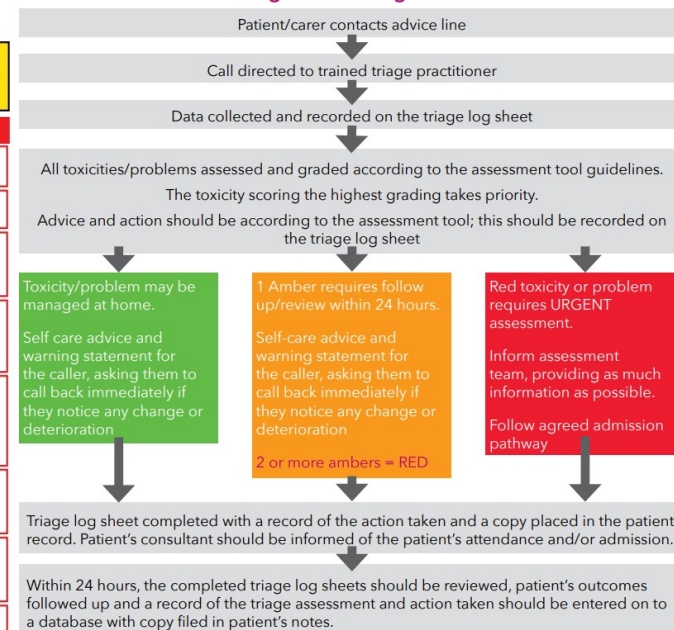
Red = attend for assessment as soon as possible

Patients may present with problems other than those listed below, these would be captured as 'other' on the log sheet checklist. Practitioners are advised to refer to the NCI-CTCAE common toxicity criteria v5 to assess the severity of the problem and/or seek further clinical advice regarding management.

CAUTION! Please note patients who are receiving or have received IMMUNOTHERAPY may present with treatment related problems at anytime during treatment or up to 12 months afterwards. If you are unsure about the patient's regimen, be cautious and follow triage symptom assessment.

Toxicity/Symptom	0	1	2	3	4
Fever - receiving or has received Systemic Anti Cancer Treatment (SACT) within the last 6-8 weeks or immunocompromised	None.	IF TEMPERATURE 37.5°C or ABOVE or BELOW 36.0°C or GENERALLY UNWELL - URGENT assessment and medical review - Follow neutropenia pathway. ALERT - patients who have taken analgesia or steroids or who may be dehydrated may not present with an abnormal temperature but may still have an infection and be at risk of sepsis - if in doubt do a swab.			
Chest pain STOP oral and intravenous Systemic Anti Cancer Treatment until reviewed by oncology or haematology team.	None.	Advise URGENT ED for medical assessment-000 NB if infusional SACT in place arrange for disconnection.			
Dyspnoea/shortness of breath Is this a new symptom? How long for? Is it getting worse? Do you have a cough? How long for? Is it productive? If yes, what colour is your phlegm/sputum? Is there any chest pain or tightness? - If yes refer to chest pain. Consider: SVOI / Anaemia / Pulmonary embolism / Pneumonia / Infection.	None or no change from normal.	New onset shortness of breath with moderate exertion.	New onset shortness of breath with minimal exertion.	Shortness of breath at rest.	Life threatening symptoms.
Performance Status Has there been a recent change in performance status?	No change to pre-treatment normal - or fully active, able to carry on all pre-disease performance without restriction.	Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature, such as light housework or office work.	Ambulatory and capable of all self care but unable to carry out any work activities. Up and about more than 50% of waking hours.	Capable of only limited self care, confined to bed or chair for more than 50% of waking hours.	Completely disabled. Cannot carry out any self care. Totally confined to bed or chair.
Diarrhoea How many days has this occurred for? How many times in a 24 hour period? Is there any abdominal pain or discomfort? Is there any blood or mucus in the stool? Has the patient taken any antidiarrhoeal medication? Is there any change in urine output? Is the patient drinking and eating normally? Consider: Infection / Colitis / Constipation. N.B. Patients receiving immunotherapy or Capecitabine should be managed according to the drug specific pathway and assessment arranged as required.	None or no change from normal.	Increase of up to 3 bowel movements a day over pre-treatment normal or mild increase in ostomy output. Drink more fluids. Obtain stool sample. Commence regimen specific antidiarrhoeal.	Increase of up to 4-6 episodes a day or moderate increase in ostomy output or nocturnal movement or moderate cramping. Drink plenty of fluids. Obtain stool sample. Commence regimen specific antidiarrhoeal. If diarrhoea persists after taking regimen specific antidiarrhoeal escalate to red. If patient is or has been on immunotherapy escalate to red.	Increase of up to 7-9 episodes a day or severe increase in ostomy output or incontinence / severe cramping / bloody diarrhoea.	Increase >10 episodes a day or grossly bloody diarrhoea.
Constipation How long since bowels opened? What is normal? Is there any abdominal pain and/or vomiting? Has the patient taken any medication? Assess the patient's urinary output and colour.	None or no change from normal.	Mild - no bowel movement for 24 hours over pre-treatment normal. Dietary advice, increase fluid intake, review supportive medications.	Moderate - no bowel movement for 48 hours over pre-treatment normal. If associated with pain / vomiting move to red. Review fluid and dietary intake. Recommend a laxative.	Severe - no bowel movement for 72 hours over pre-treatment normal.	No bowel movement for >96 hours - consider paralytic ileus.
Urinary Disorder Are you passing urine normally? Is this a new problem or is this normal for you? Is there any change in the urine colour? Is there any blood in the urine? Is there any incontinence, frequency or urgency? Are you passing your normal amount? Are you drinking normally, are you thirsty? Consider: Infection	None or no change from normal.	Mild symptoms. Minimal increase in frequency, urgency, dysuria nocturia. Slight reduction in output. Drink more fluids. Obtain urine sample for analysis.	Moderate symptoms. Moderate increase in frequency, urgency, dysuria nocturia. Moderate reduction in output. Obtain urine sample for analysis.	Severe symptoms. Possible obstruction/retention. New incontinence. New or increasing haematuria. Severe reduction in output.	Little or no urine output.
Fever NOT receiving Systemic Anti Cancer Treatment (SACT) and NOT at risk of immunosuppression	Normal.	< 36.0°C or > 37.5°C - 38.0°C	> 38.0°C - 40.0°C		> 40.0°C

Triage Process Algorithm

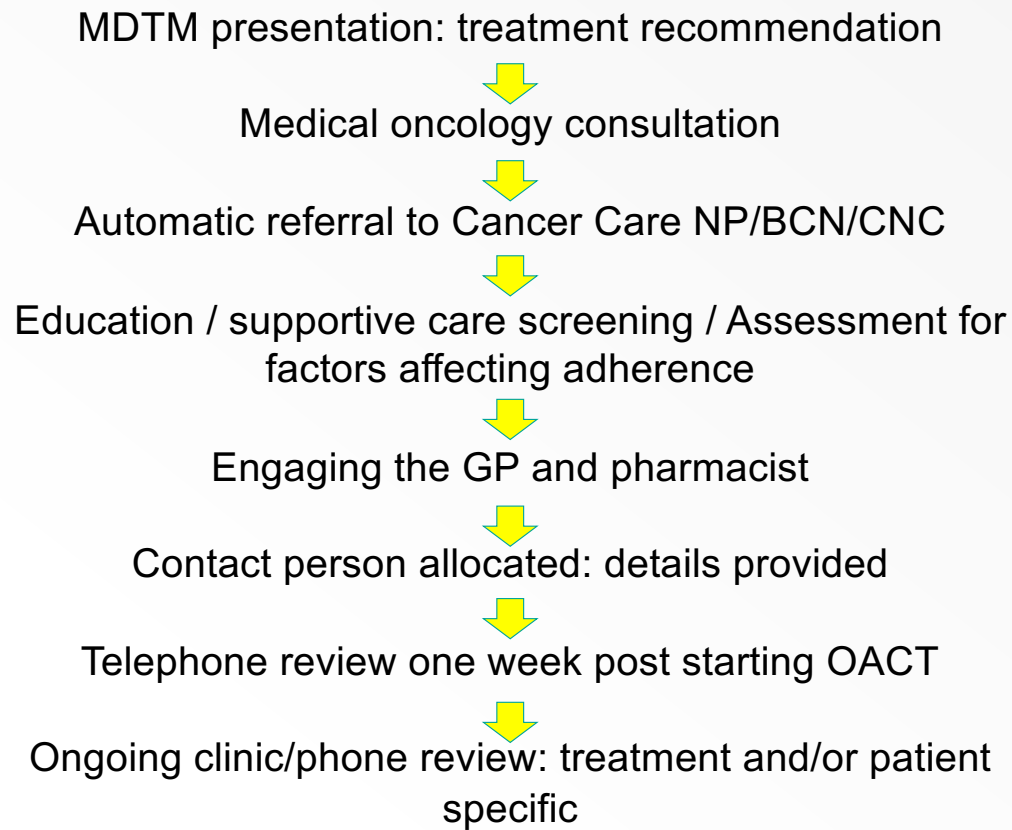


Design / Methods cont:

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



General process for managing patients on OACT



Referrals

*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		<i>Affix Patient Identification Label</i> 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	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
		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 ☐ <u>Spiritual / religious concerns</u> Other Problems: _____
Reproduced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Distress Management (V2.2013) © 2013 National Comprehensive Cancer Network, Inc. Available at NCCN.org. Accessed August 20, 2013.			
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. _____			
MRD31 09/14		ONCOLOGY SUPPORTIVE CARE MRD31	

MonashHealth ☐ Dandenong Hospital ☐ Monash Medical Centre Clayton ☐ Kingston Centre ☐ Moorabbin Hospital ☐ Jessie McPherson ☐ Community Health Services ☐ Casey Hospital ☐ Cranbourne Integrated Care Centre		<i>Affix Patient Identification Label</i> Unit Record Number: _____ Surname: _____ Given Name: _____ D.O.B: _____ Age: _____ Sex: _____ Address: _____	
How supported do you feel by family and/or friends? Completely 10 9 8 7 6 5 4 3 2 1 0 Not at all		How much help do you need with these concerns? Extreme help 10 9 8 7 6 5 4 3 2 1 0 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

<

June 2023

>

MO	TU	WE	TH	FR	SA	SU
29	30	31	1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

July 2023

MO	TU	WE	TH	FR	SA	SU
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31	1	2	3	4	5	6

Today < > 3 June 2023

Washington

Saturday

3

4 AM

5 AM

6 AM

7 AM

8 AM

9 AM

Mrs PT – cycle 1 day 4 capivasertib fasting glucose and monitoring call

Mrs E.M, UR, DOB - pre cycle 2 ribociclib ECG and bloods (Melbourne Pathology) and monitoring call

Ms F.R, UR, DOB: deferred cycle 5 ribociclib last week due to neutropenia, check FBE this week (Monash Health Pathology)

Mrs S.T, UR, DOB - withheld Kisqali last week due to grade 3 mucositis, ring this week to re-assess and restart ribociclib if resolved

Ms R.W, DOB, UR: Med onc prescribed ribociclib in clinic yesterday, ring pt to provide education

Mrs B.W, UR, DOB - one week post starting ribociclib monitoring call to check adherence and tolerance

Mrs M.F, UR, DOB - call patient at 10 am when Bolton Clarke/RDNS nurses visiting to monitor tolerance/adherence to ribociclib



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 calendar 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 (Trugap®) 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/perimenopausal 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 Degrador – 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 exiQ 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 particular 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 exiQ 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 .

