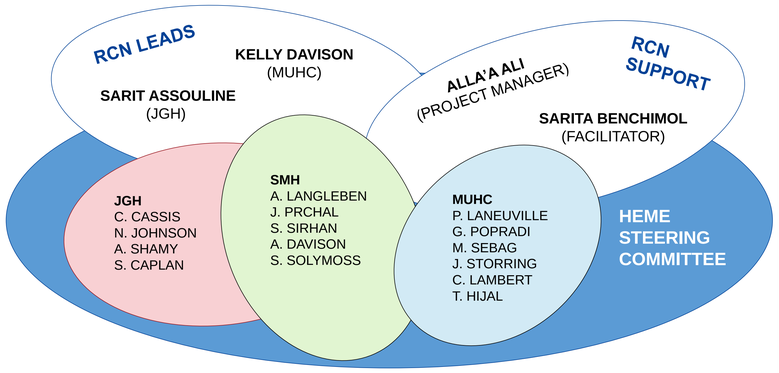
Réseau de cancérologie Rossy

Rossy Cancer Network

Screening for HBV prior to administering rituximab therapy and improving access to targeted treatment by reducing delays to molecular pathology results

RCN Hematology Disease Site Group

"WORKING TOGETHER BASED ON A SHARED MISSION, VISION & STRATEGIC PLAN"



"DEDICATED TO CONTINUOUSLY IMPROVING PATIENT CENTERED CARE, TO ACHIEVE WORLD CLASS OUTCOMES IN QUALITY OF DELIVERED CARE, SURVIVAL AND PATIENT SATISFACTION"

"GOING FORWARD AND BEYOND"

NEXT…	DESCRIPTION	INITIATION	PATIENT IMPACT
QUALITY INDICATOR	*End of Life Care*: To evaluate overtreatment and timely palliative care at the end of life	Jul 2017	Early access to palliative care has been shown to reduce aggressive therapies at the end of life, prolong life in certain patient populations, and significantly reduce hospital costs.
QUALITY IMPROVEMENT PROJECT	Increase HBV screening rates for patients receiving Rituximab	2018	Better screening rates could reduce the risk of HBV reactivation, and subsequent fulminant hepatitis, hepatic flares, and death through the identification of at-risk patients requiring HBV treatment or additional monitoring.
INITIATIVE	Joint tumour board (JGH-MUHC-SMH)	Jan 2018	A broader approach leads to better diagnosis and treatment for more difficult cases

"ENDEAVORING TO OFFER PATIENTS LATEST TREATMENTS"

- Encouraging and improving clinical trial recruitment by providing a consistently updated list of RCN clinical trials at each site's individual tumour board
- Active patient transfer for clinical trials between hospital sites

"MAINTAINING AND IMPROVING HIGH LEVELS OF PERFORMANCE"

INDICATOR HE1: SCREENING FOR HEPATITIS B VIRUS (HBV) BEFORE ADMINISTRATION OF RITUXIMAB

- Administering rituximab without antiviral treatment for patients with inactive HBV infection can lead to viral reactivation, hepatic flares and death from HBV reactivation. The FDA recommends HBV screening for all patients prior to initiation of rituximab.
- According to the ASCO Quality Oncology Practice Initiative, the rates of HBV screening among patients with non-Hodgkin lymphoma before the initiation of rituximab are nearly 70%
- **We observed an appropriate screening rate of 45% across the RCN**

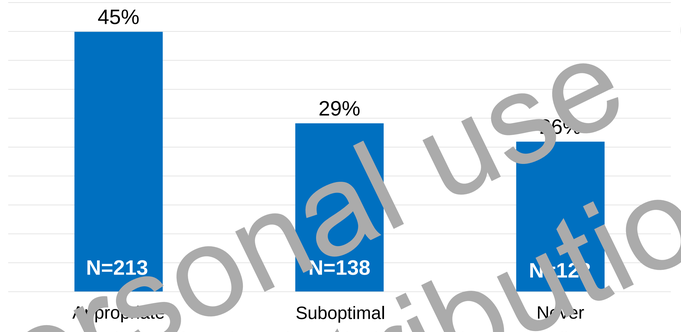


Fig 1: HBV screening rate for patients who received rituximab between April 2014 – March 2016 across the RCN (N=474). *Appropriate screening*: screened 0-6 months before starting Rituximab treatment. *Inappropriate screening*: screened more than 6 months before starting treatment or after the first dose of rituximab.

- Actively infected patients (cAb+/sAg+) should be given prophylaxis before, during, and 6-12 months after completion of rituximab.
- Patients at risk for reactivation (cAb+/sAg-) should either be administered prophylaxis or be monitored every 3 months for HBV DNA starting from screening results, and until 6 months after the last dose of rituximab.
  Table 1 shows that all actively infected patients requiring administration of prophylaxis before start of rituximab received it. At the MUHC, a greater number of at-risk patients were given prophylaxis (15/25 MUHC, 2/16 JGH).
- Efforts need to be made to improve HBV DNA monitoring for at-risk patients not receiving prophylaxis.

Table 1: Prophylaxis and HBV DNA monitoring for patients who are positive for HB core anti-body

		cAb+/sAg+		cAb+/sAg-	
Hospital		JGH	MUHC	JGH	MUHC
N		6		41	
Prophylaxis	Received	2	4	2	15
	Did not receive	0	0	13	10
	Unknown	0	0	1	0
HBV DNA monitoring	Appropriate	0	0	0	1
	Inappropriate	0	0	14	9
	Not applicable, received prophylaxis	2	4	2	15

NEXT STEP

- Create local RCN guidelines for appropriate screening, monitoring, prevention, prophylaxis and therapy of HBV.

"LEADING QUALITY IMPROVEMENT INITIATIVES"

QI PROJECT #1: INSTITUTING A HEMATOLOGY CANCER DIAGNOSTIC AND TREATMENT COMMITTEE (CDTC)

Over **300 patients are diagnosed with a blood cancer** at the MUHC every year. The majority of these patients are now proposed a treatment plan after a review of their individual results by a group of multi-disciplinary specialists.

SPECIFICS

1. Implemented a **tumour-specific conference for blood cancers** at the MUHC
2. Created an **electronic template in O-Word** to facilitate the complete capturing of patient-specific variables and efficiently document the CDTC's treatment recommendations in the patient's medical record

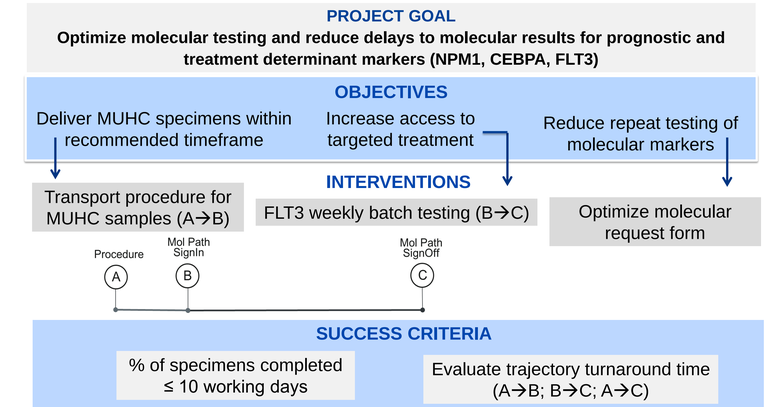
RESULTS

- First hematology tumour-specific conference: **January 2016**
- The multidisciplinary group of specialists (includes Hemato/Oncologists (9-12), pathologist, radiologists and radiation-oncologists) met **39 times** in 2016
- Substantial increase in the number of hematology patients discussed at MUHC multidisciplinary tumour conference: **208 new patients in 2016 vs 0 patients in 2015**
- For 2016, this represents **63% of all new cases**
- **87% of patients** presented had a complete O-Word report in their chart indicating the recommended treatment plan

PATIENT IMPACT

The New CDTC process at MUHC provides the concerted approach required for optimal diagnosis, overall treatment as well as improves access to clinical trials.

QI PROJECT #2: REDUCING MOLECULAR TESTING TURNAROUND TIME



Key messages

- **29% reduction** in the trajectory turnaround time (A→C) for the treatment determinant marker FLT3
- Mean turnaround time for FLT3 is **within Ministry target (12-14 working days)**

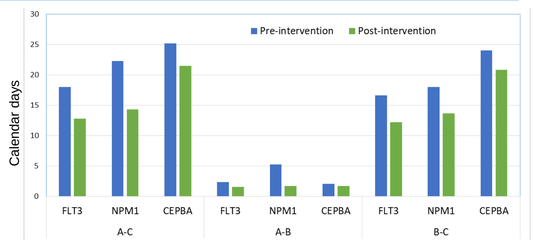


Fig 2: Reduction in turnaround time for all intervals of the trajectory post-interventions. Pre-intervention period: Mar 2014 - Aug 2016. Post-intervention period: Sep 2016 – Mar 2017. All values are presented in working days.

For questions, contact allaa.ali@mcgill.ca

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