



Society for Immunotherapy of Cancer

Advances in Cancer Immunotherapy™

Cancer Immunotherapy in Practice

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[#LearnACI](#)

Disclosures

- **Novartis pharmaceutical**
- I will not be discussing non-FDA approved indications during my presentation.

Objectives

- Health Literacy
- Principles of Adult Learning & Learning Styles
- Immune Related Adverse Events-> setting expectations
- Techniques & Tools for successful patient engagement

Health Literacy

- [Healthy People 2030 initiative](#), health literacy involves the information and services that people need to make well-informed health decisions.
- “Nearly 9 out of 10 adults struggle with health literacy” even those with high literacy skills may struggle with **health literacy**.



Personal Health Literacy

- **Personal health literacy** “is the degree to which individuals have the ability to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.”
- **Examples of personal health literacy include:**
 - Understanding prescription drug purpose & instructions
 - Understanding Healthcare provider directions and consent forms
 - The ability to navigate the complexity of the healthcare system



Organizational Health Literacy

- **Organizational health literacy** “is the degree to which organizations equitably enable individuals to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.”
- **Examples of organizational health literacy include:**
 - Simplifying the process to schedule appointments
 - Using the Teach-Back method to ensure patient comprehension
 - Providing communications in the appropriate language
 - Reading level and format presentation



Digital Health Literacy

- **Digital health literacy**, “as defined by the [World Health Organization](#), is the ability to seek, find, understand, and appraise health information from electronic sources and apply the knowledge gained to addressing or solving a health problem.”
- **Examples of digital health literacy include:**
 - Accessing your electronic health record
 - Communicating electronically with your health care team
 - Ability to discern reliable online health information
 - Utilizing health and wellness apps appropriately



Numeracy Health Literacy

- **Numeracy**, “also known as quantitative literacy, refers to a set of mathematical and advanced problem-solving skills that are necessary to succeed in a society increasingly driven by data, as defined by the [National Association of Secondary School Principals](#)”.



- **Examples of Numeracy include**

- Understanding nutrition information: reading labels, healthy choices
- Interpreting numeric values: blood sugar, BP readings
- Taking correct dosage(s) of medication (ex. take one capsule twice a day)
- Weighing treatment benefits and risks
- Properly understanding insurance costs and coverage: copays, interpreting bills



Facilitating Successful Interactions

- Clear communication helps people locate & understand health information. When people have accurate understandable information they can make well-informed health decisions.
- **We can also consider taking these steps to address health literacy:**
 - Ensure that people in the community can easily access the health information they need
 - Create and provide plain language health materials in different languages
 - Provide trainings to teach health professionals and others who provide health information about health literacy best practices
 - Create clearinghouses information about health literacy for health professionals
 - Review health materials (like insurance forms and medication instructions) with community members to help make sure they understand the information — and what actions they need to take

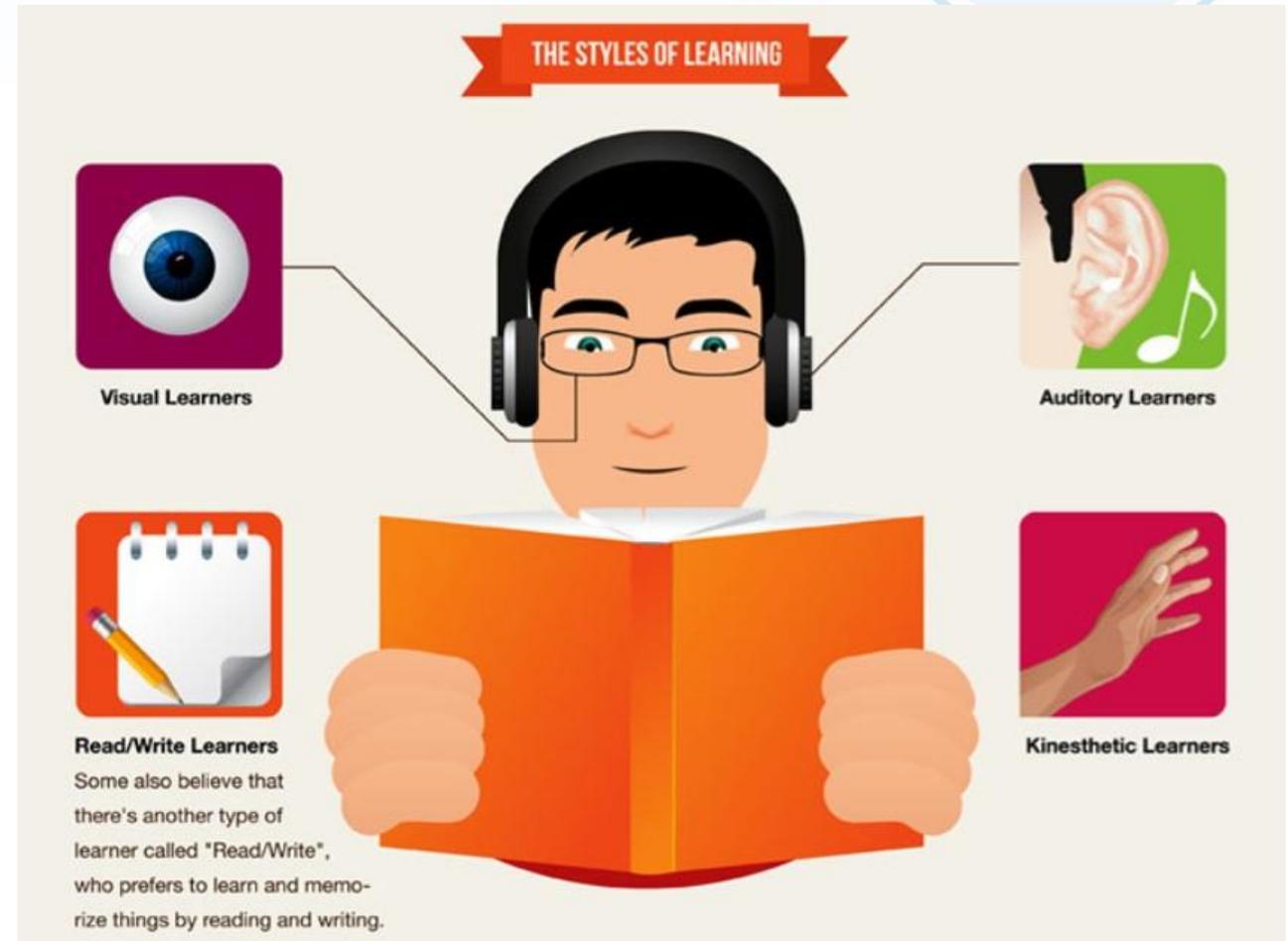
Principles of Andragogy



- “The art and science of helping adults learn”
- **Malcolm Knowles Theory of Andragogy; 4 principles of adult learning**
 - 1. Adults need to be involved in the planning & evaluation process
 - 2. Adults utilize past experiences to help learn
 - 3. Adults engage in teaching that has relevance to their current social roles & life
 - 4. Adult learning is problem centered rather than content oriented

Learning Styles: Teaching Tools & Strategies

- Visual Learner
- Auditory Learner
- Read and or Write Learner
- Kinesthetic Learner



Teaching Technique

- **Active Listening:**
- Full engagement with another person
- Fully concentration on what the other person is saying
- Actively show that person that you are listening
- Communicate your understanding back to the speaker, so they can confirm the accuracy of your understanding

WHAT CAN STOP US FROM LISTENING?

- Lack of focus (due to external distractions or internal ones, such as being hungry, cold or upset)
- Making assumptions
- Being in a hurry
- Having to be right
- Trying to do too many things at once
- Being more worried about what you are going to say next than about what you are hearing

Education Pre-Assessment

- Identify the patients & care partners preference in learning style
 - There may be more than one preferred method of learning
- Ask open ended questions then listen
- How do you like to receive your information, broad strokes or nitty gritty detail?
- Follow the patients' preference as the primary education approach unless the patient has cognitive or learning barriers

Teach –Back Method



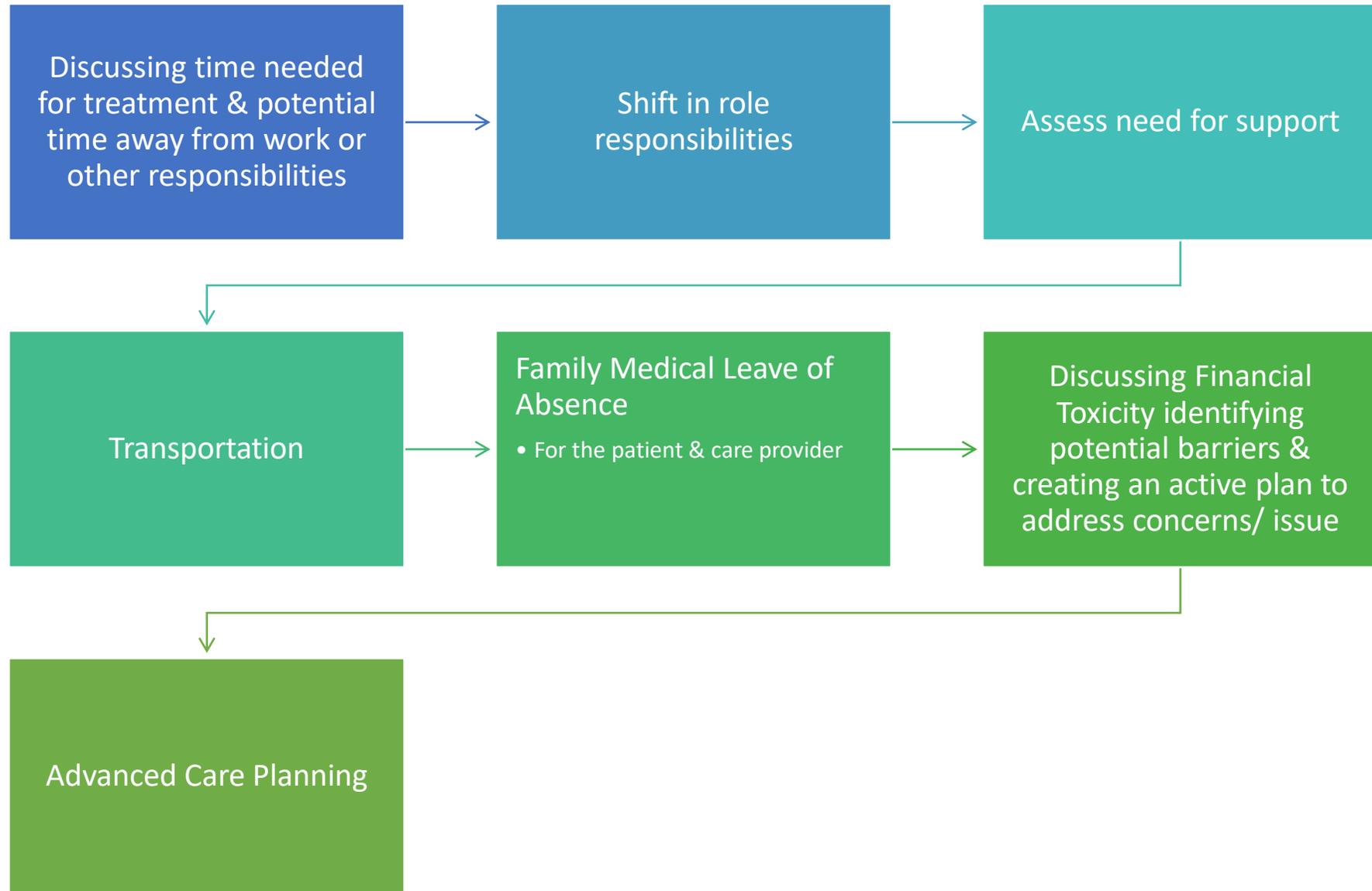
- Allows & encourages patients to repeat what they heard & interpreted from the HCP
- Enables the HCP to assess patients understanding and comprehension
- Provides opportunity for clarification, relationship & trust building
- Encouragement to ask questions
- Ongoing teaching method throughout & beyond treatment

Educating Patients & Care Givers

- Mechanism of Action- use pictures & explain in plain language
- Expectations of the infusion process & treatment schedule, important time points in the treatment continuum
- Review of likely & potential immune related side effects
- Clear role responsibilities for the patient, care partner & Oncology team members
- Reporting side effects in a timely manner



Beyond Medication Education



Where to Find Education Information is Important

An independent panel of experts through an NCI initiative in 2021 reviewed 200 articles placed on social media between 2018 & 2019 and ~ 77% contained misinformation

Health care systems are technologically advanced, with the rise of the internet & medical information readily available HCP's must be vigilant as to where patients obtain information

Education Online Resources

- Refer patients to reliable sources of digital support
- Examples are:
 - Federal Government sites- ends in .gov
 - Large Professional Organization sites- ends in .org
 - Well known Medical School sites that end in .edu



PATIENT RESOURCE

FREE to take one

CONTENT REVIEWED BY A DISTINGUISHED MEDICAL ADVISORY BOARD

Immunotherapy for the Treatment of Melanoma

Second Edition

PRP PATIENT RESOURCE PUBLISHING®

Published in partnership with **sitc**
Society for Immunotherapy of Cancer

NCCN GUIDELINES FOR PATIENTS™ 2020

Immunotherapy Side Effects

Immune Checkpoint Inhibitors

Presented with support from **FOUNDATION**
Making Cancer Therapy Work

Available online at NCCN.org/patients

UNDERSTANDING CANCER IMMUNOTHERAPY

Engaging the Immune System Against Cancer

Patient Prep & Management on Checkpoint Inhibitors



Thorough physical assessment and evaluation of adverse effects

Baseline and at each office visit or point of contact



Provide written material branded or unbranded- review as needed, direct patients to digital or web- based sites as needed



Due to the unique kinetics, ICI education is reliant on the patients understanding and skill to interpret a change and report those changes **at the onset**



Symptom check list for patient reference

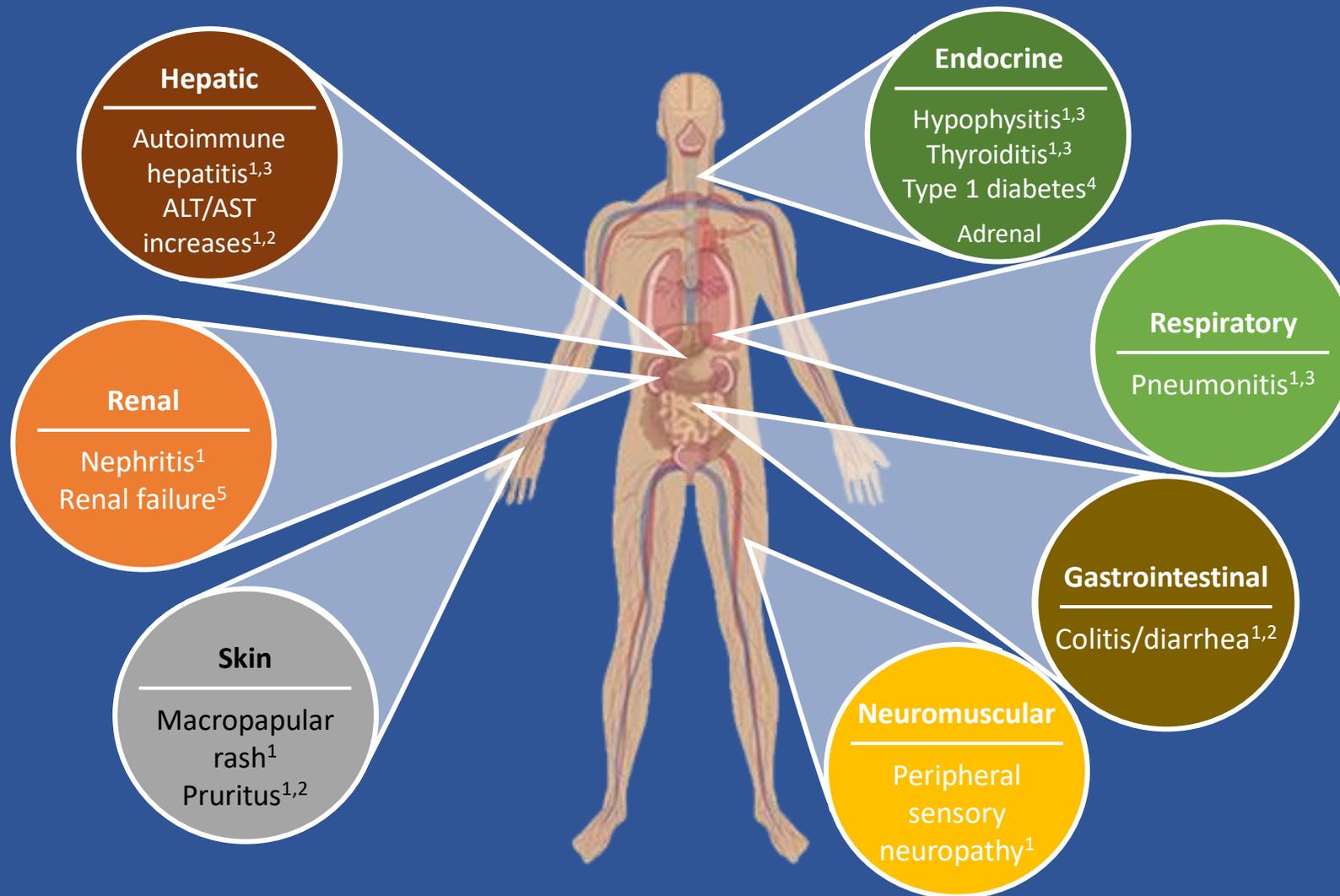


Discuss patient treatment & personal goals and expectations



Discuss potential reproductive issues & initiate referrals as appropriate

Immune-Related Adverse Events

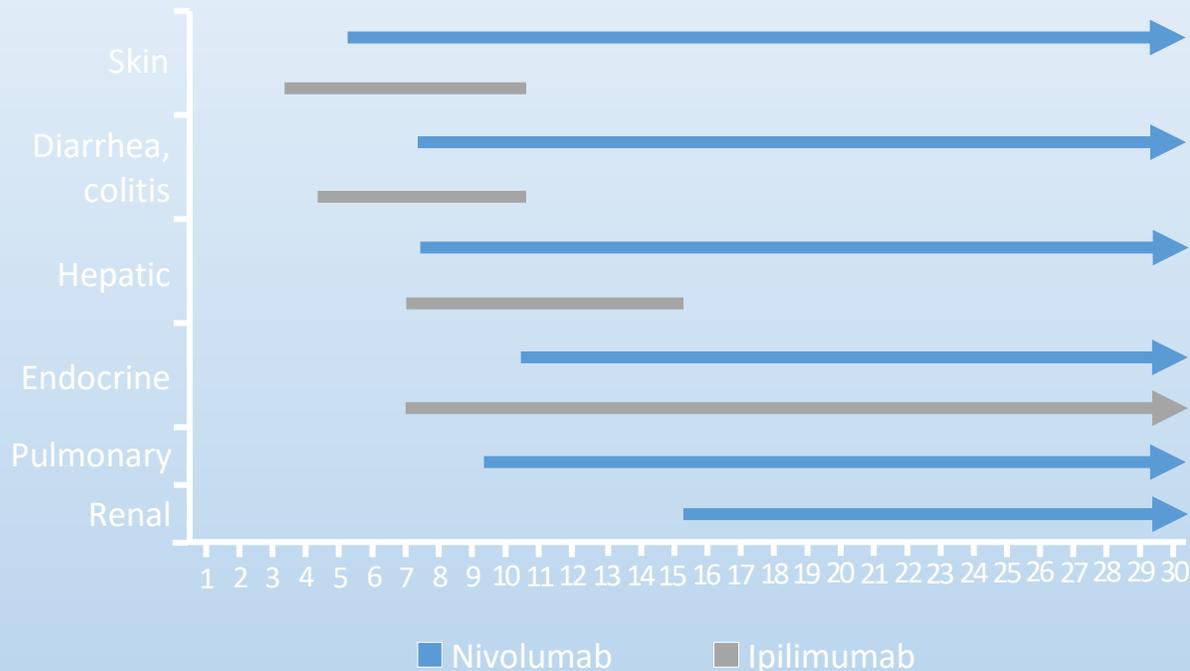


Courtesy of Balar A, MD.

1. Teply BA, Lipson EJ. *Oncology (Williston Park)*. 2014;28(suppl 3):30-38. 2. Hodi FS et al. *N Engl J Med*. 2010;363:711-723. 3. Topalian SL et al. *N Engl J Med*. 2012;366:2443-2454. 4. Mellati M et al. *Diabetes Care*. 2015;38:e137-e138. 5. Forde PM et al. *Anticancer Res*. 2012;32:4607-4608.

irAEs Kinetics: Onset, Duration, and Severity

Symptom Onset and Duration (Wk)



Onset

- Median onset is 5-12 wk after initiation
 - Within days of first dose
 - After mo of treatment
 - After discontinuation of therapy

Severity

- Incidence/severity higher with anti-CTLA-4 agents
 - High-grade AE with one ICI class does not preclude safe administration with another ICI class

Toxicity Management Summary

- **MILD**
- **PERSISTENT MILD or MODERATE**
- **PROGRESSIVE, SEVERE, or LIFE-THREATENING**

Common Terminology Criteria for Adverse Events (CTCAE)

Version 5.0

Published: November 27, 2017

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
National Institutes of Health
National Cancer Institute

Grade 1: Mild, asymptomatic;
no intervention required

Grade 2: Moderate; local or noninvasive
intervention required

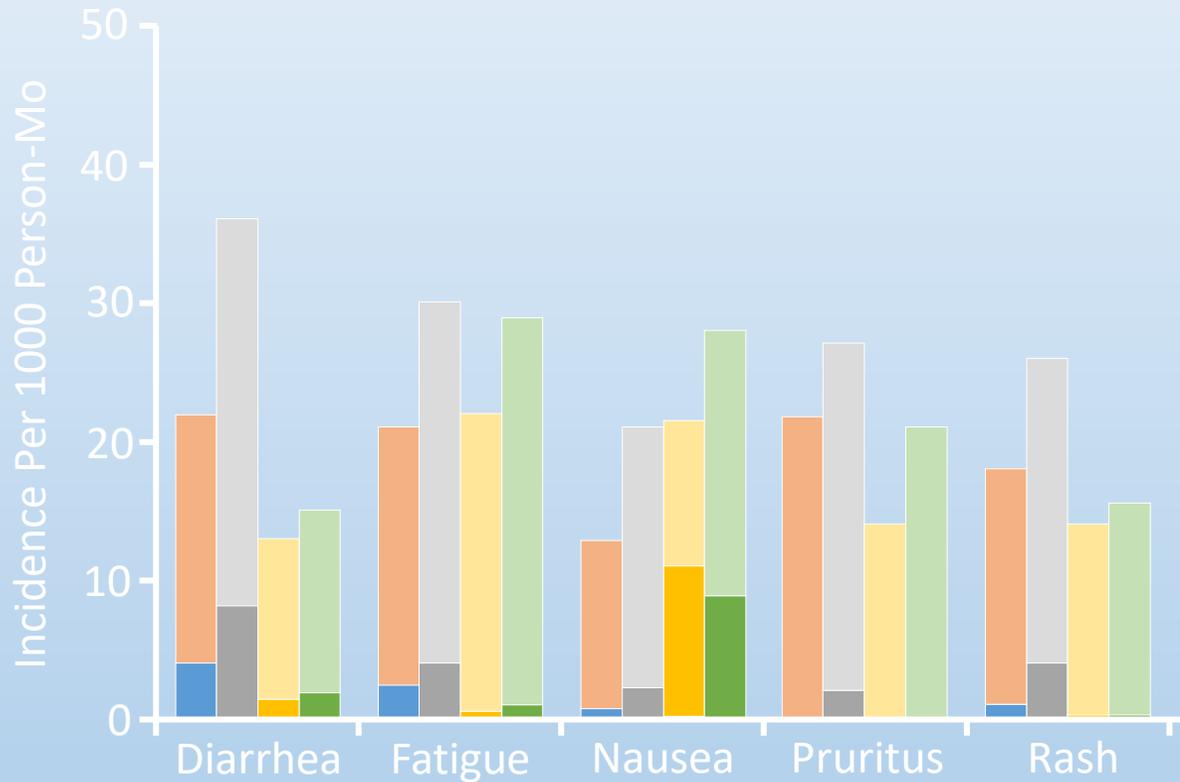
Grade 3: Severe or medically significant,
but not life-threatening

Grade 4: Life-threatening
consequences; urgent intervention
required

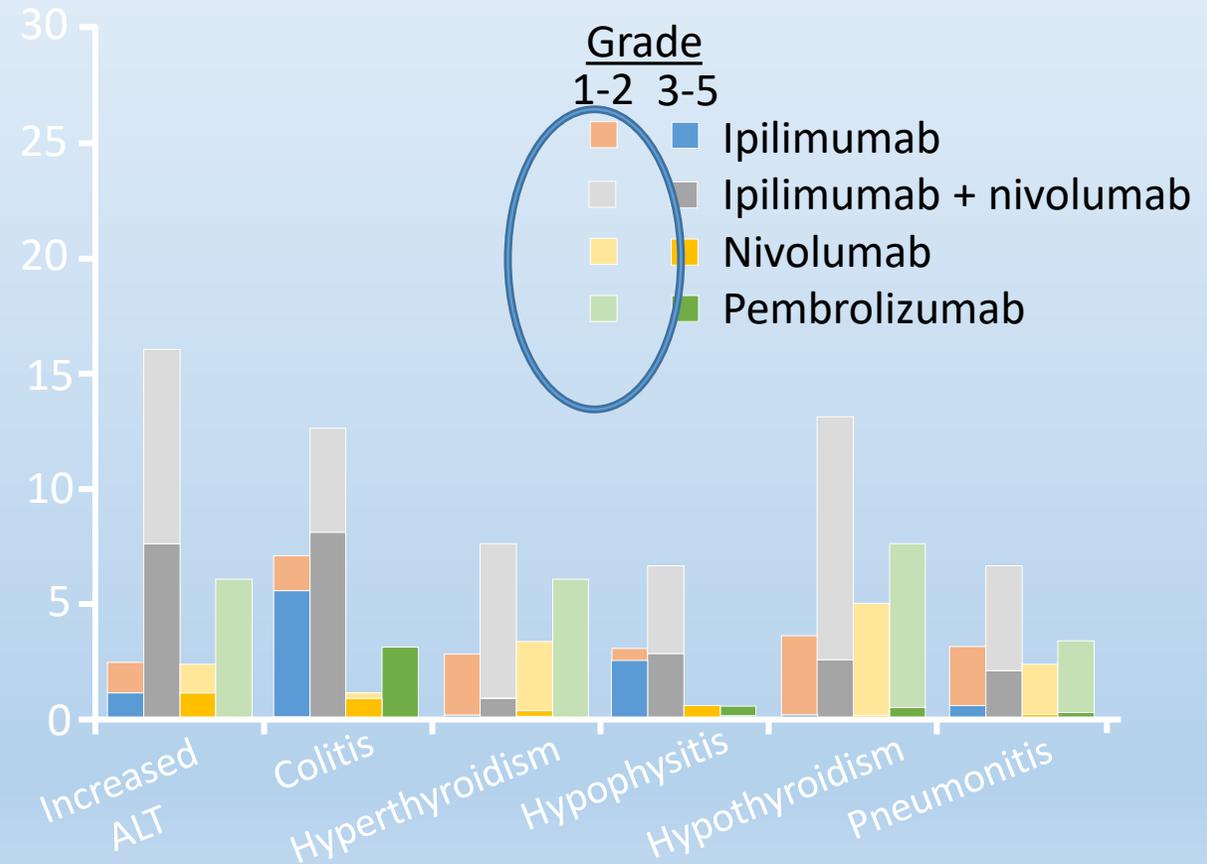
Grade 5: Death related to AE

Safety Profile of ICIs

Most Common irAEs With ICIs



irAEs of Special Interest With ICIs



Patient role & responsibilities in care

- Report changes in health at the onset to the oncology team
- Responsibility for scheduled follow up (in person/by phone)

Oncology team role & responsibilities in care

- Create a caring environment that fosters trust & open communication
- How to access Onc HCP support off-hours/holidays
- Timely follow up with the patient, especially if reporting irAE symptoms
- Whole HCP team education, re: immunotherapeutics
- Specialist referrals as needed
- Provide prescription medications and encourage having medications on hand for anticipated irAE's (loperamide, acetaminophen diphenhydramine)

HCP-to-Patient Interactions

Comprehension of health status & readiness of engagement with treatment plan	Support system composition	Access to local resources
<ul style="list-style-type: none">• “Meet patients where they are at” with their learning/support needs• Establish goals of care<ul style="list-style-type: none">— Adjust goals of care or support needs accordingly	<ul style="list-style-type: none">• friends, family, hired assistance• Identify barriers & limitations early on	<ul style="list-style-type: none">• Pharmacy, local care provider, urgent care center, ER<ul style="list-style-type: none">— Distance & hours of operation• Transportation resources

- Educational sessions
 - Review specific mechanisms of selected treatment
 - Pre-treatment and at each office visit/encounter
 - Provide Wallet cards & education sheets
- Assess patients' ability to communicate symptoms
 - Language barrier
 - Access to phone; computer
- Provide a calendar or treatment schedule
 - Follow-up visits
 - Important time points
- Encourage patients to keep a treatment diary
- Provide culturally competent education

JUNE 2022						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
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	1	2

Free Printable Calendars from Typecalendar.com

IMMUNOTHERAPY WALLET CARD

NAME: _____

CANCER DX: _____

I-O AGENTS RCVD: CHECKPOINT INHIBITOR(S)

CAR-T VACCINES ONCOLYTIC VIRAL THERAPY

MONOCLONAL ANTIBODIES

DRUG NAME(S): _____

IMMUNOTHERAPY TX START DATE: _____

OTHER CANCER MEDICATIONS: _____

NOTE: IMMUNOTHERAPY AGENTS ARE NOT CHEMOTHERAPY AND SIDE EFFECTS MUST BE MANAGED DIFFERENTLY. (SEE BACK)



IMMUNE-MEDIATED SIDE EFFECTS*, COMMON WITH CHECKPOINT INHIBITORS VARY IN SEVERITY AND MAY REQUIRE REFERRAL AND STEROIDS. PATIENTS HAVE A LIFETIME RISK OF IMMUNE-RELATED SIDE EFFECTS.

**MAY PRESENT AS RASH, DIARRHEA, ABDOMINAL PAIN, COUGH, FATIGUE, HEADACHES, VISION CHANGES, ETC. – CONFER WITH ONCOLOGY TEAM BEFORE CHANGING I-O REGIMEN OR STARTING SIDE EFFECT TREATMENT.*

IMMUNOTHERAPY CARD

ONCOLOGY PROVIDER NAME _____

ONCOLOGY PROVIDER NO. _____

EMERGENCY CONTACT _____

CONTACT PHONE NO. _____

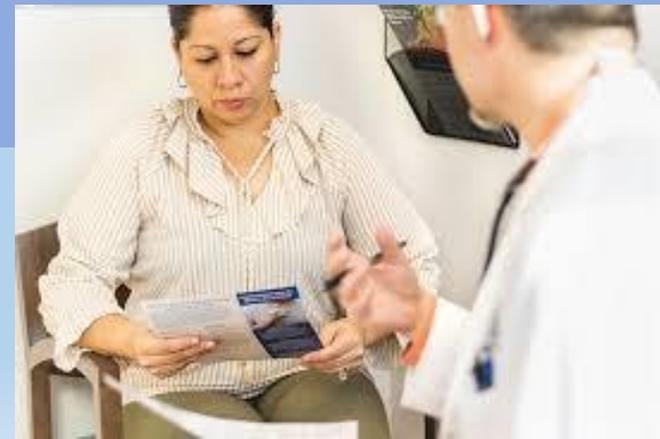
www.ONS.org

It Takes a Collaborative Approach



Key Takeaways

- Identifying & meeting individual learning needs prior to the start of Immunotherapy can impact patient engagement and potential safety
- Health literacy, access to resources, identifying potential barriers to care up front can help with patient adherence & safety
- Oncology providers especially nurses & APP's are the premier individuals aligned in educating, identifying, and monitoring patients for irAEs and responses to interventions.



irAE = immune-related adverse event.

- **ADDITIONAL RESOURCES**
- **Society for Immunotherapy of Cancer:**
 - www.sitcancer.org
 - **American Cancer Society:** www.cancer.org
- *What is Cancer Immunotherapy?*
- **American Society of Clinical Oncology:**
 - www.cancer.net
 - *Understanding Immunotherapy*
- **National Cancer Institute:** www.cancer.gov *Immunotherapy for Cancer*

Additional Clinician & Patient Melanoma Resources

- [AIM at Melanoma Foundation](#) provides information, support, educational symposia, and more for melanoma patients and their caregivers.
- Additionally, AIM supports & hosts **[themelomanurse.org](https://www.themelomanurse.org)**
- [Melanoma International Foundation](#) offers guidance to melanoma patients and their care providers with services that include patient outreach/support via email, a helpline, and an online forum.
- [Melanoma Research Alliance \(MRA\)](#) funds research projects with the goal of making advances in the prevention, diagnosis, and treatment of melanoma. MRA partners with individuals, private foundations, and corporations on various initiatives, including public awareness campaigns.
- [Melanoma Research Foundation](#) website will find resources and tools for melanoma patients, including a treatment center finder, a Phone Buddy Program, an Ask a Nurse email program, and an online patient community.



Thank you !

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