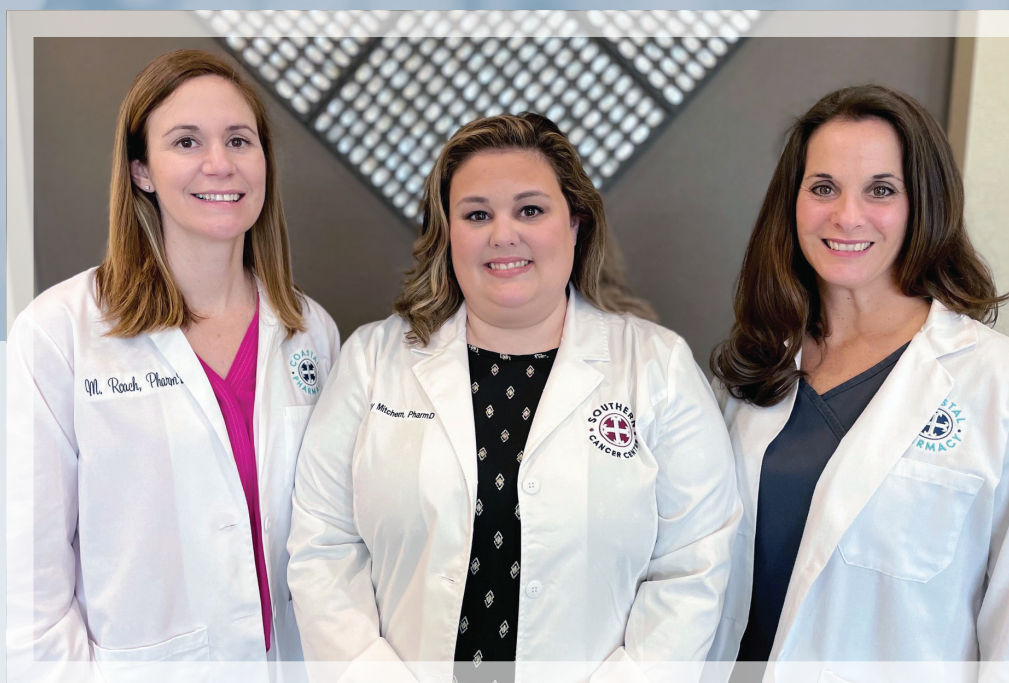


# PQI IN ACTION



## TUCATINIB MANAGEMENT PQI



**NCODA'S POSITIVE QUALITY  
INTERVENTION IN ACTION**

# INTRODUCTION

In an effort to promote higher quality patient care NCODA created the NCODA Positive Quality Intervention (PQI) as a peer-reviewed clinical guidance resource for healthcare providers. By providing Quality Standards and effective practices around a specific aspect of cancer care, PQIs equip the entire multidisciplinary care team with a sophisticated yet concise resource for managing patients receiving oral or IV oncolytics. This **PQI in Action** is a follow up to the **Tucatinib Management PQI** and explores how the medically integrated teams at Texas Oncology and Southern Cancer Center incorporate PQIs as part of their daily workflow. This article will discuss how utilizing the **Tucatinib Management PQI** elevates patient care.

Texas Oncology is an independent, physician-led practice delivering cutting edge technology and treatment options and conducting innovative research. Texas Oncology has more than 500 physicians in 210 locations across the state. The Baylor Charles A. Sammons Cancer Center in Dallas, TX is home to over 50 of the Texas Oncology providers and offers many services including medical and radiation oncology, surgery services, bone marrow transplant, research and the medically integrated pharmacy.

Southern Cancer Center (SCC) offers services in Mobile, Daphne, and Foley, Alabama. They are the gulf coast area's only community-based multidisciplinary oncology practice, comprised of 17 providers and six clinic locations. They believe in an integrated, team-based approach, and are dedicated to finding and providing the most advanced therapies and innovative treatment options. Coastal Pharmacy is their in-house medically integrated pharmacy.

## THE PARTICIPANTS

### **Texas Oncology** **Dallas, TX**



**Joyce O'Shaughnessy, MD**  
*Hematologist / Oncologist*



**Ramiro Garza, PharmD**  
*Staff Pharmacist*



**Raquel Rhone, PharmD, MPA/HCA**  
*Pharmacy Manager*



**Urooj Iqbal, RPh, MPharm (Hons)**  
*Research Oncology Pharmacist*



**Vonda McClendon, CPhT**  
*Certified Pharmacy Technician*

### **Southern Cancer Center** **and Coastal Pharmacy** **Daphne, AL**



**William McEvoy, MD**  
*Hematologist / Oncologist*



**Amye Brasher, RN**  
*Nurse Navigator*



**Tiffany Mitchem, PharmD**  
*Director, Pharmacy and  
Admixture Services*



**Veronica Weaver**  
*Office Coordinator*

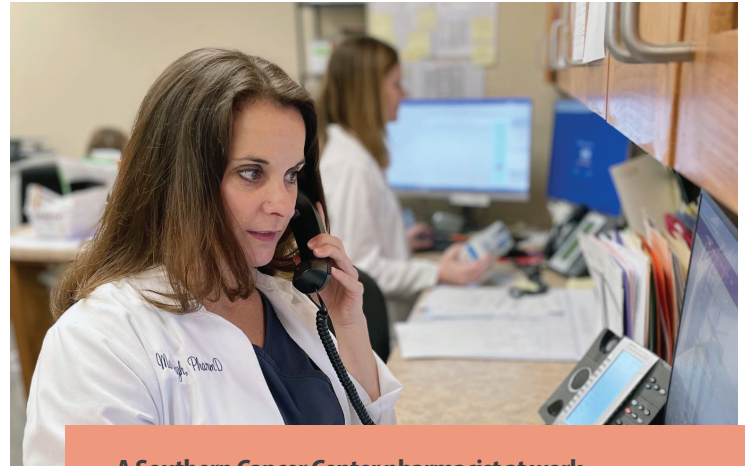
# MID, THE PQI, AND TUCATINIB: GIVING PATIENTS ADDITIONAL OPTIONS FOR TREATING HER2-POSITIVE BREAST CANCER

**B**reast cancer is now the most commonly occurring cancer worldwide and accounts for 1 in every 8 cancers in 2020.<sup>1</sup> 5-20% of breast cancers may overexpress human epidermal growth factor receptor 2 (HER2) and up to half of patients with metastatic HER2-positive disease may develop brain metastases.<sup>2</sup> Patients with HER2-positive metastatic breast cancer whose disease progresses following therapy with multiple HER2-targeted agents have limited treatment options.<sup>2</sup> Tucysa (tucatinib) is a kinase inhibitor indicated in combination with trastuzumab and capecitabine for treatment of adult patients with advanced unresectable or metastatic HER2-positive breast cancer, including patients with brain metastases, who have received one or more prior anti-HER2-based regimens in the metastatic setting.<sup>3</sup> In heavily pretreated patients with HER2-positive metastatic breast cancer, including those with brain metastases, adding tucatinib to trastuzumab and capecitabine resulted in better progression-free survival and overall survival outcomes than trastuzumab and capecitabine alone.<sup>2</sup>

| HER2CLIMB Trial     | Tucatinib Group | Placebo Group |
|---------------------|-----------------|---------------|
| PFS at 1 year       | 33.1%           | 12.3%         |
| Median PFS duration | 7.8 months      | 5.6 months    |
| OS at 2 years       | 44.9%           | 26.6%         |
| Median OS duration  | 21.9 months     | 17.4 months   |

As stated in the **Tucatinib Management PQI** background section, an exploratory analysis in the HER2CLIMB trial of intracranial efficacy in patients with brain metastases who received tucatinib combination versus placebo group showed a 42% reduction in the risk of death, a 68% reduction in the risk of CNS disease progression or death, and an increase in intracranial response rate (47% vs 20%) for patients who had active measurable intracranial lesions at baseline.<sup>4</sup>

Tucatinib can be dispensed by the Medically Integrated Team, and thus offers patients more comprehensive care. NCODA defines Medically Integrated Dispensing (MID) as a dispensing pharmacy within an oncology center of excellence that promotes a patient-centered, multidisciplinary team approach. The MID is an outcome-based collaborative and comprehensive model that involves oncology healthcare professionals and other stakeholders who focus on the continuity of coordinated, quality care and therapies for cancer patients.<sup>5</sup> The MID model



A Southern Cancer Center pharmacist at work.

can improve management of patients on therapies like tucatinib in several ways including improved communication issues, measuring adherence, managing regimen changes, quicker therapy initiation, increased patient satisfaction, financial assistance, cost avoidance, and producing less waste.<sup>6</sup>

NCODA offers multiple tools to aid the MID practice in managing oncolytics. This toolbox contains a Patient Survey that is practice-customizable, a Cost Avoidance and Waste Tracker tool, a Financial Assistance database, Treatment Support Kits, Oral Chemotherapy Education sheets, and of course the Positive Quality Intervention clinical resource documents. Texas Oncology Pharmacy Manager Raquel Rhone shares the benefits of the MID include streamlined communication and in house resources for patients. She says, “MID makes things more tangible for the patient. They really feel like there is a team dedicated to their care when they have questions or issues.”

**“MID MAKES THINGS MORE TANGIBLE FOR THE PATIENT. THEY REALLY FEEL LIKE THERE IS A TEAM DEDICATED TO THEIR CARE WHEN THEY HAVE QUESTIONS OR ISSUES.”**

Raquel Rhone, PharmD, MPA/HCA

# THE POSITIVE QUALITY INTERVENTION: A VALUABLE CLINICAL RESOURCE

**T**exas Oncology Medical Oncologist Joyce O'Shaughnessy, MD shares the PQI "is very valuable because most documents of a regulatory nature like the package insert are so detailed that it is difficult to really find quickly what you need. It is also helpful to know the important things have been prioritized, because if you are perusing a package insert you can miss important things if you are going fast." She continues, "The PQI is incredibly helpful in the way it is organized by section. It is just great for quality of care so we are not missing things the team should know about. It is wonderful." Southern Cancer Center Medical Oncologist William McEvoy, MD also appreciates the PQI as a clinical resource for his team. He comments, "I think this document is very valuable because it gives you everything you need to know in two pages and it is right there in front of you, you do not have to go and look for it. It gives you everything from mechanism of action to data that supports the medication's use, possible dose reductions, what to look out for, financial assistance and supplemental information."

SCAN THE QR CODE  
TO VIEW THIS PQI



**"I THINK THIS DOCUMENT IS VERY VALUABLE BECAUSE IT GIVES YOU EVERYTHING YOU NEED TO KNOW IN TWO PAGES AND IT IS RIGHT THERE IN FRONT OF YOU, YOU DO NOT HAVE TO GO AND LOOK FOR IT. IT GIVES YOU EVERYTHING FROM MECHANISM OF ACTION TO DATA THAT SUPPORTS THE MEDICATION'S USE, POSSIBLE DOSE REDUCTIONS, WHAT TO LOOK OUT FOR, FINANCIAL ASSISTANCE AND SUPPLEMENTAL INFORMATION."**

William McEvoy, MD

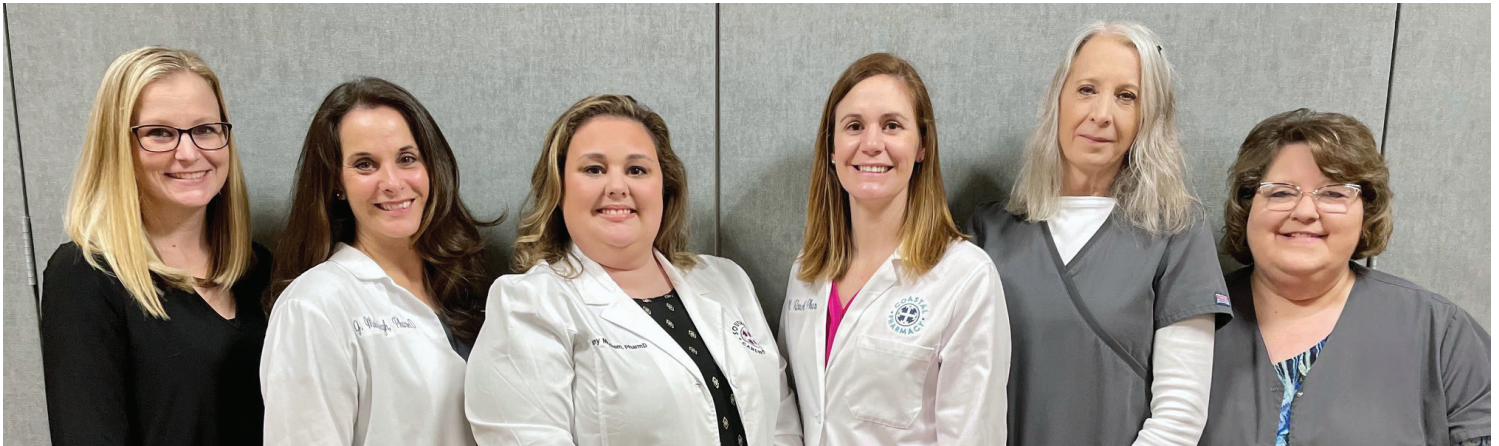
**"THE PQI IS INCREDIBLY HELPFUL IN THE WAY IT IS ORGANIZED BY SECTION. IT IS JUST GREAT FOR QUALITY OF CARE SO WE ARE NOT MISSING THINGS THE TEAM SHOULD KNOW ABOUT. IT IS WONDERFUL."**

Joyce O'Shaughnessy, MD

Cancer Center each found successful ways to incorporate the PQI clinical resource. Both practices position their Medically Integrated Teams in a way to ensure appropriate treatment, increase compliance, and maximize clinical outcomes. We will explore their MID settings, how implementing the **Tucatinib Management PQI** benefits their staff and patients, and how they advance patient care on a daily basis.

This article will explore the benefits of PQI utilization as a core standard of the MID and how adoption can benefit any practice. Texas Oncology and Southern

# MEDICALLY INTEGRATED DISPENSING: ELEVATING CARE



The Coastal Pharmacy Team at Southern Cancer Center.

**A**s cancer treatment continually grows in complexity containing IV, oral and combination regimens, MID continues to offer an invaluable option for patient care. The MID staff has unparalleled access to patient information and means of direct communication with other members of the multidisciplinary team. The MID team also has direct access to communication with patients and can easily report information back to the clinic staff. This model greatly reduces fragmentation of care. Texas Oncology pharmacist Urooj Iqbal, RPh, MPharm (Hons) shares, “especially when it comes to oral oncolytics, the patients have a lot of interaction with the pharmacy staff, who are managing all of the different aspects of dispensing the drug and getting it to the patient. They do talk to the pharmacy staff on a monthly basis, sometimes they may not be coming in to the clinic to interact with nurses but are having regular interactions with the pharmacists and technicians. Patients sometimes are more open to sharing some of the side effects that they may not remember or even think about at the physician visit because there is so much they are already processing at that visit. The side effects and management of the oral oncolytic comes to their mind when they are receiving the oral prescription, so it is quite essential for the medically integrated pharmacy to be involved with knowing how to manage patients on these therapies.”

Southern Cancer Center Director of Pharmacy and Admixture Services Tiffany Mitchem, PharmD agrees and comments, “traditionally pharmacists are known as the gatekeepers to the medical system. I think that is true even in medically integrated pharmacies. Sometimes patients feel like we are more approachable and easier to engage when they

have what they think is a silly question, which actually turns out not to be a silly question.” At Southern Cancer Center, the pharmacists have embedded specific follow-up criteria in their assessments. They complete an initial pharmacist assessment, a seven day follow up pharmacist assessment, and a 21-day pharmacist follow-up assessment for patients on oral therapies. Mitchem explains, “during those warm touch points we found out that a lot of patients are willing to share side effects and we can enact mitigation strategies early on, instead of waiting until their next visit with the provider.” Veronica Weaver, Southern Cancer Center’s office coordinator who works on Mitchem’s team adds, “MID benefits the patients because we are right here with the physicians. We are able to get more hands on and one on one. We are able to get information faster including the review of labs if they need to be checked for the medication. It is much easier to resolve issues and get in contact with the prescriber.”

**“DURING THOSE WARM TOUCH POINTS WE FOUND OUT THAT A LOT OF PATIENTS ARE WILLING TO SHARE SIDE EFFECTS AND WE CAN ENACT MITIGATION STRATEGIES EARLY ON, INSTEAD OF WAITING UNTIL THEIR NEXT VISIT WITH THE PROVIDER.”**

Tiffany Mitchem, PharmD

# PUTTING THE TUCATINIB MANAGEMENT PQI INTO ACTION

**T**he PQI is a peer-reviewed clinical guidance document that provides Quality Standards and effective practices around a specific aspect of cancer care. The Medically Integrated Pharmacy team is in a unique position to ensure appropriate treatment, increase compliance, and maximize clinical outcomes. Positive Quality Interventions (PQIs), an NCODA Quality Standard, are designed to operationalize and standardize those practices to achieve these positive clinical outcomes. The **Tucatinib Management PQI** is written in sections beginning with a description and ending with patient-centered activities and references.

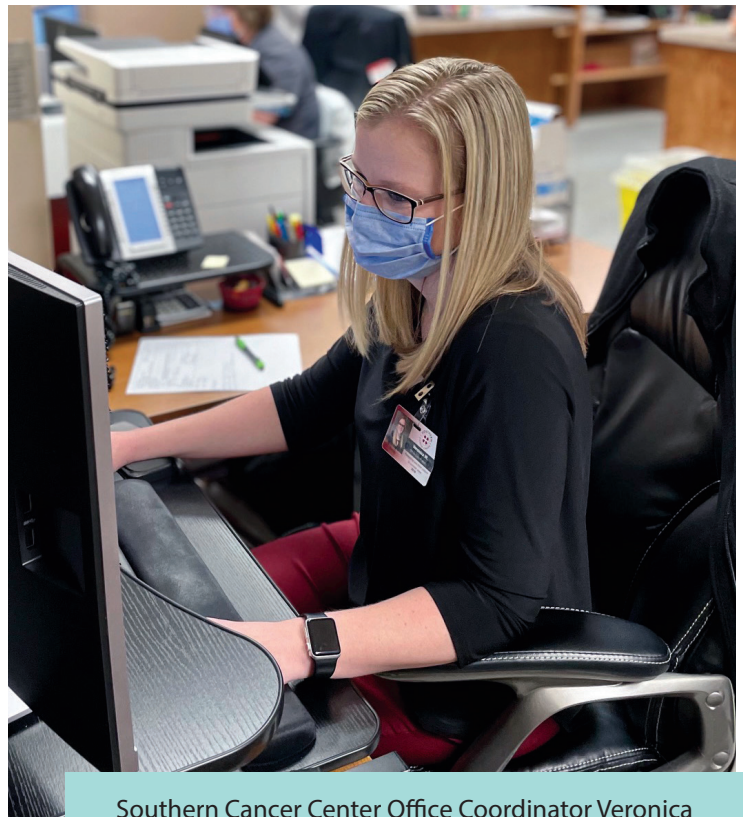
**“[TUCATINIB] HAS BEEN A GAME CHANGER AGENT IN OUR PATIENTS, PARTICULARLY WITH BRAIN METASTASES BUT IT ACTUALLY IMPROVES SURVIVAL IN THE ENTIRE INTENT TO TREAT POPULATION, THOSE WITH BRAIN METASTASES AND THOSE WITHOUT BRAIN METASTASES.”**

Joyce O’Shaughnessy, MD

Following the description, the background section gives pertinent historical data and information, clinical trial experience and the main focus of the intervention. Regarding tucatinib, the background discusses the approval, indication and published data leading to approval. Again, it discusses the exploratory analysis in the HER-2CLIMB trial of intracranial efficacy in patients with brain metastases who received tucatinib combination versus placebo group.<sup>7</sup> Dr. McEvoy shares, “I think the

data certainly supports use from a survival standpoint and treatment of CNS metastasis for sure.”

Dr. O’Shaughnessy further discusses tucatinib data and adds, “tucatinib is a very powerful, very specific HER2 tyrosine kinase inhibitor that has very good brain penetration. It is given as a triplet with capecitabine and trastuzumab. It has been a game changer agent in our patients, particularly with brain metastases but it actually improves survival in the entire intent to treat population, those with brain metastases and those without brain metastases. They all had improvement in their survival because it is just so powerful against blocking HER2. These were heavily pretreated patients. They all had trastuzimab, pertuzimab and TDM1 and this could block the HER2 so specifically and so strongly the patients’ cancers were controlled longer and they lived longer.”



Southern Cancer Center Office Coordinator Veronica Weaver helps find funding for oncology patients.

# THE PQI PROCESS: A TEAM EFFORT

The next section of the **Tucatinib Management PQI** is the PQI Process. This section lays out the intervention in step by step points, contains clinician directed guidance and critical clinical criteria that can benefit the entire team. The first step of the **Tucatinib Management PQI** Process states to identify eligible HER2 positive patients as potential candidates for tucatinib. The combination of tucatinib, capecitabine and trastuzumab has a Category 1 recommendation by NCCN Guidelines for second-line systemic treatment of HER2-positive metastatic breast cancer.<sup>8</sup> Dr. O’Shaughnessy shares “tucatinib is approved second line so that is really an appropriate place to use it. She mentions she may place tucatinib ahead of TDM1 in therapy for patients with brain metastases. She adds, “I think it is fair to say our patients will get tucatinib at some point because it improves survival whether they have brain metastases or not.”

## TUCATINIB DOSE ADJUSTMENTS

| Dose Reduction                 | Recommended Dose | How to Supply                             |
|--------------------------------|------------------|---|
| 1 <sup>st</sup> dose reduction | 250 mg PO BID    | One 150 mg tablet + two 50 mg tablets BID |
| 2 <sup>nd</sup> dose reduction | 200 mg PO BID    | One 150 mg tablet + 50 mg tablet BID      |
| 3 <sup>rd</sup> dose reduction | 150 mg PO BID    | One 150 mg tablet BID                     |

The PQI process continues with steps when receiving a prescription for tucatinib, and includes a table outlining possible dose adjustments and how to supply the medication when adjusted. It discusses when to adjust each agent in the triplet therapy. Dr. O’Shaughnessy has had to dose reduce a percentage of her patients in either the capecitabine or the tucatinib or both. Rhone describes monitoring and educating patients who do receive dose reductions as a benefit of MID. When Texas Oncology pharmacists receive a prescription that contains a dose reduction they are able to verify the reason for the dose reduction in EMR and ensure they are filling the correct prescription for the patient. The pharmacist educates the patient on the dose change and what to expect and also likes to confirm that they have also had a conversation with the physician regarding side effects and the change.

The final point of the PQI Process section discusses drug interactions and the need to avoid concomitant strong CYP3A4 and CYP2C8 inhibitors and inducers. Both MID pharmacies screen patients for drug interactions. Dr. O’Shaughnessy appreciates the Texas Oncology pharmacists and their role in patient medication safety where drug interactions are concerned. She says, “Our oncology pharmacists are incredibly indispensable to us. They really are such a resource for us for the myriad of drug interactions we worry about. It is easy to call them and make sure we can utilize a new cancer agent given some of the very complex medications our patients are on. Part of their work is to look at the patient’s totality of pharmaceutical situation and ensure there are no serious drug-drug interactions.”



Texas Oncology Baylor Campus in Dallas, Texas.

# PATIENT-CENTERED ACTIVITIES: KEEPING THE FOCUS ON PATIENTS

The Patient-Centered Activities section follows the PQI Process and gives patient-centered guidance for the team. The **Tucatinib Management PQI** Patient-Centered Activities suggests providing the patient with an Oral Chemotherapy Education (OCE) sheet. OCE sheets are an NCODA-led initiative and provide information about oral chemotherapy drugs and their side effects to both cancer patients and caregivers. In 2019 the Patient-Centered Standards for Medically Integrated Dispensing: ASCO/NCODA Standards were published to provide standards for medically integrated dispensing of oral anticancer drugs and supportive care medications.<sup>9</sup> Standard 1.2 of the ASCO/NCODA Standards reads:

SCAN THE QR CODE  
TO VIEW THIS OCE SHEET



Prior to initiation of an oral anticancer drug, a formalized patient education session should occur with an experienced clinical educator such as a nurse, physician, pharmacist, nurse practitioner, or physician assistant. The discussion should include drug name (generic and brand), drug dose, schedule, potential adverse effects and how to properly manage them, fertility (where applicable), treatment goal, duration of therapy, and financial and affordability considerations.<sup>9</sup>

According to Texas Oncology Pharmacist Ramiro Garza, PharmD, Texas Oncology patients receive patient education from multiple staff members in multiple formats. He explains, “Dr. O’Shaughnessy is really good about educating her patients when she is discussing with them what their next step is and the plan and she starts the education process at that time. In the infusion chair the nurse will go over IV information and common side effects. Then on the MID side the pharmacist educates them specifically on their oral medication. With most health professionals they meet on our team they are getting some kind of counseling and the team member is making sure that the patient understands what their therapy entails.” Southern Cancer Center also has multiple team members responsible for providing education. Mitchem describes it as a joint effort between nursing, advanced practice providers and pharmacy, with the bulk of the education on oral medications coming from Coastal Pharmacy.

The Patient-Centered Activities section also discusses tucatinib administration. Tucatinib can be taken with or without food at the same time twice each day. It can be taken at the same time as the capecitabine in the regimen.<sup>3</sup> Mitchem feels that administration instructions are one of the most important parts of tucatinib education. Patients can easily get confused so she says her pharmacists really hammer home the administration specifics. She adds, “storage is important, where they store it and how they store it.” The Patient-Centered Activities outlines important storage instructions for tucatinib. It should be stored at room temperature in the original bottle and the desiccant should not be removed from the bottle. Once the bottle is opened the medication should be used within three months.<sup>3</sup>

Dr. McEvoy shares that an important component of oral

Dr. McEvoy shares that an important component of oral

**“WE INSTRUCT PATIENTS ON USE OF OVER THE COUNTER AGENTS IF NECESSARY AND THE IMPORTANCE OF HYDRATION, POSSIBLY CHANGING THE DIET TO AVOID GREASY AND FATTY FOODS, AND AT WHAT POINT THEY SHOULD CALL THE PHYSICIAN.”**

Tiffany Mitchem, PharmD

chemotherapy education is “the side effects for the medication but more importantly what to do if the patient has a side effect. The patient should call us.” Diarrhea was reported as a side effect in 81% of patients in the HER2CLIMB trial and was reported to be manageable with short courses of anti-diarrheals.<sup>3</sup> The final Patient-Centered Activity is to recommend anti-diarrheal agents to have on hand when starting



tucatinib. According to Rhone, Texas Oncology pharmacists offer patients starter kits when starting on a new therapy. The pharmacist will review the contents of the starter kit and the potential side effects of the medication with the patient. In the case of tucatinib and potential diarrhea she says her pharmacists give the patient instructions on when they need to call the pharmacy or physician based on number of loose stools. They try to give the patient an idea of what they can anticipate. They also feel it is important to describe the side effects in patient terms.

**“NOT EVERYBODY EVEN GETS DIARRHEA. IT MAY NOT BE AN ISSUE, BUT FOR THOSE WHO DO WE WANT THEM TO KNOW WHAT TO EXPECT. WE WANT THEM TO KNOW WHEN TO CALL US, WHEN TO HOLD IT, SO WE CAN OPTIMIZE THEIR EXPERIENCE AND SO THEY WILL NOT GET INTO TO SIGNIFICANT ISSUES WITH IT.”**

Joyce O’Shaughnessy, MD

The National Institutes of Health (NIH) define plain language as grammatically correct language that includes complete sentence structure and accurate word usage.<sup>10</sup> According to NIH, using plain language avoids creating barriers that set us apart from the people with whom we are communicating.<sup>10</sup> Garza feels it is very important for patients to go home with paperwork they can understand, and that is a goal in Texas Oncology. He shares that many times patients “get bombarded with papers and they are very scientific sounding and they are not very easy to read” so letting the patient know what may happen, how to take care of side effects and when to seek medical help in an easy to read document is a big benefit for the patient. Mitchem comments that at Southern Cancer Center the staff tries to “proactively set a realistic expectation of how many stools a day may qualify for diarrhea. We

instruct patients on use of over the counter agents if necessary and the importance of hydration, possibly changing the diet to avoid greasy and fatty foods, and at what point they should call the physician.”

Dr. O’Shaughnessy is in agreement that patient education and awareness of potential side effects is vital. She shares, “the main thing is letting patients know what is likely to happen. Not everybody even gets diarrhea. It may not be an issue, but for those who do we want them to know what to expect. We want them to know when to call us or when to hold it, so we can optimize their experience and so they will not get into to significant issues with it.” In addition to instructing patients on over the counter antidiarrheals, Dr. O’Shaughnessy also asks patients to keep a chart for her on the calendar of how many loose stools they are having per day and when to call her office. Iqbal adds that Texas Oncology patients “always get our phone number to directly contact the pharmacy if they have any issues and the number to directly contact the office nurse, so they have people that they can contact.” This direct contact when side effects occur is another example of decreasing healthcare fragmentation and providing true patient-centered care.



Southern Cancer Center in Foley, Alabama.

# MID: PROVIDING UNMATCHED SERVICE AND FINANCIAL ASSISTANCE FOR PATIENTS



Texas Oncology pharmacist Ramiro Garza, PharmD discusses Tukysa information with a team member.

In addition to close follow up and detailed education, MID renders the practice able to provide excellent customer service, unmatched patient care, and help with finding funding so the patient can afford to take the medication. Many times, insurance mandates require that prescriptions must be filled outside of the practice in a PBM owned mail-order pharmacy instead of by the MID pharmacy inside the clinic. This can cause delays in therapy and more anxiety for the patient. Texas Oncology Pharmacy Technician Vonda McClendon, CPhT says MID “keeps things full circle and the communication is definitely streamlined by making sure everything is in-house, so the patient has the resources here at Texas Oncology instead of an outside pharmacy.” Rhone adds “patients also know it is streamlined, so we have the back channels to talk to the physician, and we have the back channels to talk to the nurse and to get them some assistance or to raise a flag if there is something serious that needs to be looked at sooner rather than later. In this day and time of internet and virtual there is just something to be said about the touch point. They are very nervous about their condition and in just being able to see somebody and have a face to face

conversation, especially in our retail area, that brings them a lot of satisfaction. They can put a name with a face and they know we are going to take care of them.”

Southern Cancer Center Nurse Navigator Amye Brasher, RN explains that a benefit of the MID pharmacy over an outside mail order pharmacy is the patient’s relationship with the staff. She shares that when patients have a reason to contact the outside pharmacy they often “get a machine and cannot reach anyone, whereas here they call and talk to somebody and the issue gets resolved almost immediately. Usually they are speaking to the same person and they form a connection.” Dr. McEvoy agrees and says that it doesn’t seem like the outside mail order pharmacies have someone dedicated to the patient, helping them find financial assistance and he “can remember a number of instances where there have been issues shipping drugs from outside mail order pharmacies.” He adds these pharmacies seem “somewhat impersonal as well.” Both practice participants agree that finding financial assistance is a huge benefit of MID.

Following the Patient-Centered Activities, the **Tucatinib**

**Management PQI** contains a Financial Assistance section. The impact of cancer treatment on patient financial well-being is a topic of major concern in the oncology community.<sup>11</sup> Financial toxicity has been linked to an increased patient risk of medical noncompliance.<sup>11</sup> MID pharmacies often have staff dedicated to helping patients afford their medications. Weaver fulfills this role in her practice by completing prior authorizations, assisting with funding applications and helping patients secure financial assistance. She finds the Financial Assistance section of the **Tucatinib Management PQI** beneficial to her role and says having the website and a Seagen number to call for support is helpful. She has helped a patient obtain tucatinib through the manufacturer's free

drug program and comments the program "is very straightforward and easy to understand. I haven't had any issues at all." Mitchem feels Weavers role has been an incredible help to patients and the practice. She adds "I am staunchly passionate about patient engagement and I feel there is toxicity that is not often talked about and that is the financial toxicity associated with chemotherapy in general." She says because the pharmacy is medically integrated it has helped bring financial implications for patients to light and her team has "been able to coordinate patients getting access to drugs that are outside of what we can provide."

## SIDE EFFECTS: SUPPLEMENTAL EDUCATION FOR PATIENT-CENTERED MEDICATION MANAGEMENT

The final section of the **Tucatinib Management PQI** is Supplemental Information and includes common side effects reported by the HER2CLIMB trial.<sup>7</sup> The tucatinib side effects highlighted in the PQI include diarrhea, palmar-plantar erythrodysethia syndrome, nausea, vomiting, fatigue, increased liver transaminases, stomatitis, headache, and decreased appetite.<sup>7</sup> Iqbal feels that potential side effects and side effect management are two of the most important points to educate patients on when they are starting therapy. She says if patients are aware of how to manage the side effects they can potentially stop them before they progress too far. She adds that in the PQI itself "I like the side effects section, especially for counseling patients. It is nice to be aware of the top side effects." Rhone agrees on the counseling and shares it is nice to be able to pull the PQI and use it as a template as she talks to patients.

### COMMON SIDE EFFECTS REPORTED IN THE HER2CLIMB TRIAL:

Diarrhea (80.9%; reported to be manageable with short courses of antidiarrheals)

Palmar-plantar erythrodysethia syndrome (63.4%)

Nausea (58%), vomiting (35.9%)

Fatigue (45%)

Increased liver transaminases (20%; reported to be transient and reversible)

Stomatitis, headache, decreased appetite also reported

**"I LIKE THE SIDE EFFECTS SECTION, ESPECIALLY FOR COUNSELING PATIENTS. IT IS NICE TO BE AWARE OF THE TOP SIDE EFFECTS."**

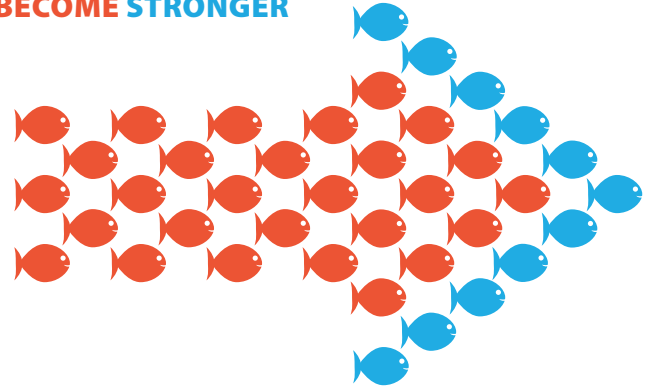
Urooj Iqbal, MPharm (Hons)

# CONCLUSION: NCODA, THE MID AND PQI: OPTIMIZING PATIENT OUTCOMES

All team members agree that the MID model and the PQI Clinical Resource are valuable to the team and to patients. Every day the MID team can make a difference in the life of patients. As Dr. McEvoy states, “Our pharmacy does a fantastic job. I think we are very lucky to have these people work so hard and really care about our patients.” The team can continually learn something new or can begin a process that optimizes care. The PQI fosters this through appropriate patient identification, selection, increased speed to therapy, reduced cost, and hospitalization and by improving adherence techniques for the patient and their Medically Integrated Teams. According to Mitchem, the PQI “takes a lot of the legwork out for me to be able to present a therapy to our P&T committee or for me to send out education on a therapy. It condenses all the research I would normally have to do in order to educate the providers and that is very helpful. It is great reference material and it is an easy two page resource where you can just get everything you need to make sure everyone is on the same page.”

Tukysa gives patients with advanced unresectable or metastatic HER2-positive breast cancer another treatment option. The PQI provides the MID program with an easy to use, compact clinical resource guide when discovering the right patient and

**WORKING TOGETHER,  
WE BECOME STRONGER**



dispensing Tukysa. It helps the team ensure they are providing patients with the tools and education to improve clinical outcomes. Garza shares it is important to him that the PQI contains some of the evidence for tucatinib. He explains, “I do like to know how this medication compares with other things because it is understanding your medication on a deeper level. I think that is what makes you a better pharmacist, when you can actually talk about the evidence and talk about the results.” Pairing Medically Integrated Dispensing with the **Tucatinib Management PQI** meets NCODA’s Guiding Values of being Patient-Centered and Always Collaborative.



## Helpful Online Resources



NCODA Website



Positive Quality Interventions



Oral Chemotherapy Education Sheets



Tucatinib Management PQI

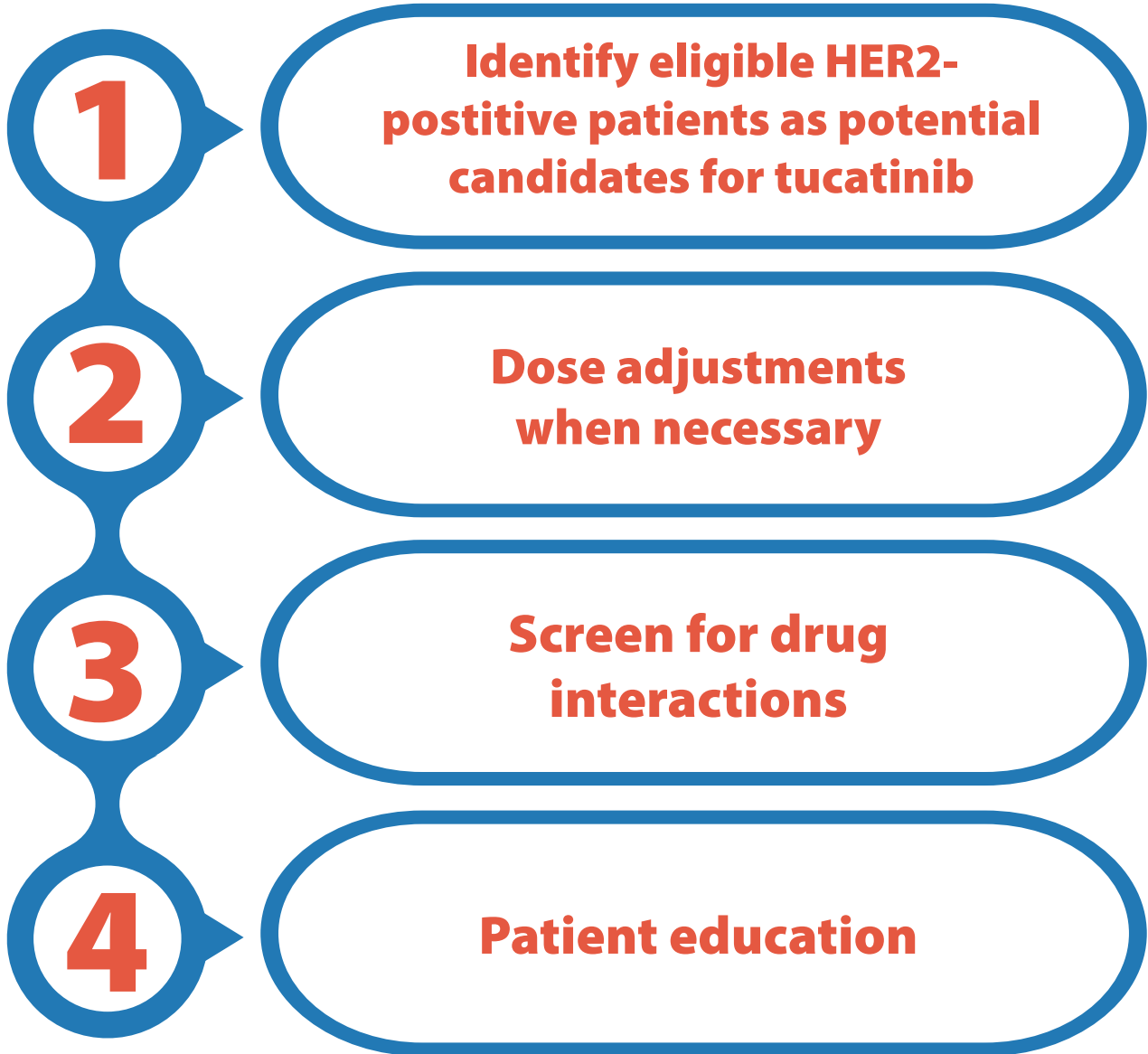
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## ON THE COVER:

- The Coastal Pharmacy team of pharmacists.

# PQI PRINCIPLES:



# NOTES:

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Practice panelist's comments reflect their experiences and opinions and should not be used as a substitute for medical judgement.

Important notice: NCODA has developed this Positive Quality Intervention in Action platform. This platform represents a brief summary of medication uses and therapy options derived from information provided by the drug manufacturer and other resources. This platform is intended as an educational aid and does not provide individual medical advice and does not substitute for the advice of a qualified healthcare professional. This platform does not cover all existing information related to the possible uses, directions, doses, precautions, warning, interactions, adverse effects, or risks associated with the medication discussed in the platform and is not intended as a substitute for the advice of a qualified healthcare professional. The materials contained in this platform are for informational purposes only and do not constitute or imply endorsement, recommendation, or favoring of this medication by NCODA, which assumes no liability for and does not ensure the accuracy of the information presented. NCODA does not make any representations with respect to the medications whatsoever, and any and all decisions, with respect to such medications, are at the sole risk of the individual consuming the medication. All decisions related to taking this medication should be made with the guidance and under the direction of a qualified healthcare professional.



## **NCODA'S POSITIVE QUALITY INTERVENTION IN ACTION**

April 2021