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An Audit of Consultations to Manage Oestrogen Deprivation in Patients Undergoing Early Breast Cancer Treatment

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Purpose: An audit was undertaken to define outpatient workload relating to the management of oestrogen deprivation symptoms (EDS), in terms of numbers, nature, outcomes and duration of consultations.
Methods: Consultations carried out with early breast cancer patients treated with endocrine therapy (ET) or who had undergone medically induced early menopause or who had been advised to stop hormone replacement therapy (HRT) and who were attending a follow-up appointment either: (1) to check for the presence of EDS after a change in relevant treatment or (2) to manage known EDS, were studied. In a retrospective audit of three consultant oncology practises, clinic letters from consultations being undertaken primarily for one of these two indications were studied. Separately, questionnaires completed contemporaneously by clinicians undertaking consultations for these two indications were used to collect more detailed information about the nature of consultations for a parallel prospective audit.
Results: Retrospective audit: 39 consultations occurring in March 2018 were identified. Joint discomfort was the most commonly reported EDS; 67% continued ET and 21% had been offered supportive medications. Further follow-up was arranged for 59% of patients. Prospective audit: 13 consultations were identified October 2017 to January 2018. The average duration of consultation was 18 min. Hot flushes were the most common EDS; 70% were offered supportive medications and 15% discontinued ET. One patient was referred to the menopause clinic. 63% of patients were further followed-up.
Conclusion: This audit demonstrates the considerable outpatient workload in addressing EDS. Data obtained prospectively showed 70% of patients were offered supportive medication, suggesting that a healthcare professional with prescribing capability should be responsible for review. A high proportion of patients were given further follow-up appointments. A small proportion discontinued ET. Referrals to the menopause clinic were infrequent.

Haematological Toxicity Surveillance in the Management of Patients with ER-positive Metastatic Breast Cancer Receiving Palbociclib: is Nurse-led Review on Day 14 Necessary?

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Purpose: Palbociclib is a first in class selective cyclin-dependent kinases 4 and 6 (CDK4/6) inhibitor that has been investigated in phase II/III trials and is now being recommended by NICE for the first-line treatment of ER-positive HER2-negative advanced breast cancer in combination with hormone treatment [1]. An increasing number of patients is expected to soon be started on this drug, which is now widely available. Palbociclib is currently administered for 21 days followed by a 7 day break, with current guidance requiring a full blood count (FBC) on days 1 and 14 for the first two cycles, with an additional day 21 check if required. This study assessed the need for a nurse-led review on day 14 and whether this affects subsequent dosing, in an effort to optimise toxicity surveillance, reduce unnecessary investigations and improve patient quality of life.
Methods: Data were collected retrospectively from patients with metastatic ER-positive HER2-negative breast cancer receiving palbociclib under the Ibrance access scheme in Maidstone and Tunbridge Wells hospitals. Clinicopathological characteristics were obtained by accessing electronic records.
Results: The analysis set comprised 33 patients receiving palbociclib with letrozole (median 79 years, 77% with performance status 0–1). Twenty-four patients had a nurse-led review with a FBC on day 14, of which one (4%) experienced grade 4 and three patients grade 3 neutropenia (12.5%). Only two of these patients required a delay and subsequent dose reduction due to grade 3 neutropenia in day 1 of the next cycle. Of the remaining nine patients who did not have the day 15 assessment, only one patient was found to have grade 2 neutropenia. No grade 4 neutropenia was noted. None of the above patients had a complication of neutropenic sepsis. Overall, dose delays occurred due to day 1 grade 3 neutropenia (4/33) and grade 3 fatigue (1/33).
Conclusion: This study of patients receiving palbociclib suggests that omission of day 14 bloods may be possible without compromising the monitoring of toxicity and patient safety. This study highlights the needs for real-world data to optimise toxicity surveillance and improve patient quality of life, as well as to identify surrogate markers of haematological toxicity.

Reference

[1] NICE. Palbociclib with an aromatase inhibitor for previously untreated, hormone receptor-positive, HER2-negative, locally advanced or metastatic breast cancer; 2017. Available at: https://www.nice.org.uk/guidance/ta495/history. Accessed 29 September 2018.

Reflecting Change in Practice: Febrile Neutropenia Rates in Long-acting Compared with Short-acting GCSF Preparations in Breast Cancer Patients Undergoing Neoadjuvant and Adjuvant Chemotherapy

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Purpose: Primary granulocyte colony-stimulating factor (GCSF) is used in curative breast cancer chemotherapy to reduce neutropenic sepsis, dose reductions, chemotherapy delays, hospital admissions and death [1,2]. GCSF is available as long-acting (LA-GCSF) and short-acting (SA-GCSF) preparations. In April 2017, the Royal United Hospitals (RUH) Bath replaced LA-GCSF with a biosimilar SA-GCSF, in line with NHS England recommendations. The impact on patient safety was reviewed.
Methods: All RUH breast cancer patients receiving primary GCSF with chemotherapy between April 2014 and March 2018 were reviewed. All episodes of grade 3 or 4 neutropenia ($<1.0 \times 10^9$/l) were identified and further information collected; GCSF preparation, chemotherapy details, pyrexia ($>38^\circ$C), admission length, subsequent neutropenia, chemotherapy delays ($\geq$2 days) and dose reductions ($>$10% of planned doses).
Results: In total, 343 patients were included; 260 received LA-GCSF and 83 received SA-GCSF. A significantly greater proportion of patients required hospital admission for febrile neutropenia when receiving SA-GCSF compared with LA-GCSF; 22.9% (19/83) versus 10.8% (28/260), respectively (HR 2.13, 95%CI 0.2816–0.8001; $P = 0.0052$). The average length of stay per patient admitted with febrile neutropenia was significantly higher in the SA-GCSF group compared with the LA-GCSF group; 5.4 days (100 days; 19 patients, range 1–15 days) versus 3.3 days (93 days; 28 patients, range 1–10 days): 95%CI 0.1176–3.766; $P = 0.0375$. The proportion of patients receiving a dose reduction or delay was significantly greater in the SA-GCSF group than in the LA-GCSF group; 18.1% (16/83) versus 9.62% (25/260), respectively (HR 1.88, 95%CI 1.039–3.332; $P = 0.0366$).

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