

## **1. Introduction and Who Guideline applies to**

Immunotherapy agents are a relatively new class of anti-cancer drugs which reactivate the Immune system to destroy cancer cells. The side effect profile for these agents is different from that of standard cytotoxic drugs. They can cause severe immune-related adverse reactions including serious immune-related endocrinopathies, which can be fatal, therefore it is important to recognise and address symptoms early.

The majority of immune-related reactions occur over the course of treatment. However, they can occur weeks to months after completion/discontinuation of treatment. It was considered necessary to develop and implement an Immunotherapy Nurse Led Service, to ensure that there is an identified key worker for patients receiving Immunotherapy, and that medical and nursing staff, when requiring additional advice and support, can adhere to an appropriate referral process.

## **2. Guideline Standards and Procedures**

This guideline is for utilisation by all trained medical and nursing staff who will be asked to assess and/or treat patients with Immune Related Adverse Event, (irAEs). Its ambition is to ensure that there is a robust referral process in place. It's purpose is to reduce inpatient stay and minimise patient admissions. It is also to ensure that patients and clinical staff are familiar with the purpose of this newly introduced nurse-led service.

## **3. Service Provision**

There are currently x 2.0 wte Band 7 Immunotherapy Clinical Nurse Specialists in post. This service is overseen by the Macmillan Lead SACT (Systemic Anti Cancer Treatment) Nurse. Additional support will be provided by the Immunotherapy Clinical Consultant Lead. The current service provision is Monday – Friday between the hours of 08:00 – 17:00. This service provision will include twice weekly telephone review clinics; review of inpatients; telephone triage of patients; collating audit data; This service will accept direct referrals via ICE.

## **4. Education and Training**

### **Clinical Nurse Specialists (CNS)**

The CNS's leading this service will be provided with the opportunities to be able to effectively develop their role to deliver the service. There will be the appropriate support provided to enable them to undertake the Consultation Module and Non Medical Prescribing module delivered by an Institute of Higher Education if required. They will be provided with opportunities to attend relevant webinars and conferences to support their learning and development.

### **Colleagues from the wider team**

The CNS and Lead Consultant for Immunotherapy will develop a comprehensive teaching package to be delivered to healthcare professionals. Teaching sessions will be delivered on the 'New Medical Staff' induction and delivered to Registered Nurses on the SACT (Systemic Anti Cancer Treatment) course and in any other relevant teaching environments. This will be an ongoing programme of teaching and education.

### **Information regarding the referral process**

Information with regards to the referral process will be added to Insite and regular communications will be circulated as required.

#### **4. Monitoring Compliance**

<b>What will be measured to monitor compliance</b>	<b>How will compliance be monitored</b>	<b>Monitoring Lead</b>	<b>Frequency</b>	<b>Reporting arrangements</b>
Reduced patient admissions/Admission Avoidance	Audit of 24 hr triage call data; direct patient calls or from external healthcare providers.	IO CNS's	6 monthly audit	CMG Quality & Safety Boards CHUGGS SACT Monthly Meeting
Improved patient experience	Locally approved patient survey	IO CNS's	Annually	CMG Quality & Safety Boards CHUGGS SACT Monthly Meeting UHL Clinical Cancer Board
Improved staff knowledge and understanding	Feedback surveys	IO CNS's	Post delivery of each teaching programme	As required

## **5. Referral inclusion criteria:**

Any patient with a Grade 1 toxicity but who can continue current treatment plan, can be referred to the IO Nursing Service for advice and to ensure appropriate follow up provision is made.

All patients who are receiving immunotherapy and assessed as having a Grade 2, 3 or 4 toxicity irAE's as per the UKON's Acute Oncology Initial Management Guidelines – version 4.0 (2023).

Patients who have been triaged via the 24 hour Emergency Help Line with suspected immunotherapy toxicity (irAE's).

Patients under the care of an Oncologist who have attended the Osborne Assessment Unit or the Emergency Department and subsequently discharged on a Steroid Tapering Dose.

Inpatients under the care of an Oncologist who have been admitted and treated for toxicities (irAEs) who require additional clinical input.

Inpatients under the care of an Oncologist who have a planned discharge with Steroid Tapering Doses.

## **6. Referral exclusion criteria:**

Any patient who does not have a known diagnosis of cancer

Any patient not currently receiving Immunotherapy

## **7. Referral Process**

Referrals will be made using the referral form on ICE.

Referrals will be reviewed Monday – Friday between the hours of 08:00 – 16:00hrs.

For urgent advice regarding Immunotherapy, please contact the clinical nurse specialists on **ext 17985** within working hours. Outside working hours, please contact the Consultant Oncologist on call via switchboard.

For non urgent queries from medical or nursing staff – an email can be forwarded onto the: [immunotherapyCNS@uhl-tr.nhs.uk](mailto:immunotherapyCNS@uhl-tr.nhs.uk)

Outside of working hours – patients will be advised to contact the 24 hour Emergency help line number.

Upon receiving the referral, the IO CNS will review and if the patient meets the appropriate criteria outlined above, the IO CNS will contact the patient/relevant nursing/medical staff to ascertain additional details if required and make the appropriate follow up/clinic appointment. This will be actioned within 48 working hours – excluding weekends and bank holidays.

If the referral is for an inpatient – the IO CNS will visit the clinical area and conduct an initial toxicity review; management plan review and monitor current treatment responsiveness. The patient's treatment plan will be in accordance to the UKON's Acute Oncology Initial Management Guidelines – version 4.0 (2023).

If a patient referral is made following attendance to the the Osborne Assessment Unit or the Emergency Department – the Immunotherapy Clinical Nurse Specialist will make contact with the patient within 48 working hours with the exception of weekends and bank holidays; to ensure that there has been an adequate supply of steroids provided; to provide clarity regarding the weaning schedule; and to ensure that they have received the patient Steroid Information sheet and Steroid Alert Card.

## **6. Supporting References**

**The Clatterbridge Cancer Centre NHS Foundation Trust;**

**<http://www.ukons.org/> - UKON's Acute Oncology Initial Management Guidelines – version 4.0 (2023).**

**ESMO - <https://www.esmo.org/guidelines>**

## **7. Key Words**

Immunotherapy; Immunotherapy Clinical Nurse Specialist; Referral

<b>CONTACT AND REVIEW DETAILS</b>	
<b>Guideline Lead (Name and Title)</b> Clair Burroughs Macmillan Lead SACT Nurse	<b>Executive Lead</b>

**Details of Changes made during review:**

**New Document**