‘*We’ve just had to hit the ground running’:* Health professionals’ experiences of cancer immunotherapy: A qualitative study

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Background and Aims

- Cancer immunotherapy is transforming outcomes for some people affected by cancer [1], with trials demonstrating clinical benefit across cancers [2-3].
- We have limited knowledge about oncology health professionals’ (HCPs) experiences of these treatments.
- Our qualitative study is investigating patients’ and HCP’s experiences of cancer immunotherapy and HCP’s education, training and support needs.

Methods

- **Sampling:** purposive and snowball via social media (Twitter) and established oncology networks
- **Eligibility:** registered practitioners (UK-based); experience supporting people affected by cancer; able and willing to provide informed consent
- **Participants:** (*n*= 16). UK HCPs (3 consultant oncologists, 11 nurses, 2 pharmacists) from oncology services and secondary care. Including clinical nurse specialists (site-specific, immunotherapy and acute), oncologists, advanced nurse practitioners, nurse consultants, cancer pharmacists
- **Semi-structured telephone interviews:** conducted between May and October 2020
- **Analysis:** Reflexive thematic analysis [4].

Conclusion

- Further research should consider how HCP’s ongoing education and training needs in holistic supportive care for cancer immunotherapy should be co-produced in its design, delivery and evaluation.

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Key early findings

- HCPs view immunotherapy as a ***‘game changer’*** treatment, with positive perceptions of improved life expectancy and quality of life.
- However, **substantial complexities remain around toxicity management**. Equipoise exists between positive outcomes and immune-related adverse events, of which severe cases were experienced.
- Immunotherapy is described as a *‘minefield’,* in constant flux and development.
- Highly variable awareness of unique treatment context of immunotherapy exists across HCP groups. **Some staff within oncology considered primary care and general medicine colleagues to have limited insight, understanding and awareness**.
- Boundaries between roles of different staff were fixed. **Clear signposting processes existed for psychological support** to site-specific CNS staff and cancer key workers, or specialist services.
- **Education and training needs are complex and difficult to identify** across HCP groups within oncology services and secondary care. Complexity of training is exacerbated by difficulty raising awareness of immunotherapy in general medicine due to frequent rotations and prevalence of chemotherapy in oncology training.
- Covid-19 impact: **Positives:** patients can have treatment closer to home; treatments are being fast-tracked; **Negatives:** assessment delays; digital exclusions mean patients who cannot access video conferencing may not receive same care as those with telephone only.

Everyone’s chemotherapy focused and it’s different on immunotherapy

HCPs note some colleagues ‘*don’t realise the difference’* between immunotherapy and chemotherapy

I think it* [immunotherapy] *probably gives people hope

HCPs reflect that some patients ‘*sail through their treatment’* and that overall, ‘*people tend to cope really, really well with the treatment*’

Drop the chemotherapies and establish patients on immunotherapy

Perceptions of oncologists’ changing treatment priorities in response to *‘game changer’* treatment

Something trivial could turn into something significant

Illustrating equipoise between positive outcomes and '*acute life-threatening side effects’* which ’*can be very, very dangerous if left untreated or not recognised’*

It could rear its head much later down the line

On complexity of toxicity management, particularly late onset irAEs, which can occur c. 18 months after treatment ends

Even with other medical professionals, not oncologists, they are not sure

Example of one of the clear educational priorities established. Educating non specialists about immunotherapy considered paramount

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