

Abstract #313: Mixed-methods assessment of providers' needs in the management of advanced renal cell carcinoma

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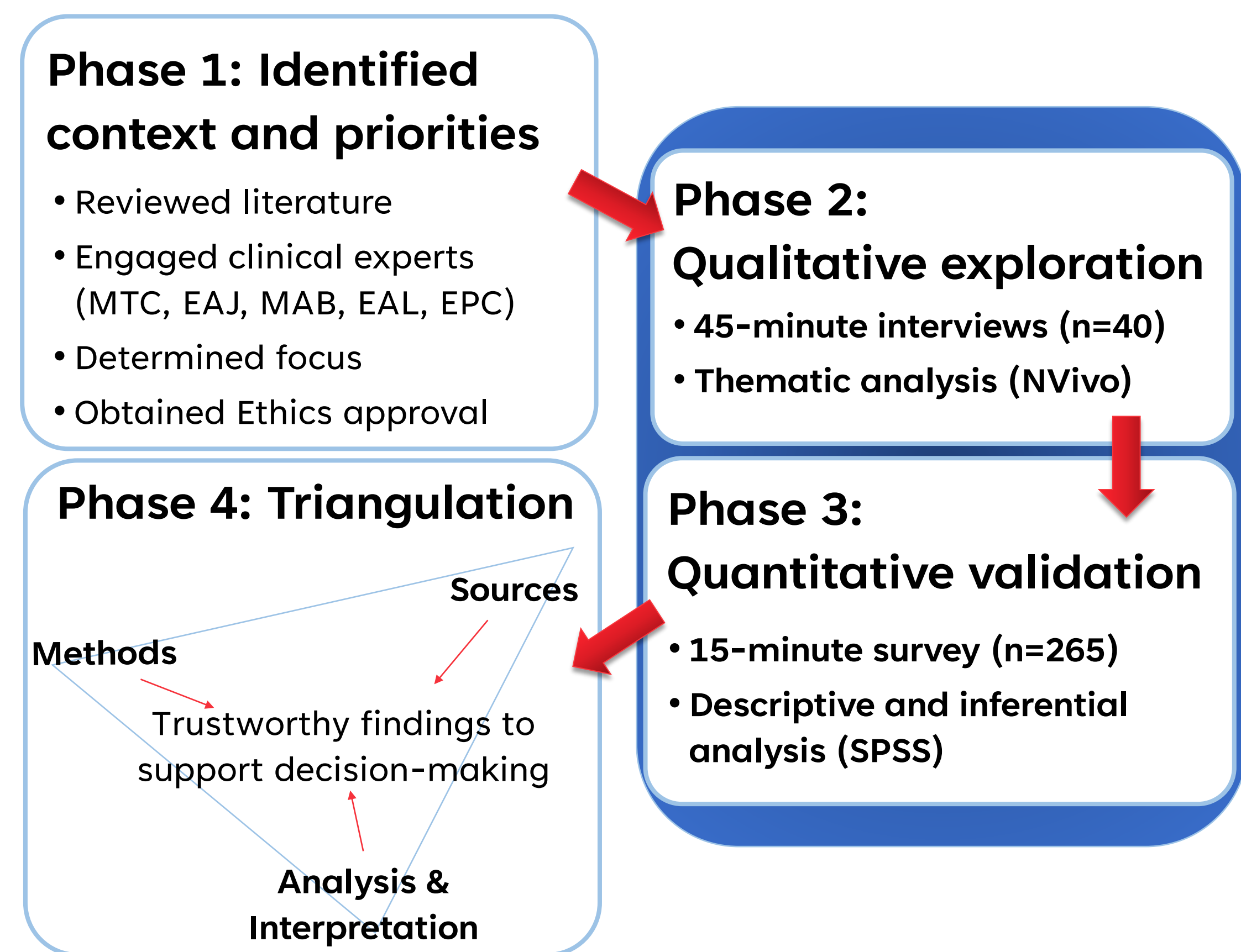
Background

- Metastasis of renal cell carcinoma (mRCC) is found in **~30% of patients** at diagnosis
- Survival depends on **how soon** treatment is started, effectively sequenced, and complications **managed**



Challenges faced by healthcare professionals (HCPs) in the management of mRCC **need to be better understood**

Methods



HCPs managing mRCC reported challenges in:

- 1 Recognizing side effects
- 2 Referring patients to specialists
- 3 Adjusting treatment (e.g., dose reduction, switch of agent)

There is a need to:

- Support the **multidisciplinary management** of adverse events following treatment for mRCC
- Focus on developing nephro-oncology expertise

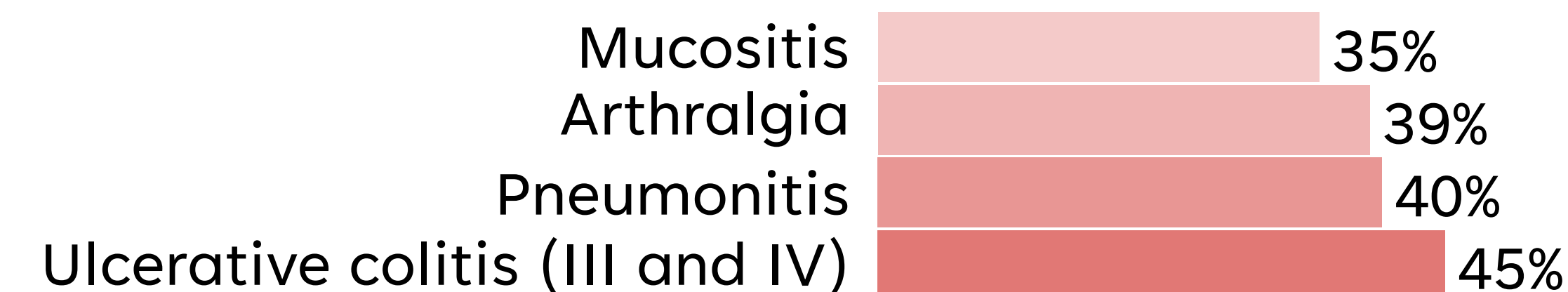
Sample

	ONC	NEPH	PA	NP	RN	Total
Phase 2	10	8	8	8	6	40
Phase 3	68	54	49	47	47	265

Legend: ONC (Medical Oncologist), NEPH (Nephrologist), PA (Physician Assistant), NP (Nurse Practitioner), RN (Registered Nurse)

Results

% of HCPs reporting suboptimal knowledge of signs/symptoms and skills identifying and referring cases of toxicities to specialists



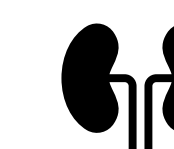
Adjusting the treatment dose in the event of an adverse reaction is a challenge **affecting 33% of HCPs**

"When do you reduce the dose? When do you just discontinue the drug and switch them to another one? I think that's not always clear."

-Physician Assistant



25% of nephrologists reported never/sometimes being involved in the management of nephritis or acute renal failure



"... the nephrologist always blames the chemotherapy and then says to avoid nephrotoxic agents. It's not helpful."

-Medical Oncologist

Future Directions for Research

- **Gain the perspective of additional stakeholders** (e.g., patients, urologists, pharmacists)
- **Assess interprofessional collaboration** within tumor boards or communities of practice

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