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Management of Trastuzumab Therapy in a Multidisciplinary Herceptin Clinic for Breast Cancer patients versus Conventional Oncologist Consultations: A Retrospective and Observational Study in a Local Hospital

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Introduction

Participation of pharmacists in multidisciplinary healthcare teams has been shown to improve therapeutic outcomes in cardiovascular diseases, but studies on oncology diseases management are lacking.

Objectives

To determine the impact of a multidisciplinary clinic in managing adjuvant trastuzumab therapy for female breast cancer patients.

Methodology

A retrospective review was performed using data retrieved through the Electronic Patient Record system for this non-inferiority study. Study subjects were all patients attending the Multidisciplinary Herceptin Clinic (Dec 2012 - Dec 2014) (active group) and breast cancer patients receiving adjuvant trastuzumab therapy (Dec 2010 - Nov 2012) managed by conventional oncologist consultations (control group). Primary outcomes included all-cause cycle delay in trastuzumab therapy and composite treatment-related adverse events (infusion reactions, hypersensitivity reactions, cardiac symptoms, respiratory symptoms or treatment-related hospitalizations).

Result

A total of 361 subjects (active, n=207; control, n=154) were eligible for clinical outcome analyses. All-cause cycle delay in trastuzumab therapy were observed in 8.7% subjects in the active group versus 20.78% in control group (RR 0.418; 95% CI, 0.244-0.717), while composite treatment-related adverse events in 12.08% patients in active group versus 20.13% in control group (RR 0.600; 95% CI, 0.370-0.973). Non-inferiority was declared for both primary endpoints. The Multidisciplinary Herceptin Clinic was demonstrated to be non-inferior to conventional oncologist consultation for management of adjuvant trastuzumab therapy in breast cancer

patients in terms of all-cause cycle delay in trastuzumab therapy and composite treatment-related adverse events.