

Optimizing Outcomes for Patients with Advanced Pancreatic Cancer across Canada through Multidisciplinary Case Study Series

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Objective:

With limited improvements in detection and treatment over time, pancreatic cancer has the highest mortality rate of all major cancers. The high number of pancreatic cancer deaths relative to cases reflects its very poor prognosis. The care of these patients requires an inter-professional collaborative approach in order to address the physical, psychological, and emotional needs of patients and their families. We therefore sought to develop a multidisciplinary case study series to address challenges and share solutions and best practices of a team-based approach focused on enhancing supportive care and improving quality of life for advanced pancreatic cancer patients across Canada.

Methods:

Various healthcare providers (HCPs) play an important role in the contribution and delivery of care to pancreatic cancer patients. Several live and online educational initiatives targeted to these HCPs were developed between 2014 and 2017, which were supported by funding from Celgene Inc.

1. Based on data from a needs assessment survey conducted with specialists from across Canada, a comprehensive “CME Learning Library on Pancreatic Cancer” was developed in 2014 targeted to oncologists and allied HCPs. This program consisted of modular learning across the continuum of pancreatic cancer, including epidemiology and pathogenesis; risk factors, staging, and diagnosis; best practice for evolving treatments for resectable and advanced disease; and supportive/palliative care.
2. An interactive workshop with oncologists from across Canada led to the development of “Canadian Expert Recommendations” in 2015, a program focused on key questions and answers related to the use of specific treatments for advanced pancreatic cancer.
3. Through interactive workshops in 2015 and 2017, needs were identified for specialized oncology nurses and pharmacists, resulting in “The Oncology Nurses Education Program” and “Oncology Pharmacist Education Program” in advanced pancreatic cancer.

These case-based educational programs provided up-to-date information on treatment options, strategies, and interventions to assist with treatment-related toxicities and disease-related symptoms, and information on supportive care needs of patients and their families.

Results:

Overall, all of these initiatives have been continuously updated and have helped HCPs to optimize therapies in pancreatic cancer. Feedback has been extremely positive, with experts even using the “CME Learning Library on Pancreatic Cancer” program to teach residents regionally. Evaluations collected from oncologists attending “Canadian Expert Recommendations” suggested that the program addressed various gaps in practice. Based on results from all programs, a further need was identified to optimize team-based supportive care. This led to the design of a multidisciplinary case study series, which will launch in early 2018. Up to 10 multidisciplinary health teams from across Canada, consisting of an oncologist, oncology nurse, oncology pharmacist, general practitioner in oncology, and palliative care specialist, will meet at

their respective cancer centres to identify challenges related to supportive care for advanced pancreatic cancer patients in various stages of their journey. Using a toolkit developed by a National Steering Committee, teams will build case studies based on their identified challenges and share solutions and expert guidance using a multidisciplinary team-based approach. Cases from each centre will be gathered into a case library and implemented as live regional meetings or shared online, offering a flexible program addressing top community needs in order to optimize patient outcomes and improve quality of life.

Conclusions:

Successful and innovative CME programs need to reflect current practices, guidelines, data, and viewpoints of the inter-professional team in order to be meaningful in the optimization of team-based patient care. This approach to the design of CME programs is especially important for HCPs working with patients who have conditions with high morbidity and mortality rates, such as pancreatic cancer. By reaching HCPs in multiple disciplines with case-based CME programs appropriate to each discipline's particular clinical needs, we have been able to discern the inter-professional team's educational needs on an ongoing basis, leading to the development of a truly inter-professional CME program.