

ODACon Online Symposium Improves Nurses' Knowledge of Rare Hematologic Malignancies

Elizabeth J. Heller, PhD; Keira P. Smith; Eden E.D. Maack, PhD; Lyn F. Brook; and Sarah L. Williams, MAT

i3 Health, Rochelle Park, NJ



Background, Significance, and Purpose

The rapid pace of clinical research in hematologic malignancies has made it difficult for nursing professionals and other clinicians to maintain a working knowledge of the latest treatment and supportive care advances in order to provide the best care to their patients. This study was conducted to determine if an online case-based continuing medical education (CME)/nursing continuing professional development (NCPD)/continuing pharmaceutical education (CPE)-approved activity could identify and address gaps in oncology clinicians' knowledge regarding the individualized treatment of patients with hematologic malignancies.

Interventions

The ODACon Rare Hematological Malignancies Symposium was a CME/NCPD/CPE-approved live virtual symposium exploring the latest strategies and expert perspectives for patients with hematologic malignancies, including B-cell acute lymphoblastic leukemia, Hodgkin lymphoma, mantle cell lymphoma, myelodysplastic syndrome and Waldenstrom macroglobulinemia. Enduring learner archives were also available. Learners were given a matched pairs pre- and post-activity assessment consisting of case-based questions that gauged their ability to apply emerging data to clinical decision making. Knowledge gaps and learning gains were calculated based on percentages of learners obtaining correct responses on the pre- and post-activity assessments. Significance was assessed using a chi-squared test.

Faculty Chairperson



Amir Fathi, MD
Associate Professor of Medicine
Harvard Medical School

Acknowledgements

This activity was supported by independent educational grants from BeiGene, Bristol Myers Squibb, Merck, and Seagen.

Contact Information

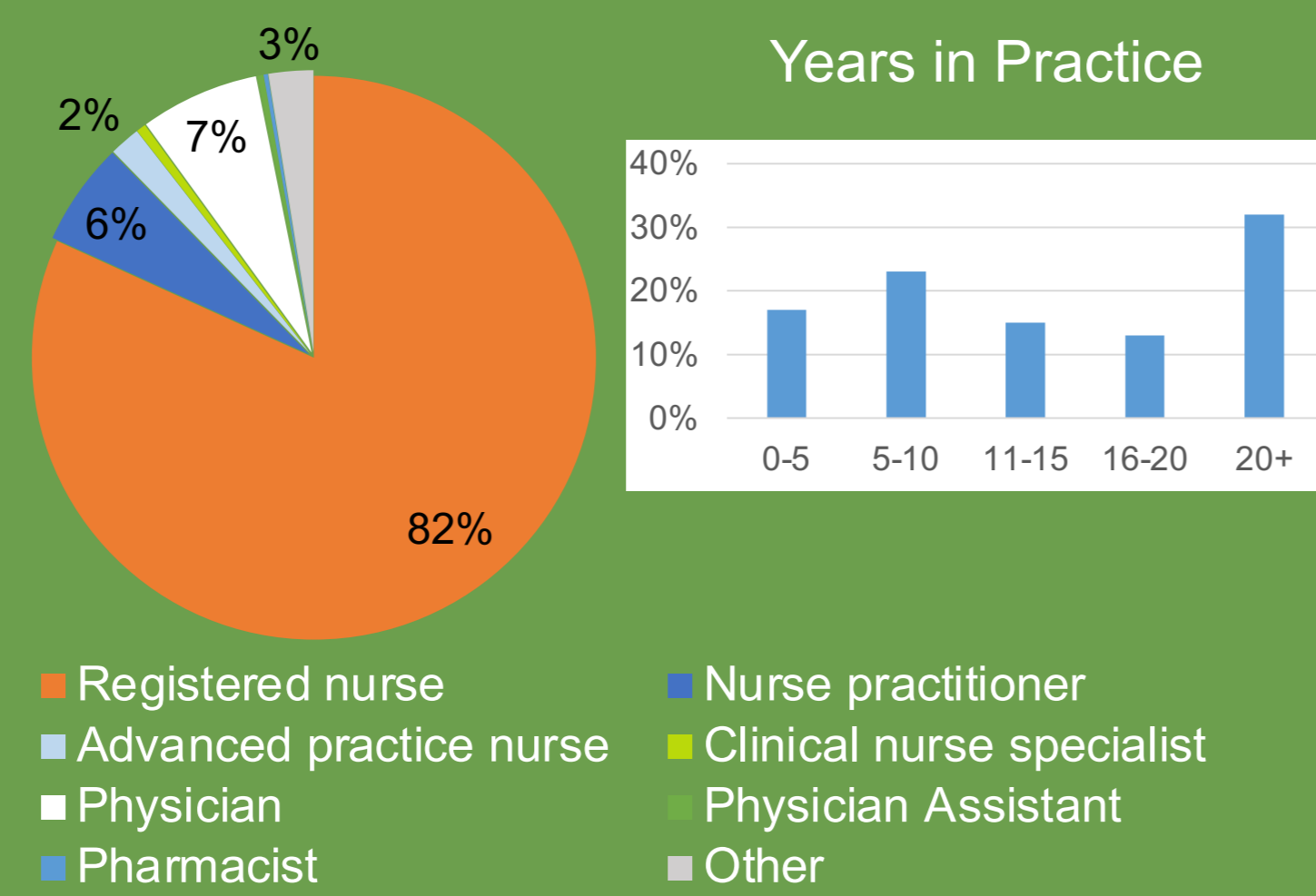
- For more information on i3 Health and to view available NCPD activities, visit i3Health.com.
- For expert perspectives and news regarding the latest developments in oncology, visit OncData.com.

Learner Demographics

This CME/NCPD/CPE--approved virtual symposium was held on 1/29/22, and learning archives were available starting 2/15/22. As of 8/30/22:

1,642 Learners
 1,529 Completions

Audience: Oncology nurses, nurse practitioners, hematologist/oncologists, physician assistants, pharmacists, and other health care professionals involved in the treatment of patients with hematologic malignancies



Average number of patients with hematologic malignancies seen per month: 26

Testimonials

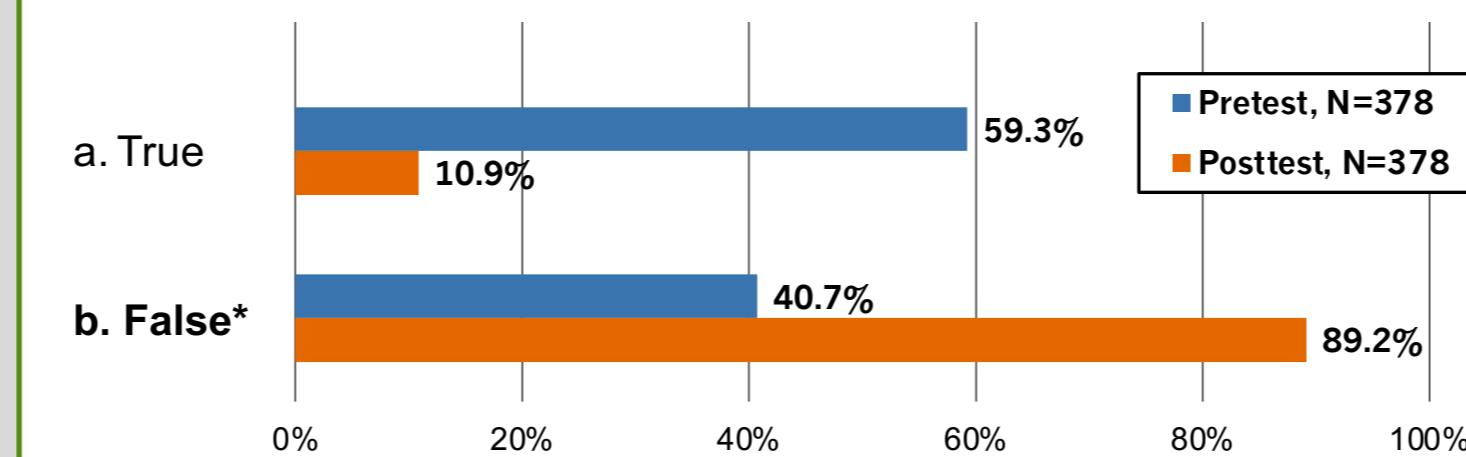
- "GREAT PRESENTATION, clarified a great deal for me"
- "Thank you for this INSIGHTFUL, COMPREHENSIVE presentation"
- "EXCELLENT clinical pearls backed up by evidence-based data"
- "This was a really GREAT EDUCATIONAL OPPORTUNITY to see all the different available treatments options and how far we have come. I really liked how he broke down each treatment option for efficacy vs toxicity"
- "VERY INFORMATIVE side effect management"
- "This was EXCELLENT and EASY to understand for an NP fairly new to oncology"
- "OUTSTANDING, lucid, well-organized presentation!"

Results

Case 1: Prognosis for B-Cell Acute Lymphoblastic Leukemia

Mr. TY is a 34-year-old man with newly diagnosed B-cell acute lymphoblastic leukemia (ALL). According to genetic testing, he is negative for the Philadelphia (Ph) chromosome but positive for Ph-like chromosome CRLF2. He is now beginning frontline chemotherapy treatment.

Having the Ph-like chromosome CRLF2 subtype means that Mr. TY has a better prognosis than if he had a non-CRLF Ph-like lesion.

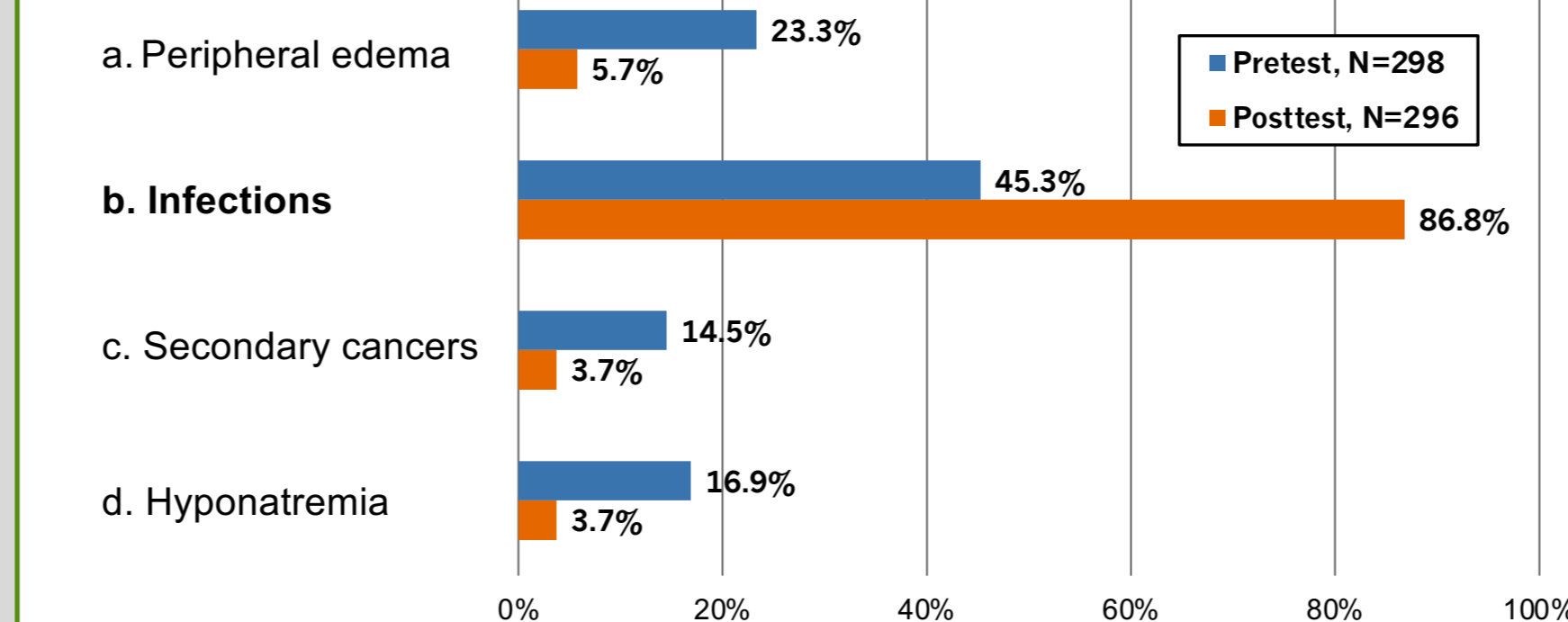


* = correct answer.

Case 3: Adverse Events with Zanubrutinib Treatment for Mantle Cell Lymphoma

Mr. AS is a 68-year-old man with MCL that has relapsed after autologous stem cell transplantation (ASCT). He is about to begin salvage therapy with zanubrutinib.

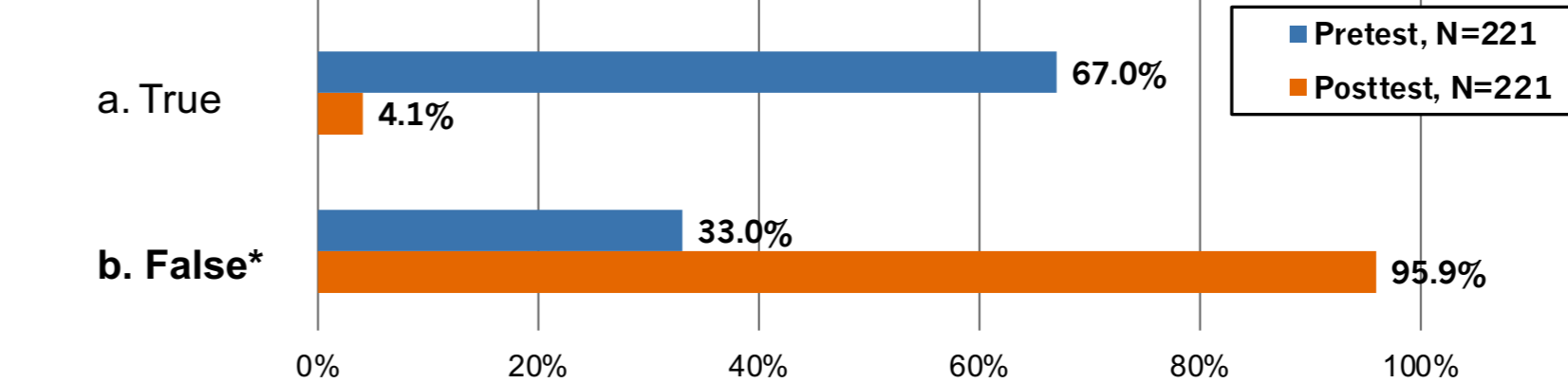
What is the most common grade ≥3 toxicity that he should be monitored for during treatment?



Case 2: Oral vs Intravenous Decitabine for Myelodysplastic Syndrome

Mr. RQ is a 65-year-old man with higher-risk MDS who has been receiving decitabine intravenously (IV). He is concerned about the number of visits he needs to make to the clinic for treatment, since he has to take a long drive for each visit. He asks if there's a way he could take more of his treatments at home.

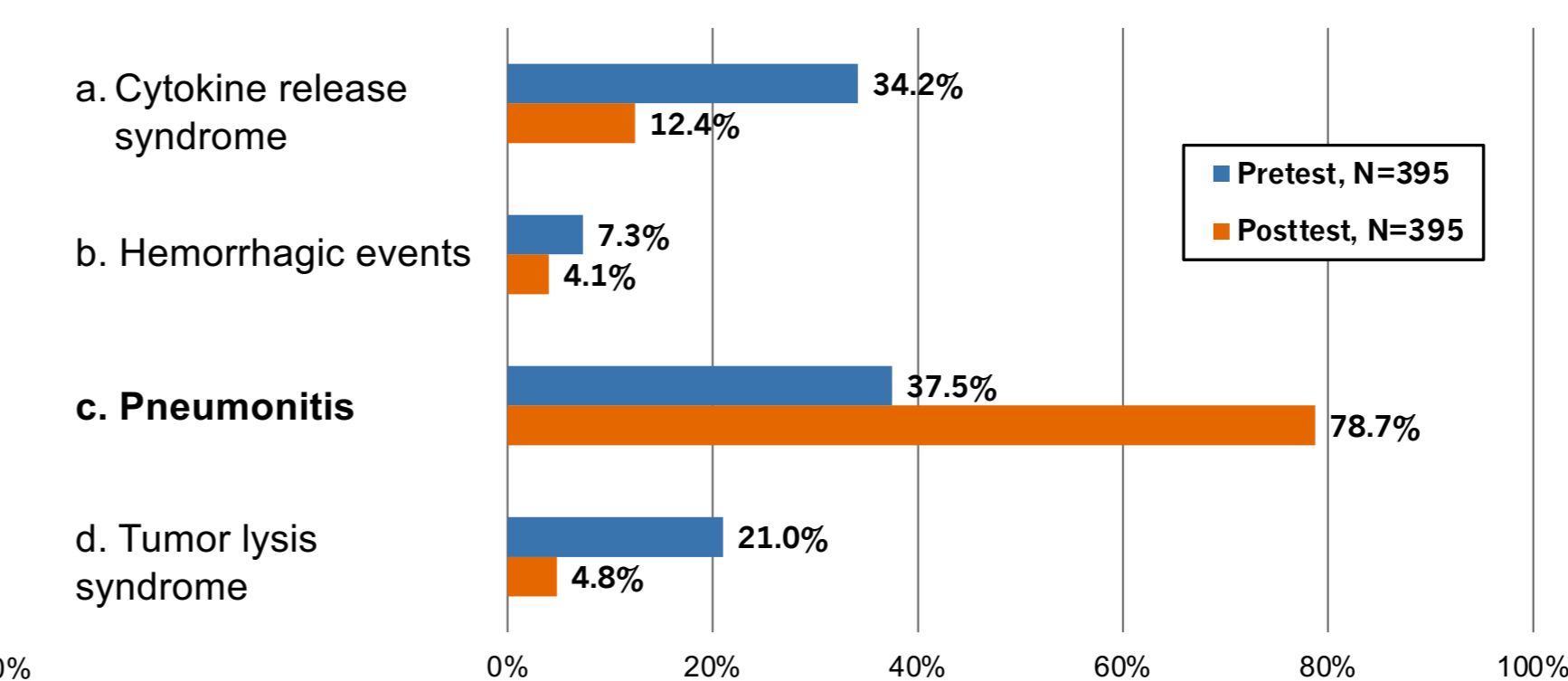
You tell him that oral formulations of decitabine in combination with cedazuridine aren't as effective as IV decitabine alone in higher-risk MDS.



Case 4: Adverse Events with Pembrolizumab Treatment for Hodgkin Lymphoma

Mr. MS is a 42-year-old man with stage III Hodgkin lymphoma that has relapsed after treatment with hematopoietic stem cell transplant (HSCT). He is about to start treatment with pembrolizumab.

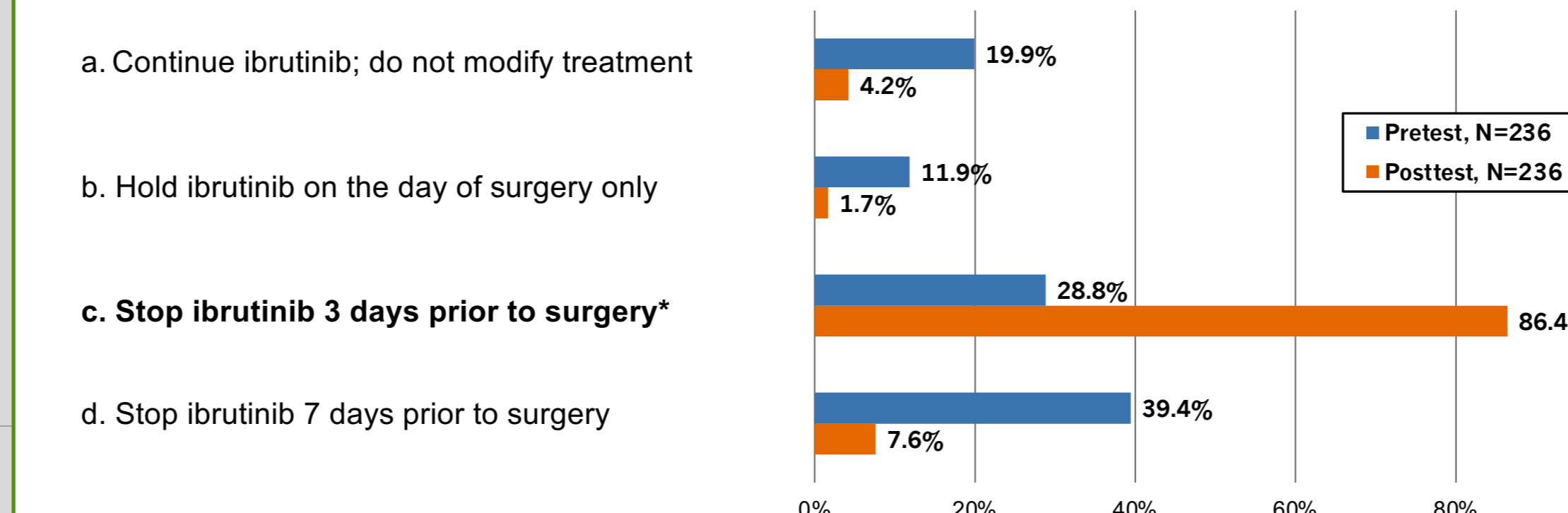
What grade 3-5 adverse event should he be monitored for?



Case 5: Management of Ibrutinib Treatment in Preparation for Minor Surgery

Ms. PK is a 69-year-old woman who is receiving ibrutinib for relapsed/refractory WM. During the course of treatment, she needs to undergo a surgical tooth extraction.

How should you approach her treatment with ibrutinib in light of this surgery?



Learner Competence

Case-based topic	Knowledge gap	Learning gain
Prognosis for B-Cell ALL	59.3%	48.4% ($P < 0.001$)
Efficacy Oral vs IV Decitabine	33.0%	62.9% ($P < 0.001$)
Zanubrutinib AE	54.7%	41.6% ($P < 0.001$)
Pembrolizumab AE management	62.5%	41.3% ($P < 0.001$)
Ibrutinib Treatment Management	71.2%	57.6% ($P < 0.001$)

Impact on Clinical Practice

91% felt more confident in treating their patients with rare hematological malignancies

91% felt that the material presented would be used to improve the outcomes of their patients with rare hematological malignancies

Conclusions

Responses on the pre-activity assessment demonstrate some notable areas of educational need, especially with regard to pembrolizumab adverse event management and ibrutinib treatment management. The statistically significant improvements in competence seen on the case-based assessment questions, as well as gains in self-perceived competence and confidence in treating patients with hematological malignancies, show the importance of NCPD for oncology nurses and the educational benefits of an online format.

