Nurse Support in TFR Patients

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24th May 2024

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- ❑ The Role of Nurse in Supporting TFR
- ❑ Strategies in TFR Support
- ❑ Importance of Collaboration during TFR

What is Treatment Free Remission (TFR)?

- Emerging goal for CML
- Safe and effective in a select group of patients
- Not all patients are eligible for TFR
- Eligible patients on TKI for 3 years
- Achieved sustained deep molecular response for 2 years in CP with no evidence of ABL kinase domain mutation (MR 4.5 [BCR-ABL1 IS ≤ 0.0032%])

(ELN,2020)

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Considerations for TFR

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- Patient Selection (Eligibility)
- Benefits and Risks
- Ongoing Studies
- Treatment Milestones
- Monitoring Protocols

CML Treatment Free Remission

Patient Perspective on TFR

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NHS
Imperial College Healthcare
NHS Trust

- Hammersmith Hospital:
  189 TFR patients monitored at TFR nurse led clinic
- Quality of Life
- Challenges and concerns
- Shared decision-making
- Patient Experience

Role of Nurse in TFR

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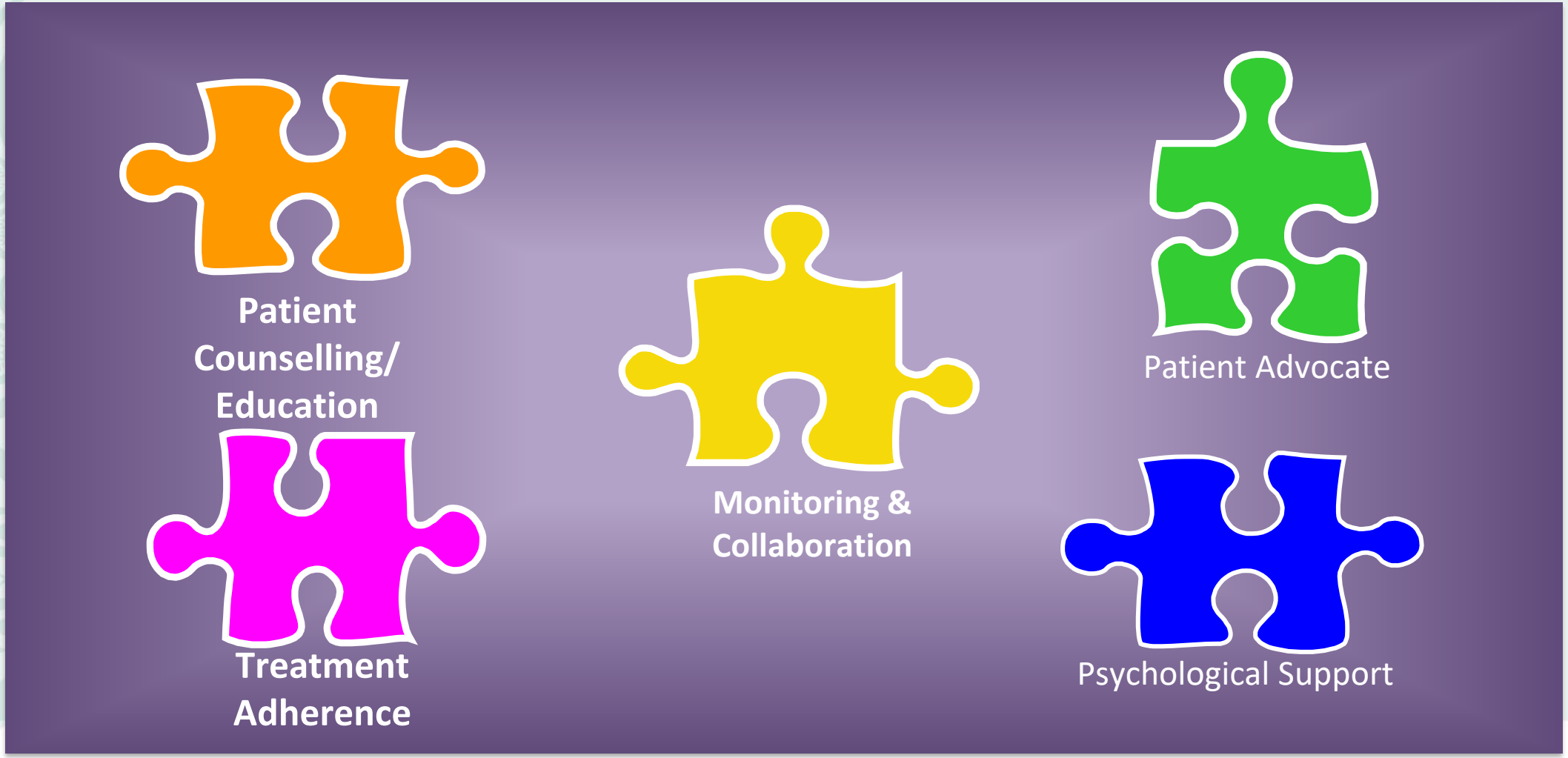

Strategies in TFR Support

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- Education & Self Monitoring Strategies
- Supportive Interventions: SE
- Support Groups & Family Involvement
- Holistic Needs Support
- Nurse Led Clinics

Case Study:

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2007

42 y/o female,

Diagnosed CML

BCR-ABL 88%

2007-2015

Imatinib 400mg OD (1st line)

Side Effects: fatigue, anaemia, heavy menses

2016

August: Achieved MR5 (CMR))

BCR-ABL 0.000%

2018

January: Nilotinib 300mg BD

November: Nilotinib reduced 400mg daily

2022

14th March: STOPPED TKI (TFR)

No withdrawal symptoms; Anxious

2023

August: Rising BCR-ABL stayed off TKI until loss MMR

February: Loss MMR; BCR-ABL: 0.104% IS

2024

March: Asciminib 40mg daily

SE: headaches, nausea, bloating, flatulence, muscle aches (slowly resolving)

Case Study:

BCR-ABL Report:

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Cumulative PCR results

Date	Clinical details	Result	Sample type	QUANTITATION BCR-ABL	ABL Control	BCR-ABL/ABL Ratio (%)	Ratio I.S.	BCR-ABL Kinase mutation	LS factor
09/05/2007	Monitoring	Multiplex positive	PB	488592	5.55×10^{5}	88.035			
07/08/2007	On imatinib	Positive	PB	123	3.02×10^{4}	0.407	0.122		0.299
24/08/2016	Monitoring	Undetect	PB	0	3.75×10^{4}	0.000	0.000		0.299
08/11/2018	Nitlotinib 300mg BD	Undetect able	PB	0	2.64×10^{4}	0.000	0.000		0.299
14/03/2022	Monitoring	Positive	PB	1	9.78×10^{4}	0.001	0.000		0.405
21/11/2023	Monitoring	Positive	PB	68	4.18×10^{4}	0.163	0.066		0.405
19/01/2024	Monitoring	Positive	PB	60	1.67×10^{4}	0.359	0.146		0.405
09/02/2024	Monitoring	Positive	PB	190	7.42×10^{4}	0.256	0.104		0.405
08/04/2024	On Asciminib	Positive	PB	3	4.14×10^{4}	0.007	0.003		0.405

Case Study:

April: Regained MMR BCR-ABL 0.003% IS

2024

2 Monthly physician and Nurse Led Clinic moving to 3 monthly

2024

Future Plan

Keen to try 2nd TFR in future

Collaborative Working: Why is it important?

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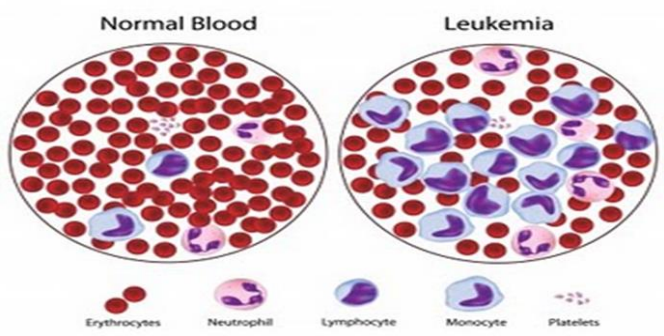
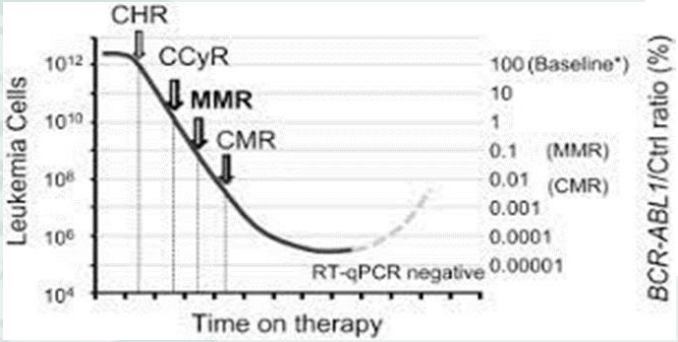


Tyrosine Kinase Inhibitors (TKIs)



Implementing Best Practices in TFR Support

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- Expectation Management
- Regular Monitoring
- Symptom Management
- Lifestyle Guidance
- Medication Management
- Open communication between patient, nurse & physician
- Shared Decision Making
- Online resources and information
- Long Term Care Planning

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Monitoring is the KEY

ELN European LeukemiaNet

Summary

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- **Multifaceted role of a nurse in TFR** Education, psychological support, symptom monitoring, and maintaining communication with healthcare team
- **Providing Comprehensive care and support** nurses can help patients navigate living with CML
- **Setting Realistic Goals** Assisting patients in setting realistic expectations for TFR and managing the emotional aspects of discontinuing treatment.
- **Celebrating Milestones** Recognizing and celebrating milestones achieved during TFR to boost morale and encourage continued adherence to care plans.
- **Monitoring is the KEY**

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