

Best Use of UK Meetings

A different style of chemotherapy: maximising the impact of Xeloda[®] (capecitabine)

Ogilvy 4D and Roche Products Limited

Executive Summary

Anecdotal evidence highlighted the need for Roche to ensure safe administration of their novel oral chemotherapy, Xeloda (capecitabine), by educating nurses on how to introduce Xeloda into their cancer centres appropriately. Increasing the number of oral chemotherapy clinics established in the UK would help to achieve this goal and a target was set to double the number of clinics set up by the end of December 2005. A national stand alone nurse meeting that helped set standards for Xeloda use through best practice sharing and protocols for ensuring the right infrastructure, led to this target being exceeded by over 300%.

Situation/market analysis

Xeloda is an oral chemotherapy that is available for both colorectal and breast cancer patients. Patients prefer oral chemotherapy if the efficacy of their treatment is not compromised. They find Xeloda convenient because they can take it at home, incorporating their treatment into daily life. This avoids the need for IV administration in a hospital setting and its associated complications.

Xeloda was already available in the metastatic setting and was about to become available to patients with early stage colon cancer. However, anecdotal evidence from cancer nurse specialist advisory board members highlighted that standards of care varied dramatically throughout the UK. It emerged that, in some cases, patients were being sent home armed with their Xeloda treatment but were not sufficiently educated on how to take it safely.

Inappropriate use of Xeloda could affect patient safety. As the only treatment of its kind, specific oral chemotherapy clinics run by trained nurses and pharmacists and dedicated to educating patients on appropriate use of Xeloda were critical to ensuring its safe administration. In January 2005, there were only 12 oral chemotherapy clinics in the UK.

Objective

- To increase the number of oral chemotherapy clinics in the UK from 12 to 24 by December 2005

Strategy

Address the three key factors needed to effect a change in the way nurses behave^{1,2} when using Xeloda with their patients:

- 1. Evidence:** Educate specialist cancer nurses on the clinical evidence to support Xeloda
- 2. Peer endorsement:** Mobilise Xeloda nurse champions to share best practice on the effective use of Xeloda and establish national standards of care
- 3. Infrastructure:** Equip nurses with the skills and examples of best practice protocols required to establish new oral chemotherapy clinics and raise the standards of existing oral chemotherapy clinics

Tactical implementation

Roche needed to educate as many specialist cancer nurses as possible on national standards for Xeloda use as quickly as possible so that they could be mobilised as Xeloda nurse champions in their own regions/cancer centres. This was particularly important as Xeloda was to get its adjuvant licence in colon cancer in April.

It was agreed, in consultation with the national cancer nurse specialist advisory board, that the most effective way of achieving this would be to hold a national stand alone meeting for cancer nurse specialists on 28–29 April 2005. Advisory board members felt that the agreed meeting focus was relevant and strong enough to attract delegates – ‘A different style of chemotherapy: maximising the impact of Xeloda (capecitabine)’. In addition, nurses rarely receive the opportunity to attend events of this nature.

The meeting faculty was made up of nurse advisory board members and their colleagues. Ogilvy 4D and Roche worked with the faculty members to develop a meeting programme that nurses would find both

¹Ajzen I *Organizational Behavior and Human Decision Processes* 1991; 50: 179–211

²Godkin G, Kok G *American Journal Health Promotion* 1996; 11: 87–98

educational and practical. The programme content was linked to the need for nurses to build their knowledge and skills, as outlined in the NHS Competency Framework.

The mix of presentations and hands on workshops maximised faculty/delegate interaction, best practice sharing via 'real life' Xeloda nurse and patient experiences as well as skills training. The delegate profile was designed to make further use of the power of peer endorsement to transfer positive Xeloda experience from delegate to delegate. Of the 70 attendees, we invited 35 delegates who had already established oral chemotherapy clinics. These delegates were able to share their own Xeloda experiences with the 35 delegates who had not yet set up oral chemotherapy clinics. The meeting met their needs by updating them on the latest news on the use of newly licensed adjuvant Xeloda. It also equipped them with the tools needed to train junior members of their teams and empowered them to spread best practice on a regional level. All delegates attended workshops on 'Managing patients on oral Xeloda' to ensure they understood all the benefits and issues associated with Xeloda. Delegates could then choose whether to attend one of three workshops on 'Training junior nurses in oral chemotherapy', 'Patient empowerment – helping patients decide' or 'Capecitabine clinics – putting them into practice'. The latter was an interactive workshop based around a workmat that encouraged delegates to think about the practicalities of setting up an oral chemotherapy clinic. Delegates completed their own workmats so that they could use them as an action plan for setting up their own oral chemotherapy clinics on their return.

An extensive nurse toolkit was compiled for delegates by the advisory board members, providing examples of best practice as reference tools. It included business cases, oral chemotherapy clinic and Xeloda patient selection protocols, cost-effectiveness arguments and patient case studies that could be adapted for local implementation.

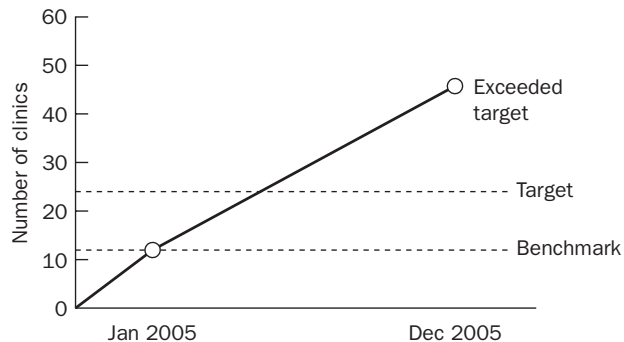
Effectiveness: outcomes vs objectives

The meeting's outcome exceeded all expectations and the original objective.

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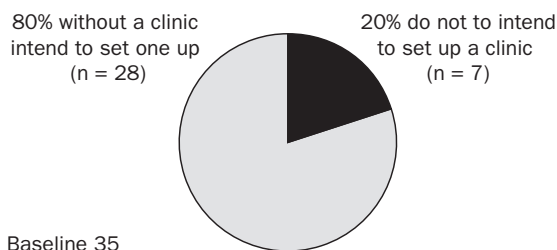
Outcome – nurses change behaviour by setting up oral chemotherapy clinics, exceeding target by 300%



- By December 2005 – a total of 48 new clinics were in place versus benchmark of 12 and target of 24.
- In addition, after the meeting, Roche received over 190 requests for the nurse toolkit (May–December 2005). This clearly illustrates its relevance as a valuable resource for cancer nurses.
- The meeting led to a cascade effect – both delegates and non-attendees used the meeting tools to spread Xeloda best practice beyond existing centres and set up new clinics.

Measurement methods

Delegates completed a feedback form after the meeting. This provided a benchmark indicating how many delegates did not have oral chemotherapy clinics in their centres (50% – 35) prior to the meeting and measured delegate intention to change their behaviour and establish a new oral chemotherapy clinic.



Roche sales representatives followed up with delegates after the meeting to facilitate clinic set up and recorded the number of new clinics established.

Client verdict – Katrina Lucking, Marketing Associate – Xeloda/Avastin

“The outputs and feedback around this meeting far exceeded our original aims and objectives and to have more than trebled our original goal is a great achievement. By engaging nurse specialists at a local level it ensured the safe implementation of Xeloda treatment into clinics. Feedback from those centres who implemented clinics has been incredibly positive and most importantly it is the patients who will have benefited.”