

Developing a Home Based Chemotherapy Model

George Xiangyun Ye¹, Nathan Handley MD MBA², Maria Piddoubny PharmD³, Gloria Espinosa PharmD³, Judith Alberto PharmD³, Adam Binder MD²

¹ Sidney Kimmel Medical College at Thomas Jefferson University, Philadelphia, PA

² Department of Medical Oncology, Sidney Kimmel Cancer Center, Thomas Jefferson University, Philadelphia, PA

³ Department of Pharmacy, Thomas Jefferson University, Philadelphia, PA

Quality Improvement Proposal

- Chemotherapy in the United States is largely administered in outpatient infusion centers.
- Home administration of chemotherapy has been demonstrated to be safe, effective and patient centered¹⁻³.
- We propose to develop and scale a home based chemotherapy program for patients at Thomas Jefferson University.
- Prior to implementation, we systematically reviewed all medications administered in the outpatient infusion center for feasibility of administration in the home setting.

Intervention

- Each medication administered in the outpatient infusion center was reviewed and barriers to home infusion were identified. Barriers included⁴⁻⁶:
 - Route and duration of administration,
 - Vesicant status,
 - Emetogenic potential, and
 - Stability at room temperature.
- Scoring was determined by a multidisciplinary team of pharmacists and oncologists (*see Table 1*).
- Higher scores indicated greater potential for home administration.

Measurement and Results

Table 1: Scoring System for Viability of Home Infusion

Variables	Score
Route of Administration	
SubQ/IM	0
IV	1
Duration of Administration	
≥ 24 hours	2
> 90 minutes, < 24 hours	0
> 60 minutes, ≤ 90 minutes	1
≤ 60 minutes	2
Vesicant Status	
Yes	-1
No	1
Emetogenic Potential	
High	-1
Moderate	0
Low	1
Minimal	2
Stability at Room Temperature	
Not Stable	-2
< 4 hours	-1
≥ 4 hours, < 8 hours	0
≥ 8 hours, < 12 hours	1
≥ 12 hours	2

- 100 medications were reviewed.
- The highest possible score was 8; the lowest possible score was -4. Agents ranged with scores from 8 (fulvestrant) to -1 (dactinomycin), with a median score of 4.
- The largest factor lowering the score was stability at room temperature; score of -2 and -1 in 19 and 18 medications respectively.

Next Steps and Lessons Learned

- Based on our criteria, most medications can be administered in the home setting.
- A major barrier to administration at home is stability of medications at room temperature.
 - This issue can be addressed by transporting and storing the medication in a refrigerated container.
- Expectedly, injectable drugs and medications with short infusion times that are stable at room temperature would be easiest to administer at home.
- Further analysis is ongoing to assess the financial feasibility.

Sources

- Evans JM, Qiu M, MacKinnon M, Green E, Peterson K, Kaizer L. A multi-method review of home-based chemotherapy. *European Journal of Cancer Care*. 2016;25(5):883-902.
- McCorkle R, Benoliel JQ, Donaldson G, Georgiadou F, Moinpour C, Goodell B. A randomized clinical trial of home nursing care for lung cancer patients. *Cancer*. 1989 Sep 15; 64(6):1375-82.
- Tralongo P, Ferraù F, Borsellino N, et al. Cancer patient-centered home care: a new model for health care in oncology. *Ther Clin Risk Manag*. 2011;7:387-392. doi:10.2147/TCRM.S22119
- NIOSH List of Antineoplastic and Other Hazardous Drugs in Healthcare Settings, 2016.
- Lexi-Drugs online. Hudson (OH): Wolters Kluwer Clinical Drug Information, Inc.: 2018. Available from: <http://online.lexi.com>. Subscription required to view.
- Warner JL, Yang P. Vesicant & irritant chemotherapy. Vesicant & irritant chemotherapy | HemOnc.org - A Hematology Oncology Wiki.