BACKGROUND

- A growing awareness of the potential for cardiotoxicity due to new chemotherapeutic agents has led to the rapid development of cardio-oncology programs in both the academic and community-based setting.

- Utilization of oncologic nurse navigators has led to more timely treatment and greater use of oncologic guidelines (1,2).

- Herein, we describe our community-based experience, focusing on the pivotal role of our cardio-oncology nurse navigators.

METHODS

- Unique program model: Oncologists and cardiologists are focusing on the pivotal role of our cardio-oncology nurse navigators who screen the outpatient oncology center with the patients), 1 medical assistant, 3 cardiologists, and strain along with biomarker assessment (troponin I) are our nurse navigators who diagnose myocarditis with checkpoint inhibitors.

- Utilization of oncologic nurse navigators have led to more referrals (22 and 20%, respectively) (Figure 3).

- Algorithms – based on ASCO and NCCN guidelines (4).

- Tools and methods identified for patient identification (start oncology experience)

- Key program highlights
  - Goal: to assist oncology through recommended medical care with minimal CV side effects and to optimize patient surveillance.
  - Physician champions for cardiology/oncology
  - Cardio-oncology board oversight – collaborative programs
  - Cardio-Oncology nurse navigators with strong cardiovascular and oncology experience
  - Tools and methods for patient identification (start small and phase patient surveillance)
  - Surveillance testing process algorithms
  - Timely referrals to Cardio-Oncology clinic within 1-2 weeks
  - Algorithms – based on ASCO and NCCN guidelines (4).

- RESULTS

- From January 2017-November 2018, 219 patients have been referred to the Franciscan cardio-oncology clinic, with breast and gastrointestinal malignancies representing the highest percentage of referrals (22 and 20%, respectively) (Figure 1).

- Breakdown of referral during treatment

- CONCLUSIONS

In summary, our cardio-oncology nurse navigators have been instrumental in helping launch our program. We have been active in the development of numerous protocols and workflow process, and represent one approach to developing a cardio-oncology program to meet the growing demands of the burgeoning field.

REFERENCES


5. Biochemical Markers for prediction of Chemotherapy Induced Cardiotoxicity Ants. Curr Med 2018;00(0):000-049.85.

- Hypertension protocol for infusion chemotherapy patients
- Education for oncology nursing staff regarding what cardiotoxic complications to look out for and report (hypertension, tachycardia, ECG interpretation)
- Oral chemotherapy surveillance plan
- Tele health
- Identify patients for research protocols (SURVIVE registry)
- Organizing a quarterly cardio-oncology grand rounds

- “Helps to provide better and more appropriate treatment plans”
- “The collaborative care model makes care for our patients a priority.”

- With the increased attention to our patient’s cardiac status, we can move through our patient’s treatment plans with more ease and confidence.”

- “I don’t know how we did it without them.”

Oncologist perspective about our program