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STRENGTHENING SHARED DECISION MAKING BETWEEN nmCRPC PATIENTS AND THE HEALTHCARE TEAM

GUIDE COMMUNICATION FRAMEWORK - PART 3

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nmCRPC, non-metastatic castration-resistant prostate cancer

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A REMINDER OF GUIDE

GUIDE'S five letters each represent a crucial step in your conversations with patients with prostate cancer

Gain insight into the goals of treatment and care — G

Understand the gaps in the patient's knowledge — U

Inform and educate — I

Direct to additional support — D

Empower the patient — E

Steps 1-3 of the GUIDE framework for **'Strengthening shared decision making between nmCRPC patients and the healthcare team'** can be found on www.GUconnect.info

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nmCRPC, non-metastatic castration-resistant prostate cancer

PRINCIPLES AND USE OF THE GUIDE COMMUNICATION FRAMEWORK

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PRINCIPLES OF GUIDE

- ✓ GUIDE aims to support nurses in their role as a go-to figure for their patients
- ✓ The ultimate goal is to improve patient outcomes through enhanced patient engagement, understanding and outlook
- ✓ The framework may be delivered over several interactions and should be adapted to meet the patient's needs
- ✓ The role of the carer should also be considered, so they feel engaged appropriately

HOW COULD YOU USE GUIDE?

- ✓ Include each step into your conversations with patients with nmCRPC
- ✓ Consider the need to incorporate the framework over a series of consultations
- ✓ Apply the principles to communication with family or carers
- ✓ Use GUIDE in conversations with patients with other types of cancers
- ✓ Encourage your team to complete this training and follow the steps consistently

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nmCRPC, non-metastatic castration-resistant prostate cancer

STEP 4

THE GUIDE COMMUNICATION FRAMEWORK

G U I D E

DIRECT TO ADDITIONAL SUPPORT

G U I D E

THE RIGHT KNOWLEDGE
A SPECTRUM OF EXPERTISE

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- It is important to **be aware of the local options** for additional support in your centre and region
- Know how to **deal with sensitive issues**, such as emotional, spiritual, social and financial issues
- Remember the need for **supporting the carer** as well as the patient

Patient associations, such as ZERO, Us TOO, Prostate Cancer Foundation, Prostate Cancer UK etc… can also provide support for families

G U I D E

WHAT NEEDS TO BE EXPLAINED TO THE PATIENT

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- What **options** the patient has beyond the drugs
  - Including the importance of maintaining a **healthy lifestyle**

- How the patient can access this support, helping patients to **navigate the healthcare system**

- That you can **guide** patients in dealing with **other issues**, such as social or financial issues
  - The patient is not alone: there is a network of people to help the patient and the carer

- Make sure the patient is aware of the support options available, even if they are **not directly relevant** at this time

- Be aware of emotional fatigue on the part of **carers**, so you can direct them to additional support
  - There are specific support services for carers, including respite programs and social-worker sessions for family members

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THE RIGHT WAY TO DELIVER THE MESSAGES

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- As a nurse, it is important to sense **emotional and psychological changes** in your patient, such as anxiety or signs of depression
- If patients have issues you cannot resolve immediately, this does not mean you cannot help, as you help by **putting the patient in touch with the correct experts**

Practical tips:

- If patients say “no” to a support option, encourage them to reconsider
- For example: some patients may say “no” as they find it difficult to admit they need mental-health support or fear they are not fit enough to participate in a training programme
- It can be helpful for patients to hear the nurse’s opinion regarding whether they think it is a good idea
- Some patients will feel reassured by making them feel you have guided a lot of patients like them – inspiring them to know that they are not the first to enter upon this journey
- Be aware of the caveat that you do not want this to make patients feel they have become a “number”
- Communicate with reassurance and confidence

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STEP 5

THE GUIDE COMMUNICATION FRAMEWORK

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EMPOWER THE PATIENT

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SHARED DECISION MAKING

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- **Empowering the patient** by involving them in **shared decision making** can increase the likelihood of treatment success
- Uro-oncology nurses play a crucial role in this process, through a **holistic review** of the patient and **ensuring the patients have the right knowledge**
- Factors to consider for treatment decisions are:
  - Physical & psycho-social aspects
  - Understanding treatments
    - Drug safety profile vs drug efficacy
    - Polypharmacy
    - Appropriate treatment selection
  - Quality of life
  - Patient's wishes

Tarrant C, et al. BMC Health Serv Res. 2008;8:65; Kullberg A, et al. Eur J Oncol Nurs. 2015;19:142-7

PHYSICAL & PSYCHO-SOCIAL

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- **Consider existing co-morbidities**
  - Performance status (ECOG)
  - Generally older population with comorbidities such as cardiovascular (CV) disease, hyperlipidaemia, hypertension
    - Risk of falls and fractures therefore important to consider
    - CV risk factors may affect treatment selection
  - Comorbidities are associated with higher risks or death
- **Barriers and social issues**
  - Adverse effects
  - Patients may trade survival for a better quality of life
  - Maintaining dignity
- **Consider spirituality**

ARI, androgen receptor inhibitor; CV, cardiovascular; ECOG, Eastern Cooperative Oncology Group

Whitney CA, et al. Prostate Cancer Prostatic Dis. 2019;22:252-60; Srinivas S, et al. Cancer Med. 2020;9(18):6586-96; Morgans AK, et al. Urol Oncol. 2021;39(1):52-62; Social & Emotional Impacts of Cancer | MD Anderson Cancer Center – accessed 09-Nov-21; Saad F, et al. Prostate Cancer Prostatic Dis. 2021;24(2):323-34

PHYSICAL & PSYCHO-SOCIAL

- **Psychological distress**
  - Remember: **nmCRPC is the earliest form of castration-resistant disease**, characterised by a **PSA concentration ≥2 ng/mL** (≥25%) over the nadir, despite castrate levels of **testosterone (<50 ng/dL)** in patients with **no radiographic evidence of metastatic disease**
  - Disease course of nmCRPC is highly variable; a **shorter PSA doubling time** (PSADT) has been associated with a **reduced time to metastasis**
  - Metastatic disease commonly targets bone which can carry a poor prognosis
  - Consider burden of adverse events
  - Changes in monitoring, addition of increased testing, differing modalities
- **Finances**
  - Patient finances may be impacted
  - Health-economic issues

nmCRPC, non-metastatic castration-resistant prostate cancer; PSA, prostate-specific antigen; PSADT, prostate-specific antigen doubling time

Anantharaman A, et al. Expert Rev Anticancer Ther. 2017;17:625-33; Gillessen S, et al. Eur Urol. 2020;77:508-47; Luo J, et al. Oncology (Williston Park). 2016;30:336-44; Moreira DM, et al. Urology 2016;96:171-6; Norgaard M, et al. J Urol. 2010;184:162-7; Financial Toxicity (Financial Distress) and Cancer Treatment (PDQ®)–Patient Version - National Cancer Institute – accessed 09-Nov-21

UNDERSTANDING TREATMENTS

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- **Drug safety profile**
  - Therapeutic benefit vs AEs – balance of risk
  - ADT current standard of care but has significant AEs such as fatigue, cognitive disorders, gynaecomastia, hot flushes, weight gain and cardiovascular risks
    - Nurses should inform patients which AEs may affect them based on their treatment regimen and current health status
    - Patients should report TEAEs immediately so nurses can advise on first-line management techniques and support patients to seek further advice as needed, depending on the severity of the event
- **Polypharmacy**
  - Many nmCRPC patients have chronic comorbidities and will be receiving multiple medications as well as their anti-cancer treatment
  - The potential for drug-drug interactions should therefore be considered:
    - Induction and inhibition of various metabolising enzymes and drug transporters
    - Comedications may increase risk of AEs
    - Comedications may decrease efficacy of treatment

ADT, androgen deprivation therapy; AEs, adverse events; nmCRPC, non-metastatic castration-resistant prostate cancer; TEAEs, treatment-emergent adverse events

Baguley BJ, et al. Nutrients. 2017;9:1003; Nguyen PL, et al. Eur Urol. 2015;67:825-36; Shore N, et al. Target Oncol. 2019;14:527-39; Floyd R, et al. Oncology Nursing Forum 2020; 47 (2): 155 (abstract # 155)

POTENTIAL DRUG-DRUG INTERACTIONS

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Interaction	Substrate AR inhibitor increases plasma level of comedication May increase risk of AEs associated with comedication	Substrate AR inhibitor decreases plasma level of comedication May lead to a decrease in activity of comedication	Inducer Comedication decreases plasma level of AR inhibitor May lead to a decrease in activity of AR inhibitor	Inhibitor Comedication increases plasma level of AR inhibitor May increase risk of AEs associated with AR inhibitor
Medicinal product		**Apalutamide**	**Enzalutamide**	**Darolutamide**
Antithrombotics	Clopidogrel		✗	
	Dabigatran	CAUTION	CAUTION	
	Rivaroxaban	✗	✗	
	Warfarin	✗	✗	
Calcium channel blockers	Amlodipine	CAUTION	CAUTION	
	Diltiazem		✓	
	Nifedipine, felodipine	✗	✗	
	Verapamil		CAUTION	
Cardiac glycosides	Digoxin	CAUTION	CAUTION	
Proton pump inhibitor	Omeprazole	✗	✗	
Analgesics	Fentanyl	CAUTION	✗	
Hypnotics	Diazepam	✗	✗	
	Midazolam	✗	✗	
Antipsychotics	Haloperidol	✗	✗	
Antibiotics	Clarithromycin	CAUTION		CAUTION
	Rifampicin		✗	✗
Anticonvulsants	Carbamazepine		✗	✗
Statins	Rosuvastatin	CAUTION		✗

Note: Recommendations provided in the US PI, EMA SPC, and NICE BNF. ✓ Comedication can be combined with AR inhibitor. ✗ Avoidance or substitution of comedication is recommended. CAUTION indicates comedication should be administered with caution and/or dose adjustment based on efficacy/tolerability is recommended.

AE, adverse event; AR, androgen receptor; BNF, British National Formulary; EMA, European Medicines Agency; NICE, National Institute for Health and Care Excellence; PI, prescribing information; SPC, summary of product characteristics

Olivier KM, et al. Int J Urol Nurs. 2021;15:47-58

UNDERSTANDING TREATMENTS

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- **Importance of bone health**
  - Osteoporosis is a common metabolic bone disease in older men with prostate cancer
  - Further affected by ADT
  - Important to evaluate bone health and fracture risk prior to commencing treatment with ADT and on a routine basis throughout treatment
  - Consider utilising risk assessment tools:
    - Dual-energy X-ray absorptiometry (DEXA) scans
    - Fracture risk using the Fracture Risk Assessment (FRAX) tool
  - Supplements
    - Vitamin D
    - Calcium supplementation
    - Bisphosphonate (e.g., zoledronic acid) or denosumab
- Bone health guidance is provided in guidance for managing prostate cancer (e.g., NCCN, EAU)

ADT, androgen deprivation therapy; DEXA, dual-energy X-ray absorptiometry; EAU, European Association of Urology; NCCN, National Comprehensive Cancer Network; FRAX, Fracture Risk Assessment. NCCN Clinical Practice Guidelines in Oncology: Prostate cancer. Version 1.2022; http://www.nccn.org/professionals/physician_gls/pdf/prostate.pdf. Accessed 15th Sept 2021; O'Sullivan JM, et al. Eur Urol Oncol. 2020;3:455-63; Mottet N, et al. EAU – ESTRO – ESUR – SIOG Guidelines on Prostate Cancer. Edn. presented at the EAU Annual Congress Milan 2021. ISBN 978-94-92671-13-4; https://uroweb.org/guideline/prostate-cancer/ accessed 09-Nov-21

UNDERSTANDING TREATMENTS

- When considering the most appropriate treatment selection, risks should be considered:
  - **SPARTAN (apalutamide) –** fatigue, seizure, mental impairment disorders, rash, hot flush, hypertension, weight decrease, bone fracture and falls were reported more frequently with apalutamide vs placebo
  - **PROSPER (enzalutamide) –** fatigue, asthenia, seizure, mental impairment disorders, rash, hot flush, hypertension, ischaemic heart disease, fracture and falls were more common with enzalutamide vs placebo at final analysis
  - **ARAMIS (darolutamide) –** mental impairment disorders, rash, hypertension, falls and bone fracture demonstrated little difference (≤2%) between darolutamide and placebo at final analysis; fatigue was the only AE with >10% incidence
    - Darolutamide exhibits low blood-brain barrier (BBB) penetration in preclinical models, which is supported by functional neuroimaging in healthy humans. This may account for the low risk of central nervous system (CNS) AEs associated with darolutamide

AE, adverse event; BB, blood-brain barrier; CNS, central nervous system

Smith MR, et al. N Engl J Med. 2018;378:1408-18; Smith MR, et al. Eur Urol. 2021;79:150-8; Hussain M, et al. N Engl J Med. 2018;378:2465-74; Sternberg CN, et al. N Engl J Med. 2020;382:2197-2206; Fizazi K, et al. N Engl J Med. 2019;380:1235-46; Fizazi K, et al. N Engl J Med. 2020;383:1040-9; Olivier KM, et al. Int J Urol Nurs. 2021;15:47-58

QUALITY OF LIFE

- **nmCRPC patients are usually well**
  - Aim of treatment is to delay disease progression and maintain QoL
- **ARIs** (apalutamide, darolutamide and enzalutamide):
  - **Extend metastasis-free survival and overall survival**
  - **Usually well tolerated**
  - **Maintain QoL**
    - SPARTAN, PROSPER and ARAMIS – no clinically relevant difference between study drug and placebo in patient-reported overall HRQoL
    - Patients treated with enzalutamide or darolutamide demonstrated delayed time to pain progression and delayed deterioration in urinary and bowel symptoms vs placebo
    - Delay disease related symptoms e.g., pain

ARI, androgen receptor inhibitor; nmCRPC, non-metastatic castration-resistant prostate cancer; (HR)QoL, (health-related) quality of life

Smith MR, et al. Eur J Cancer. 2021;154:138-46; Oudard S, et al. Eur Urol Focus. 2021. DOI: 10.1016/j.euf.2021.08.005; Tombal B, et al. Lancet Oncol. 2019;20:556-69

PATIENT'S WISHES

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Questions to consider in relation to patient's wishes:

- What does the patient want to happen?
- Do they favour longevity over quality of life?
- Have they got all the information they need to make an informed choice?
- Will they manage any or increased adverse events?
- Will treatment affect any other area of their life e.g., erectile dysfunction?

SUPPORT & EMPOWERMENT

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- Uro-oncology nurses play a crucial role in the support & empowerment of patients through:
  - Education
  - Advocacy
  - Communication & information provision
  - Encourage questions

Tarrant C, et al. BMC Health Serv Res. 2008;8:65; Kullberg A, et al. Eur J Oncol Nurs. 2015;19:142-7

EDUCATION

- Patient should be **informed of disease progression** and what is defined as nmCRPC
- To **inform the HCP team if things aren't "normal",** they will not notice anything as there are often no symptoms. Progression is only seen on tests e.g., CT scans, PET scans, blood tests. Possible symptoms may be treatment side effects
- Patients are between the stages of localised prostate cancer and metastatic CRPC
- To **discuss treatment options** such as **apalutamide, darolutamide, enzalutamide** etc.
- **Discuss research trials** if any are available
- Provide written information to support discussions

CT, computed tomography; HCP, health care professional; (nm)CRPC, (non-metastatic) castration-resistant prostate cancer; PET, positron emission tomography

ADVOCACY

- Be available
- Understand the treatments / be aware of research trials
- Know what resources are in your area and where you can refer for ongoing support
- Support groups online and in person
- Online resources and patient information
- Use tool kits such as those from Prostate Cancer UK

COMMUNICATION & INFORMATION PROVISION

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- Facilitate communication between:
  - Medical team and patient
  - Multi-disciplinary team members
  - Primary care to manage existing conditions
- Ensure information is easy to understand
- Encourage questions:
  - Ensure you answer as thoroughly and honestly as possible
  - Ensure contact details are given for any follow-up questions or support
  - Encourage use of support groups or online groups/organisations (checked and vetted beforehand)

SUMMARY
THE GUIDE COMMUNICATION FRAMEWORK

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WHAT
THE GUIDE COMMUNICATION FRAMEWORK

- Is a 5-step communication framework to improve the benefit of nurse-patient interactions
- Supports nurses in their role as a knowledgeable go-to person for patients with nmCRPC strengthening shared decision making and delivering the best possible care
- Includes a memory aid – GUIDE
- May be delivered over several interactions and should be adapted depending on patient needs

WHY
IS THE COMMUNICATION FRAMEWORK NEEDED

- Nurses are to be regarded as a go-to person for their patients with nmCRPC and therefore must
  - empower patients through guidance and support throughout the treatment journey
  - be an active member of the MDT in delivering shared decision making

  so they can provide patients with the greatest chance of success

GUIDE, a communication framework that will help you have even better conversations with your patients, to educate and guide them throughout their cancer treatment journey. GUIDE's five letters each represent a crucial step in your conversations with patients with nmCRPC.
nmCRPC, non-metastatic castration-resistant prostate cancer; MDT, multi-disciplinary team

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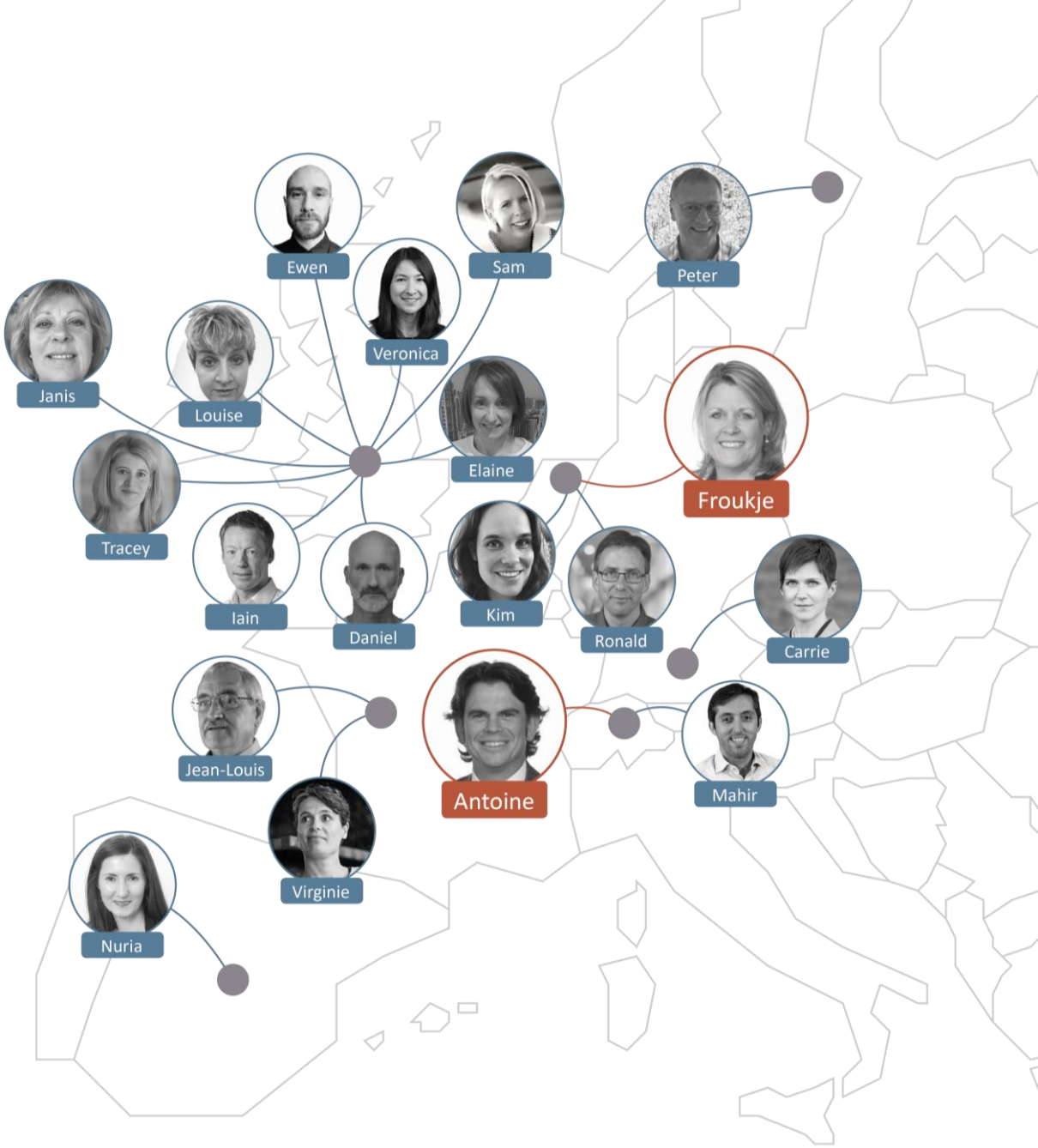

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