ASTCT

NP/PA SIG NEWSLETTER

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Letter from the Chair:

Our Nurse Practitioner and Physician Assistant SIG has had another busy and successful year! We held our 5th Annual Regional Clinical Education Conference in Nashville, TN. The educational sessions were well attended and well received by attendees. The ASTCT President continues to present The Best of TCT at each regional meeting. We are grateful for the continued support of ASTCT.

We are excited for this year's Regional Clinical Education Conference in St. Louis, MO. We also continue to hold our Clinical Education Conference each February during the TCT Meetings.

Our goals moving forward include supporting and acknowledging research by our PA and NP colleagues. We will present best abstracts this year in Orlando in February 2020 during our peripheral meeting.

As always, we welcome NPs and PAs to join our special interest group and enjoy the educational and networking benefits of becoming a member of ASTCT. We also have steering committee and conference planning volunteer opportunities each year. Check out our web page at astct.org for more information.

Sincerely,

Melissa Cochran, BSN, MS, ARNP-BC
NP/PA SIG Chair

Educational Opportunities:

ASTCT Educating Provider's on Referral Timing for Clinical Trials
ASTCT is proud to announce the Educating Provider's on Referral Timing for Clinical Trials Roadshow. These two-hour long presentations were developed to address the challenges of getting patients enrolled in clinical trials. It was determined that there needs to be more education available to providers in the community oncology clinics. The meeting will focus on the viability of clinical trials, best time to refer a patient for consult, and how to make contact with centers conducting clinical trials. Registration to this course is free of charge and breakfast is provided, but is limited to 50 attendees. Go to the ASTCT website to register!

- Nashville – Friday, October 11, 2019; 8AM – 10AM
- Seattle – Monday, October 14, 2019; 8AM – 10AM
- Denver – Wednesday, November 13, 2019; 8AM – 10AM
- Boston – Monday, November 18, 2019; 8AM – 10AM

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Clinical Feature: Letermovir

Pharmacy Corner
Presented by: Anita Bias, MSN, APRN, A-GNP-C, Cleveland Clinic

Pharmacy Corner
One of the most clinically significant infections after allogeneic stem cell transplant is Cytomegalovirus (CMV)(Marty, F.M. et al, 2017). Ganciclovir and valganciclovir are routinely used in solid-organ transplantation for CMV prophylaxis but is limited in hematopoetic-cell transplantation due to myelosuppression (Marty F.M. et al, 2017). Marty, F.M. et al (2017) found that Letermovir prophylaxis resulted in a significantly lower risk of clinically significant CMV infection than placebo. This phase III multi center trial by Marty, F.M. et al lead to the FDA approval of Prevymis (letermovir) in November of 2017. The indication is for prophylaxis of cytomegalovirus (CMV) infection and disease in adult CMV-seropositive recipients [R+] of an allogeneic hematopoietic stem cell transplant. Prevymis is available in oral and IV formulations. The dosing is 480mg daily and should be reduced to 240mg if given along with cyclosporine. The recommended time is to give through day 100 of transplant. We start dosing letermovir at our center day of discharge or day +28 if they are still admitted to the hospital. The reason for this decision is that in the study done by Marty, F.M. et al (2017) it was started between day 0 and 28. Pediatric dosing is not established.

Ask the Experts:
Presented by Susan Slater, F.N.P, Oregon Health & Science University

The drug letermovir (Prevymis) is well presented in the Pharmacy Corner. In review, Letermovir (Prevymis®) was approved by the FDA in November 2017 to prevent CMV infection and disease in transplant patients. A large, multi-institutional study demonstrated significantly lower risk of developing CMV infection in patients receiving letermovir when compared with patients receiving placebo (Marty FM, et al. 2017. NEJM;377 (25):2433-2444). However, many questions remain including which patients will benefit most from letervomir, what is it's efficacy in the presence of CMV viremia, and what is the optimal duration of treatment. While the side effect profile was similar between the letermovir and placebo groups, letermovir has significant interaction with cyclosporine and it does not provide coverage for HSV or VZV.

How has your institution incorporated letermovir into your standard antimicrobial prophylaxis? Which patients receive letermovir, and what is the duration of therapy? Have you experienced access issues due to insurance denial?

At OHSU we have started using letermovir for high risk patients only. These include patients with haplo-identical or cord blood donors as well as CMV mismatched donor/recipient pairs. Therapy begins on day +5 for haplo-IDs and on day +1 for all other eligible patients; therapy continues through day +100 but stops early in the setting of CMV DNAemia. All patients

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continue acyclovir for HSV/VZV prophylaxis. Letermovir is typically prescribed for the patient prior to admission as it is currently not available on our inpatient formulary. Generally PAs are not required.

***Models for MD/APP collaborative practice vary from institution to institution, ranging from completely shared visits to completely independent practice. What collaborative practice model is utilized at your institution, and what do you see as the benefits/drawbacks of your current model*?**

In our outpatient setting, each APP supports a team of MDs, each of whom practice differently. Visits rotate between the MDs and the APPs. Currently the APPs practice independently with MD backup as needed. The provider completing the visit collects the RVUs. In the near future, we will be trialing a new model of shared care – all the patients will be on the MDs clinic schedule and patients will be divided between the MD and the APP as the day progresses. The MD will collect the RVUs.

Our current system allows for independent practice with a complex patient group, which is important to my growth as an APP. However because our MDs practice very differently and have a wide variety of experience, it can be a challenge to remain independent. I have concern about our new shared practice model as I like to be able to prepare for the patients I'm seeing and without a schedule made in advance, that will be hard to do. I also think a shared practice model requires additional APP staff to support a growing number of MDs.

Member Spotlight:

2019 Lifetime Achievement Award Recipient Carina Moravec, ARNP, MA, Fred Hutchinson Cancer Research Center/Seattle Cancer Care Alliance

The Lifetime Achievement Award gives our professional group an opportunity to celebrate dedicated advanced practice professionals who have made a difference to hundreds of stem cell transplant patients, have mentored countless nurses and who have advanced our the BMT APP profession.

It is our pleasure to introduce you to the 2019 BMT Lifetime Achievement award winner Carina Moravec.

Right to left: Paul Carpenter, MD., Carina Moravec ARNP, MA, Mary Flowers MD.

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Interview with Carina Moravec:

1) **Tell us about your current role as a BMT Advanced Practice Provider and the place you currently work**
I am currently working part-time (3 days a week) as a Nurse Practitioner in the BMT Long Term Follow-up clinic at Fred Hutchinson Cancer Center in Seattle, Washington. I see approximately 6-8 patients a week. We are a consulting service for patients that were transplanted at the Hutch. We have over 6,000 long term follow-up patients. We also consult on patients who need a second opinion for management of their chronic GvHD and other late effects after stem cell transportation.

2) **Have you always been in this role or have you had other types of positions within BMT?**
I started working in transplant 35 years ago as a clinical nurse specialist. I was hired because of my experience in critical care to help open critical care beds on our transplant units and to train our transplant nurses to care for their patients when they needed critical care so they would not need to be transferred to another unit at such a crucial time. I was part of a team that developed an integrated critical care course for nurses throughout the Puget Sound region and I developed a training program for nurses new to transplant. After 6 years in this role, I transitioned to be the evening shift charge nurse/supervisor on one of our transplant wards. I returned to the University of Washington in 1994 for their post master's nurse practitioner program, worked a year rotating through the various transplant teams as an NP when I graduated, then started working in Long-Term Follow-up in 1997, 22 years ago.

3) **What are the most notable changes that you have seen in the time you have been working in bone marrow transplant?**
Improvement in survival and less toxicity in part due to the use of non-myeloablative transplant conditioning regimens. We are now able to transplant patients at much older ages. In 1984, the maximum age was around 40 years and now we have been able to transplant adults up to 80 years old in certain circumstances. I see much less CMV pneumonia in which patients required ventilator support. We have had such improvement in severity and duration of GvHD. Years ago, we would see very severe cases of skin GvHD with skin sloughing off entirely and patients would require burn care. Patients were always so critical and that is why we ended up developing/opening our own BMT specific ICU care.

4) **What keeps you coming back to work every day? What is the most stimulating/rewarding part of your day?**
    - The patients of course, they are so grateful. I have seen some patients 20 years after their transplant. I like to see patients go on with their lives, seeing their kids grow up. That is what is so great about working in long-term follow-up.
    - My colleagues
    - The challenge of figuring out what is wrong and trying to fix it. I have seen so many improvements in transplant care over the past 35 years. There is always something new that works better than in the past.

5) **What is some advice you would give a nurse practitioner who is new to BMT?**
You have to have an outlet (exercise, travel, reading, hobbies, etc). Have to have a good support system outside of work. We see a lot of suffering in this job, you have to have a way to manage that works for you. Move within your organization to try different roles or at least different specialties within transplant. Attend the TCT meetings. I always leave these meetings invigorated.

6) **What are some ways you keep current besides attending TCT meetings?**
Read journal articles, BBMT, Blood, New England Journal for internal medicine topics, podcasts, Primary care conferences

7) **How can NPs get more involved professionally?**
- Join TCT
- Join local organizations
- Join committees at work

8) **What do you see as the biggest challenges for APPs in the BMT specialty?**
Burnout. I think getting more time off and having schedules that allow for more days off such as four 10 hour shifts helps. At our hospital, using hospitalists at night to alleviate night coverage has helped.

9) **Can you give us an example of a quality improvement activity you have been involved in that has made a positive impact on patient care or outcomes?**
Helped expand our Long-Term Follow-up program to accommodate more patients.

10) **Describe your facility and BMT program.**
At Fred Hutch we do about 450 transplants (auto & allo) a year. We have a rapidly expanding immunotherapy program.
We see patients at the Seattle Cancer Care Alliance and patients are hospitalized at the University of Washington Medical Center.
We have a large APP program with about 40transplant APPs and a similar number in Hem/Onc and inpatient oncology
Most APPs rotate between allo outpatient teams, auto outpatient teams, immunotherapy team and inpatient teams. They rotate every 1-3 months. APPs work 10-12 hour shifts inpatient and clinic APPs work 10 hours shifts.

Our BMT APP Director is willing to try different staffing models to reduce burn out and he defends these models to the administration. He is creative and supportive when addressing problems in our daily work routines to improve efficiency and improve work-life balance.
We also have wonderful, experienced team nurses, pharmacists, attendings, social workers, patient care coordinators to help manage patient care.

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Submit a Lifetime Achievement Nomination:

Lifetime Achievement Submissions
The NP/PA SIG is seeking nominations for one individual to receive the ASTCT NP/PA Lifetime Achievement Award that will be presented at the TCT Meetings on February 21, 2020 in Orlando.

Please help recognize a colleague for their outstanding work and dedication to NP/PA practice in hematopoietic cell transplantation (HCT) by nominating them for this prestigious award. Both NPs and PAs qualify, but must be ASTCT NP/PA SIG members. The deadline for nominations is December 1, 2019 at 11:59pm. Please send your nominations to Anna Hawkshead at the ASTCT Headquarters (ahawkshead@astct.org).

This award will be presented to an ASTCT NP/PA SIG member who has made significant contributions to the field of HCT through consistent, high-quality contributions as it applies to NP/PA practices. These contributions include publications, presentations, mentorship, and leadership that have impacted our specialty.

The recipient of this award will receive a recognition plaque to be presented at the conference and will receive a waiver of the TCT Meetings registration fee.

Eligibility:

- Nominees have been in practice for at least 10 years in HCT.
- Nominees must be a NP or PA and be current members of the ASTCT NP/PA SIG.
- Nominees cannot be current members of the NP/PA Awards Selection Committee.

Application Requirements:

- A nomination letter (self nominations will be accepted)
- Updated curriculum vitae.

Research:

Presented by: Sasha M. Skendzel, DNP, APRN, ACNP-BC, University of Minnesota; Nancy Shreve, MS, APN, FNP-BC, Mercy Hospital & Medical Center

Top Abstracts from 2019 TCT Meeting
As we begin the abstract review process for this year's ASTCT meeting, we would like to take a moment to reflect on the incredible research and quality improvement accomplishments presented by our advanced practice providers (APP) at the 2019 meeting. As clinicians within the rapidly evolving field of transplant and cellular therapy (TCT), we are faced with an ever-increasing demand to adopt novel therapeutic strategies into our daily practices while simultaneously addressing the growing need for improved care quality, long-term outcomes, and affordability in the era of healthcare reform (Institute of Medicine, 2010). The projects highlighted last year in our APP *Best Abstracts* demonstrated

exceptional APP leadership in these strategic areas and were scored the highest based on our abstract review guidelines.

Preparing patients and families for a healthy survivorship period begins pre-transplant and encompasses care interventions through the end of life. In addition, it requires highly qualified providers with advanced expertise in the field of TCT. Therefore, we highlight below three projects presented last year that showcase our dedication to improved patient and caregiver outcomes as well as APP educational preparation.

The role of caregiver distress has become an area of focus in recent years. Our patients are part of a greater interconnected family unit that is largely dependent on their caregivers throughout the hematopoietic stem cell transplant (HCT) process. As such, in her research, Theresa Elko, MPAS, PA-C retrospectively examined the prevalence of caregiver distress and identified both patient and caregiver risk factors in her institution's allogeneic HCT population. The work of Elko and colleagues in this area provides a foundation for future research and advances our understanding of the role of caregiver wellbeing and its important impact on the patient-caregiver unit throughout the transplant process.

With a projected half million-transplant survivors expected by 2030 (Battiwalla, Tichelli, & Majhail, 2017), there is a growing need for high quality, guideline based, long-term follow-up care. Given the unique clinical expertise of APPs, their role in the development and delivery of survivorship care models has been increasingly recognized. Last year, Christina Ferraro, RN, MSN, CNP, BMTCN shared her work in the implementation of a consult based survivorship care model for allogeneic HCT recipients. The successful implementation of her NP-led clinic demonstrates the critical role APPs have in systems-level change. It also shows our ability to establish new care modalities and provide guideline-based clinical care across the transplant continuum.

Finally, improving the overall quality of the care we deliver encompasses more than treatment modalities and improving access; it also includes the critical role of provider training and expertise. Similar to physician preparation, fellowship programs for APPs are designed to improve specialty focused training for new graduates. Therefore, we recognize the work of Maritza Alencar, DNP, APRN, ANP-BC, BMTCN, Eileen Butler, MSN, RN, OCN, CPHON, BMTCN, and Jessica MacIntyre, MSN, APRN, NP-C AOCNP in the creation and implementation of a HCT focused oncology NP fellowship program.

Presentation of their program at last year's conference provided a roadmap for other centers considering the creation of similar APP training curricula. In addition, this sustainable educational model will continue to provide our field with a population of highly specialized APPs prepared to provide for the complex needs of TCT recipients.

These projects are only a few of the many great abstracts and presentations shared by APP leaders in our field last year. We look forward to discovering the outstanding work of our TCT APP community this year as we begin the abstract review process for the 2020 meeting. Your research and quality improvement efforts underscore the critical role nurse practitioners and physician assistants share in the advancement of TCT research and clinical care.

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CALL FOR ABSTRACTS

Abstract submissions

Abstract submissions for the 2020 TCT Meetings of ASTCT & CIBMTR are officially open. Abstract submissions will close on Monday, October 7 at 11:59PM PST. For more information, click here.

Contact Sasha Skendzel (skend003@umn.edu) and Nancy Shreve (nlshreve@cmh.edu), NP/PA SIG Research Chairs, for assistance.

Download the Practice Guidelines App

The ASTCT Practice Guidelines application provides up to date access to practice guidelines, evidence-based reviews and position statements from the ASTCT Committee on Practice Guidelines. These documents are developed and updated by leading experts in the field of blood and bone marrow transplantation and cellular therapy. In addition the app includes clinical calculators relevant to HCT patients. These tools will allow immediate access to information that can help guide clinical decision making. Download this for free on Google Play or the App Store.

Announcements:

Upcoming Conferences

- Acute and Chronic Leukemias 2019; October 11-12, 2019; Coronado, CA
- New York Stem Cell Foundation; October 22-23, 2019; New York, NY
- Society for Immunotherapy of Cancer (SITC); November 6-10, 2019; National Harbor, MD
- American Society of Hematology; December 7-10, 2019; Orlando, FL
- TCT Meetings of ASTCT & CIBMTR; February 19-23, 2020; Orlando, FL
- American Society of Gene and Cell Therapy Annual Meeting; May 12-15, 2010; Boston, MA

Save the Date for the 2020 ASTCT Clinical Education Conference
October 15 – 17, 2019
Miami, Florida

Registration opens May 2020

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Join the Online Community

Join the SIGs Online Community today to connect with colleagues and view current discussion boards. This feature is only available to ASTCT member. To access the Community, go to the NP/PA SIG page and click the button titled "Visit the ASTCT NP/PA SIG Community" at the bottom of the page. You will be prompted to sign into your ASTCT profile. Upon log in, you will be redirected to the current discussion boards.

Opportunities for SIG involvement

Are you interested in volunteering within the NP/PA SIG? We currently are seeking volunteers to assist with developing and editing the winter edition of the NP/PA newsletter. If you are interested in this opportunity or have suggestions for content, please contact Anna Hawkshead (ahawkshead@astct.org).

Keep an eye out in February for a call for volunteers to participate in the Planning Committee for the 2020 Regional Clinical Education Conference or 2021 Parallel Meeting at the TCT Meeting.

2019 Fall NP/PA Newsletter Contributors:

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