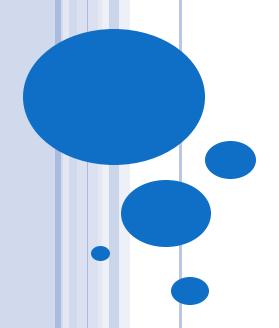
BUILDING AN IO SERVICE



Dr Anna Olsson-Brown
Medical Oncology Consultant
Clinical Director and Immunotherapy Lead
Clatterbridge Cancer Centre

INITIAL QUESTIONS

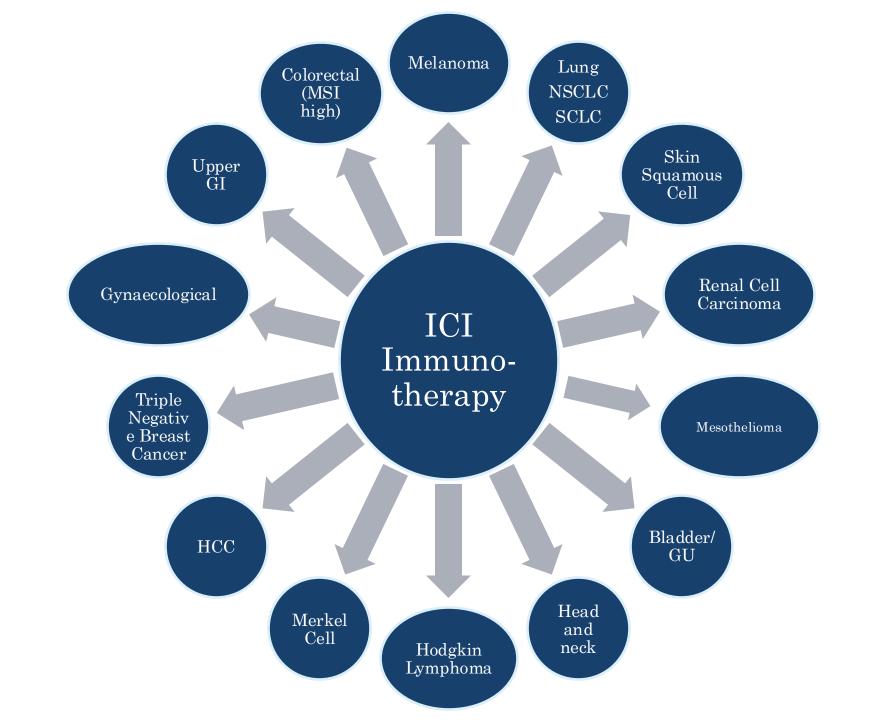
- What is the scale of the issue?
- Where are the main pinch points?
- What resources are we currently using?
- What can we implement easily?
- What reorganisation can we do?
- What do we want the 'service' to look like?
- What do we need to achieve it?
- How do we balance cost and demand?
- What outcomes can we achieve?

WHAT IS THE SCALE OF THE ISSUE?



ONCOLOGICAL IMMUNE CHECKPOINT INHIBITORS





Monotherapy

Metastatic
Disease
1st line
2nd line
3rd line and
beyond

Combination Therapy

Metastatic Disease 1st line 2nd line

Monotherapy

Maintenance
Locally
Advanced
Following
Chemoradiotherapy

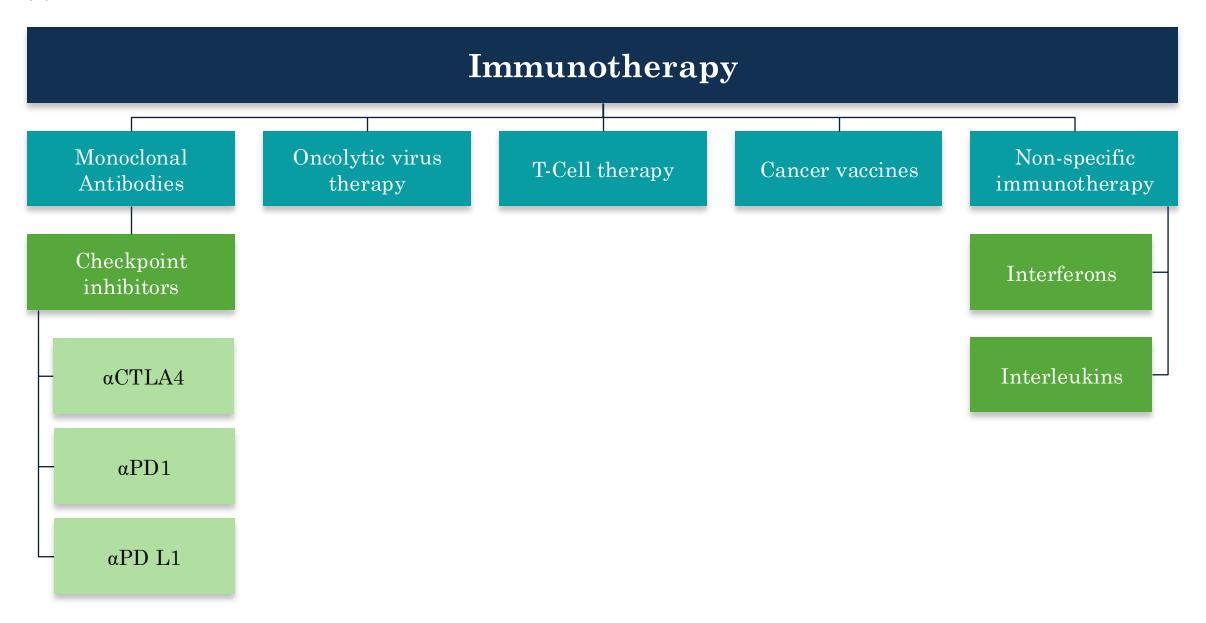
Monotherapy

Adjuvant (increasingly earlier stage)

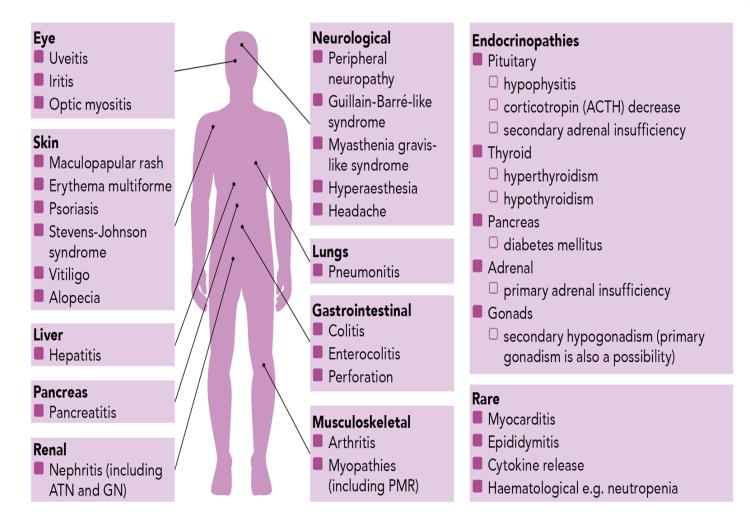
Combination Therapy

Neoadjuvant Adjuvant

A WIDE FIELD



IMMUNE-RELATED ADVERSE EVENTS (IRAES)



Grade 3-4 Reactions:

- CTLA-4 27%¹
- PD-1/PDL-1 up to 19%¹
- Combination treatment (CTLA-4 and PD-1/PDL-1) up to 58%¹

The data on this slide is taken from clinical trials. irAE = immune-related adverse event; DRESS = Drug reaction with eosinophilia and systemic symptoms; GI = gastrointestinal.

^{1.} Olsson-Brown, Harker. 2018. Guidelines in Practice. 2. Suarez-Almazor ME, et al. Arthritis Rheumatol. 2017;69:687-699; 3. Cappelli LC, et al. Arthritis Care Res (Hoboken). 2017;69:1751-1763; 4. Cappelli LC, et al. Rheum Dis Clin North Am. 2017; 43:65-78.

WHAT ARE THE MAIN PINCH POINTS?

WHAT IS THE CURRENT MODEL?

WHAT CAN WE IMPLEMENT EASILY?

WHAT REORGANISATION CAN WE DO?

WHAT DO WE WANT THE 'SERVICE' TO LOOK LIKE?

WHAT DO WE NEED TO ACHIEVE IT?

HOW DO WE BALANCE COST AND DEMAND?

WHAT OUTCOMES CAN WE ACHIEVE?