

Regionalising Home-Based Treatment for Multiple Myeloma

Enhancing service provision through strategic collaboration

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Introduction

Traditional systemic anti-cancer therapy (SACT) delivery often requires frequent hospital visits, placing significant burden on patients and healthcare systems, particularly in regional areas. To address these challenges, Gippsland Regional Integrated Cancer Service (GRICS) established partnerships to develop a structured approach for self-administration of bortezomib for multiple myeloma patients. This project lays the foundation for a transformative approach in cancer care delivery aiming to enhance patient quality of life.

Objectives/Aims

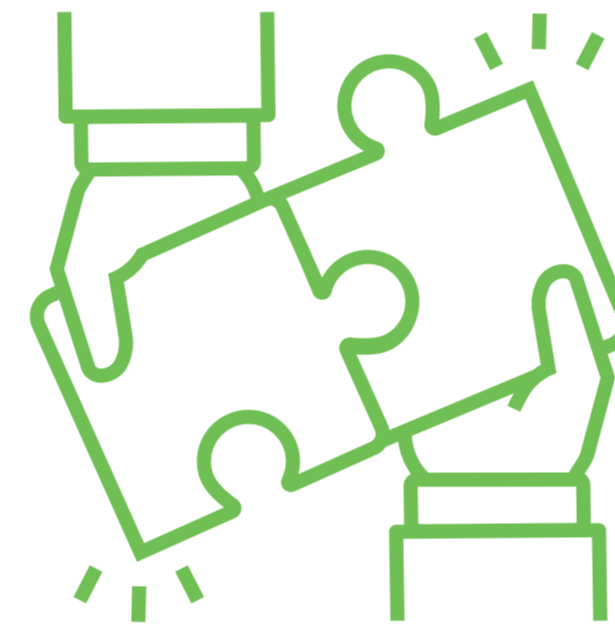
The primary aim is to improve patient access to treatment by enabling eligible multiple myeloma patients to self-administer bortezomib subcutaneously at home. A secondary aim is to enhance appointment availability within Gippsland health services by reducing outpatient demand for low-risk SACT.

Implementation

Policy Development



- Administration of Bortezomib in the Community Protocol was developed to guide Chemotherapy Day Unit staff and haematologists working with self-administration patients with multiple myeloma.
- An information booklet was designed for patients and their supports to guide them through the process of self-administration



Cross-Department Collaboration

Partnerships formed between stakeholders and roles and responsibilities outlined:

- **Haematologists:** patient recruitment and monitoring
- **Oncology nursing staff:** patient education, monitoring and assessing patient capacity for self-administration
- **Oncology pharmacy:** prepare and dispense medication and key resources
- **GRICS:** coordination of project and development of policy

Patient Recruitment and Education



- Patient recruitment embedded into haematology appointment process to identify eligible patients. New and existing patients receiving bortezomib will be consulted;
- Patients receive tailored education with a chemotherapy/haematology nurse providing them with the skills to self-administer bortezomib in the home;
- Patient is monitored during the first cycle of self-administration in the Chemotherapy Day Unit;
- Patient presents for day one of each cycle for review by chemotherapy nurse and receives injection. Patient is given medication for the remaining days of the cycle; and
- Patient has access to the Symptom Urgent Review Service (SURS) for any complications. Patient is reviewed at each presentation to the Chemotherapy Day Unit and at any change to condition/treatment regime

Outcomes

The pilot will be implemented using existing patient support structures to ensure seamless integration while maintaining high standards of care and safety. A structured evaluation will assess the feasibility, safety and effectiveness of this mode of delivery and will include quantitative and qualitative assessments, via patient and staff surveys and a retrospective audit. These findings will inform long-term sustainability and potential scalability of this treatment pathway.

Conclusion

This project establishes the necessary framework for alternate treatment delivery, aiming to improve accessibility to treatment for eligible patients. Pending pilot outcomes, there is potential to expand this service regionally and across different subcutaneous treatments to support patients in managing their treatment close to home. This approach seeks to optimize healthcare resources and aligns with patients' lifestyles, ultimately leading to a more patient-centred care model.

 If you have any questions about this project, please contact Nadine.Marshall@lrh.com.au

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