



The 65th ASH Annual Meeting Abstracts

ONLINE PUBLICATION ONLY

903.HEALTH SERVICES AND QUALITY IMPROVEMENT -MYELOID MALIGNANCIES

Optimizing Management of AML: Insights from a Community-Based Quality Improvement InitiativeJoshua F. Zeidner, MD¹, Shelby Sullivan, PharmD², Jeffrey Carter, PhD³, Cherilyn Heggen, PhD³¹University of North Carolina, Lineberger Comprehensive Cancer Center, Chapel Hill, NC²PRIME Education, LLC, Berkley, MI³PRIME Education, LLC, Fort Lauderdale, FL*Background*

There has been groundbreaking progress in the molecular diagnosis, risk stratification, and treatment landscape for acute myeloid leukemia (AML), allowing providers to tailor a personalized therapy approach for individual patients. Despite these advances, many barriers to optimal AML treatment exist in integrating targeted therapies, selecting guideline-aligned treatments and managing adverse events. To address these challenges, we conducted a quality improvement (QI) study in community oncology clinics to assess current practice patterns and develop strategies to overcome barriers to optimal care for patients with AML.

Methods

The QI initiative comprised baseline provider surveys and pre- and post-surveys of providers participating in small-group, team-based audit-feedback (AF) sessions. Survey questions were designed to assess knowledge, confidence, and experiences with targeted therapies for AML. Care teams from each clinic, along with an expert AML physician, participated in AF sessions to (a) assess system-specific practice gaps identified via the provider surveys, (b) prioritize areas for improvement, and (c) develop action plans for addressing root causes. Between 1/2022-6/2022, 104 hematology/oncology providers completed baseline surveys and 54 care team members from the enrolled clinics participated in the AF sessions (Table 1).

Results

Provider Surveys: Providers' top reported challenges encountered in managing patients with AML were *individualizing treatment plans* (33%) and *supportive care counseling* (21%). Moreover, the most challenging issue encountered in selecting therapies for patients with AML was *selecting optimal therapies for individual patients* (27%). Factors considered most important in treatment decision-making, in addition to clinical guidelines, included *effects on quality of life* (51%) and *treatment effectiveness* (51%). Additionally, top parameters guiding treatment decision-making include *age* (63%) and *karyotype/molecular abnormalities* (60%). Clinicians reported the most difficulty in managing *myelosuppression* (34%) associated with novel AML therapies. When asked their top barriers to engaging patients with AML in shared decision-making, providers reported *patient's low health literacy* (29%) and *not enough time to engage in SDM* (25%).

AF Sessions: Providers participating in the small group AF sessions reported *testing for and interpreting results of molecular and genetic features* (30%) and *individualizing treatment plans* (28%) as top challenges. Following the AF session, clinicians reported improvements in high/very high confidence in their ability to select guideline-aligned treatment for patients with AML (70% to 96%) and ability to manage adverse effects of novel AML treatments (76% to 96%). Care teams also set goals to improve individualized treatment plans and adverse event management, stay up to date with clinical guidelines and knowledge of novel therapies, and increase multidisciplinary collaborative care for patients with AML. Action plans to achieve these goals include *enhancing knowledge of clinical evidence for new and emerging therapies for AML* and *developing personalized treatment plans incorporating patient-specific factors and preferences* (Figure 1).

Conclusions

Through this QI initiative, clinical teams identified barriers to optimal AML care and created and implemented specific action plans focused on increasing knowledge of AML therapies, optimizing personalized treatment plans and improving adverse events management. Meaningful confidence gains were observed in aligning treatment plans to guideline recommendations and managing adverse effects of treatment. These data underscore clinical practice gaps to address in future initiatives to support safe, effective, and evidence-based integration of targeted therapies into AML care to optimize patient outcomes.

Study Sponsor Statement

The study reported in this abstract was funded by educational grants from AbbVie, Inc. and Astellas. The grantors had no role in the study design, execution, analysis, or reporting.

Disclosures Zeidner: *Servier*: Consultancy, Honoraria; *Stemline*: Research Funding; *Sellas*: Consultancy; *Jazz*: Research Funding; *Immunogen*: Honoraria; *Merck*: Research Funding; *Shattuck Labs*: Honoraria, Research Funding; *Gilead*: Consultancy, Honoraria, Research Funding; *Novartis*: Consultancy; *Takeda*: Research Funding; *Sumitomo Dainippon Pharma*: Research Funding; *Foghorn*: Consultancy; *AbbVie*: Consultancy, Honoraria, Research Funding; *Arog*: Research Funding; *Daiichi Sankyo*: Honoraria; *Astex*: Research Funding.

<https://doi.org/10.1182/blood-2023-173038>

Table 1: AML QI Program Participants by Clinical Role	
Team-Based Survey Respondents	N = 104
Hematologist/Oncologist	23 (22%)
Physician Assistant/Nurse Practitioner	16 (15%)
Pharmacist	6 (6%)
Nurse/Nurse Navigator	45 (43%)
Other	14 (14%)
Audit Feedback Session Respondents	N = 58
Hematologist/Oncologist	23 (39%)
Physician Assistant/Nurse Practitioner	3 (5%)
Nurse	23 (40%)
Patient navigator / case manager/case coordinator	1 (2%)
Other	8 (14%)

Figure 1. Participants' Set Action Plans to Improve AML Care



Figure 1