



Transforming Oncology Care Through Medically Integrated Collaboration

2025 NCODA INTERNATIONAL SPRING FORUM

NCODA PQI in Actions

Practical Strategies to Transform Oncology Care

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Florida Cancer Specialists and Research Institute

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Texas Oncology

The Medically-Integrated Team

THE PARTICIPANTS

FLORIDA CANCER SPECIALISTS & RESEARCH INSTITUTE (FLORIDA CANCER SPECIALISTS)/RX TO GO

Fort Myers, Florida

Florida Cancer Specialists & Research Institute, now in its 40th year, is committed to world-class cancer care in the Sunshine State. More than 250 physicians and 280 nurse practitioners and physician assistants staff nearly 100 sites. Focuses include early and advanced cancers, blood disorders, leukemias, lymphomas and gynecologic oncology. Florida Cancer Specialists experts blend compassionate care with leading-edge technologies including genomic DNA-based treatments and immunotherapy. The Rx To Go pharmacy, directly integrated with Florida Cancer Specialists, coordinates the 24/7 pharmacy and delivery of specialty drugs to patients statewide.



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Medical Oncology Director at
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Clinical Oncology Pharmacist



Nicole Bentivegna, PharmD, BCOP
Clinical Pharmacy Services Manager

TEXAS ONCOLOGY

San Antonio, Texas

Texas Oncology, founded to deliver community cancer care in 1986, has more than 280 cancer treatment centers in the Lone Star State and Oklahoma. The independent, physician-led organization of 500 doctors is known for high-quality, evidence-based care and clinical trials. Texas Oncology-San Antonio Medical Center, with nearly 50 infusion chairs, is the largest of the 45 sites with integrated pharmacies (the Baylor Charles A. Sammons Cancer Center in Dallas provides mail-order services to others). Pharmacists fill over 220,000 prescriptions for 66,000 Texas Oncology patients yearly.



Melissa Crawley, MD
Medical Oncologist/Hematologist



Julio Quintanilla, PharmD
Pharmacist Manager



Vonda McClendon, CPhT
Pharmacy Technician

EMORY HEALTHCARE | WINSHIP CANCER INSTITUTE

Atlanta, Georgia

Winship Cancer Institute at Emory University Hospital is a research-treatment center and the only National Cancer Institute-designated Comprehensive Cancer Center in Georgia. The oncology program, ranked by U.S. News & World Report as one of the best in the nation, sees 17,000 new patients annually. A new addition: Winship Cancer Institute at Emory Midtown, a full-service, 17-story oncology center housing multidisciplinary care "communities" for inpatients, outpatients and clinical trials. Both Emory University Hospital and the Midtown facility have on-site pharmacies.



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Positive Quality Intervention in Action

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What is a PQI?

Positive Quality Intervention (PQI):
a precise and concise peer-reviewed
clinical guidance resource

- Created by practitioners, for practitioners
- Standardize best practices in oral and IV oncology therapies
- Support consistent, patient-centered care across the team



PASSION FOR PATIENTS

Written By: Sarah Rockwell, PharmD, BCOP
Moffitt Cancer Center

Positive Quality Intervention: Pacritinib (Vonjo®) in Cytopenic Myelofibrosis

Description: The purpose of this PQI is to discuss clinical considerations and adverse effect management surrounding the use of pacritinib (Vonjo®) in myelofibrosis (MF) and thrombocytopenia.

Background: Pacritinib is an oral kinase inhibitor with activity against wild type Janus associated kinase 2 (JAK2), mutant JAK2V617F, FMS-like tyrosine kinase 3 (FLT3), and interleukin 1 receptor associated kinase-1 (IRAK1) which contribute to signaling of a number of cytokines and growth factors that are important for hematopoiesis and immune function. Pacritinib is also an inhibitor of activin A receptor, type 1/activin receptor like-kinase 2 (ACVR1/ALK2). Pacritinib is FDA approved for the treatment of adults with intermediate or high-risk primary or secondary (post-polycythemia vera or post-essential thrombocythemia) MF with a platelet count below $50 \times 10^9/L$. Pacritinib was approved based on efficacy in spleen volume reduction demonstrated in the PERSIST-2 trial. The PERSIST-2 trial was a phase 3 randomized international multi-centered study comparing pacritinib to best available therapy (BAT), which included any physician-selected treatment for MF (including ruxolitinib). In this trial, 311 patients were randomized 1:1:1 to pacritinib 400 mg once daily, pacritinib 200 mg twice daily, or BAT². The most common adverse reactions in $\geq 20\%$ of patients taking pacritinib 200 mg twice daily were diarrhea, thrombocytopenia, nausea, anemia, and peripheral edema. From this group, serious adverse reactions occurred in 47% of patients, compared to 31% of patients treated with BAT. Of these, the most frequent serious adverse reactions included anemia (8%), thrombocytopenia (6%), pneumonia (6%), cardiac failure (4%), disease progression (3%), pyrexia (3%) and squamous cell carcinoma of the skin (3%)¹. NCCN recommends pacritinib in higher-risk MF patients, not transplant eligible, as first-line or second-line treatment regardless of platelet count and is the only preferred agent for patients with platelets $< 50,000/uL$. NCCN also recommends pacritinib in the management of MF-associated anemia in patients with or without splenomegaly and/or constitutional symptoms.³

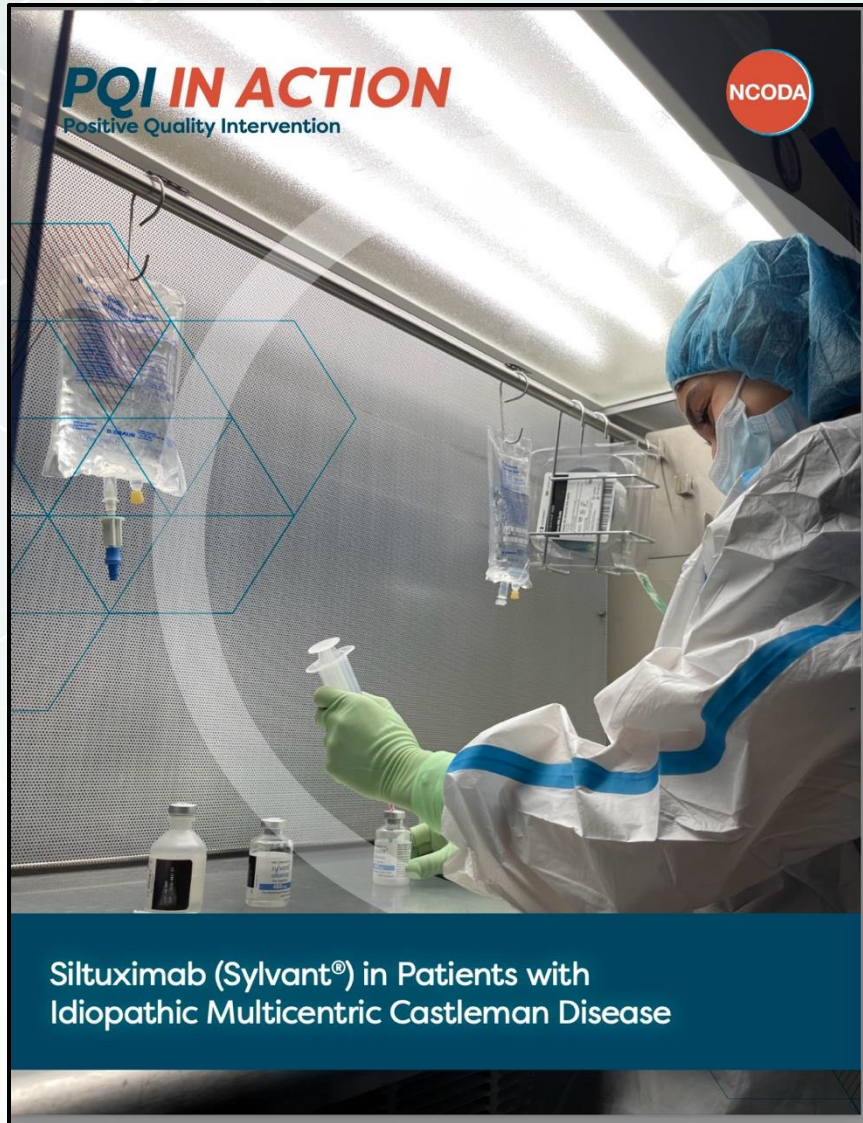
PQI Process: When prescribing or receiving a new prescription for pacritinib¹:

- Review dosing and administration: The recommended starting dose is 200 mg orally twice daily, taken with or without food (capsules should not be opened, broken, or chewed)
 - Pharmacokinetic Considerations
 - Avoid in patients with moderate Child-Pugh B or severe Child-Pugh C hepatic impairment
 - Avoid in patients with eGFR less than 30 mL/min
 - Additional Considerations
 - If patient is on alternative kinase inhibitor: taper/discontinue according to prescribing information prior to initiation of pacritinib
 - Control pre-existing diarrhea prior to pacritinib initiation
 - Avoid use in patients with active bleeding and baseline QTc prolongation
 - Hold pacritinib 7 days prior to any planned surgical or invasive procedures
 - Delay starting pacritinib until active/serious infections have resolved
 - Correct any electrolyte imbalances prior to initiating pacritinib
- Review drug-drug interactions
 - Contraindicated with strong CYP3A4 inhibitors or inducers
 - Avoid use with moderate CYP3A4 inhibitors or inducers
 - Avoid use with sensitive substrates of CYP1A2, CYP3A4, P-gp, BCRP, or OCT1
- Lab Monitoring/Additional Testing
 - Obtain Complete Blood Count and coagulation testing at baseline and as clinically indicated

IMPORTANT NOTICE: NCODA has developed this Positive Quality Intervention platform. This platform is intended as an educational aid, does not provide individual medical advice, and does not substitute for the advice of a qualified healthcare professional. This platform does not cover all existing information related to the possible uses, directions, doses, precautions, warning, interactions, adverse effects, or risks associated with the medication. The materials contained in this platform do not constitute or imply endorsement, recommendation, or favoring of this medication by NCODA. NCODA does not ensure the accuracy of the information presented and assumes no liability relating to its accuracy. All decisions related to taking this medication should be made with the guidance and under the direction of a qualified healthcare professional. It is the individual's sole responsibility to seek guidance from a qualified healthcare professional. Updated 5.31.24

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What is a PQI in Action?



- Real Practice. Real Impact.
- Showcases collaboration
- Demonstrates best practices for workflow, patient management, and patient education

Siltuximab (Sylvant[®])

- Idiopathic Multicentric Castleman Disease
- Indication
- Treatment Pearls
- Admixture
- Administration

“By far, the most crucial aspect of managing Castleman disease is clinical assessment. Regular clinical evaluations are necessary to monitor for both improvement and relapse, though relapse is less frequent.”

–Gordan Srkalovic MD, PhD, FACP

PATIENT-CENTERED ACTIVITIES

- Educate patients on siltuximab therapy and recommend appropriate interventions.
 - Counsel on most common side effects: skin disorders (rash, pruritis), respiratory tract infection, edema, weight gain, hyperuricemia, fatigue, diarrhea.
 - Avoid live vaccinations.
 - Report signs of infection (fever, chills, cough, or sore throat) to your care team immediately.
 - Increased risk of fetal harm; discuss risk/benefits. Patients who could become pregnant should use effective contraception during treatment and for 3 months after the last dose of siltuximab.
- Patient Assistance: NCODA Financial Assistance Tool, Recordati Patient Liaison.

Pacritinib (Vonjo[®])

- Cytopenic Myelofibrosis
- Indication
- Pharmacist pearls
- Patient education
- Pharmacy technician access pearls:
 - Script capture, benefits investigation, and patient education
 - Role in ensuring timely therapy initiation

Patient Resources Include:

- Oral Chemotherapy Education (Oce) Sheets (Printable)
- The Financial Assistance Tool (Printable)
- A Treatment Support Kit (Tsk) Containing:
 - A Treatment Booklet with OCE Sheet
 - A Treatment Calendar
 - Loperamide Hydrochloride Caplets (2 Mg X 24 Antidiarrheal Caplets)
 - Queasy Drops (Nausea Relief)
 - Weekly A.m./P.m. Pill Container
 - Water Bottle

One Team, One Mission

- PQIs align physicians, APPs, pharmacists, nurses, pharmacy technicians
- Improve communication and streamline workflows
- Support education and timely interventions



From Impact to Innovation

Measuring Impact

- Metrics vary by PQI: adherence, time to treatment, education completed
- Basis for internal quality improvement
- Use in workflow design, audits, and team training

Looking Ahead

- New PQI category focused on testing
- Pharmacy Technician-authored PQIs addressing operational issues
- Streamlined formats for ease of use
- Updated PQI in Action resource launch later this year

Closing Thoughts



Siltuximab PQI in Action



Pacritinib PQI in Action

QUESTION & ANSWER

NCODA PQI in Actions Practical Strategies to Transform Oncology Care



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