

# The Need for Identification Cards in Immuno-Oncology

Oncology nurses have worked within the three pillars of cancer care—surgery, chemotherapy, and radiation therapy—for decades. Now, immuno-oncologic (I-O) therapy agents are a new paradigm in cancer treatment. On March 28, 2017, an I-O think tank was held at the Oncology Nursing Society (ONS) in Pittsburgh, PA. This think tank was organized in response to the rapid changes in cancer treatment with the advent of I-O therapies. The think tank appraised the needs of patients receiving these agents and the oncology nurses and healthcare providers caring for them. Seventeen nurse experts from around the country joined seven ONS staff members to discuss the challenges faced by patients receiving these therapies and the nurses who administer the treatments and coordinate the care.

I-O therapies have changed cancer care in many ways. New I-O drugs and indications for these agents are coming weekly into clinical practice and even being advertised through commercials during the evening news. Patients are eager to see if these new drugs are going to help them beat cancer. What patients do not know is that this treatment is very different from previously used chemotherapies. In fact, I-O agents are not chemotherapy at all. They are a new class of drugs including checkpoint inhibitors, chimeric antigen receptor (CAR) T-cell therapies, and oncolytic viruses.

During the think tank discussions, it became clear that patients receiving I-O agents are not aware that activation of their immune system to control cancer has novel short- and long-term effects known as immune-related adverse events (irAEs). For example, short-term irAEs

for one type of I-O agent, checkpoint inhibitors, may include diarrhea from colitis and cough from pneumonitis. Although these symptoms are not new, the treatment for them is very different than the same symptoms from cytotoxic chemotherapy. After treatment with checkpoint inhibitors, patients with diarrhea would receive high-dose steroids instead of previously recommended anti-diarrheals and antibiotics. In addition, pa-

drug, when it was received, who to contact in oncology with a phone number, and symptoms and side effects specific to the I-O agent that require careful assessment and specialty treatment.

I-O identification cards will help patients advocate for the care they need even years after treatment with I-O cancer therapy. These identification cards will also help nononcology healthcare providers reach an oncology team member

"Immuno-oncologic identification cards will help patients advocate for care they need even years after treatment."

tients who have received I-O agents may report symptoms such as fatigue months and years after treatment. Fatigue is another irAE that may indicate endocrine disorders (e.g., hypophysitis, hypothyroidism) from I-O agents.

I share this information because we need to prepare our patients to advocate for their best care in the short and long term. Many nononcology providers, such as those in primary care and emergency departments, may not understand that patients who have received I-O agents have symptoms related to their treatment and need a very different approach to care. The best approach is through continuous education of patients and providers, and patient identification. Because not all electronic health records are connected, we need to have our patients carry I-O identification cards. I-O identification cards would specify the I-O

to help direct the appropriate referral for care. Let's make I-O identification cards a standard part of care for our patients who are receiving these agents.



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