

The role of a Functional Clinical Staff in guiding high-cost drug and novel technology decision-making: Experience from a Latin American oncology clinic

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INTRODUCTION

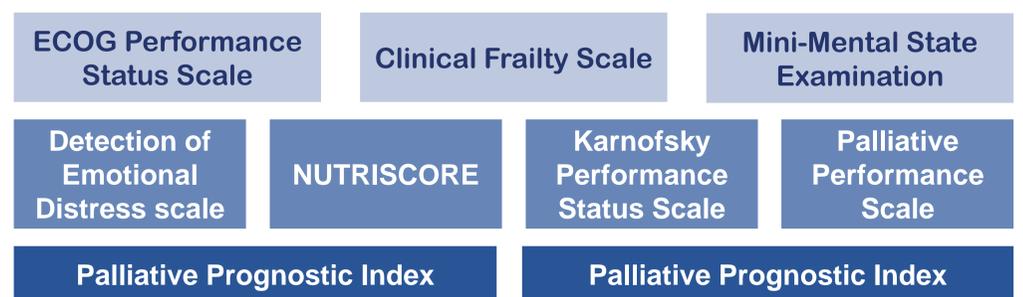
- In 2018, a cancer center in Latin America implemented the Functional Clinical Staff, a multidisciplinary team that comprehensively evaluates the functional status of cancer patients with progressive disease.
- This team's purpose is to define the optimal therapeutic approach and to determine the clinical appropriateness of high-cost drugs/novel technologies, such as immunotherapy.
- The Functional Clinical Staff comprises specialists in oncological rehabilitation, clinical oncology, palliative care, psychology, nutrition, general support medicine, and pharmaceutical chemistry.

OBJECTIVE

To describe the experience of the Functional Clinical Staff and its impact on decision-making regarding high-cost drugs/novel technologies over a six-year period.

METHODS

- Retrospective analysis (December 2018 - December 2024)
- Participants: All cancer patients whose clinical characteristics and disease progression led their oncologists to consider the use of high-cost drugs/novel technologies.



- Descriptive statistics were used to present the data. RStudio 2024.09.1+394.
- Approved by the Technical Research Committee of the cancer center.

RESULTS

2148 cases

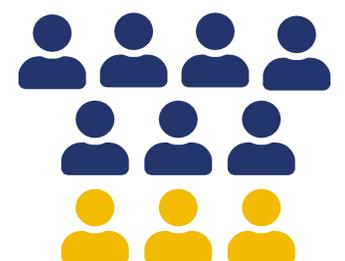
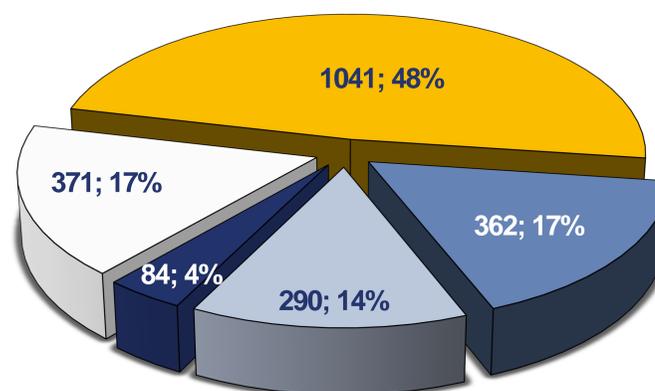
1937 (90.1%) First time

211 (9.8%) Follow-up

- Mean age 60.7 ±13.6 years.
- Most frequent cancers were breast (30.9%), lung (21.8%) and melanoma (8.1%).
- Pembrolizumab (15.9%) was the top high-cost drug/novel technology prescribed by specialists.
- Functional Clinical Staff initiated immediate symptomatic control for 68.4% (1172/1713), referred 7.7% (134/1720) to the emergency department, and 26.3% (432/1638) to palliative care.
- High psychosocial risk was present in 47.9% (825/1721) of patients, and 54.7% (938/1712) had high malnutrition risk. Frequency of worse prognostic scores on the palliative care scales was highest in the ECOG 3-4 group compared to the other groups.
- An indication was provided to 117 patients with ECOG 2 for the use of osimertinib in non-small cell lung adenocarcinoma with an EGFR mutation; and 2 patients with ECOG 3 due to cognitive deficit received an indication, supported by their excellent social and family support (Table 1).

Fig 1. Frequency of ECOG score. n=2148

□ ECOG 0 ■ ECOG 1 ■ ECOG 2 ■ ECOG 3 ■ ECOG 4



Three out of ten patients had no indication for high-cost drugs/novel technologies

Table 1. Decision of the Clinical Functional Staff according to functional status

Variable	ECOG 0 n=371	ECOG 1 n=1041	ECOG 2 n=362	ECOG 3 n=290	ECOG 4 n=84
With an indication for high-cost drugs/novel technologies	364 (98.1)	1009 (96.9)	117 (32.3)	2 (0.6)	0 (0)

CONCLUSIONS

The Functional Clinical Staff is a differentiator in care model by playing a crucial role in individualized decision-making regarding the appropriateness of high-cost drugs/novel technologies, based on patients' functional, psychological, nutritional, and symptomatic status.

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REFERENCES

