

Surgery Branch Immunotherapy Office – dedicated referral office for immunotherapy group

- Current Staff
 - Ellen Bodurian, RN - 22 years as an oncology nurse, 11 years at the NIH
 - Beth Link, RN – 34 years at the NIH
 - Peggy Shovlin, RN – 30 years at the NIH
 - Deepti Marshall, PCC – 9 years at the NIH – over 6 years in SB
- History – Why have a referral office? The history behind it....
 - 1986: 2 Research Nurses performed screening activities – who handled referrals plus research data
 - 2004: Official position for Screening RN; 2nd added
 - 2014: PCC added
 - 2018: 3rd RN added

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How do we receive referrals?

Patients are referred to our office:

Self-referrals, support groups, physician referrals, clinical trial coordinators (navigators), the NCI office of communications, the NCI Cancer Information Service, and the Medical Oncology Referral office.

Prospective patients usual first contact is with Deepti Marshall, our PCC, via phone call or via email irc@nih.gov or 1-866-820-4505. Patients and other physicians also contact Dr. Rosenberg or one of the other attending physicians and they forward referrals to our office. Our surgery branch website has an eligibility screening application that can be filled out online and sent directly to our mailbox: [Surgery Branch Immunotherapy Clinic Application](#) [Surgery Branch FAQ](#) | [Center for Cancer Research](#) We encourage email communication as our first contact, as this is our pre-screening.

We receive around 100 referrals per month and a higher volume during/after press releases announcing breakthroughs.

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When do we screen patients?

We screen patients whose disease has progressed on therapy, before they begin the next line of treatment. We email a set of questions, which helps us determine initial eligibility. We then ask the patient to send records and scans, or we request these via the CCR application, which Christine will address. Once we have reviewed records and there is nothing obvious which would make the patient ineligible, we ask our attending physicians to review records and scans. They are the ones who determine who will be eligible for a screening visit. With our group, this is largely dependent on having an easily resectable lesion, 1 – 2 cm in size, which would be used to create the TIL (Tumor Infiltrating Lymphocyte) therapy. Our primary focus has been the TIL trials for the common epithelial cancers (colorectal, breast, ovarian, pancreatic, cholangiocarcinoma, melanoma, etc.).

We also screen for the KRAS G12 V, KRAS G12 D and CD70 trials. We can begin the screening for these trials when the patient is on treatment elsewhere, as the process involves HLA confirmation and pathology confirmation at the NIH. This takes time.

We refer to our Medical Oncology colleagues often and to the Cancer Information Service and elsewhere if we are unable to be of help.

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What information do we gather for review?

We email the patient a registration form, which requests demographics and basic health information.

We request that their doctor's office send us the following information:

1. Last 4 sets progress notes
2. Last 4 sets labwork
3. Reports from the last 3 scans
4. CDs of the last 3 scans
5. All pathology reports/genetic and molecular testing reports, operative reports/Chemo notes/radiation notes

Records may be faxed to 301-480-4420 and scans may be sent via Fed Ex using our charge account # 1385-3712-9. Scans may also be directly uploaded to our radiology system via a link we send.

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Record Review Process

When we receive the necessary records and scans, the referral RNs complete an initial review with regard to eligibility. The chart then goes to the following surgeons for review and approval for a clinic visit:

- | | |
|---|---|
| Dr. Goff/Dr. Sherry/ Dr. Yang | <ul style="list-style-type: none">• G12 V and G12 D trials -Dr. Yang• Lung cancer - Dr. Yang• CD 70 trial – Dr. Yang |
| <ul style="list-style-type: none">• Common epithelial cancers | <ul style="list-style-type: none">• Melanoma:• Dr. Sherry |

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Scheduling Eligible Patients for Clinic

If approved for a clinic visit, we then bring the chart to the fellow. We schedule the appointments, place the order set, and scan the outside notes to CRIS and the patient surgery branch folder. Deepti sends out the clinic schedule for new and returning patients on Friday, the week before clinic. Clinic days are Tuesdays and Thursdays.

The schedule for the new patient is on the NEW PATIENT SCREEN CALENDAR. The Fellow and Research Nurse are their point-of-contact from screening visit time forward. We generally bring new screens in the day before clinic for labs and scans and they occasionally may need assessment for critical lab or scan results. If they need port access will need heparin orders.

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More Info on Referrals: Surgery Branch

- Generally screen 100 – 200 per month
- We bring to clinic about 8 patients per month
- We turn away most patient as they are: on therapy, don't have an easily resectable lesion, have too much disease or not enough disease.
- Most patients seem to return for second and third screenings
- If there is a breakthrough, the number of referral contacts can skyrocket
- Referrals range from patients newly diagnosed, who have heard of Dr. Rosenberg's success, to patients at the end of life
- Interpersonal skill is necessary for this position – the ability to listen and speak to a wide range of people and compassionately be of assistance

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Benefits of Referral Offices

- **Benefit to Patients & Family**
 - A real person to talk to and explain the process
- **Benefits to Referring Providers**
 - A dedicated person to discuss available studies & eligibility criteria
 - Clear directions provided regarding records, scans, path
 - Feedback regarding process
 - We get repeated referrals from many offices
- **Benefits to CCR Teams**
 - Saves team time and resources

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