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P021 -Lister Renal Department Review of Renal Intravenous Chemotherapy Service

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Background
Our renal department has seen increasing pressure on our intravenous (IV) chemotherapy service. Whereas before IV Cyclophosphamide (CYP) and Rituximab (RTX) were used predominantly in ANCA-associated vasculitis and SLE and funded according to NHS commissioning criteria, we are now using rituximab in other glomerulonephritides, and having to absorb not only the cost, but the impact on nursing time and bed pressure. We, therefore, needed to review our IV chemotherapy activity to assess how to adapt the service going forward.
We have 4 renal nurses who are appropriately trained to administer non-cancer cytotoxic chemotherapy but only 1 nurse contracted to offer 4 hours outpatient chemotherapy per week, 45 weeks a year (180 contracted hours), using 2 beds allocated in our renal day unit.

Methods
Records of all CYP and Rituximab (RTX) administration were reviewed over a one year period, April 2017 to March 2018. We assessed the numbers of patients and number of doses; whether administered as an inpatient or outpatient and by whom. This activity was converted to equivalent time and compared to nursing resources contractually provided. We also reviewed specific indications for CYP or RTX according to disease and background history.

Results
45 patients received IV chemotherapy: 88 IV RTX infusions and 31 IV CYP infusions. RTX infusions take longer (4-6 hours) compared with 2 hours for CYP, inclusive of pre-medication. Total IV chemotherapy activity over the year equated to 475 hours. 15% of which was administered as inpatient by ward staff who were IV renal chemotherapy trained. This left 406 remaining outpatient activity hours of which only 180 hours (38%) were contractually covered. 31% of the remaining hours were covered by bank staff; 16% worked as unpaid extra hours by our dedicated chemotherapy nurse.

Vasculitis and SLE generated most of the outpatient IV CYP activity (80% activity hours), compared with 55% for RTX . Other Rituximab activity hours: 18% Minimal change disease, 15% idiopathic membranous nephropathy and 2% FSGS.

Only 5/13 (38%) of our new vasculitis presenters (ANCA-associated, Churg Strauss or anti GBM disease) received a conventional IV CYP based regime. 8/13 received a RTX based induction regime due to concerns regarding their risk of sepsis (5) or previous history of malignancy (3) with 4 of these patients receiving a 2 year course of Rituximab.

Conclusions
The pressure on our chemotherapy service is driven by the increasing demand for RTX. We anticipate this will grow as more evidence emerges supporting RTX use in a broader range of glomerulonephritides, and as clinician's preference reflects a greater confidence in using RTX in frailer patients at increased risk of sepsis.

To meet current demands we need to increase to an 8-hour outpatient chemotherapy service 52 weeks/year (416 contracted hours) with a minimum of 4 trained nurses, regularly involved, to maintain their skills and cross cover absences. This would allow us to administer 2 RTX infusions and 2 CYP infusions per session. We anticipate that we may require an additional half day slot over the next few years.