

# Hematology Nurses Prefer more Subcutaneous Compared to Intravenous Administration of Rituximab – Single Centre Results

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## INTRODUCTION

- Rituximab is standard of care in non-Hodgkin lymphoma (NHL) treatment<sup>1,2</sup> and is conventionally administered intravenously (IV). Infusions take between 1.5-6 hours<sup>3</sup>; often are patient's inconvenient; HCPs spent much time
- Introduction of new ways of administration, using much effective drugs may potentially overcome those challenges
- Studies confirmed that rituximab SC (subcutaneous) produces non-inferior serum levels to the standard IV.<sup>4</sup> Rituximab SC, allowing fixed-dose delivery over approximately 5 minutes, can simplify administration, improve patient inconvenience and reduce healthcare-associated costs<sup>5-8</sup>

## OBJECTIVES

- Primary objective was to evaluate the nurse preference and satisfaction of rituximab SC versus IV in NHL patients. Secondary objective was to investigate what are the main reasons for preference

## METHODS

- Preference was evaluated using especially created questionnaires, with 15 questions, given and explained to 30 nurses from University clinic for hematology Skopje, Macedonia. Nurses fulfilled anonymously at their most convenient time during November 2016
- Analysis was done taking in consideration only fully answered questionnaires
- Preference was assessed using a question that recorded preference as 'SC', 'IV', or 'no preference'
- Nurses were also asked to provide three main reasons for preference: 'patient comfort', 'low level of injection-site pain', 'less time needed to prepare and administer', 'less time spent at the clinic' etc

## RESULTS

- Questionnaires were completed by 26 nurses (86%), 34% from daily hospital and 42% from hospital's departments. More than 85% of nurses had an experience with both formulations
- 61% of nurses answered that IV administration takes long and 80% thought it takes >3 hours, compared with 5-10 minutes for SC
- During the administration, >69% of nurses spent time talking with patients about their disease, feelings, AE, but 34% answered they need more time to talk during the IV compared to 8% during SC
- Majority of nurses (88.5%) expressed preference of SC vs 7.7% of IV administration (Figure 1), while 80% will recommend SC 'very strong' (Figure 2)

Figure 1. Q6. Which way of administration of rituximab do you prefer most?

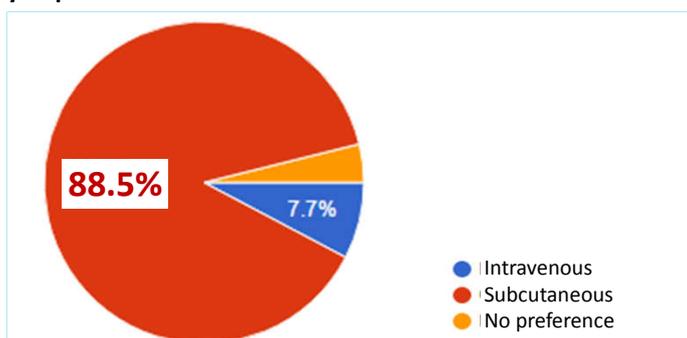
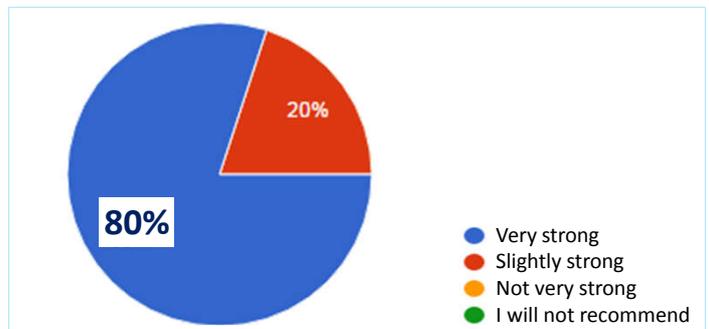
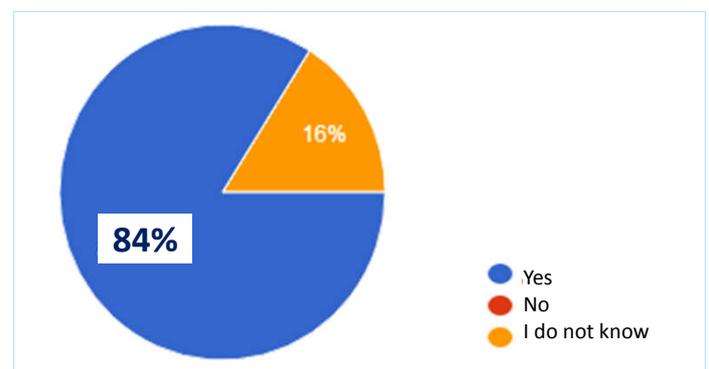


Figure 2. Q 13. If you are able to, how strongly will you recommend subcutaneous way of administration of rituximab?



- The most common reasons for SC preference were 'patient comfort' (82%), 'less time needed to prepare and administer' (76%), 'less time spent at the clinic' (58%)
- 84% of nurses noted that the introduction of SC improves the NHL patients experience (Figure 3)

Figure 3. Q 15. Did subcutaneous administration of rituximab improved the treatment of NHL patients?



## CONCLUSIONS

- Survey demonstrated strong nurse preference of rituximab SC compared to IV administration
- Nurse's satisfaction was generally greater with SC mainly due to higher patient's comfort and time savings
- These findings, together with data demonstrating the economic advantages of rituximab SC<sup>6</sup>, indicate that SC may be preferred route of administration both for patients and nurses

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