



# snAPSHOT

## A 360° view of the Apobiologix Partnership Program

**hAPPy New Year!** We are thrilled to bring you the January 2023 edition of **snAPPshot**, Apobiologix' quarterly newsletter designed to highlight APP initiatives, and recognize and support leaders in oncology.

Interviews and case studies are views of the individual and do not represent the views of Apobiologix.



## update on ANSWERS

### Now Supported by ANSWERS®: The New Lapelga® (pegfilgrastim) Pre-Filled Autoinjector!

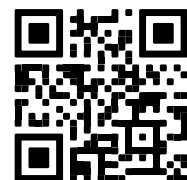
#### NOW YOUR LAPELGA® PATIENTS HAVE ANOTHER DEVICE OPTION FOR SELF-INJECTION

The thoughtfully designed Lapelga® pre-filled autoinjector allows for simplified and accurate dose delivery, making dose administration easier — and it is now available to patients as an alternative to the Lapelga® pre-filled syringe.

The Lapelga® pre-filled autoinjector is fully supported by our ANSWERS® patient support program which can help patients navigate access to their medication and minimize delays in getting started on treatment. The Lapelga® pre-filled syringe will continue to be available and fully supported by ANSWERS®.



A number of tools are available to support you and your patients as they get started on the Lapelga® pre-filled autoinjector, including the Lapelga® pre-filled autoinjector **self-injection video** which can be found **HERE** (Password is the **DIN: 02529343**).



**Contact your Apobiologix Representative today to get your Lapelga® Pre-filled Autoinjector support tools!**



## What's happening with IMD

IMD Health is revolutionizing patient education in centres across Canada by offering innovative digital health solutions. In this edition, we feature a Q & A session with Adrianna Decastro, a clinical nurse educator and IMD user from Southlake Regional Health Centre.<sup>†</sup>

### Q: What's it been like working with IMD?

A: It's been great! It's easy to use and if an issue arises, IMD is very prompt to resolve.

### Q: What was the most challenging part about implementing IMD at your centre and how did you overcome it?

A: The most challenging part was changing our way of doing things. Our centre implemented IMD during COVID — a time when everything was constantly changing — so implementing a digital solution was another shift for the staff. But once everyone started using the platform and became comfortable with it, it really took off. Now everyone uses it.

### Q: How do patients feel about digitized health education?

A: Generally, it depends on the age, but the majority love it. I'd say about 90% of patients in the 40-70 age range love the digital platform and younger patients (18-30) want **everything** digitized. The older population still prefers in-person, one-on-one education — and sometimes they will ask us to send the videos to their kids or grandkids.

**"IMD helps patients feel they are being educated on the treatment they are receiving. It gives them the opportunity to look at the videos and ask more treatment-specific questions. I feel like that has engaged them to be more involved in their care"**

Adrianna Decastro

<sup>†</sup> Interview has been edited and condensed for brevity.

### Q: Has IMD allowed you to cover certain topics that may have been missed in a clinical setting prior to digitized treatment delivery?

A: Absolutely. We are all human and we're often rushing in the clinic, so being able to send everything to the patient, you never have to worry that you missed a topic. We have peace of mind knowing that IMD sent off everything that patients could possibly need to know in terms of side effects.

### Q: Do you feel that IMD has helped save time at the clinic?

A: Yes, IMD has helped us save considerable time educating patients. We used to spend about 45 minutes with each patient; now it's down to 20 minutes. We still like to have our nurses go over important information in-person, such as side effects, bleeding protocols, etc., but we use IMD videos to reinforce that teaching.

### Q: How do you feel the use of IMD has impacted patient treatment outcomes?

A: Our goal is to ensure that patients understand the potential side effects of their treatment so that if they do experience side effects, they know what to do. Additionally, when patients receive difficult news, such as a diagnosis, they don't always absorb information in real time. IMD allows patients to go back and watch the videos on their own time to reinforce that teaching.

### Q: Do you have any advice for clinics that are new to the IMD platform?

A: Be patient. It's going to take a little bit of time to get used to. And don't be afraid to reach out to the IMD support team. They are happy to answer all questions. IMD is not one-size-fits-all and you can tailor the platform to make it your own. If you have an idea, bring it to IMD and they will make it happen.

## HCP appreciation



### The Oncology Fellows Program @ ASCO\*

Launched in 2003, the Oncology Fellows Program is an educational initiative that awards select residents/fellows with a full sponsorship to attend the annual American Society of Clinical Oncology (ASCO) Congress.

The objective of the program is to enhance the clinical and professional development of Fellows and Residents in the Medical Oncology Community in a peer-to-peer learning event. The program is sponsored by the APP and monitored by a steering committee comprised of five leaders in the medical oncology community from across Canada.

Selected fellows attend a Learning Program in which they will critically review and discuss ASCO scientific content with experienced oncologists in a small group format.



### MEET THE STEERING COMMITTEE

#### Chair

- **Stephen Chia MD, FRCP(C)**

#### Committee members

- **Winson Y. Cheung, MD, MH**
- **Erin Powell, MD, FRCPC**
- **Stephanie Snow, MD, FRCPC**
- **Paul Wheatley-Price, MD, FRCPC, BSc, MBChB, FRCP (UK), MD**

### WHAT DO YOU NEED TO APPLY?

- 1 Recent CV
- 2 Letter of Request
- 3 Reference from program director or supervisor

### FELLOW AWARD RECIPIENTS ARE TRAINED ACROSS CANADA

The deadline to submit a Fellow's application is **March 21<sup>st</sup> 2023**.

Reach out to your Apobiologix Representative today to learn more!

\*Program not affiliated with ASCO



## Watch out for these coming events!

Email your Apobiologix Representative for more information or to register.

10-12  
Mar  
2023

**Canadian Society of Hospital Pharmacists (CSHP) 2023 Conference**  
Banff Centre for Arts and Creativity, Banff, AB

27  
Apr  
2023

**Canadian Association of Medical Oncologists 2023 Conference**  
MaRS Centre, Toronto, ON

le 17  
mars  
2023

**Le 37<sup>e</sup> journée annuelle de pharmacothérapie du Centre d'Information pharmaceutique (CIP)**  
Hôtel Sheraton Laval, Laval, PQ

le 11-14  
mai  
2023

**Le 45<sup>e</sup> congrès de l'association des médecins hématologues et oncologues du Québec (AMHOQ)**  
Trois-Rivières, PQ

13-16  
Apr  
2023

**Canadian Association of Pharmacy in Oncology (CAPHo) 2023 Conference**  
Westin Harbour Castle, Toronto, ON

31 May-  
02 Jun  
2023

**Cell Therapy Transplant Canada (CTTC) 2023 Conference**  
Halifax, NS



## Applied Knowledge

### Meet the Winners of the 2022 HOPE Award for Sustainability and Efficiency Effort!

Tonya Ng (BSc (Pharm), ACPR, MA) and her team were awarded 1<sup>st</sup> Place in the Sustainability and Efficiency Effort division for their work on British Columbia (BC) Cancer Oncology Biosimilar Utilization — A Multi-component Continuous Quality Improvement Project.

BC Cancer offers a cancer control program for individuals whose lives are touched by cancer. It operates six regional cancer centres and works in partnership with all geographic health authorities to provide a network of cancer treatment clinics, so that patients can receive care close to home.

The overarching goal of this project was to **evaluate the use of oncology biosimilars in BC and the adherence to biosimilar policy at BC Cancer.**

Pharmacists worked with BC Cancer Biosimilar Steering Committee to develop a policy outlining when biosimilars should be used in clinical practice: patients being initiated on a biologic for the first time should start on a biosimilar, whereas patients previously on a biologic could either continue on the originator, or switch to a biosimilar.

#### ADHERENCE TO THE BIOSIMILAR POLICY — RESULTS

Following the launch of the bevacizumab biosimilar in 2019 and the trastuzumab and rituximab IV biosimilars in 2020, **the results showed that pharmacists dispensed as per the biosimilar policy 99.6% of the time.**

#### USE OF ONCOLOGY BIOSIMILARS IN BC — RESULTS

Results found **that few patients remain on originator products, but represented a relatively large proportion of biologic spending.**

In conclusion, pharmacists played an integral role in enabling the successful development of a biosimilar policy and the safe and effective implementation of biosimilars at BC Cancer.

#### Using Data to Guide Decision-Making

Cost-saving projection with complete patient switchover from originator to biosimilar (May 2021) is **\$6.3 million per year.†**

If you are interested in learning more about the **HOPE Awards** and how to apply, visit <https://hope-awards.com> or reach out to your **Apobiologix Representative today!**

† Assumptions include the number of orders remain consistent each month for one year, and order and specific patient conditions were unchanged.

Click below to 

**2023 HOPE Awards Submissions are now OPEN!**  
**Canadian Fellows Program at ASCO and ASH\***

**Project Funding/Donation Application**  
**ABC — Inquire at [info@abconcparmacy.com](mailto:info@abconcparmacy.com)**

*Interviews and case studies are views of the individuals and do not necessarily represent the views of Apobiologix.*

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