CLIPi SCORE VALIDATION: PROPOSAL AS TOOL FOR LEVEL OF NURSING COORDINATION IN MYCOSIS FUNGOIDES/SEZARY SYNDROME

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Disclosure

➢ Alexion: Speakers Bureau
➢ Celgene: Speakers Bureau
➢ Seattle Genetics: Speakers Bureau
Learning Objectives

➢ The learner will explain what the Cutaneous Lymphoma Prognostic Indicator (CLIPI) score is and the significant factors measured for early and advanced stages of cutaneous t-cell lymphoma.

➢ The learner will be able to identify two future CTCL research opportunities through understanding of the CLIPI score.
Background

- Cutaneous T-cell Lymphomas (CTCL) with mature CD4+ t-lymphocytes are rare complex forms of malignant neoplasms that present primarily on the skin, the most common subtypes include Mycosis Fungoides (MF) and Seźary Syndrome (SS) (Scarisbrick et al., 2015).

- CTCL is a chronic condition characterized by multiple relapses with the need for multiple and consecutive treatment modalities (Jawed, Myskowski, Horwitz, Moskowitz, & Querfeld, 2014)
What is the Cutaneous Lymphoma International Prognostic Indicator Scoring System?
The CLIPi score is designed as a prognostic index for both early (IA-IIA) and late stage (IB-IVB) disease (Benton et al., 2013).

The score is based on risk factors measured at time of diagnosis. Early stage risk factors include male gender, age greater than 60, presence of plaques, folliculotropism, and nodal status.

Late stage includes male gender, age greater than 60, blood and visceral involvement, and nodal status (Benton et al., 2013).
The objective of this study was to validate the CLIPi score could be used to determine intensity of RN services needed by patients with MF and SS in a multidisciplinary CTCL clinic setting. Secondary objectives sought ways to fully integrate nursing and patient education through use of the CLIPi score.

- We hypothesized the use of the CLIPi score as a nursing tool to identify patients with more advanced disease require extensive education, care coordination, several lines of therapy, and have a poorer prognosis independent of the stage alone.
<table>
<thead>
<tr>
<th>CLIPi Score Factors</th>
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<tbody>
<tr>
<td>Age &gt; 60 years</td>
</tr>
<tr>
<td>Male</td>
</tr>
<tr>
<td>Plaques</td>
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<tr>
<td>Folliculotropism</td>
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<td>N1/Nx^a*</td>
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Interpretation

We identified 287 patients with MF/SS. Median age at diagnosis was 62 years. Male to female ratio was 179/108.

Most patients were Caucasians (83%).

Ninety-five (33%) patients had a CLIPi score of equal to or less than 2 and 192 (67%) patients had a CLIPi score of 3-5.

The median number of therapies for patients with a CLIPi score of 2 or less was 2 lines.
# Baseline Characteristics

<table>
<thead>
<tr>
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<th>N (%)</th>
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<tbody>
<tr>
<td>Total number of patients</td>
<td>287 patients</td>
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<tr>
<td>Median Age</td>
<td>62 years (18-79)</td>
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<tr>
<td>Gender</td>
<td></td>
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<tr>
<td>179 Males (62.3 %)</td>
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<tr>
<td>108 Females (37.6 %)</td>
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<tr>
<td>Ethnicity</td>
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<tr>
<td>238.21 (83 %) Caucasian</td>
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</tr>
<tr>
<td>CLIPi Score: 0-2</td>
<td></td>
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<tr>
<td>95 patients (33%)</td>
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<tr>
<td>CLIPi Score: 3-5</td>
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<tr>
<td>192 patients (67%)</td>
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<td>ECOG = 0</td>
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<td>155 Patients (54%)</td>
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Results

The median number of therapies for patients with a CLIPi score of 3-5 was 3 lines.

The median OS for patients with a CLIPi score less than 2 was not reached compared to 123 months (mos.) with a CLIPi score of 3-5 (p value < .005).

Among cases with known date of first line therapy the mean time to first treatment was 48 mos. in patients with CLIPi score < 2 compared to 24 mos. if CLIPi score >2 (p=0.001).

In multivariable analysis, CLIPi score < or > 2 was predictive of overall survival independent from disease stage at diagnosis (CLIPi score Hazard ratio (HR) 3, p=0.003 and Stage at diagnosis HR 1.3, p=0.005).
This figure is figure 2 overall survival based on CLIPi score 1-2 versus 3-5 for only patients with stage 1 and 2, p value 0.001.
This figure is figure 1 overall survival based on CLIPi score 1-2 versus 3-5. Median OS was not reached for CLIPi 1-2 and 132 months for CLIPi score 3-5, \( p < 0.005 \).
Examples of Improvement in Patient Centered Health Education

➢ Improve patient education materials
➢ Increase use of non-written information
➢ Ensure patient understanding at all levels
➢ Measure patient behavior over-time
A majority of patients with CLIPi score of three or greater required extensive care coordination, several lines of therapy, and had a poorer prognosis independent of the disease stage.

To our knowledge, this is the largest retrospective analysis that has validated CLIPi score as an indicator of intensity of RN services needed.

➢ Through specialized, interdisciplinary, and coordinated care continuity, patient understanding and satisfaction are likely to increase (Lucas & Ciccolini, 2016).

➢ The only study of its kind described in literature reported results that patients’ perceptions of disease coherence was poor (Eder, Kammerstatter, Erhart, Mairhofer-Muri, & Trautinger, 2016).
Discussion

This measurable condition could be explained by the rarity of the disease but also the lack of patient specific education and coordination of care. Although these are important factors to remember while coordinating patient care, they are not calculated in the current CLIPi score prognostic index.

- Beynon et al. (2015) conducted a quality of life study that suggested patients are most burdened by physical symptoms associated with the disease including skin discomfort and pruritus.
- Wagner et al. (2014) conducted a study on nurse navigators in early cancer care which suggests that coordination of care leads to a reduction of problems, psychosocial issues, and health care costs.
Conclusions

➢ A majority of patients with CLIPi score of three or greater needed extensive care coordination and education, required several lines of therapy, and had a poorer prognosis independent of the disease stage.

➢ In order to fully integrate nursing care, an evidenced based approach through use of the CLIPi score can be utilized to create a standardized method of practice and educational components to improve patient outcomes.

➢ In addition, knowledge of patient specific CLIPi score will provide nurses and patients educational tools for most relevant and practical disease issues, improve coordination of care, and promote overall adherence.

➢ Therefore, standardized practice, coordination of nursing care, and patient education is key to improving patient outcomes and adherence in those diagnosed with cutaneous lymphomas who have advanced CLIPi scores.
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