

Developing a complete CAR T cell cardio-oncology programme – how the BCS ELP showed the way

Arjun K Ghosh^{1,2,3}, Daniel H Chen^{1,2,3}, Alison Macklin^{2,3}, Maeve A O'Reilly⁴, Claire Roddie⁴, J Malcolm Walker^{2,3}

1 Cardio-Oncology Service, Barts Heart Centre, St Bartholomew's Hospital, 2 Cardio-Oncology Service, University College London Hospital, 3 Hatter Cardiovascular Institute, UCL, 4 Haematology Service, UCLH

Introduction/Objectives

Chimeric antigen receptor T cell therapy (CAR T) is a revolutionary therapy for haematological cancers. Associated cardiotoxicities are however ill-defined [1].

Building on ELP-delivered concepts of individual and systems-based changes to optimise patient safety [2], we aimed to establish clinical and research CAR T cardio-oncology programmes.

Materials/Methods

The "heart + head = hands" model [3] was used to determine the most appropriate overarching strategic approach. A teams-based leadership style [4] was utilized with individuals assigned tasks appropriate to skill-set.

A Johari window [5] was constructed (Figure 1) to determine relationships between relevant parties and a policy development plot [6] was designed (Figure 2).

ELP concepts of "exerting power and influence" [7], [8] and "having difficult conversations" [9] were utilized in subsequent meetings with relevant stakeholders.

Figures

<p>Known to self, known to others</p> <p>Desire to improve CAR T outcomes from cardiac perspective</p>	<p>Unknown to self, known to others</p> <p>Pre-existing political relationships within CAR T clinicians, broader haemato-oncology department and haematology managers</p>
<p>Known to self, unknown to others</p> <p>Limits of current workforce to deliver clinical/research service</p>	<p>Unknown to self, unknown to others</p> <p>Unpredictable external crises affecting clinical and research components e.g. COVID-19</p>

Figure 1. Johari window depicting relationship between self (cardio-oncology team) and others (CAR T clinicians, haemato-oncology clinicians and managers)

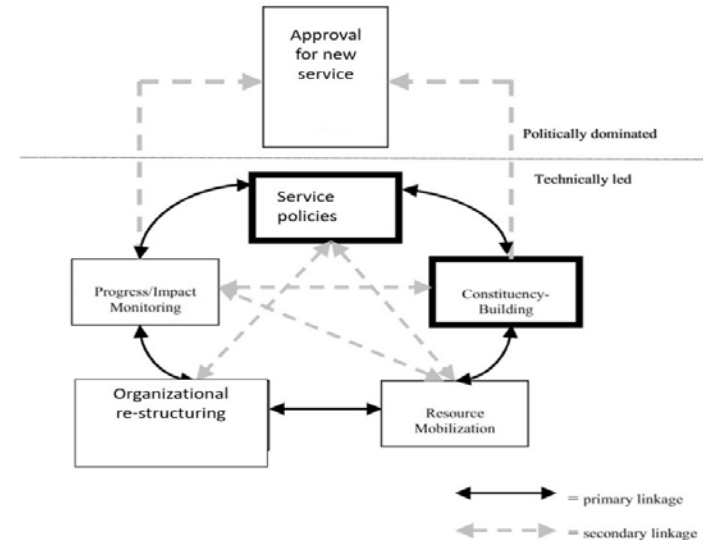


Figure 2. Policy development plot demonstrating interplay between political and technical considerations in formation of new CAR T services. (Adapted from K Schmeer. Stakeholder Analysis Guidelines. World Health Organization 1999)

Results

Despite COVID-19 related challenges both goals were met.

A new clinic and consult service was established with constructive discussions on job-planning and funding.

A research programme was initiated after successfully obtaining funding and ethical/regulatory approvals.

Conclusions

Utilizing a number of leadership and managerial concepts explored on the ELP (compassionate leadership, teams-based approach, critical problem appraisal, difficult conversations, NHS funding sources), we successfully established clinical and research CAR T programmes.

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