



Enhancing Conversations about ADAKVEO

A guide to using patient-centered
communication skills to support your
patients with SCD



SCD, sickle cell disease.

Indication

ADAKVEO® (crizanlizumab-tmca) is indicated to reduce the frequency of vaso-occlusive crises (VOCs) in adults and pediatric patients, aged 16 years and older, with sickle cell disease.

Important Safety Information

Infusion-Related Reactions (IRRs)

In the SUSTAIN clinical trial, IRRs (occurring during/within 24 hours of infusion) were observed in 2 (3%) patients treated with ADAKVEO 5 mg/kg. Postmarketing cases of IRRs, including severe pain events requiring hospitalizations, have been reported. The majority of these IRRs occurred during the first and second infusions. The management of pain events included acetaminophen, nonsteroidal anti-inflammatory drugs (NSAIDs), opioids, antihistamines, intravenous fluids, and/or oxygen therapy. Some patients have also experienced subsequent complications such as acute chest syndrome and fat embolism, particularly those treated with steroids.

Please see additional Important Safety Information throughout. Please see full [Prescribing Information](#).





Supporting your patients can be about **what** you say AND **how** you say it

- **Patient-centered care** is particularly important when working with people with SCD
- In a study of adults with SCD, **86% felt insufficiently involved in decisions** about their medical care¹



Patient involvement and participation in their care may help increase satisfaction^{2,3}

- Use the evidence-based communication framework, **TIPS**, to enhance patient-centered care for your patients with SCD. Applying these techniques will help patients to^{3,4}:

Trust
be **I**nformed
Plan
Summarize

Support your patients and learn about ADAKVEO[®] (crizanlizumab-tmca) treatment at ADAKVEO-VOCalizer.com

Important Safety Information (continued)

Infusion-Related Reactions (IRRs) (continued)

Monitor patients for signs and symptoms of IRRs, which may include pain in various locations, headache, fever, chills, nausea, vomiting, diarrhea, fatigue, dizziness, pruritus, urticaria, sweating, or shortness of breath or wheezing.

For severe IRRs, discontinue infusion, institute appropriate medical care, and consider permanent discontinuation of ADAKVEO. For mild or moderate IRRs, temporarily interrupt or slow the rate of infusion and initiate symptomatic treatment. For subsequent infusions, consider premedication and/or reduce the infusion rate.

Exercise caution with corticosteroids in patients with sickle cell disease unless clinically indicated (eg, treatment of anaphylaxis).

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Trust

A trusting relationship between provider and patient is an essential foundation for providing care. We should create a safe space and ask open-ended questions, so our patients feel encouraged to share the challenges they face, without judgment.⁴⁻⁶

Closed Questions

- ✗ Any questions?
- ✗ That isn't a problem, is it?
- ✗ Did this start in the last year?

Open-Ended Questions

- ✓ What questions do you have?
- ✓ How would this affect you?
- ✓ When did this start?

be Informed

Our patients are less likely to remember things when we pile on information and use technical terminology.² They may also disengage with the conversation. To avoid this, we should communicate the most important information clearly and in plain, patient-friendly language.⁷



Using Only Medical Jargon or Complex Language

- ✗ vaso-occlusive crisis
- ✗ 23% of patients...
- ✗ The most common adverse reactions—those occurring at an incidence rate of 10% or more—were nausea, arthralgia, back pain, abdominal pain, and pyrexia.⁸

Using Plain Language

- ✓ pain crisis, or vaso-occlusive crisis
- ✓ 23%, about a quarter of patients...
- ✓ At least 1 in 10 patients experienced side effects that included nausea, joint pain, back pain, stomach-area (abdominal) pain or tenderness, and fever.⁸

Important Safety Information (continued)

Laboratory Test Interference (Platelet Counts)

Interference with automated platelet counts (platelet clumping) has been observed following administration of ADAKVEO, in particular, when blood samples were collected in tubes containing EDTA.

Run blood samples within 4 hours of blood collection or collect blood samples in tubes containing citrate. When needed, estimate platelet count via peripheral blood smear.

Pregnancy

Based on animal data, ADAKVEO has the potential to cause fetal harm when administered to a pregnant woman. Advise pregnant women of the potential risk to a fetus. ADAKVEO should only be used during pregnancy if the expected benefit to the patient justifies the potential risk to the fetus.

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Plan

Patients may feel more included when they are able to help make the plan. We should elicit patient preferences to understand the patient's own achievable treatment goals.²



Summarize

When sharing new information with patients, one way to make sure they understand is to ask them to “teach it back.”⁹ By reframing the information in their own words, patients are more likely to remember and use it later on. This also helps us identify and correct misunderstandings.



Directive Planning

- ✗ I'd like for you to try this.
- ✗ It sounds like your problem is...
- ✗ You just need to stick with this medication.

Collaborative Planning

- ✓ Would you be interested in trying this?
- ✓ What might make this a challenge for you?
- ✓ What are some of your concerns with this medication?

Provider Summary

- ✗ So let me summarize what we discussed...
- ✗ Next time this happens, you will...
- ✗ Was that all clear?

Teach-Back

- ✓ In your own words, what have we discussed today?
- ✓ What are you planning to do next time this happens?
- ✓ To make sure that I explained things clearly, can you tell me what we just discussed?

Important Safety Information (continued)

Most Common Adverse Reactions

The most frequently reported adverse reactions (≥10%) in patients treated with ADAKVEO were nausea (18%), arthralgia (18%), back pain (15%), abdominal pain (12%), and pyrexia (11%).

References: **1.** Lattimer L, Haywood C Jr, Lanzkron S, Ratanawongsa N, Bediako SM, Beach MC. Problematic hospital experiences among adult patients with sickle cell disease. *J Health Care Poor Underserved*. 2010;21(4):1114-1123. **2.** Martin LR, Williams SL, Haskard KB, DiMatteo MR. The challenge of patient adherence. *Ther Clin Risk Manag*. 2005;1(3):189-199. **3.** King A, Hoppe RB. “Best practice” for patient-centered communication: a narrative review. *J Grad Med Educ*. 2013;5(3):385-393. **4.** Hashim MJ. Patient-centered communication: basic skills. *Am Fam Physician*. 2017;95(1):29-34. **5.** Fiscella K, Meldrum S, Franks P, et al. Patient trust: is it related to patient-centered behavior of primary care physicians? *Med Care*. 2004;42(11):1049-1055. **6.** Allinson M, Chaar B. How to build and maintain trust with patients. *Pharm J*. 2016;297(7895). <https://pharmaceutical-journal.com/article/ld/how-to-build-and-maintain-trust-with-patients>. **7.** Weiss BD. *Health Literacy and Patient Safety: Help Patients Understand*. 2nd ed. American Medical Association Foundation and American Medical Association; 2007. **8.** Adakveo [prescribing information]. East Hanover, NJ: Novartis Pharmaceuticals Corp; 2021. **9.** Lowes R. Patient-centered care for better patient adherence. *Fam Pract Manag*. 1998;5(3):46-57.

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- The VOCalizer combines the science of learning, the art of conversation, and the power of simulation technology



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Important Safety Information (continued)

Other Clinically Important Adverse Reactions

Clinically relevant adverse reactions (all grades) that were reported in <10% of patients treated with ADAKVEO included: oropharyngeal pain, diarrhea, vomiting, pruritus (pruritus and vulvovaginal pruritus), musculoskeletal chest pain, myalgia, infusion-site reaction (infusion-site extravasation, infusion-site pain, and infusion-site swelling), and infusion-related reaction.

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8/21



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