

Martina Farley

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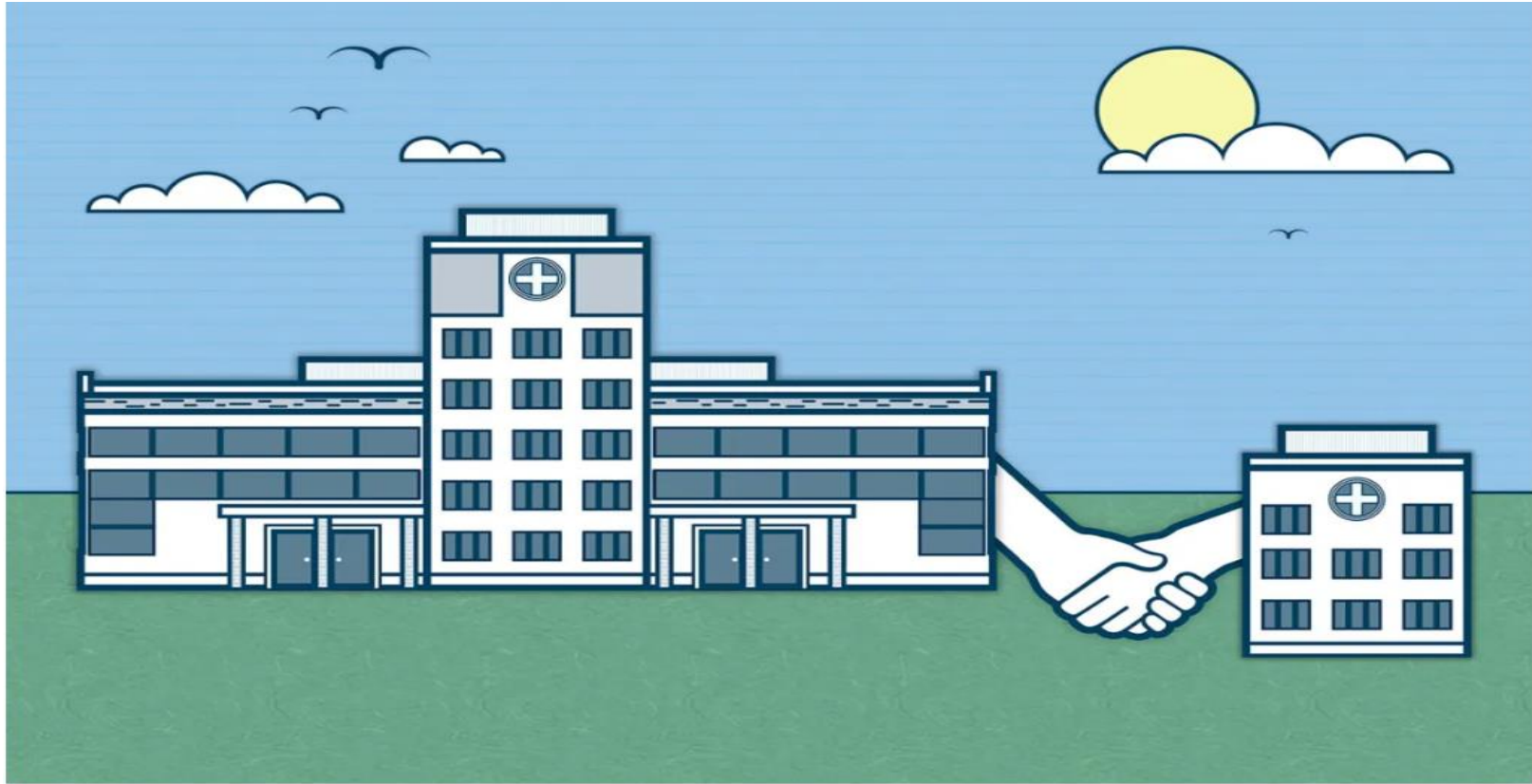
Head Of Cancer Services  
Beacon Hospital

# Overview

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- Collaboration
- Management of Systemic Anti-Cancer Treatments (SACT) Side Effects
- Management of Radiotherapy Side Effects
- Resources

# Collaboration between GP and Cancer Centers



- SACT and Radiotherapy Side Effect Essentials

# Cancer therapies are constantly evolving

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**Systemic Anti Cancer therapies are different in MOA and toxicity profile.**

**Finding the right information supports your management of cancer therapy toxicities:**

- Grade toxicity – CTCAE
- SPC (Summary of product characteristics)
- NCCP (National Cancer Control Program)
- Guidelines – ESMO / NCCN /

# Toxicity Management – Grading of Toxicities

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Common terminology criteria for adverse events (CTCAE v5)

- **Grade 1: continue treatment**
- **Grade 2: may continue or hold**
- **Grade 3: hold treatment/discontinue**
- **Grade 4: Permanently discontinue**

## Resource

[https://ctep.cancer.gov/protocoldevelopment/electronic\\_applications/docs/ctcae\\_v5\\_quick\\_reference\\_5x7.pdf](https://ctep.cancer.gov/protocoldevelopment/electronic_applications/docs/ctcae_v5_quick_reference_5x7.pdf)

# Impact of Cancer Treatment and Triage

 <b>ONCOLOGY/HAEMATOLOGY ADVICE LINE</b> <b>TRIAGE TOOL, VERSION 2 (NOVEMBER 2016)</b> All Green = self care advice    1 Amber = review within 24 hours    2 or more amber = escalate to red    Red = attend for assessment as soon as possible					
Patients may present with problems other than those listed below, these would be captured as "other" on the log sheet checklist. Practitioners are advised to refer to the NCI-CTCAE common toxicity criteria V4.0.3 to assess the severity of the problem and/or seek further clinical advice regarding management.					
<b>CAUTION!</b> Please note patients who are receiving or have received <b>IMMUNOTHERAPY</b> may present with treatment related problems at anytime during treatment or up to 12 months afterwards. If you are unsure about the patient's regimen, be cautious and follow triage symptom assessment.					
↓ Toxicity/Symptom ↓	0	1	2	3	4
<b>Fever</b> - receiving or has received Systemic Anti Cancer Treatment (SACT) within the last 6-8 weeks or immunocompromised.	None	<b>IF TEMPERATURE 37.5° or ABOVE or BELOW 36.0° or GENERALLY UNWELL - URGENT assessment and medical review - Follow neutropenia pathway.</b> <b>Alert:</b> patients who have taken antibiotics or steroids or who may be dehydrated may not present with an abnormal temperature but may still have an infection and be at risk of sepsis - if in doubt do a count.			
<b>Chest pain</b> STOP oral and intravenous Systemic Anti Cancer Treatment until reviewed by oncology or haematology team	None	<b>Advise URGENT A&amp;E for medical assessment - 999</b> <b>NB If infusional SACT in place arrange for disconnection.</b>			
<b>Dyspnoea/shortness of breath</b> Is this a new symptom? How long for? Is it getting worse? Do you have a cough? How long for? Is it productive? If yes, what colour is your phlegm/sput? Is there any chest pain or tightness? If yes refer to chest pain Consider: SVCO / Anaemia / Pulmonary embolism / Pneumonitis / Infection.	None or no change from normal	New onset shortness of breath with moderate exertion	New onset shortness of breath with moderate exertion	Shortness of breath at rest	Life threatening symptoms.
<b>Performance Status</b> Has there been a recent change in performance status?	No change to pre-treatment normal - or fully active, able to carry on all pre-disease performance without restriction	Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature, such as light housework or office work.	Ambulatory and capable of all self care but unable to carry out any work activities. Up and about more than 50% of waking hours.	Capable of only limited self care, confined to bed or chair for more than 50% of waking hours.	Completely disabled. Cannot carry out any self care. Totally confined to bed or chair.
<b>Diarrhoea</b> How many days has this occurred for? How many times in a 24 hour period? Is there any abdominal pain or discomfort? Is there any blood or mucus in the stool? Has the patient taken any antidiarrhoeal medication? Is there any change in urine output? Is the patient drinking and eating normally? Consider: Infection / Colitis / Constipation. N.B. Patients receiving immunotherapy or Capecitabine should be managed according to the drug specific pathway and assessment arranged as required.	None or no change from normal.	Increase of up to 3 bowel movements a day over pre-treatment normal or mild increase in ostomy output. Drink more fluids. Obtain stool sample. Commence regimen specific antidiarrhoeal.	Increase of up to 4-6 episodes a day or moderate increase in ostomy output or nocturnal movement or moderate cramping. Drink plenty of fluids. Obtain stool sample. Commence regimen specific antidiarrhoeal. If diarrhoea persists after taking regimen specific antidiarrhoeal escalate to red.	Increase of up to 7-8 episodes a day or severe increase in ostomy output or incontinence / severe cramping / bloody diarrhoea.	Increase >10 episodes a day or grossly bloody diarrhoea.
<b>Constipation</b> How long since bowels opened? What is normal? Is there any abdominal pain and/or vomiting? Has the patient taken any medication? Assess the patient's urinary output and colour.	None or no change from normal.	Mild - no bowel movement for 24 hours over pre-treatment normal. Dietary advice, increase fluid intake, review supportive medications.	Moderate - no bowel movement for 48 hours over pre-treatment normal. If associated with pain / vomiting move to red. Review fluid and dietary intake. Recommend a laxative.	Severe - no bowel movement for 72 hours over pre-treatment normal.	No bowel movement for >96 hours - consider paralytic ileus.
<b>Urinary Disorder</b> Are you passing urine normally? Is this a new problem or is this normal for you? Is there any change in the urine colour? Is there any blood in the urine? Is there any incontinence, frequency or urgency? Are you passing your normal amount?	None or no change from normal.	Mild symptoms. Minimal increase in frequency, urgency, dysuria nocturia. Slight reduction in output. Drink more fluids. Obtain urine sample for analysis.	Moderate symptoms. Moderate increase in frequency, urgency, dysuria nocturia. Moderate reduction in output. Drink more fluids. Obtain urine sample for analysis.	Severe symptoms. Possible obstruction/retention New incontinence New or increasing haematuria Severe reduction in output	Little or no urine output.

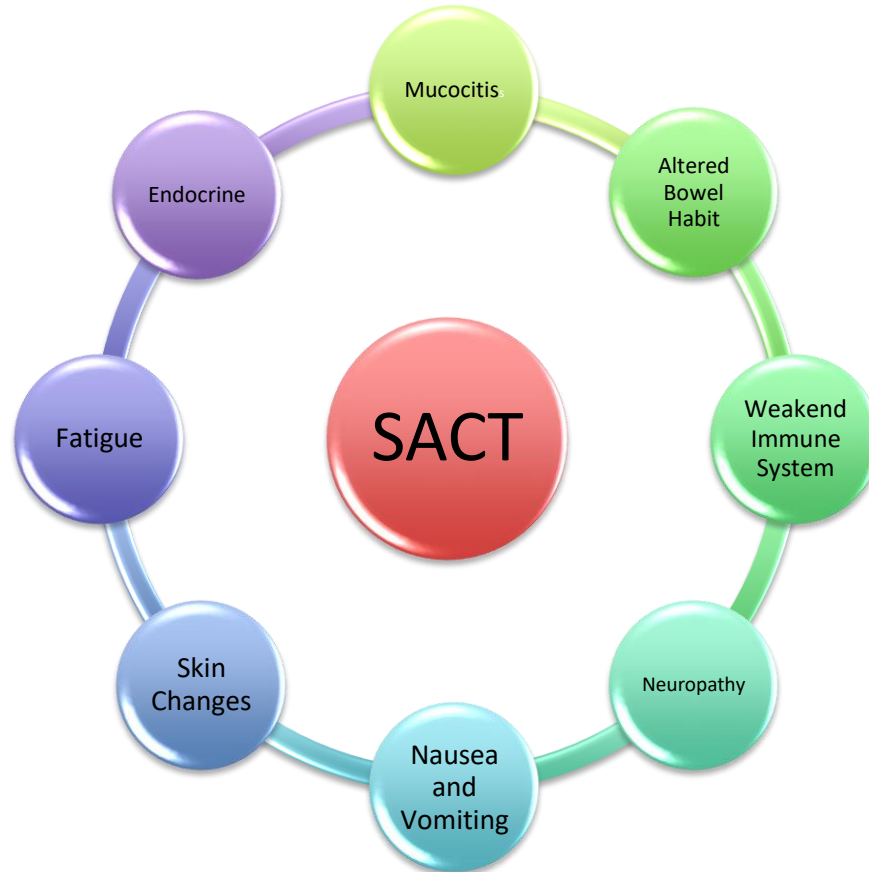
20% of Patients receiving SACT will require intervention

## Resources

[www.ukons.org/site/assets/files/1134/oncology\\_haematology\\_24\\_hour\\_triage.pdf](http://www.ukons.org/site/assets/files/1134/oncology_haematology_24_hour_triage.pdf)  
[Quality of Life of Cancer Patients Treated with Chemotherapy - PMC \(nih.gov\)](http://Quality of Life of Cancer Patients Treated with Chemotherapy - PMC (nih.gov))

# SACT Side Effects

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# What can patients expect?

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**Side Effects:** Related to treatment site and technique ( RT and SACT )



## **Oral mucositis:**

Soft toothbrush

Regular sips of water

Sodium bicarbonate rinses (1 tsp in 1L water)

Mycostatin for fungal infection

BMX mouthwash (lignocaine)

Gelclair®

## **Resources:**

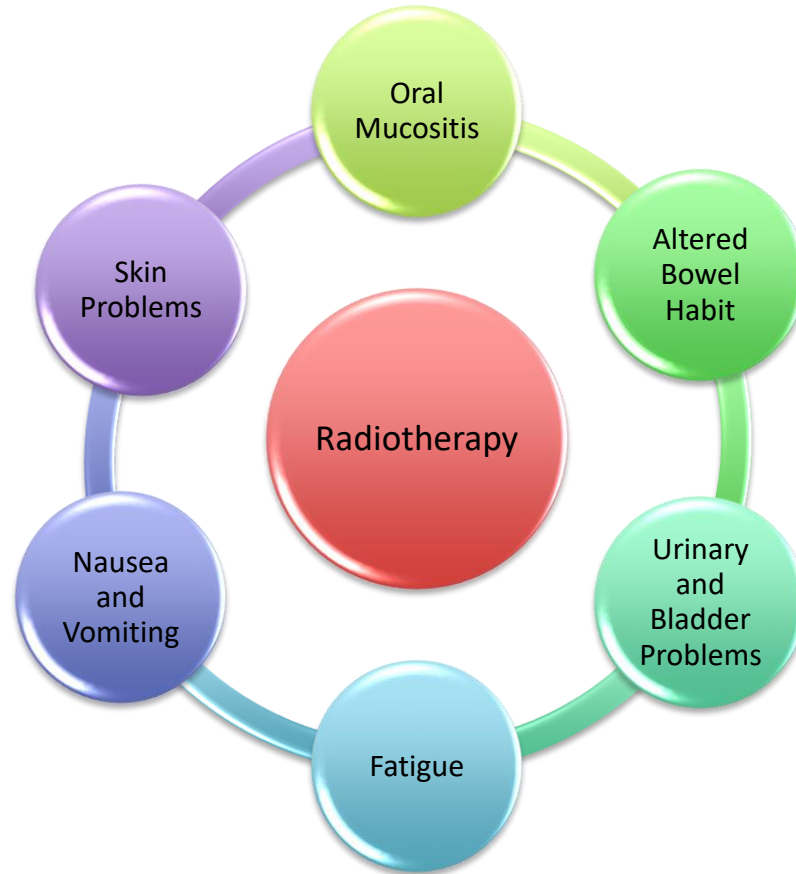
### **Cancer care team and nurse**

[www.beaconhospital.ie/department-service/cancer-care](http://www.beaconhospital.ie/department-service/cancer-care)

[www.cancercareontario.ca/en/symptom-management](http://www.cancercareontario.ca/en/symptom-management)

[www.arccancersupport.ie](http://www.arccancersupport.ie)

# Radiotherapy Side Effects



# What can patients expect?

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**Side Effects:** Related to treatment site and technique



## **Skin care:**

Mild soap/baby shampoo

No wet shaving (electric razor if treating face/neck)

E45/Aveeno/Strata-XRT

Topical hydrocortisone if pruritic

Allevyn non-adhesive dressings if skin broken

Flamazine for broken skin/severe reaction after Rt but not during tx course

## **Resources:**

### **Cancer care team and nurse**

[www.beaconhospital.ie/department-service/cancer-care](http://www.beaconhospital.ie/department-service/cancer-care)

[www.cancercareontario.ca/en/symptom-management](http://www.cancercareontario.ca/en/symptom-management)

[www.arccancersupport.ie](http://www.arccancersupport.ie)

# Resources in Cancer Centres Collaboration for Future State

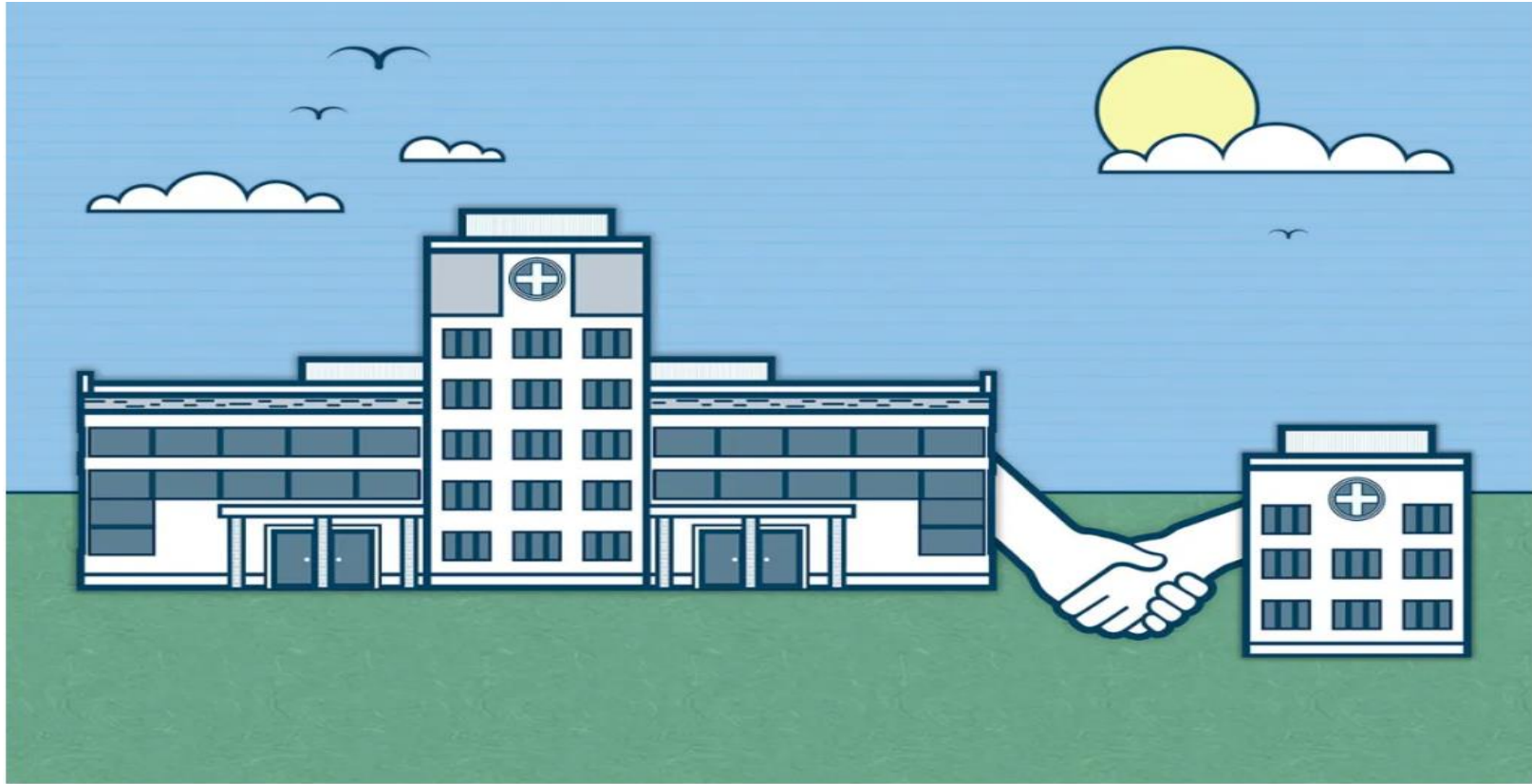
# Here to Support! Lets plan for our future State Together



**Beacon Cancer Centre**

13 Tel : 01-2938676

# Collaboration between GP and Cancer Centre



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# Thank you