Cytotoxic Therapy PHC Remote Guideline

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<th>Target Audience</th>
<th>All Clinical Employees</th>
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<tr>
<td>Jurisdiction</td>
<td>Primary Health Care Remote CAHS; Primary Health Care Remote TEHS</td>
</tr>
<tr>
<td>Jurisdiction Exclusions</td>
<td>N/A</td>
</tr>
<tr>
<td>Document Owner</td>
<td>Kerrie Simpson</td>
</tr>
<tr>
<td></td>
<td>Atlas Development Officer Primary Health Care Remote CAHS</td>
</tr>
<tr>
<td>Approval Authority</td>
<td>Chair</td>
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<tr>
<td></td>
<td>Primary Health Care NT Wide Leaders Committee</td>
</tr>
<tr>
<td>Author</td>
<td>PHC Safety and Quality Team</td>
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</tbody>
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The attributes in the above table will be auto-filled from the PGC System. Do not update in this document.

Purpose

To provide Primary Health Care remote staff with a guideline on the management and administration of oral cytotoxic therapy in remote health centres.

Guideline

1. General Information

Primary Health Care (PHC), Remote Health supports the use of oral cytotoxic therapy, intravenous non-cytotoxic antineoplastic therapy and adjuvant therapies for remote health centre clients but does not endorse the administration of parental (subcutaneous or intravenous) chemotherapy in remote health centres.

Health centre staff may issue and/or administer:
- oral cytotoxics for oncology / haematology clients
- oral non cancer cytotoxics for clients with autoimmune conditions
- targeted therapy such as oral Sunitinib (Sutent)
- intravenous non-cytotoxic antineoplastic therapy such as monoclonal antibodies eg Trastuzumab (Herceptin); if the first two doses have been administered under supervision in hospital

Remote health centre clients in need of oral cytotoxic therapy are managed through specialist services at either the Alice Springs Hospital (ASH), Katherine Hospital (KH), Royal Darwin Hospital (RDH) or the Alan Walker Cancer Care Centre (AWCCC). In some cases treatment may be provided through interstate health services. Clients are usually dispensed one cycle of oral cytotherapy antineoplastic medications at a time.

Not all PHC remote health staff caring for clients receiving oral cytotoxic therapy will have had experience in oncology / haematology nursing. Staff must ensure they are aware of the nature and effects of the oral cytotoxic treatment given to clients, and what steps to take in case of an adverse event. Staff must also be aware of cytotoxic Personal Protection Equipment (PPE) (see RDH Guideline page 4 or CAHS Guideline Appendix B) precautions necessary to minimise the risks associated with handling and administering oral cytotherapy antineoplastic agents or handling cytotoxic body fluids.
This protocol must be read in conjunction with the following documents (intranet):
- Cytotoxic Drugs Management RDH Guideline
- CAHS Cytotoxic Drugs Management Guidelines
- Chemotherapy Oral Administration RDH & KH Procedure
- Oral Cytotoxics Administration for Non Cancer Related Treatments RDH & KH Procedure
- Intravenous Antiviral Cytotoxics (Ganciclovir and Cidofovir) Administration RDH Procedure – reference for Trastuzumab (Herceptin) administration procedure

1.1 Definitions

**Adjuvant / adjunctive therapy:** an addition to the primary treatment that is designed to help reach the ultimate goal; it includes pharmacological or immunological agents that either modify or enhance the effectiveness of other drugs or treatments or modify their side effects. They may have no effect on the primary condition for which the client is being treated.

**Antineoplastic:** Acting to prevent, inhibit or halt the development of a neoplasm (a tumour).

**Cytotoxic therapy:** a treatment with any agent or process that kills cells. Chemotherapy and radiotherapy are forms of cytotoxic therapy which are used specifically to kill cancer cells. Normal cells, especially fast growing cells, can also be affected.

**Chemotherapy:** treatment with cytotoxic drugs or a standardized treatment regimen consisting of a combination of these drugs.

**Targeted therapy:** a type of treatment that uses drugs or other substances, such as monoclonal antibodies, to identify and attack specific cancer cells. Targeted therapy may have fewer side effects than other types of cancer treatments

3. Responsibilities

3.1 Health Centre Clinical Staff

- Provide care and support to clients who return to the community while they are undergoing cytotoxic therapy
- Administer intravenous adjuvant therapy if required
- Ensure all oral cytotoxic agents are handled in accordance with the Cytotoxic Drugs Management RDH Guideline or CAHS Cytotoxic Drugs Management Guidelines
- Ensure clients on cytotoxic therapy are closely monitored for adverse effects and toxicity
- Consult with the Remote Medical Practitioner (RMP) / Cancer Treatment Centre team as appropriate

3.2 Remote Medical Practitioner

- Undertake ongoing medical care of clients who return to the community while they are undergoing cytotoxic therapy
- Be aware of supply arrangements for ongoing cancer therapy. See Prescriptions section 4.3.3 for further information.
- Consult with Cancer Treatment Centre team as required

3.3 Cancer Treatment Centre Team

- Ensure that health centre clinical staff are provided with discharge summaries / other relevant information for oncology / haematology clients returning to the community
- Be aware of supply arrangements for ongoing cancer therapy. See Prescriptions section 4.3.3 for further information.
- Respond to requests for advice or information related to discharged oncology / haematology clients
- Ensure clients are educated in post chemotherapy biohazard reduction
3.4 Pharmacy

- Ensure cytotoxic medicines are packaged and labelled in accordance with standard and cytotoxic labelling requirements including a prominent cytotoxic warning sticker
- Involve health centre clinical staff in the decision for the safest and most effective method of supplying the medicine. See Prescriptions section 4.3.3 for further information.
- Ensure health centre staff are briefed and aware of safe handling techniques and precautions and monitoring for individual agents
- Provide appropriate client information with supply to ensure safe and effective use
- Respond to requests for further information from PHC remote staff and clients

4. Procedure

4.1 Discharge Information and Resources for Clients on Cytotoxic Therapy

4.1.1 Discharge Information for Oncology / Haematology Clients – Central Australia
At the time of discharge from hospital the ASH Cancer Support Nurse will contact the health centre directly and discuss the ongoing care of the client, including management of side effects. The Cancer Support Nurse will also ensure that health centre clinical staff have details of appointments for future hospital treatment or investigation.

4.1.2 Discharge Information for Oncology / Haematology Clients – Top End
On discharge from hospital, RDH and KH clients are given a folder with written information. Clients are encouraged to make this information available to health centre staff. The folder includes:
- eviQ Cancer Treatments online information sheets on the protocols related to their specific therapy
- information on potential side effects and how to manage these
- contact details for the regional hospital based Cancer Support Nurse and the Cancer Council
- Centre for Disease Control (CDC) Meliodosis site information

4.1.3 Discharge Information for Oncology / Haematology Clients – Interstate
Oncology / haematology clients are sometimes discharged directly from interstate facilities to the community without reference to the regional Cancer Centre Treatment team. If staff receive discharge information from an interstate institution it is advisable to contact the regional Cancer Support Nurse / Cancer Treatment Centre team and, if required, to forward the information to them.
If no information is received, health centre staff should contact the interstate facility directly to obtain appropriate discharge information as soon as they become aware of the discharge. Regional Cancer Support Nurses may be able to assist with these enquiries and will provide additional information and advice as required.

4.1.4 Discharge Information for Non Oncology / Haematology Clients
The discharge supply of medicines for clients who have been prescribed an oral cytotoxic agent for the treatment of an autoimmune condition will be the same as with conventional medicines. Medicines will be marked as cytotoxic by the regional hospital pharmacy.

4.2 Safe Handling of Cytotoxic Medicines & Waste

All cytotoxic medicines carry risk to both the client and the staff administering the therapy.

Client’s receiving cytotoxic therapy are deemed to have cytotoxic body fluids for seven (7) days post treatment and should be managed according to RDH and CAHS cytotherapy antineoplastic guidelines.
Clinical staff must ensure that any items that are used to administer therapy, any unused medicines or waste products INCLUDING bodily fluids, are handled whilst wearing PPE (see RDH Guideline page 4 / CAHS Guideline Appendix B) which is then appropriately disposed.

4.2.1 Cytotoxic Waste Management

Cytotoxic waste includes any residual cytotoxic drug following a client's treatment, materials or equipment associated with the preparation, transport or administration of the drug therapy.

The purple Cytotoxic specific waste management containers (bins, sharps containers and bags) are available for order from Regional Stores and are the first preference for containing and managing cytotoxic waste.

In the absence of purple cytotoxic waste containers all disposable cytotoxic waste is to be double wrapped and placed in yellow biohazard bags, securely sealed and labelled as cytotoxic. Sharps are to be disposed of in a new yellow sharps container labelled cytotoxic, which is then securely sealed.

Where possible cytotoxic waste should be transported to the regional hospital for further transport to Adelaide for incineration according to cytotoxic waste management protocols provided within the reference documents listed in Section 6. Staff may contact the treatment centre for advice on disposal.

Note: the purple cytotoxic container must not be used for disposal of general sharps and waste as there is an increased cost to the disposal of cytotoxic waste.

4.2.2 Cytotoxic Spill Kit

A cytotoxic spill is a spill of chemotherapy or contaminated bodily fluid. Clients' body fluids are considered to be contaminated for 7 days after the administration of chemotherapy. Health centres must hold a spill kit if they are to administer cytotoxic medicine to clients in the health centre or if they are aware of clients returning to the community within 7 days of receiving chemotherapy.

A Baxter Spill Kit (see RDH Guideline page 4 or CAHS Guideline Appendix C) contains spill kit use instructions, signs to identify the area of the spill, PPE including facemask and shoe covers, absorbent materials to contain the spill, a small scoop and Cytotoxic waste bags. Spill Kits are on the Standard Drug List and can be ordered via the Regional Hospital Pharmacy.

The Clean Room Garments (CRG) Healthcare website provides a Hazardous Drug Spill Kit Training video and a PowerPoint Spill Kit Training Manual developed in collaboration with Baxter Pharmacy Services.

4.3 Managing Side Effects of Cytotoxic Therapy

4.3.1 Side Effects

Cytotoxic agents have unavoidable toxicities and health centre staff must be aware of how these present and when to seek further assistance. Staff are advised to seek further information from the supervising Medical Practitioner, hospital oncology / haematology staff or pharmacy if required, or to consult the Australian Medicines Handbook.

Enter a treatment alert onto the Electronic Health Record System to highlight the client is undergoing cytotoxic therapy.

4.3.2 Febrile Neutropenia – Urgent Attention Required

If any client who has received chemotherapy in the previous two weeks presents with a temperature of ≥38°C they must receive immediate attention as it may be a symptom of febrile neutropenia. This is most likely to occur 7 to 14 days after chemotherapy and is a serious condition. Contact the regional oncology / haematology team for advice. If necessary refer to the Febrile Neutropenia Initial Management RDH Pathway.

4.4 Further Information
Staff requiring further information on managing clients who have received cytotoxic therapy or information on cancer treatments are encouraged to register with eviQ Cancer Treatments online. Registration is simple and quick. Further resources are listed in Section 6.

### 4.5 Contact Details

<table>
<thead>
<tr>
<th>Services</th>
<th>Telephone BH</th>
<th>Fax</th>
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<tbody>
<tr>
<td>Alan Walker Cancer Care Centre</td>
<td>08 8944 8220</td>
<td>08 8944 8222</td>
</tr>
<tr>
<td>Alice Springs Hospital Pharmacy</td>
<td>08 8951 7570</td>
<td>08 8951 7766</td>
</tr>
<tr>
<td>ASH Cancer Support Nurse</td>
<td>08 8951 7777 (Switch)</td>
<td>08 8951 7503</td>
</tr>
<tr>
<td>Cancer Council NT</td>
<td>1800 678 123 / 08 8944 1800</td>
<td>08 89274990</td>
</tr>
<tr>
<td>Katherine Hospital Cancer Support Nurse</td>
<td>08 8973 9073 / 0475 952 976</td>
<td></td>
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<tr>
<td><strong>Leukaemia Foundation Support &amp; Counselling line</strong></td>
<td>1800 620 420 (9am to 5pm Mon to Fri)</td>
<td></td>
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<tr>
<td>Poisons Information Hotline</td>
<td>131 126</td>
<td></td>
</tr>
<tr>
<td>RDH Cancer Support Nurse / Oncology / Haematology staff</td>
<td>08 8922 8888 (Switch)</td>
<td>08 8922 8889</td>
</tr>
<tr>
<td>Royal Darwin Hospital Pharmacy</td>
<td>08 8922 8307</td>
<td>08 8922 8499</td>
</tr>
<tr>
<td><strong>The Cancer Council Helpline</strong></td>
<td>131 120 (9 am to 5 pm Mon to Fri)</td>
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### Document Quality Assurance

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<td>Implementation Document will be accessible via the Policy Guidelines Centre and Remote Health Atlas</td>
<td>Health Policy Guidelines Program Atlas Development Officer, Primary Health Care Central Australia Health Service</td>
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<td>Review Document is to be reviewed within 3 years, or as changes in practice occur</td>
<td>Atlas Development Officer, Primary Health Care Central Australia Health Service</td>
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<td>Evaluation Evaluation will be ongoing and informal, based on feedback.</td>
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### Key Associated Documents

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<td>Key Legislation, By-Laws, Standards, Delegations, Aligned &amp; Supporting Documents</td>
<td><strong>Issuing &amp; Administering Medicines</strong>&lt;br&gt;<strong>Prescriptions</strong>&lt;br&gt;<strong>Regional Hospital Pharmacy</strong>&lt;br&gt;<strong>Return of Unwanted Medicines</strong>&lt;br&gt;<strong>Standard Drug List</strong>&lt;br&gt;Related DoH documents – Policy &amp; Guidelines Centre (intranet)</td>
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### Cytotoxic Drug Management RDH Guideline

- Chemotherapy Oral Administration RDH & KH Procedure
- Febrile Neutropenia Initial Management RDH Pathway
- Oral Cytotoxics Administration for Non Cancer Related Treatments RDH & KH Procedure
- CAHS Cytotoxic Drugs Management Guidelines
- Intravenous Antiviral Cytotoxics (Ganciclovir & Cidofovir) Administration RDH Procedure
- Melioidosis RDH Guideline
- Centre for Disease Control (CDC) Melioidosis site
- NT Radiation Oncology (NTRO) website – Alan Walker Cancer Care Centre

### Other Related References

- **Cancer Council Australia**
- **Cancer Institute NSW**

  Cancer Nurses Society of Australia (2010). CNSA positions statement on the minimum safety requirements for nurses involved in the administration of anti-cancer drugs within the oncology and non-oncology setting.

- **Complex Authority Required - Highly Specialised Drugs**

  - eviQ Cancer Treatments online (includes the booklet ‘Cancer treatment side effects – A guide for Aboriginal Health Workers’)
  - DoH e-Library - staff login required to access the e-Library and following resources
  - MIMS online
  - Australian Medicines Handbook
  - ChemAlert
  - Therapeutic Goods Administration website
  - General Requirements for Labels for Medicines
  - Best Practice Guideline on Prescription Medicine Labelling
  - Society of Hospital Pharmacists Australia

  Standards of Practice for the Provision of Oral Chemotherapy for the Treatment of Cancer

- **NT Work Health and Safety (National Uniform Legislation) Act and Regulations**

  - Safe Work Australia

  National Standard for the storage and handling of workplace dangerous goods NOHSC: 1015 (2001)

  - Clean Room Garments (CRG) Healthcare website:

  - Hazardous Drug Spill Kit Training video

  - PowerPoint Spill Kit Training Manual

### References

- As Above
## Evidence Table

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