

## Cytotoxic Therapy PHC Remote Guideline

<b>Target Audience</b>	All Clinical Employees
<b>Jurisdiction</b>	Primary Health Care Remote CAHS; Primary Health Care Remote TEHS
<b>Jurisdiction Exclusions</b>	N/A
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<b>Approval Authority</b>	Chairs Clinical Governance Committee PHC CAHS; Primary Health Care Safety and Quality Committee TEHS
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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 [supportive](#) 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 or oral targeted therapies for oncology / haematology clients if prior arrangements have been made with the specialist treating team
- oral non cancer cytotoxics for clients with autoimmune conditions
- intravenous / subcutaneous 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 for cancer indications 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 should only be dispensed one cycle of oral antineoplastic medicines at a time supplied from the respective hospital pharmacy / outpatient cancer centre.

Remote health centres may also issue clients with cytotoxic therapy for non-cancer indications which may be obtained via usual prescribing and supply arrangements.

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 antineoplastic agents or handling cytotoxic body fluids.

This protocol must be read in conjunction with the following documents:

- [Cytotoxic Drugs Management RDH Guideline](#)
- [CAHS Cytotoxic Drugs Management Guidelines](#)
- [Chemotherapy Oral Administration RDH and KH Procedure](#)
- [Oral Cytotoxics Administration for Non Cancer Related Treatments RDH and KH Procedure](#)
- [Intravenous Antiviral Cytotoxics \(Ganciclovir and Cidofovir\) Administration RDH Procedure](#) – reference for Trastuzumab (Herceptin) administration procedure

## 2. Procedure

### 2.1 Discharge Information and Resources for Clients on Cytotoxic Therapy

Clinical staff should consult with the Remote Medical Practitioner (RMP) / Cancer Treatment Centre team for ongoing management or advice as appropriate. The Cancer Treatment Centre may also contact health centre clinicians to undertake further investigations, such as ECG, blood tests, etc to monitor the client on a schedule relevant to the specific treatment protocol.

#### 2.1.1 Discharge Information for Oncology / Haematology Clients - Northern Territory

##### Central Australia

At the time of discharge from hospital the ASH Cancer Care Coordinator will contact the health centre directly and discuss the ongoing care of the client, including management of side effects. The Cancer Care Coordinator will also ensure that health centre clinical staff have details of appointments for future hospital treatment or investigation.

##### 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
- chemotherapy precautions (bodily fluids, etc) to take during treatment phase
- information on potential side effects and how to manage these
- emergency cards with their details and treatment régime
- contact details for the regional hospital based Cancer Care Coordinator and the Cancer Council
- related self-care and general information

#### 2.1.3 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 Care Coordinator / 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 Care Coordinator may be able to assist with these enquiries and will provide additional information and advice as required.

#### 2.1.4 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 supplying pharmacy.

### 2.1.5 Palliative Care Clients

[Supportive](#) therapy may be used for Palliative Care clients. Generally supportive therapies are available via S100 Pharmacies. For non-S100 medicines the prescriber will need to use the [Client Specific Department Funded Medicines Request Form](#) to obtain medicines from the regional hospital pharmacy.

## 2.2 Ordering Cytotoxic Medicines for Cancer Indications

Clients need to be reviewed by the treating specialist before beginning each cycle of treatment and most medicines related to that treatment (eg antineoplastics, antiemetic, steroid, infection prophylaxis) are supplied by the cancer treatment centre. However, some ongoing more chronic treatments which do not require intensive monitoring can be supplied by the S100 pharmacy.

If prescribers are wanting to chart the oral therapy for cancer indications on the rural script to show a record of this treatment, it is advisable that they contact the pharmacist from the relevant cancer centre to liaise re details and appropriateness. It should be clearly annotated on the rural script that such medication is supplied via the cancer centre and not the contracted S100 pharmacy to avoid any accidental duplication of therapy. If the S100 pharmacy receives an order for oral cytotoxic medication for a cancer indication they should contact the hospital pharmacy to check supply arrangements.

If the treating team requires [supportive](#) medication to be supplied by the health centre they will contact the RMP for assistance. This most commonly occurs in the instance that infection prophylaxis (ie melioid or viral) is required.

The supplying pharmacy is to ensure cytotoxic medicines are packaged and labelled in accordance with [standard](#) and [cytotoxic labelling requirements](#) including a prominent cytotoxic warning sticker. Health centre clinicians should be briefed on safe handling techniques, precautions and monitoring for individual medicines.

## 2.3 Safe Handling of Cytotoxic Medicines and Waste

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

Oral cytotoxic agents must be handled in accordance with the [Cytotoxic Drugs Management RDH Guideline](#) or [CAHS Cytotoxic Drugs Management Guideline](#).

Clients receiving cytotoxic therapy are treated as having cytotoxic body fluids for seven (7) days post treatment and should be managed according to [RDH](#) and [CAHS](#) guidelines. For consistency and risk management, clients receiving targeted therapies (both cytotoxic and non-cytotoxic) are also treated as having cytotoxic body fluids for seven (7) days post treatment and managed accordingly.

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 disposed of appropriately.

### 2.3.1 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. Cytotoxic waste should be transported per Waste Management Guidelines – [CAHS](#) | [TEHS](#).

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.*

### 2.3.2 Cytotoxic Spill Kit

A cytotoxic spill is a spill of chemotherapy or contaminated bodily fluid. Clients' body fluids are considered to be contaminated for seven (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 seven (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.

## 2.4 Managing Side Effects of Cytotoxic Therapy

### 2.4.1 Side Effects

Ensure clients on cytotoxic therapy are closely monitored for adverse effects and toxicity

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 Officer, hospital oncology / haematology staff or pharmacy if required.

A treatment alert must be entered onto the Electronic Health Record System to highlight the client is undergoing cytotoxic therapy.

### 2.4.2 Febrile Neutropenia - Urgent Attention Required

If any client who has received chemotherapy in the previous two weeks presents with a temperature of  $\geq 38^{\circ}\text{C}$  they must receive immediate attention as it may be a symptom of febrile neutropenia. This is most likely to occur seven (7) to 14 days after chemotherapy and is a serious condition. [Contact](#) the regional oncology / haematology team for advice.

## 2.5 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 the references [below](#).

## 2.6 Contact Details

Services	Telephone (BH)
<a href="#">Alan Walker Cancer Care Centre</a>	08 8944 8220
Alice Springs Hospital Pharmacy	08 8951 7570
ASH Cancer Support Nurse	08 8951 7777 (ASH Switchboard)
<a href="#">Cancer Council NT</a>	1800 678 123 / 08 8944 1800
Katherine Hospital Cancer Support Nurse	08 8973 9073 / 0475 952 976
<a href="#">Leukaemia Foundation</a> - Support and Counselling line	1800 620 420 (9am - 5pm Mon - Fri)
Poisons Information Hotline	13 11 26
RDH Cancer Support Nurse / Oncology / Haematology staff	08 8922 8888 (RDH Switchboard)
Royal Darwin Hospital Pharmacy	08 8922 8307
<a href="#">The Cancer Council Helpline</a>	13 11 20 (9 am - 5 pm Mon - Fri)

**Document Quality Assurance**

	Method	Responsibility
<b>Implementation</b>	Document will be accessible via the Policy Guidelines Centre and Remote Health Atlas	Health Policy Guidelines Program
<b>Review</b>	Document is to be reviewed within three years, or as changes in practice occur	Atlas Development Officer, PHC Remote CAHS
<b>Evaluation</b>	Evaluation will be ongoing and informal, based on feedback.	Atlas Development Officer, PHC Remote CAHS

**Key Associated Documents**

Forms	<a href="#">Client Specific Department Funded Medicines Request Form</a>
<b>Key Legislation, By-Laws, Standards, Delegations, Aligned &amp; Supporting Documents</b>	<p> <a href="#">Issuing and Administering Medicines PHC Remote Guideline</a>  <a href="#">Prescriptions PHC Remote Guideline</a>  <a href="#">Regional Hospital Pharmacy PHC Remote Guideline</a>  <a href="#">Return of Unwanted Medicines PHC Remote Guideline</a>  <a href="#">Standard Drug List PHC Remote Guideline</a> </p> <p> <b>Related DoH documents – Policy and Guideline Centre</b>  <a href="#">Cytotoxic Drug Management RDH Guideline</a>  <a href="#">Chemotherapy Oral Administration RDH &amp; KH Procedure</a>  <a href="#">Febrile Neutropenia Initial Management RDH Pathway</a>  <a href="#">Febrile Neutropenia Initial Management ASH Pathway</a>  <a href="#">Oral Cytotoxics Administration for Non Cancer Related Treatments RDH &amp; KH Procedure</a>  <a href="#">CAHS Cytotoxic Drugs Management Guidelines</a>  <a href="#">Intravenous Antiviral Cytotoxics (Ganciclovir &amp; Cidofovir) Administration RDH Procedure</a>  <a href="#">Melioidosis RDH Guideline</a>  <a href="#">Centre for Disease Control (CDC) Melioidosis site</a>  <a href="#">NT Radiation Oncology (NTRO) website – Alan Walker Cancer Care Centre</a>  <a href="#">Waste Management PHC Remote CAHS Guideline</a>  <a href="#">Clinical and Related Waste Management TEHS Guideline</a> </p> <p> <b>Other Related References</b>  <a href="#">Cancer Council Australia</a>  <a href="#">Cancer Council NT</a>  <a href="#">Cancer Institute NSW</a>                      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.  <a href="#">Complex Authority Required - Highly Specialised Drugs</a>  <a href="#">eviQ Cancer Treatments online</a> (includes the booklet 'Cancer treatment side effects – A guide for Aboriginal Health Workers')  <a href="#">Guidelines for the safe prescribing, dispensing and administration of cancer chemotherapy</a>. Clinical Oncological Society of Australia (2008).                 </p>

	<p>DoH <a href="#">e-Library</a> - staff login required to access the e-Library and the following resources:</p> <p><a href="#">MIMS online</a></p> <p><a href="#">Australian Medicines Handbook</a></p> <p><a href="#">Australian Standards Online Premium</a>: HB 202 – 2000: A Management System for Clinical and Related Wastes – Guide to Application of AS/NZ 3816 – 1998, Management of Clinical and Related Wastes</p> <p><a href="#">ChemAlert</a></p> <p><a href="#">Therapeutic Goods Administration</a> website</p> <p><a href="#">General Requirements for Labels for Medicines</a></p> <p><a href="#">Best Practice Guideline on Prescription Medicine Labelling</a></p> <p><a href="#">Society of Hospital Pharmacists Australia</a></p> <p>Standards of Practice for the Provision of Oral Chemotherapy for the Treatment of Cancer</p> <p><a href="#">NT Work Health and Safety (National Uniform Legislation) Act and Regulations</a></p> <p><a href="#">NT WorkSafe</a> website:</p> <p>Forms and Resources webpage - <a href="#">Labelling of workplace hazardous chemicals</a></p> <p><a href="#">Clean Room Garments (CRG) Healthcare</a> website:</p> <p><a href="#">Hazardous Drug Spill Kit Training</a> video</p> <p><a href="#">PowerPoint Spill Kit Training Manual</a></p>
References	As Above

**Definitions**

Preferred Term	Description
<b>Supportive (Adjuvant / Adjuvative) Medicines:</b>	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.
<b>Antineoplastic:</b>	acting to prevent, inhibit or halt the development of a neoplasm (a tumour).
<b>Cytotoxic therapy:</b>	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.
<b>Chemotherapy:</b>	treatment with cytotoxic drugs or a standardised treatment regimen consisting of a combination of these drugs.
<b>Targeted therapy:</b>	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.

**Evidence Table**

Reference	Method	Evidence level (I-V)	Summary of recommendation from this reference
N/A	N/A	N/A	N/A