

Oncology/Haematology Risk Assessment Tool - Primary Healthcare Professionals Version

Instructions for use



In partnership with

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Introduction

Macmillan has worked in partnership with health care professionals to develop an Oncology/ Haematology Risk Assessment Tool for Primary Healthcare Professionals.

This reliable, easily used tool ensures that patients who suffer from complications/toxicities relating to systemic anti-cancer treatment (including chemotherapy) are identified and managed appropriately in order to achieve the best possible outcome.

The tool is a guideline for best practice in the appropriate treatment and management of patients with specific conditions; it should be used in conjunction with the health care practitioner's judgement.

This document details: -

- The background and reasons for using such a risk assessment tool
- The risk assessment process
- Instructions for use

You should read this document carefully before using the assessment tool.

Background and reasons for use

The use of systemic anti-cancer treatment has expanded markedly in recent years. The Chemotherapy Intelligence Unit of the National Cancer Intelligence Network Cumulative Data Completeness Report 2015-2016 reports that 182,811 patients in England commenced treatment between with over 959,605 cycles of treatment administered ¹.

The number of regimes available for individual tumour sites has increased and as new agents have been developed many more tumour sites are now suitable for treatment. Systemic anti-cancer treatment (SACT) has changed in nature due to a better understanding of molecular biology. Besides traditional cytotoxic therapy (chemotherapy) there are now targeted therapies such as monoclonal antibodies (e.g. Herceptin), small molecules (e.g. Glivec) and most recently immunotherapy (e.g. Yervoy).

Although SACT will result in adverse effects for the majority of patients, these effects can usually be alleviated with careful management and support. However all patients should be closely monitored if they show any signs of toxicity or complications. Deterioration may be rapid and the consequences of delay life-threatening, as demonstrated in 2008 National Confidential Enquiry into Patient Outcome and Death (NCEPOD) report 2 . This reviewed patient deaths that occurred within 30 days of receiving SACT, and a number were found to be related to complications and toxicities caused by the treatment they had received. Amongst this group were patients who either delayed contacting the oncology team for advice or who had not been identified as an emergency by a member of the primary care team.

This group of patients should be managed with caution and it should be assumed that they are at high risk of developing potentially life threatening complications until proven otherwise; The same urgency of approach that is promoted for suspected Myocardial Infarction or Meningitis should be adopted.

Both the NCEPOD study² and Royal College of Physicians report 'Cancer patients in crisis³ responding to urgent needs', recognised that health professionals in both the primary and secondary care settings did not always have specialist knowledge and experience of chemotherapy patients. As a result, they did not always recognise the significance of commonly presenting symptoms in this high-risk group of patients.

The recognition and recording of toxicities/complications is also vital in the on-going management of the patient, they may require a dose modification or delay in treatment to minimise the risk of an adverse event on a subsequent treatment cycle

All patients receiving systemic anti-cancer treatment are provided with emergency contact numbers for a 24-hour advice line, they are asked to contact this number if they are worried about any symptoms or problems that arise. Though the majority of patients do contact the advice lines as directed, some may not recognise the significance of symptoms or are not sure whom to contact. This group of patients may instead present to a number of health care professionals: accident and emergency, general practitioner, community nursing team or community pharmacists.

The Oncology/Haematology Risk Assessment Tool for Primary Healthcare Professionals.

Working with Macmillan GPs, we have developed a risk assessment tool that can be used by primary care health care professionals to highlight patients who are at risk of complications of cancer treatment and direct them to the specialist teams for further assessment and management. The tool also prompts the user to identify and record their local advice line contact numbers and ensure they are easily accessible if needed. Advice lines may also be called help lines or hot lines depending on local policy.

This tool has been adapted from the United Kingdom Oncology Nursing Societies 24 Hour Triage Tool, which was launched in 2010 and is now widely used across the country for oncology/haematology advice line triage services.

The adapted tool acknowledges the lower threshold for concern that should be applied to patients who are at risk of developing complications due to their disease or treatment.

The assessment process is based on the patient's presenting symptoms and is not reliant on knowing current treatment and medical history. Extensive knowledge of specialist treatments is not needed. The symptoms and conditions covered by the tool are not exhaustive; patients may report problems/symptoms that are not included in the assessment tool. In this situation the user is advised to seek specialist advice and guidance.

The tool is a guideline, which makes recommendations for best practice, these are not binding and should be seen as suggestions and or advice. They do not replace clinical judgment or remove autonomy⁴.

Patient group

The assessment tool and risk assessment process can be applied to oncology/haematology patients who:

- Have received systemic anti-cancer treatment
- Have received radiotherapy
- Are at risk of disease-related immunosuppression.

Risk Assessment Process Instructions For Use

The risk assessment tool is based on the Common Terminology Criteria for Adverse Events (CTCAE V4.3) 5. This is a descriptive terminology widely utilized for measuring side effects for patients receiving systemic anti-cancer treatment or radiotherapy.

The assessment tool applies a Red, Amber or Green risk level to the patients presenting symptom/s and grade.

A symptom that is graded RED is classified as urgent and the advice line should be contacted immediately. Patients may require urgent assessment in a suitable clinical area that provides access to investigation and treatment facilities. The advice line team will arrange assessment and/or further monitoring for the patient if required.

Exceptions:-

- A number of the RED presentations give directions to bypass the advice line and refer directly to accident and emergency: see chest pain, bleeding and severe infection.
- If, in the user's view, the patient is too unwell to wait for telephone advice and requires urgent review and management, then refer directly to accident and emergency.

A symptom that is graded AMBER should be discussed with the advice line as soon as possible.

A symptom that is graded GREEN should be monitored closely by the patient. If it worsens or does not resolve, then they should contact the advice line without delay.

Tips for users:

1. Patients will often report the symptom that is the most troublesome to them but neglect to mention other symptoms that may be more significant to the healthcare professional. Therefore once the patient's initial concern has been graded, the user should use the tool as a checklist to ensure that other problems are not missed.
2. If you feel that the guideline is not appropriate to an individual situation contact the advice line for guidance
3. Be aware that the timeframe in which patients may experience side effects varies according to the type of treatment they have received. For some agents, for example immunotherapies, side effects can start many months after treatment has begun and can start only after treatment has in fact finished.
4. Be cautious, if in doubt contact the advice line.
5. Feel free to contact the advice line yourself or provide facilities for the patient to speak to the advice line team: patients should be encouraged to contact the advice line if required, before ending the consultation.

Terms and Conditions for Use

The Oncology/Haematology Risk Assessment Tool for Primary Healthcare Professionals is a guideline and should be approved for use by the appropriate organizational governance group prior to implementation.

The governance responsibility for the use of the tool rests wholly with the service provider

The content of the toolkit will be regularly reviewed and made available on both the Macmillan and UKONS websites. Other parties are permitted to make use of the content within the toolkit and append locally applicable material. However, Macmillan Cancer Support will not quality check these amendments. In addition, we will not endorse, support or otherwise accept any liability in relation to any amended versions of the toolkit.

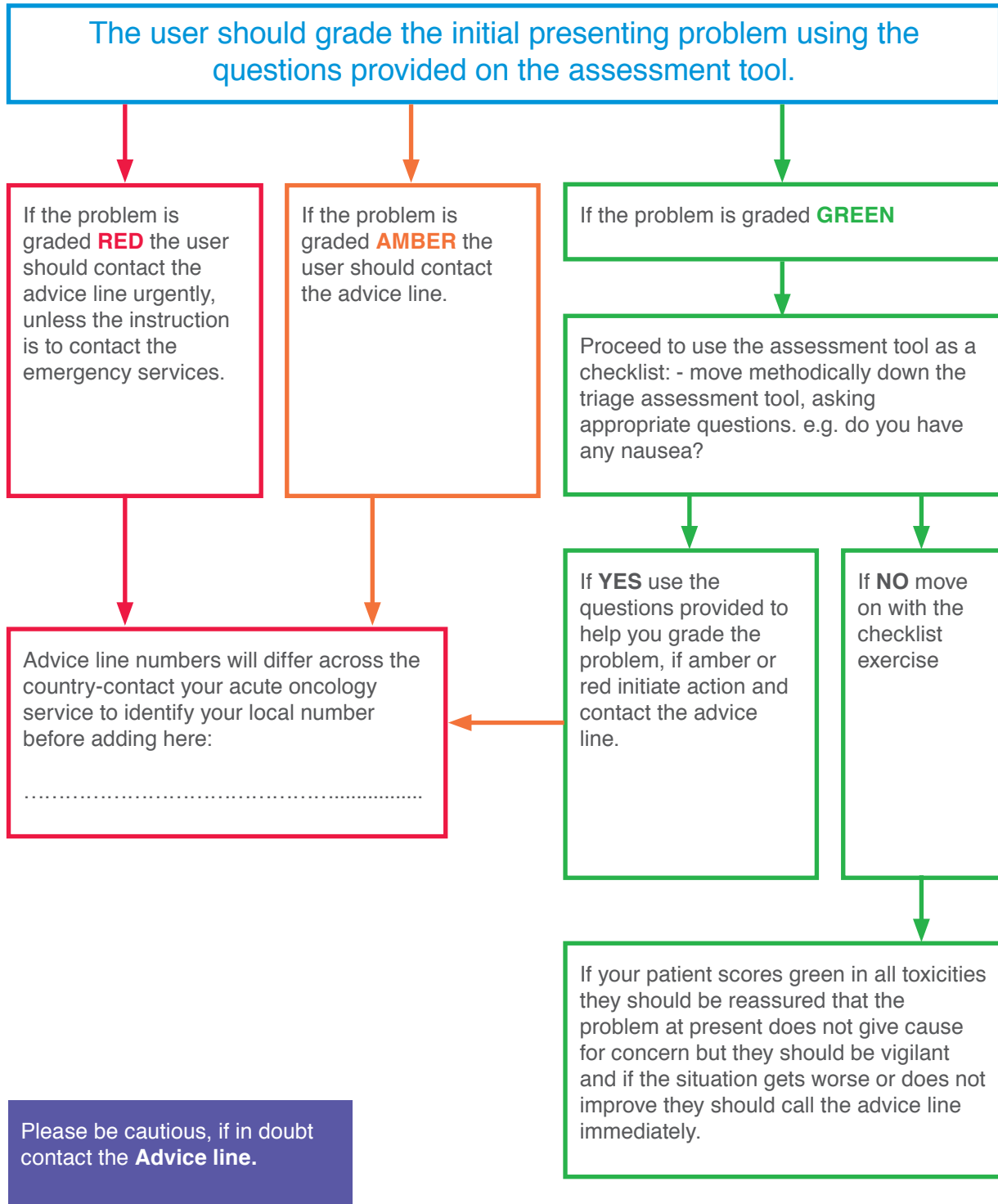
Please note the toolkit aims to share learning and good practice, but it is, of necessity, brief in nature.

Information contained in the toolkit is not a substitute for your own clinical judgment or taking specialist professional advice in appropriate circumstances.

Macmillan Cancer Support do not accept any liability for loss of any type caused by reliance on the information in this toolkit – in so far as any such liability cannot be excluded by law.

Step by step process

It is vitally important that the process is methodical and thorough in order for it to be useful and provide an accurate risk assessment. There are a number of questions to ask and information that will need to be collected to make sure that the correct advice is given.



References

1. The Chemotherapy Intelligence Unit of the N C I N, Cumulative Data Completeness Report 2015-2016 <http://www.chemodataset.nhs.uk/reports/>
2. NCEPOD, Systemic Anti-Cancer Therapy: For better, for worse? (2008). <http://www.ncepod.org.uk/2008sacttoolkit.html> (last accessed 14.07.2017.)
3. Royal College of Physicians (2012), Cancer patients in crisis: responding to urgent needs. <https://www.rcr.ac.uk/publication/cancer-patients-crisis-responding-urgent-needs> (last accessed 14.07.2017)
4. Scottish Intercollegiate Guidelines Network (SIGN).
SIGN 50: a guideline developer's handbook. Edinburgh: SIGN; 2015.
(SIGN publication no. 50). [November 2015]. Available from URL: <http://www.sign.ac.uk/sign-50.html> (last accessed 14.07.2017)
5. Common Terminology Criteria for Adverse Events (CTCAE) Version 4.0: May 28, 2009 (v4.03: June 14, 2010) https://evs.nci.nih.gov/ftp1/CTCAE/CTCAE_4.03_2010-06-14_QuickReference_8.5x11.pdf (last accessed 14.07.2017)

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