FAQ Document for Guidance on the Safe Use of Intrathecal Chemotherapy in the Treatment of Cancer

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Introduction

Intrathecal Chemotherapy (ITC) is an important component of the management of malignancy and symptom control. It is a prime example of a procedure which should be identified within a clinical service as having high risk associated with it. Effective clinical governance therefore requires that there is an explicit local strategy to contain that risk.

The NCCP led on the development on the following national polices[1] for intrathecal chemotherapy and neurotoxins in response to recommendation 71 of the NCCP Oncology Medication and Safety review[2]:

- Guidance on the Safe Use of Intrathecal Chemotherapy in the Treatment of Cancer
- Guidance on the Safe Use of Neurotoxic Drugs (including Vinca Alkaloids)
- NCCP Criteria for Acting as an Assessor of Competence – Intrathecal Chemotherapy
- NCCP Guidelines for the assessment of competency for the provision of intrathecal chemotherapy.

Since the publication of these documents there have been a number of queries on the "Guidance on the Safe Use of Intrathecal Chemotherapy in the Treatment of Cancer". This Frequently Asked Questions (FAQs) document is intended to clarify the queries raised.

The FAQs are detailed under the relevant recommendation number.

[1] These documents are available on the NCCP website at www.hse.ie/nccponcsafetyreview

[2] The NCCP Oncology Medication Safety review was conducted across the 26 hospitals in Ireland involved in the administration of systemic cancer therapy in adults and children. The aim of this review was to assess the oncology medication policies and practices in day units nationally, from a patient safety and quality perspective.

Recommendation 31 FAQs

Rec. 31	Each hospital should have a policy in place which indicates the order of administration if a patient is to receive ITC chemotherapy on the same day as other non-ITC parenteral chemotherapy[3]. There should be written confirmation[4,5] that either i. All other non-ITC parenteral chemotherapy for a given patient for a given day, has been administered to that patient before any ITC for that patient are issued by pharmacy for administration on that day. (Where a regime involves ITC combined with continuous intravenous infusion, there should be written confirmation that IV infusion has already begun before ITC is issued from the pharmacy.) or *ii.* All ITC for a given patient for a given day, has been administered to that patient before any non-ITC chemotherapy is issued by pharmacy for administration on that day. *Note: The only exception to this sequencing is where ITC is to be given to children under general anaesthetic.* *Specific safeguards should be put in place, and documented by the hospital, to facilitate this exception.*

Question 1.

Intrathecal Chemotherapy Recommendation No. 31 states the need for written confirmation to confirm that Intrathecal Chemotherapy has been administered to a patient before non-Intrathecal Chemotherapy for the same patient can be issued from Pharmacy (or vice versa). Would an email, sent to a secure Pharmacy Aseptic Compounding Unit email account, suffice as written confirmation?

Answer

The form by which written confirmation is acceptable should be detailed in the local SOP governing intrathecal chemotherapy. If an email is sent to a secure pharmacy aseptic compounding unit email account by a named user with secure email account and this email can then be printed (or saved in an electronic manner to satisfy the requirement of the SOP)

[3] See ITC Recommendation 39 - neurotoxins must never be administered on the same day as intrathecal chemotherapy

[4] Written confirmation could include paperwork such as the signed administration record or a stand-alone declaration that the intravenous chemotherapy administration is complete.

[5] Where an electronic administration system is in use for chemotherapy the confirmation on the electronic record that the intravenous chemotherapy administration is complete, or in the case of an intravenous chemotherapy infusion that the infusion has commenced, will replace the requirement for written confirmation.

and this is detailed in the SOP, this is a stand-alone declaration that the intravenous chemotherapy administration is complete and (as per footnote) is in line with recommendation 31.

Recommendation 35 FAQs

Intrathecal Chemotherapy Rec 35	• Syringes with yellow barrels should be used for intrathecal chemotherapy and/or a yellow label placed on the individual syringe stating that it is for intrathecal administration only. • Where the above is not possible, the syringe containing intrathecal chemotherapy should be placed in a sealed bag, which is then placed in a secondary yellow bag. • Hospitals should ensure, where possible, that yellow packaging is not used for other (non-Intrathecal) chemotherapy. • Arrangements for transport and delivery should be in line with local hospital policies, as per Rec 34.

Question 1.

1. My hospital uses yellow bags for the packaging of other parenteral medications. Do I need to change the existing practice to accommodate recommendation 35?

Answer

Colour coding of Intrathecal Chemotherapy

- The Intrathecal Chemotherapy project board gave a lot of consideration to different types of Systemic Anticancer Therapy (SACT) in the development of this the issue of colour coding for document. The final wording highlights that all hospitals were invited to provide information on their existing colour coding for the SACT but it was apparent from this exercise that there was no consensus on colour coding in place.
- The recommendation states that syringes with yellow barrels and/or a yellow label placed on the syringe (stating that it is for intrathecal use only) is the ideal but that where this is not possible, a yellow outer packaging bag may be utilised. It is recommended that hospitals should ensure that yellow packaging is not used for other non Intrathecal Chemotherapy. This does not preclude its use in other products such as PCEA.
- These recommendations are for implementation in all sites.

Recommendation 41 FAQs

Intrathecal Chemotherapy Rec 41	There should be a designated area or areas for the division of the service, where Intrathecal Chemotherapy is given which should fulfil the following criteria: • When Intrathecal Chemotherapy is being administered in the area it should not be used for any other purpose for at least the entire session. This precludes its use for any other form of chemotherapy for that session. • Chemotherapy drugs for administration by other parenteral routes may never be stored in the area even when it is not in use. *Note: Any plans for 'new build' chemotherapy units or the updating of existing chemotherapy units must include provision for a permanently designated area for administration of Intrathecal Chemotherapy if the Hospital wishes to provide this service. This does not preclude its use for other activities when not required for Intrathecal Chemotherapy administration.*

Question 1:

Can this area be used for any other purpose if Intrathecal Chemotherapy administration is not required in that session?

Answer:

The designated area or areas where Intrathecal Chemotherapy is given may be utilised for other activities when not in use for Intrathecal Chemotherapy administration. The only restriction is a storage restriction - "that chemotherapy drugs for administration by other parenteral routes may never be stored in the area even when it is not in use".

Question on Sample Patient Information – Appendix 1

Question 1

Appendix 1 of the "Guidance on the Safe Use of Intrathecal Chemotherapy in the Treatment of Cancer" which has a sample patient information leaflet details that "You will be asked to lie flat on your back on the bed for about 4 to 6 hours after the procedure." Do I have to implement this as it is not reflective of current practice at my site?

Answer

This is recommended in the sample patient information and is intended for use as an example of a patient information leaflet. It is for adaptation locally to suit local practices and is not prescriptive.