Pre-assessment SACT SOP

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VALIDATED BY: LSCCA SACT Clinical Reference Group		**DATE:** 12 November 2024	
This policy has been written in context of National policy with acknowledgement to the Northern Cancer Alliance Chemotherapy administration policy as a reference.			
(NOTE: Review dates may alter if any significant changes are made).		**REVIEW DATE:** 01 November 2026	

AMENDMENT HISTORY

(*Complete for existing documents that need amendment within their 3 year life span)*

Version No.	Date of Issue	Page/Selection Changed	Description of Change	Review Date

Clinical Procedure

Pre- Treatment and Pre-Assessment Process for Systemic Anti-Cancer Therapy (SACT) for designated SACT units within the Lancashire and South Cumbria alliance (East Lancashire Hospitals NHS Trust, Lancashire Teaching Hospitals NHS Foundation Trust, Blackpool Teaching Hospitals, University Hospitals of Morecambe Bay NHS Foundation Trust)

1.0 BACKGROUND

The use of Systemic Anti-Cancer Therapy (SACT) is increasing year on year, and the types of agents are growing with various new forms of treatment available, which may complement or replace conventional chemotherapy. Treatment with SACT is associated with complex risks with respect to administration and toxicity; in addition, the risks and benefits of receiving these treatments will differ from patient to patient. Because of these issues, the process of consent for SACT requires considerable expertise. It carries specific responsibilities and although the law does not require written consent, it is good practice that consent for SACT is best supported by written consent following a full discussion of the intended benefits and the associated risks. The consenting health care professional and the patient must both sign the consent form confirming that the discussions have taken place and that the patient understands the treatment and plan; this will also be documented in the patients' medical records relevant to the treating trust.

The Manual for Cancer Services recommends that all patients should have the opportunity for a routine second consultation with a suitably trained and experienced healthcare professional prior to commencing treatment to ensure that the patient has a full understood the following:

- Why the treatment has been offered
- What the treatment involves
- Risks versus benefits
- Side effects and toxicities
- That they can withdraw at any time

The Quality Surveillance Programme (QSP) stipulates that:

"There should be a consultation for each patient, prior to starting a new course of chemotherapy, whether it is their first course, or they have previously undergone a course or courses of chemotherapy and takes place separately from and after any consultations at which the chemotherapy treatment plan is agreed with them".

2.0 PURPOSE

The purpose of the pre-treatment assessment is to provide the patient with second consultation as recommended in the Manual for Cancer Services. It is a robust procedure put in place that reconfirms the patient has been fully informed with all information that is required to allow them to make informed decision. It also ensures all pre-tests and investigations have been performed to enable the patient to safely commence treatment and will minimise issues on the day of treatment. In addition, it improves patient safety and patient experience by offering the patient the opportunity to ask questions and highlight concerns.

The pre assessment provides a centralised multi-professional approach to the care of patients receiving SACT at dedicated units across Lancashire & South Cumbria alliance supported by the multi-professional team. With the

overall responsibility for the care of the patient remaining with the treating consultant and clinical team within the local area.

Pre-treatment videos have been created collaboratively with the four trusts within the Lancashire and South Cumbria cancer alliance to ensure patients are receiving consistent information and education. The videos cover a wide range of topics including a tour of their treatment unit, information for the 24-hour Helpline service and how and when to contact them, an overview of side effects of treatment, advise about scalp cooling (if appropriate), advise the patient to obtain a thermometer and the reason for this request, education around the importance of timing requirements for blood tests, a general overview of what to expect and signposting to relevant services such as the Macmillan Cancer Information Support Service (MCISS) at each of the four trusts.

3.0 DEFINITIONS

- For the purpose of this document, the term Systemic Anti-Cancer Treatment (SACT) will be used to refer to all drugs with anti-tumour activity including conventional cytotoxic drugs, monoclonal antibodies, Immunotherapy and targeted treatments.
- The term Pre-Treatment Assessment will be carried out prior to cycle 1 or starting any new treatment.
- The term Pre-Assessment will be carried out prior to each following treatment (i.e. C1 D8 or C2)
- The term Pre-Treatment Video are a series of patient education videos offering support and advice prior to starting treatment.

4.0 SCOPE

In Scope

- All patients requiring first Line SACT with or without Radiotherapy.
- All existing patients who have had their SACT pathway changed to a new line of treatment.
- The Clinical Teams / Consultants will have overall accountability for the patient.
- All clinical teams trained in the SACT delivery process.

Out of Scope

- All patients who are required to restart the same treatment within a six-month period.

5.0 SCHEDULING OF TREATMENT AND PRE-TREATMENT ASSESSMENT

- SACT and Pre-treatment assessments will be scheduled following receipt of the electronic booking form on iQemo complete by the clinical team.
- The SACT scheduler will:
    1. Schedule the first treatment appointment based on the recommend request URGENT, SOON or ROUTINE
    2. Schedule the pre-treatment assessment preparation appointment 3 days prior to the first treatment appointment with the TRIAGE NURSE in the iQemo diary
    3. Schedule the pre-treatment assessment appointment on the day behalf the first treatment is due with the TRIAGE NURSE in the iQemo diary.
    4. If patient requires an interpreter or additional support, hearing loop etc. these will be booked by the scheduler on request from the booking form as per local trust policy

5. Schedule the insertion of a CVAD device as requested as per local trust policy
6. The scheduler will liaise with the nursing team if there are clinical requests on the booking form which the nursing team need to request/follow up

- The scheduler will contact the patient with the details of the appointment and send a copy of the appointment details in the post. This will include the details for the pre-treatment videos along with either the Macmillan or Cancer Research treatment specific information. This is to ensure the patient has been provided with all relevant written information regarding the regimen and potential side effects and where to obtain further advice or information. Individual trusts may choose to send further specific information.

Pre-treatment assessment preparation by the nursing team:

- Check iQemo to ensure treatment is prescribed. If treatment has not been prescribed the Consultant must be contacted immediately to arrange completion of the prescription.
- Review any pre investigations results including bloods results, ensuring they have been performed.

Baseline Investigations:

It is recommended that baseline investigations carried out before initiation of SACT which includes immuno-oncology treatment include:

- FBC
- U+E and LFTs
- Bone profile
- TFTs
- Cortisol
- Glucose and HBA1C
- Hepatitis B (surface antigen and core antibody), Hepatitis C, HIV, CMV
- Hormone profile as appropriate e.g. testosterone in male patients
- Amylase
- Troponin and BNP
- ECG
- Consideration of echocardiogram if significant cardiac history and/or elevated baseline troponin/BNP
- TB Quantiferon should be considered as a baseline investigation for patients receiving combination therapy with ipilimumab and nivolumab, given the significant risk of grade 3/4 colitis and the potential requirement for infliximab or vedolizumab. Consideration of TB Quantiferon testing is also recommended for all patients presenting with G2 non-resolving colitis (if not carried out at baseline) as escalation to biologics may be required.

- Blood test must be no more than 14 days prior to the date of the first treatment. If the blood results are out of range, the patient will need to be re-bled, and the bloods dealt with as clinically indicated.
- Check the patient has consented to treatment and the consent form is available to view. If the patient has not provided consent to treatment, then the consultant team will be informed.
- Complete the Cancer Research 'your treatment record' ready for the patient when attending for their first cycle of treatment.
- Discuss scalp cooling if appropriate – inform the chemo unit if additional appointment time is required.
- Offer wig prescription and list of providers if appropriate and record this on the EPR.
- Ensure the patient has been provided with all relevant written information regarding the regimen and potential side effects and where to obtain further advice or information.
- Ensure that the information provided is given in the correct format/language.
- Ensure that the patient understands their treatment plan.
- Ensure that the patient and carer are given time to express any concerns/worries they may have regarding their treatment and answer any outstanding questions.

- If pre-medication is required for treatment, ensure patient has had this and understands when / how to take it.
- Ensure the patient has a thermometer, knows how to use it.
- Ensure patient has been educated regarding the timing requirements for blood tests prior to the SACT appointment.
- Provide the patients with the ALERT card and ensure it contains the correct patient and treatment information.

- The TRIAGE NURSE will telephone the patient and complete the 'pre-assessment checklist' on iQemo on the day prior to the first treatment cycle.
- The TRIAGE NURSE will check if the patient has watched the pre-treatment videos, checking if the patient has further questions prior to starting treatment. If the patient requires referrals to members of the MDT, the TRIAGE NURSE will complete these.
- Depending on if the patient is then receiving Chemotherapy, Immunotherapy or Oral Chemotherapy the TRIAGE NURSE will complete the relevant assessment in the patients record on iQemo (Immunotherapy pre-treatment assessment telephone clinic, Oral Chemotherapy Preassessment and First Cycle or Pre-Chemo triage)
- If the patient can go ahead with treatment, treatment is taken off hold which will indicate to pharmacy treatment will be required for administration as scheduled the following day. Please follow trust specific processes for liaising with the oncology pharmacy team.

Any issues raised at pre-treatment assessment, the appropriate Consultant/Clinical team will be informed via email/telephone/electronic prescribing system and any further appointments / investigations as a result, will be arranged. The issues and plan for resolution must be clearly documented in the notes section on iQemo.

On the day of treatment:

- Check patients' height and weight with shoes and outdoor coat removed and document height and weight on iQemo.
- Check patients' blood pressure, pulse, temperature, oxygen saturations, respiration rate and record NEWS2 score as baseline for the patient and document on iQemo.
- Ensure there has been no clinical changes with the patient based on the pre-treatment assessment the previous day.
- Ask the patient if they would like to watch the pre-treatment video on a device on the unit, answering any questions or concerns raised by the patient prior to starting treatment.
- Go ahead with treatment as planned, completing the 'Chemotherapy Administration Document' on iQemo.
- The patient will leave with next appointments for pre-assessment (the day prior to) and next treatment appointment booked by the scheduler.

6.0 SCHEDULING OF SUBSEQUENT TREATMENTS AND PRE-ASSESSMENT

- The SACT scheduler will ensure next pre-assessment is booked for the TRIAGE NURSE and treatment appointments are booked in the iQemo diary.
- The TRIAGE NURSE on the day prior to treatment will contact the patient to pre-assess to ensure the patient is clinically well to go ahead with treatment the next day as planned; following the flow chart Appendix 9.1.
- Review any recent blood results. Repeat blood tests if clinically indicated, or if patient has been an inpatient since the last blood tests. Blood test results must correlate with the recommendations for time frames pretreatment in the SACT protocol (i.e. 48, 72 hours. Monthly bloods).

- Ensure all additional tests and investigations have been performed if requested by the clinical teams since last follow up appointment.
- Give the go ahead for treatment and take off hold prior to administration the next day.

7.0 TRAINING

All nurses (Band 4, 5, 6, 7) who perform the clinical element of the pre-assessments will be qualified in the administration of SACT and must have completed the UKONS SACT Passport. SACT nurses should also ideally be working towards or have completed a specific university accredited nationally recognised qualification.

Investigations (i.e. ECG, Blood tests, height and weight, observations) may be undertaken by a band 3 health care support worker.

The responsibility for interpretation of any clinical results lies with the SACT trained nurse/Clinical team.

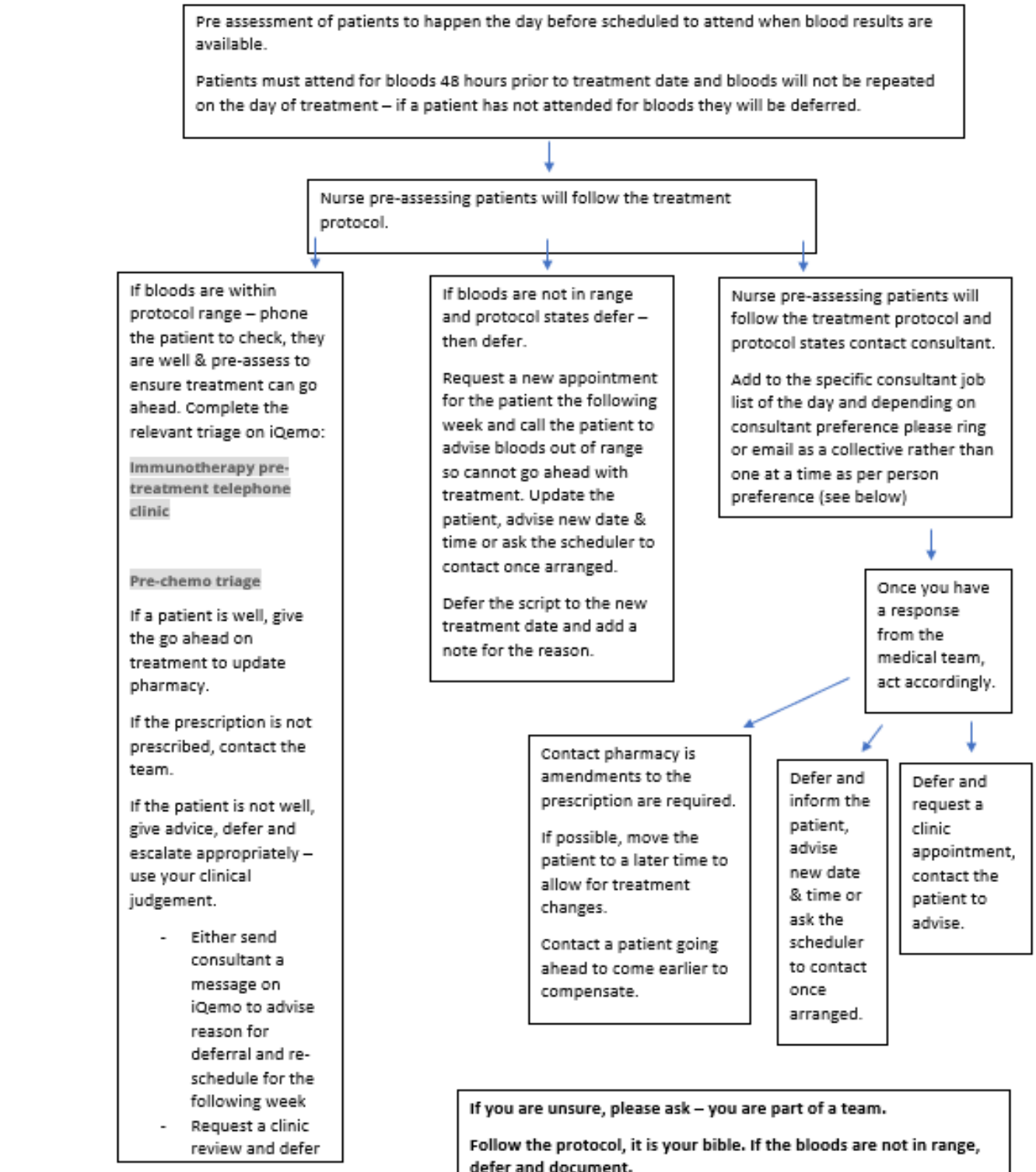
The Nurse Educator for the host trust will ensure SACT nurses are competent and compliant with their clinical skills (i.e. cannulation, ECG)

8.0 REFERENCES

- United Kingdom Oncology Nursing Society https://www.ukons.org/
- National Cancer Action Team (2011) Manual for Cancer Services, Chemotherapy Measures: Chemotherapy Measures. Version 1.0.
- Nursing Midwifery Council (2018) The Code Professional Standards of practice and behaviour for nurses midwives and Nursing Associates.
- NHS England: 2013/14 NHS STANDARD CONTRACT FOR CANCER: CHEMOTHERAPY (ADULT) https://www.england.nhs.uk/wp-content/uploads/2013/06/b15-cancr-chemoth.pdf

9.0 APPENDIX

9.1 Flow chart for TRIAGE NURSE for Pre-Assessment (all treatments expect Cycle 1)



- **Ensure you check thyroid, cortisol and ALT for immunotherapies – refer to the IO Stop Go checklist (appendix 9.2)**
- **Check CA125 for ovarian patients.**
- **Check if any tumour markers have dramatically increased.**
- **Check creatinine for Carboplatin.**
- **Check creatinine clearance for Cisplatin's in case of dose reduction -**
- **If relevant, check ECHO or MUGA is in date – refer to the cardiac toxicity algorithm (appendix 9.3)**

Appendix 9.2 Immunotherapy STOP GO Checklist

	Immunotherapy STOP GO checklist
Signs and symptoms	GO grade 1 or no toxicity GO no admissions since last treatment GO no change in medication GO no deterioration of symptoms and/or new symptoms GO less than 5kg weight change GO patient feels well GO FBC results normal GO Thyroid function normal GO Cortisol level normal GO AST and bilirubin normal GO blood glucose normal GO no rash or grade 1 rash GO no colitis signs GO no pneumonitis signs/symptoms GO no hepatitis signs GO no nephritis signs GO no endocrine symptoms GO no neurological symptoms GO no ocular symptoms

Appendix 9.3 Cardia Toxicity Algorithm