

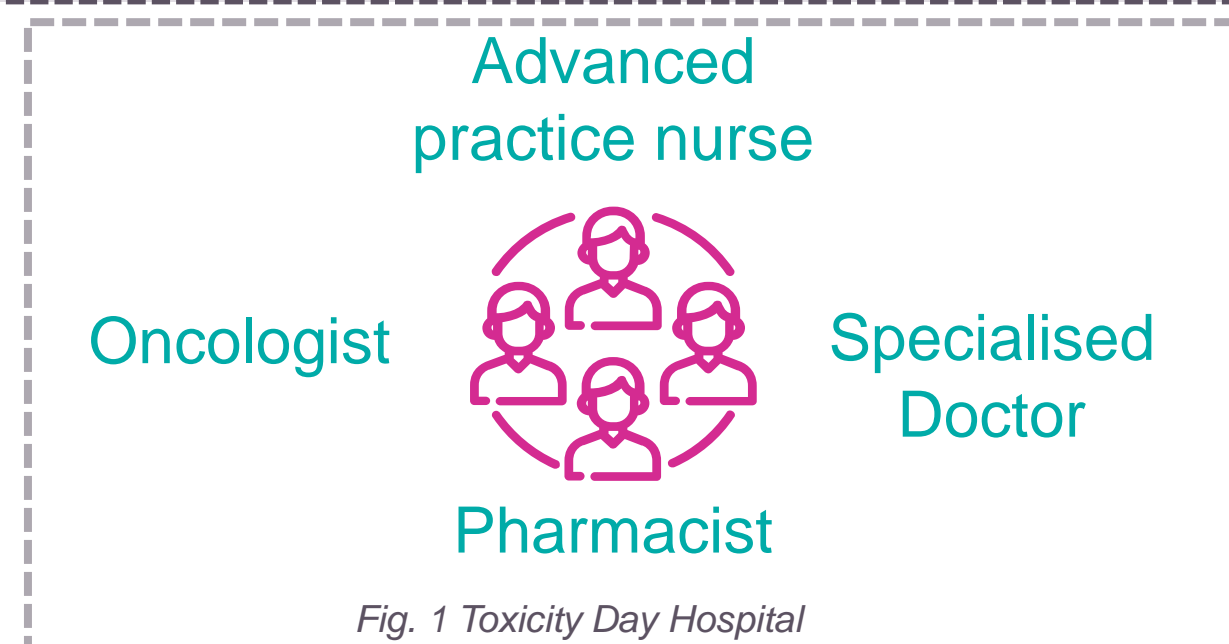
Managing anticancer drug toxicity : A toxicity pathway incorporating an advanced practice nurse : Retrospective observational descriptive study

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BACKGROUND

Gustave Roussy Institut offers early specialist care for patients suffering from the **side effects of cancer treatment**. A day hospital dedicated to toxicity management, with an **advanced practice nurse (APN)**, has been set up. Patients are referred by their **oncologist** in the event of treatment toxicity. They then meet with an APN, who takes a medical, family history and lifestyle, as well as identifying their supportive care needs. A **specialised doctor** then investigates differential diagnoses and drug liability, prescribing additional tests and managing toxicity. A **pharmacist** then assesses dosage and drug interactions, drawing up pharmacovigilance declarations. This coordinated, **multidisciplinary approach** brings together paramedical, medical and pharmaceutical skills.



OBJECTIVE

Estimate the proportion of patients **referred for supportive care** by the advanced practice nurse at the toxicity day hospital.

METHODS

Retrospective observational descriptive study
Data collection : spreadsheet based on reports from Toxicity day hospitals
Duration of the study : 01/01/2023 to 31/08/2023
Internal data storage at Gustave Roussy

CONCLUSION

The creation of a day hospital specialising in the **detection and management of cancer treatment toxicities**, incorporating an advanced practice nurse adopting a **holistic and biopsychosocial** approach, has played a key role in identifying **patients' support care needs**. Thanks to this initiative, it has been possible to detect patients' specific needs more effectively and refer them to the appropriate supportive care, thereby ensuring a better **quality of life** and **appropriate support** throughout their cancer treatment journey

RESULTS

n : 195 Patients

Patient's characteristics		
N	195	
Gender		
Men	80	41,03%
Women	115	58,97%
Age (years)		
Moyenne	61	
Mediane	61	
Min	21	
Max	88	
Primary tumor site		
Breast	57	29,23%
Urological	39	20,00%
Lung	30	15,38%
Dermatological	18	9,23%
Digestive	13	6,67%
Head and neck	13	6,67%
Gynecological	12	6,15%
Endocrine	9	4,62%
Hematological	4	2,05%

Table 1 : Patients Characteristics

105 patients (54%)
Referred for supportive care

Referral to Supportive Care n : 175		
	n	%
Social service	50	28,57%
Complementary therapies	44	25,14%
Oncopsychologist	23	13,14%
Adapted physical activity	20	11,43%
Addictologist	10	5,71%
Coordination support system	10	5,71%
Nutritionist	8	4,57%
Patient or caregiver association	4	2,29%
Neuropsychologist	3	1,71%
Socio aesthetic	2	1,14%
Enterostomal therapist	1	0,57%

Table 2 : Referral to supportive care