



The Development of Evidence-Based Supportive Therapy Guidelines for Symptom Management

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Systematic incorporation of toxicity assessment and grading during cancer treatment and subsequent provision of evidence-based patient interventions according to national standards for excellence are daunting tasks. To accomplish those goals, the authors' institution developed evidence-based supportive therapy guidelines for symptom management. This article describes how the guidelines provided concise, user-friendly standardization of toxicity grading and immediate clinical application of evidence-based care.

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The application of evidence-based guidelines from the scientific and academic arena to the realities of the clinical world often is daunting (Newhouse, Dearholt, Poe, Pugh, & White, 2007). That notion is particularly true when applied to assessment, grading, therapeutic interventions, patient education, and documentation of oncology symptom management. Converting to the electronic medical record (EMR) has made guideline implementation an even greater challenge in the John Theurer Cancer Center at Hackensack University Medical Center in New Jersey. The staff has developed evidence-based supportive therapy guidelines for symptom management to facilitate the goal of providing extraordinary care that is not only comprehensive according to national standards, but also evidence based (National Comprehensive Cancer Network, 2012).

The goal of the guidelines is to implement scientifically accepted evidence-based oncology toxicity assessment, grading, and therapeutic interventions throughout all 14 divisions of the cancer

center (Fawcett & Garity, 2009). The scope of that goal required the guidelines to be pragmatic and systematic, but also amended to remain current as toxicity ratings and evidence-based therapy guidelines change.

Background

The diagnosis of cancer can lead to a vast spectrum of side effects. Many of those stem from the adverse effects of the cancer itself, in addition to the toxicities of cancer therapies used (Brown, 2010). Targeted therapies often yield new or worsening toxicities when used in combination with traditional therapies. The early belief that targeted therapy would not cause any treatment-related side effects was overly optimistic (Robert et al., 2005). For example, treatments containing epidermal growth factor receptor inhibitors (EGFRIs) now are understood to result in an acneiform eruption, folliculitis, and/or pustular rash about 43%–85% of the time (Segaert & Van Cutsem, 2005). All EGFRIs are

used in multiple disease states that cross into different cancer divisions; therefore, creating standardization in the treatment of side effects using evidence-based practice guidelines is crucial. Providing evidence-based care is an ongoing process, requiring a multidisciplinary approach (Eaton & Tipton, 2009).

In addition, cancer- and treatment-related adverse effects may jeopardize the patient in terms of adherence in the delivery of the intended treatment. Early intervention is required to prevent the development of grade 3 and 4 toxicity that goes unrecognized or is not managed until presentation at the center. Education raises awareness of possible side effects and instructs patients on when to contact their healthcare provider. Early toxicity assessments and immediate supportive care interventions are essential to manage the disease and maintain patients' quality of life.

The authors' institution's delivery of care model remains a primary care guide for each division. Every team is disease or division specific and consists of an oncologist, advanced practice nurse or clinician, and oncology nurse navigator. That team cares for each patient from initial consultation throughout the disease continuum. The oncology nurse navigator is a strategic member of the patient care team. All patients calling or presenting with untoward side effects or symptoms are triaged by the oncology nurse navigator team, discussed with the doctor or advanced practice nurse team, and receive immediate intervention. That process involves documentation of the symptoms reported during the triage telephone call, as well as the toxicity grade according to the National Cancer Institute Cancer Therapy Evaluation Program's