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.

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 acneform 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