Letter to GP – New Patient on Treatment

Leaders in Oncology Care
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Dr. Anita Bhasi
Shrewsbury Road,
Forest Gate
London E7 8QP

8 March 2024

Dear Dr. Anita Bhasi,

Mr Jialin Yang Flat 48 Cornwell House 13 Ron Leighton Way E6 1EQ 6/03/1985 LOC073298

Your patient, Mr Jialin Yang has commenced a course of chemotherapy/treatment at the LOC today. He will be under the care of Professor Marco Gerlinger who will be writing to you at regular intervals to update you on their progress.

The intended treatment is Folfiri/Venofer, please see details on the attached treatment plan. Further details of these drugs and their associated side effects can be found on the Macmillan Cancer Support website (www.macmillan.org.uk).

Please find attached a copy of the patient's treatment plan, which also contains details of the potential side effects associated with this treatment as discussed with the patient.

The patient will be given a 24 hour contact number card and chemotherapy record book which will have a continuous log of the patients treatment record and medication they have been given. We have asked the patient to take this with them whenever they go to hospital or to see their GP.

The purpose of this letter is to introduce the team who are also involved in Mr Yang's care and to give you contact details should you have any queries.

Professor Marco Gerlinger's secretary is Jennifer Hills, and can be contacted on 02073172562.

Treatment Suite

During working hours, please contact the Treatment suite directly on 020 7317 2510
Emergency out-of-hours telephone number for patients on treatment: 0845 458 0097

Pharmacy

Medication Queries **020 7317 2522 (9am -5pm)**

If Mr Yang should present to you with problems associated with their cancer or treatment you may contact us or the consultant on one of the numbers above.

Yours Sincerely
Emilly Owendho,
Nurse
LOC Treatment Suite

14 MAR 2024

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Information to assist GPs in managing common chemotherapy side effects

All chemotherapy side effects can lead to delays or cessation of treatment. Prompt management or prevention of side effects leads to improved patient outcomes. Chemotherapy side effects are influenced by factors such as the drug regimen, stage of disease, and a patient's co-morbidities and psychosocial status. The most common side effects of chemotherapy are listed in this fact sheet.

Complications associated with cancer treatments
In the event of toxicity, patients receiving anticancer therapy (either orally or via a continuous intravenous pump) should have their treatment withheld or pumps disconnected while advice is being sought.

Side effect	Onset	Drug	Tumour
Nausea and vomiting	Acute within 1–3 days Delayed within 7 days	Cytotoxics	All
Febrile neutropenia	Typically 7–14 days post chemotherapy	Cytotoxics	All
Severe diarrhoea	During chemotherapy and within days/ weeks of a cycle	• Fluorouracil (5FU); more common with continuous infusion • Capectibine (oral chemotherapy) • Irinotecan • Immunotherapies	• Breast • GI • Colorectal • Melanoma •All (Immunotherapies)
Cardiotoxicity (arrhythmia, coronary artery spasm, prolonged QT, heart failure)	During treatment	• Fluorouracil (5FU); more common with continuous infusion • HER2-directed therapies (e.g. trastuzumab, trastuzumab emtansine and pertuzumab) • Anthracyclines • Tyrosine kinase inhibitors (any drug ending in 'nib' for example Crizotinib)	• Breast • Lung • GI • Melanoma • Renal
Hypocalcaemia	During treatment	• Bone-modifying agents (e.g. denosumab, zoledronic acid, pamidronate) • Aromatase inhibitors (e.g. anastrozole, letrozole, exemestane)	• Breast • Prostate • Myeloma • Any cancer receiving bone – modifying agents
Acneiform rash	Within 2–4 weeks	• Epidermal growth factor receptor (EGFR) inhibitors (e.g. erlotinib, gefitinib, cetuximab, panitumumab)	• Lung • GI
Plantar-palmar hyperkeratosis	Median onset 8 weeks	• BRAF inhibitors (e.g. dabrafenib, vemurafenib)	• Melanoma
Palmar-plantar erythrodysaesthesia/ hand-foot syndrome	During treatment	• Fluorouracil (5FU); more common with continuous infusion • Capecitabine (oral chemotherapy)	• Breast • GI • Renal • Hepatic

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		• Tyrosine kinase inhibitors (e.g. sunitinib, sorafenib)	

Adapted from the Royal College of Physicians: Acute care toolkit 7: Oncology, October 2013

Oral anticancer therapy
The number of patients receiving oral anticancer therapy in an outpatient or community setting has increased in recent years. Oral chemotherapy includes cytotoxic agents and targeted therapies.
Like parenteral chemotherapy, oral medicines cause adverse effects and are associated with an increased risk of medication errors; particularly if non-specialists prescribe, dispense or administer these oral medicines and bypass the normal safeguards used for injectable anticancer medicines.
Oral chemotherapy can cause life-threatening side effects, such as neutropenic sepsis and diarrhoea. As such, it is important for patients and their carers to recognise the potential complications associated with their treatment, and the necessary actions to be taken. GPs play an important role in this education for patients.

Chemotherapy-induced nausea and vomiting (CINV)
Nausea and vomiting are the most common and distressing side effects of chemotherapy. If poorly managed, they can lead to non-compliance with treatment and metabolic imbalance with a decline in overall performance status. The recommended anti-emetics for each chemotherapy protocol are provided to your patient for follow up. The different types of CINV (anticipatory, acute, delayed, breakthrough and refractory) require different interventions.

Mucositis
Patients may present with mild redness, which can quickly progress to painful ulceration in a short timeframe. Patients receiving combination chemotherapy and radiation are at a higher risk of mucositis. Preventative measures, such as regular mouth care, close monitoring and early intervention, can help to alleviate this side effect. Severe mucositis can affect the patient's ability to eat, drink and even talk. Admission to hospital may be required if the patient is unable to drink as such patients may be at an increased risk of aspiration. Mucositis involving mouth ulcers can be related to, or indicative of, neutropenia. If the patient is generally unwell and the timeframe is within 7–14 days post chemotherapy, consider neutropenic sepsis.

Diarrhoea
PLEASE NOTE: Hypovolaemic shock and subsequent death has been known to occur following chemotherapy-induced diarrhoea. Nearly all anticancer drugs have the potential to cause diarrhoea. With some drugs, such as irinotecan and immunotherapies, diarrhoea can be a life-threatening complication of treatment. Immediate management is crucial, so it is important to know the drugs your patient has received.

The following drugs /treatments that require specific management and referral to a treating hospital for further management:

- **Irinotecan: Used in the treatment of colorectal cancer, this can cause life-threatening diarrhoea that requires urgent specific treatment.**
- **Immunotherapies e.g. Ipilimumab: Requires urgent specialist management by a health professional experienced in its use.**

Other anticancer drugs that cause diarrhoea:

Capecitabine	Fluorouracil (5FU)	Sorafenib	Sunitinib	Lapatinib

Peripheral neuropathy
Peripheral neuropathy is a common complication of several classes of anticancer drugs, including taxanes, Platinum-based compounds, vinca alkaloids, and some drugs that are used to treat multiple myeloma. These drugs cause inflammation, injury or degeneration of the peripheral nerve fibre(s), resulting in sensory, motor or cranial nerve dysfunction. Most treatment-related peripheral neuropathy is transient; however, some

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drugs can cause permanent dysfunction. As such, it is important that patients know the symptoms of this side effect and report them, as a treatment dose modification may be required. Prompt treatment of any injury to an affected body part will reduce the likelihood of complications.

Neutropenic sepsis
GPs should suspect neutropenic sepsis in patients having cancer treatment who become unwell or develop a fever. Neutropenic patients may not present with the classic signs of infection and may deteriorate very rapidly. PLEASE NOTE: Neutropenic sepsis is a life-threatening toxicity and should be treated as a MEDICAL EMERGENCY Patients can deteriorate rapidly and die within hours. Patients should be advised of the risks and what to do if they develop symptoms.

Many cytotoxic regimens cause myelosuppression. The most common timeframe for this to occur is 7–14 days post chemotherapy. Neutropenic patients do not mount a normal immunological response to infection. As such, it is important to treat any symptoms with suspicion and refer them to hospital urgently.

Prompt action reduces the risk of death from neutropenic sepsis.
Patients at greater risk:
- Those with haematological malignancy
- Those currently on high-dose steroids or on long-term oral anticancer therapy
- The elderly or frail
- Those who have had previous anticancer therapy
- Those who have a previous history of neutropenic sepsis
- Those with a central venous access device (e.g. PICC/Hickman line/port a cath)

Management of suspected neutropenic sepsis
Patients with suspected neutropenic sepsis should be treated promptly with broad-spectrum antibiotics to prevent deterioration into septic shock. Therefore, all patients who develop fevers or become unwell during chemotherapy should be instructed to present to a healthcare facility for rapid assessment and management. In circumstances when immediate presentation to a treating healthcare facility or local hospital is not possible, broad-spectrum antibiotics should be administered within 60 minutes, allowing time for the initial investigations to be performed. Antibiotic treatment should not be delayed, pending the results of any investigations, for example results of blood tests.