

## BACKGROUND

The increased incidence of cancer and its evolution towards a trend of chronicity causes an evolution of care offers for all cancer patients. In this context, the national authorities encourage the development of chemotherapy in home hospitalization in order to increase the efficiency of medical cares and to improve quality of life of patients. However the anticancer drugs are highly toxic and administration in home hospitalization requires guidelines and strict organization.

At regional level, a working group leads a reflection on the feasibility of chemotherapy in home hospitalization considering the circuit of preparation, transport and administration of anticancer drugs and constraints related to the place and the living environment of patients.

## OBJECTIVE

The objective is to produce a regional thesaurus of chemotherapy protocols which can be performed in home hospitalization.

## SETTING AND METHOD

➤ Collection of all the work done in the other French regions on chemotherapy in home hospitalization by the working group.

➔ From these data, creating a listing of anticancer drugs achievable in home hospitalization at national level.

➤ A working group composed of oncologists, pharmacists and nurses of regional establishments met to define anticancer drugs eligible to home hospitalization in region from eligibility criteria and national listing. The group defined eligibility criteria before selecting anticancer drugs from the national listing.

## RESULTS

➤ 8 eligibility criteria have been defined :

- the respect of the Marketing Authorization,
- administration of day 1 of each cycle of chemotherapy in hospital,
- the stability of the preparation,
- ease of administration of anticancer drugs (intravenous and subcutaneous administration),
- duration of administration and monitoring fixed at two hours,
- well tolerance of anticancer drug,
- monitoring and cares after administration,
- medico-economic criteria.

➤ 5 anticancer drugs were selected and validated by oncologists at regional level :

- azacitidine, bortezomib and cytarabine (*hematology indications*),
- gemcitabine (*digestive and pneumology indications*)
- topotecan (*gynecology indications*).

➤ Anticancer drugs have not been selected. For example :

- trastuzumab (monitoring period is too long)
- vincristine and vinorelbine (veinotoxicity)

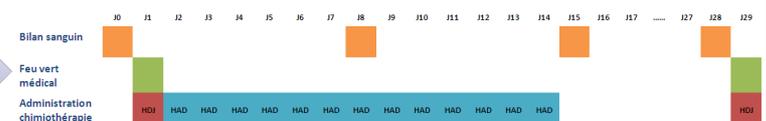
## CONCLUSION

For each protocol, a document is being prepared and should define the day of chemotherapy administration in home hospitalization and in hospital, clinical and biological parameters to check before the administration and who validates the administration of chemotherapy (oncologists ? general practitioners ?).

In parallel to the thesaurus, procedures must be written in order to guarantee the quality and safety of the care of these patients in home hospitalization.

### PROTOCOLE CYTARABINE – traitement d’entretien – HÉMATOLOGIE

**Indication:** En monothérapie dans le traitement d’entretien des LAM ou des transformations aiguës des LMC et myélodysplasies



1. **Protocole de traitement :**
  - Cytarabine : 20 mg/m<sup>2</sup>/j, SC en 1 ou 2 injections, pendant 5 à 14 jours.
  - Nombre de cycle prévu : selon prescription de l'oncologue (MINIMUM de 6 cycles)
  - Périodicité : J1 = J29 (soit, durée d'un cycle = 28 jours)
  - Jours d'administration de la chimiothérapie en HAD : CnJ2, CnJ3, CnJ4, CnJ5, CnJ6, CnJ7, CnJ8, CnJ9, CnJ10, CnJ11, CnJ12, CnJ13, CnJ14
2. **Bilan sanguin :**
  - Réalisation d'un bilan sanguin : CnJ0, CnJ8, CnJ15 et CnJ28
  - Le bilan sanguin doit comporter :
    - NFS et plaquettes
    - Uricémie
    - Bilan des fonctions rénale (créatininémie et clairance de la créatinine) et hépatique (bilirubine, enzymes hépatiques)
3. **Bilan clinique :**
  - Détermination du score OMS
  - Prise de la température AVANT chaque administration
    - Au cours du traitement, prise de la température uniquement si le patient se sent fébrile et/ou frissonne
  - Pesée du patient à CnJ1 UNIQUEMENT
4. **Conditions du feu vert médical (cf. fiche de validation de l'administration de la chimiothérapie) :**
  - Feu vert médical réalisé par : le médecin prescripteur hospitalier référent
    - Le médecin traitant passera AU MINIMUM 1 fois par semaine au domicile du patient afin de vérifier l'état clinique du patient
  - Critères d'administration de la chimiothérapie :
    - Paramètres biologiques : Globules blancs (GB) ≥ 3000/mm<sup>3</sup>, Polynucléaires neutrophiles (PNN) ≥ 1500/mm<sup>3</sup>, Plaquettes ≥ 100 000/mm<sup>3</sup>,
    - Paramètres cliniques : score OMS < 3, température < 38°C, perte de poids < 10% et tension artérielle (TA) ≤ 150/100 mmHg