Health Professional Care Plan Information

Treatment of Non-Small Cell Lung Cancer at The Christie

Gemcitabine-Cisplatin Chemotherapy

Introduction

This information is for health care professionals involved in the care of patients receiving at The Christie NHS Foundation Trust under the care of the Lung Cancer Disease Group, for non-small cell lung cancer.

Brief description of the treatment

Treatment involves two chemotherapy drugs. Both Gemcitabine and Cisplatin are given on day 1, followed by Gemcitabine alone on day 8 of a 21 day cycle. The patient attends the outpatient clinic for assessment chest xray, nadir bloods and review of side-effects around day 15. This schedule is repeated for 4 cycles in total.

Mechanism of action

Gemcitabine is an antimetabolite. Cisplatin is a platinum compound that inhibits DNA synthesis by producing interstrand and intrastrand crosslinks.

Anticipated benefits

When given for stage IV disease, this is a palliative/non-curative treatment aimed at controlling the disease, and palliating symptoms for a period of time. At their clinic visit, patients are advised that unfortunately treatment is not curative but is aimed at controlling and delaying disease progression. This chemotherapy is also sometimes given for locally advanced (stage III disease) prior to a course of radical radiotherapy. In this setting the chemotherapy is given to shrink this disease and improve the outcome of the subsequent radiotherapy, from which there is a small chance of cure.

Success rate and duration of benefit

There will be a discussion about the benefits and risks of treatment with the patient. This will be documented in correspondence from the medical team. Please contact the medical team for further information.

Risks and side effects

The main risks and side-effects for this treatment are: renal impairment; myelosuppression and risk of neutropenic sepsis; nausea and vomiting, and lethargy. Other side-effects include skin rash, hair thinning, diarrhoea or constipation (often related to supportive anti-emetics), tinnitus, neuropathy.

Because of the potentially life-threatening risk of neutropenic sepsis, patients are counselled about the need to be vigilant in reporting infective symptoms, and a pyrexia of 37.5 degrees or higher, to the 24 hour telephone "Hotline" service.

24 hour medical helpline: The Christie Hotline 0161 446 3658

Detailed description of care plan

Initial investigations

Staging CT scan - thorax and abdomen, eGFR/EDTA clearance, routine blood tests (full blood count, renal and liver function), chest x-ray, ECG.

Description of treatment

Gemcitabine and Cisplatin are given on day 1 (8 hour iv infusion), Gemcitabine alone is given on day 8 (1 hour infusion), 21 day cycle in total. Treatment continues for up to 4 cycles depending on response and toxicity.

Supportive medications

Antiemetics – iv dexamethasone 8mg, iv ondansetron 8mg pre-treatment, take home supply of oral ondansetron 8mg bd 2 days (prescribed in day 1 of cycle only), dexamethasone 8mg bd 2 days (prescribed on day 1 of cycle only), and metoclopramide 10-20mg tds prn.

If antiemetic control is poor please consider change of medication to cyclizine, levomepromazine etc. We will review all supportive medications at the day 15 outpatient appointment.

Planned investigations

Chest xray at day 15 clinic review to assess disease response. Post treatment CT scan following final cycle chemotherapy or sooner if clinically indicated, or if there is suspicion of disease progression.

Alternative treatments

Other treatment options include alternative standard chemotherapy regimens, targeted anti-cancer agents, palliative radiotherapy, consideration of clinical trials, or best supportive care. Palliative procedures such as the insertion of chest drains may also be used to aid palliation of symptoms. At progression second line therapy could be considered depending on the patient's condition.

Responsibilities – who does what

The hospital team

The Consultant team at The Christie will be responsible for supervising the oncology care of the patient. This will include prescribing and supplying the chemotherapy and supportive care medication, and arranging tests and scans as required.

Follow up

The frequency and location of oncology follow-ups will be determined according to future treatment options and communicated to all relevant Health Care Professionals involved in the ongoing care of the patient. The aims of follow-ups will be discussed with the patient.

GP and Community palliative care support

Management of the community aspects of care remain the responsibility of the GP.
Lung cancer patients are likely to have poor performance status, troublesome symptoms, and emotional needs; this is in addition to any co-morbidities that exist prior to a cancer diagnosis.

In many cases life expectancy is less than 12 months, therefore it is appropriate to add your patient to the GP practice Gold Standards Framework End of Life/Palliative Care Register.

We encourage patients to accept referral to district and Macmillan nurse services early in their disease journey so they are known to palliative care services as and when their needs increase.

You will receive regular letters of update regarding your patient's progress.

Other specialist teams

If your patient is also under the care of other hospital teams they should continue to attend their appointments unless otherwise advised.

Contacts

24 hour medical helpline: The Christie Hotline 0161 446 3658