



Greater Manchester Cancer Acute Oncology Pathway Board

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Development of an Acute Oncology Infographic – to Educate & Inform

Following the NCAG (2009) recommendations Acute Oncology Services (AOS's) were developed to improve inpatient care for cancer patients. However, there is still significant variation on the understanding of AOS's role in primary and secondary care.



Greater Manchester Cancer Acute Oncology Pathway Board developed the infographic to educate clinical teams about Acute Oncology services.

The infographic increased awareness and clarified the role of Acute Oncology Services in local hospital Trusts and primary care.

Acute Oncology (AO)

A specialised service in all Hospital Trusts with A&E



1 CANCER

If a patient becomes acutely unwell or develops a new problem that needs emergency care due to cancer, or the treatments they receive for their cancer, consider whether this is a complication from:

- SACT (Systemic Anti-Cancer Therapy)
- Radiotherapy
- Biological Therapy
- Immunotherapy or
- Existing Malignant Disease.

2 ASSESS & ADVICE

AO services can provide expert advice.
CONSIDER RED FLAG SYMPTOMS

- NEUTROPENIC SEPSIS
- METASTATIC SPINAL CORD COMPRESSION (MSCC)
- Superior Vena Cava Obstruction (SVCO)
- Hypercalcaemia
- Ascites
- Pleural or Pericardial effusion
- Lymphangitis carcinomatosa
- Cerebral space occupying lesion(s)
- Acute Kidney Injury (AKI)

4 DON'T FORGET CUP or MUO

There are patients where the primary cancer source is unknown and they may not have been fully informed that they have Cancer of the Unknown Primary (CUP) or Malignancy of Unknown Origin (MUO). Has the patient had an impact statement completed? Have they been listed or discussed at a Multi-disciplinary meeting (MDT)?

3 INVESTIGATIONS

Are all the relevant teams involved in the management of this patient?

- Abnormal blood tests results (i.e. anaemia, raised platelets, white blood cells). **Tumour markers-are these appropriate?**
- Does the patient have abnormal electrolytes, LFTs or other?

Have all other **appropriate / or necessary** investigations been performed? e.g. Radiology, Histology.

5 GOOD PRACTICE

Both the patient and carer should be approached holistically. Remember the carer can help to improve the situation. Assess the psychological impact, providing ongoing support. *Remember also about your own individual wellbeing and support mechanisms?*

6 FOLLOW UP

Understand the patient's needs and wishes and enable our clinicians to act (with the patient's knowledge and consent) as the voice of that patient & family. Ensure Team working, liaising and thorough handovers with medical, clinical and community colleagues. Communicate the outcome and follow up in a efficient and timely manner. Link with interdependencies – local emergency medicine, palliative, primary and tertiary care.

7 EDUCATION

Advance training and education in accordance with the Cancer and Education Framework; at a level suitable for your seniority with a view to progressing both personal and professional development. All appropriate clinicians should have an understanding of AO and can receive training from local teams.

Trust AO Contact Details -

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