



The focus of this column is to present topics of interest from a variety of journals to Oncology Nursing Forum readers. The topic of this issue is the release of new and adapted survivorship guidelines from the American Society of Clinical Oncology.



New Guidelines for Chemotherapy-Induced Peripheral Neuropathy

Chemotherapy-induced peripheral neuropathy (CIPN) is a common toxicity experienced by more than a third of individuals, resulting in compromised quality of life with acute and chronic effects. CIPN may require dose attenuation that may affect treatment outcomes as well as early termination of treatment. The agents involved include platinum-based drugs, vinca alkaloids, bortezomib, and taxanes. The American Society of Clinical Oncology (ASCO) has released clinical practice guidelines describing the potential for the prevention and treatment of CIPN in adult cancer survivors. The guidelines are based on 48 eligible randomized, controlled clinical trials from 1990–2013, as well as on expert opinion. The included trials are limited by small heterogeneous samples that limited outcomes, which led the authors of the guideline to conclude that no agents could be recommended for the prevention of CIPN. However, duloxetine was recommended for the treatment of CIPN. In addition, occasional use of tricyclic antidepressants, gabapentin, and a combination topical gel containing baclofen, amitriptyline, and ketamine is included in the recommendations. The guideline included recommendations with accompanying rationale for not offering specific agents for the prevention and treatment of CIPN. The authors also stressed the importance of clear communication during the initial informed consent so patients can anticipate the potential for CIPN, understand the subtleties of symptoms, and feel encouraged to report early symptoms, which may enable early intervention and ameliorate permanent damage.

Hershman, D.L., Lacchetti, C., Dwor-kin, R.H., Lavoie Smith, E.M., Bleeker, J., Cavaletti, G., . . . Loprinzi, C.L. (2014). Prevention and management of chemotherapy-induced peripheral neuropathy in survivors of adult cancers: American Society of Clinical Oncology clinical practice guideline. *Journal of Clinical Oncology*, 32, 1941–1967. doi:10.1200/JCO.2013.54.0194

Adapted Guidelines for Fatigue

Fatigue during cancer treatment is a debilitating side effect for many patients that persists after treatment for about a third of cancer survivors. The overall objective of this clinical practice guideline was to identify assessment tools and screening instruments to guide the management of chronic fatigue for adult cancer survivors.

ASCO has a process for the adaptation of other professional organizations' clinical practice guidelines based on the ADAPTE methodology. ASCO chooses to use this model if guidelines from other organizations exist, are relevant, and reduce duplication. ASCO conducts a thorough search to identify potential guidelines for adaptation, which are subject to a methodologic and content review by the ASCO Clinical Practice Guidelines Committee. This guideline is an adaptation from a pan-Canadian guideline on screening, assessment, and care of cancer-related fatigue in adults with cancer, the National Comprehensive Cancer Network (NCCN) Guideline for Cancer-Related Fatigue and the NCCN Guidelines for Survivorship for use in the screening, assessment, and management of fatigue in adult cancer survivors.

The adapted guideline recommendations focused on three critical areas of clinical practice and include screening,

comprehensive and focused assessment, and treatment and care options. The guideline recommended that, upon completion of treatment, all patients should be evaluated for the presence of fatigue and provided with specific management strategies. If moderate to severe fatigue is reported, then the guideline suggests a comprehensive assessment with interventions focused on treatable factors responsible for fatigue. Treatment modalities include physical activity, psychosocial, and mind-body interventions to alleviate post-treatment fatigue. According to the review, the use of psychostimulants is limited to a management intervention in this patient population.

With emphasis on the survivor population, offering individualized care plans with comorbidity management may help cancer survivors experiencing post-treatment fatigue to be seamlessly transitioned to a continuum of wellness.

Bower, J.E., Bak, K., Berger, A., Breitbart, W., Escalante, C.P., Ganz, P.A., . . . Jacobsen, P.B. (2014). Screening, assessment, and management of fatigue in adult survivors of cancer: An American Society of Clinical Oncology clinical practice guideline adaptation. *Journal of Clinical Oncology*, 32, 1840–1850. doi:10.1200/JCO.2013.53.4495

Adapted Guidelines for Anxiety and Depression

ASCO adapted the pan-Canadian practice guideline on screening, assessment, and care of psychosocial distress in adults with cancer. This adapted guideline targeted patients aged 18 years or older with any type of cancer diagnosis, regardless of stage and treatment modality. The guideline is broad in its applicability and, therefore, is meant to be used by oncology specialists as well as by primary care providers. In addition, the use of the guideline extends to caregivers, family members, and patients. This adapted guideline underwent methodologic

ONF, 41(5), 559–560.
doi: 10.1188/14.ONF.559-560

and content review by an ASCO ad hoc expert panel.

Recommendations by the Institute of Medicine included the need to promote evidenced-based, comprehensive, compassionate, coordinated survivorship care. The ASCO Survivorship Committee supports the Institute of Medicine recommendations by adapting this clinical practice guideline. The guideline recommended screening for depression and anxiety for all cancer survivors along the care continuum. The use of validated measures is recommended, reporting mechanisms are defined, and treatment pathways vary depending on degree of symptoms assessed. The guideline recommended specific screening and assessment care pathways for depression. Initial assessment is performed with two items from the Personal Health Questionnaire to determine if the patient has little interest and pleasure in activities.

If the scores are positive, the remainder of this measure would be completed for further screening. Patients with moderate or greater scores would then have more in-depth assessment and would be offered interventions commensurate with the level of clinical depression assessed. Anxiety disorders are assessed with the use of the Generalized Anxiety Disorder-7 scale. Depending on the severity of symptoms, individuals are offered supportive care, education, monitoring, self-help therapy, group intervention, and pharmacologic management.

Availability of community resources is essential for the implementation of supportive services for those experiencing psychosocial distress. The guideline identified the importance of clinical follow-up and reassessment. The authors of the adapted guideline reinforced the vital role of the clinical team

in identifying the potential for anxiety and depression to focus on early and effective intervention.

Andersen, B.L., DeRubeis, R.J., Berman, B.S., Gruman, J., Champion, V.L., Massie, M.J., . . . Rowland, J.H. (2014). Screening, assessment, and care of anxiety and depressive symptoms in adults with cancer: An American Society of Clinical Oncology guideline adaptation. *Journal of Clinical Oncology*, 32, 1605–1619. doi:10.1200/JCO.2013.52.4611

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Key words: guidelines; survivorship; chemotherapy-induced peripheral neuropathy; fatigue; anxiety; depression