

Cancer Treatment

Kristine B. LeFebvre, DNP, RN, NPD-BC, AOCN



CENTRAL CONNECTICUT
CHAPTER

Objectives

- ▶ Compare modalities of cancer treatment
- ▶ Describe advantages of one treatment modality over another for specific types of cancer
- ▶ Identify the nurse's role in cancer treatment

Treatment Approaches

▶ Goal:

- ▶ Prevention
- ▶ Cure
- ▶ Control
- ▶ Palliation



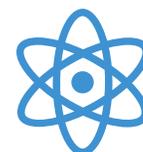
Prevention

Neoadjuvant



Adjuvant

Combined
Modality



	Surgery	Radiation Therapy	Stem Cell Transplantation	Chemotherapy	Targeted Therapy	Immunotherapy
Description	Local therapy, oldest type of cancer treatment. Primary treatment for solid tumors.	Usually local therapy, one of the earliest types of therapy. Ability to focus in on treatment area.	Use of high dose chemo and radiation therapy to eradicate disease. Stem cells are infused to replace or rebuild the bone marrow and rescue the patient from severe SE's.	Usually systemic therapy, may be regional. Drugs given via multiple routes.	Systemic therapy. Drugs that target select molecular pathways to disrupt cancer cell reproduction. Focus on oral agents.	Usually systemic therapy using the patient's immune system to kill cancer cells.
Types	Diagnosis Curative Preventative Palliative Restorative Emergency	External beam Proton therapy Neutron therapy Brachytherapy Radiopharmaceuticals	Autologous - self as donor Allogeneic - other donor <ul style="list-style-type: none"> Matched sibling Identical twin Partially matched family member Matched unrelated donor 	Cell-cycle specific Cell-cycle nonspecific Alkylating agents Antimetabolites Antitumor antibiotics Miscellaneous Nitrosoureas Plant alkaloids	Oral antineoplastics - Small molecule inhibitors TKI's RTKs mTOR Proteasome inhibitors PARP Inhibitors CDK4/6	Cytokines Monoclonal antibodies Checkpoint inhibitors CAR T-Cell Immunotherapy Adoptive cellular therapy Oncolytic viral therapy
Approaches	Open resection Laparoscopic Robotic Endoscopic Laser Ablative	IMRT, IGRT Megavoltage external beam Stereotactic radiosurgery Proton Therapy SRT, SBRT Cyberknife	Bone marrow Peripheral Blood Stem Cells Umbilical Cord Blood	Single-agent chemo Combination chemo Neoadjuvant Adjuvant High dose Dose dense	Oral therapies Requires extensive patient and family education Adherence important issue	Checkpoint inhibitors and monoclonal antibodies are infused via IV route. Cytokines are given sq or infused.
Treatment details	Physical exam Interventional radiology Safety and management Postanesthesia recovery	Radiobiology Fractionation Treatment planning Simulation Positioning Dose administration Radiation safety	Cell collection Cryopreservation Conditioning (high-dose treatment) Marrow aplasia Engraftment Recovery	Administration safety Dose calculation Dose verification Patient education Safe handling of hazardous drugs	Drug interactions Comorbidities Symptom management	Specific training, facilities, procedures are required for CAR T-Cell Immunotherapy, adoptive cellular therapy and oncolytic viral therapy.
Notable side effects or complications	Safety procedures and communication required around OR environment. Monitor patient status pre- and post-op. Preventative measures for lungs and VTE prophylaxis.	Skin changes - erythema, dry desquamation, moist desquamation, pruritis, hyperpigmentation, alopecia Fatigue Site-specific side effects - due to damage in the radiation field	Infection Bone marrow suppression Hepatic sinusoidal obstruction syndrome Organ toxicity Mucositis Idiopathic pulmonary interstitial pneumonitis Graft vs. Host Disease	Bone marrow suppression, GI toxicities, cardiac, pulmonary, hepatic, genitourinary, sexual and reproductive, cutaneous, endocrine, fatigue, neurological, ocular	EGFRI Skin reactions Cardiac toxicities Fluid retention Mucositis Diarrhea	Immune-related adverse events Infusion reactions Skin rash Hepatic toxicity Fatigue Pneumonitis GI toxicity



Surgery

Image courtesy of the National Cancer Institute

Surgery - Principles

- ▶ Primary treatment for most solid tumors
- ▶ Surgical Team
- ▶ Define
 - ▶ Goal of surgery
 - ▶ Functional importance of involved organ or structure
 - ▶ Ability to restore function
 - ▶ Patient status and ability to undergo procedure

Types of Surgery

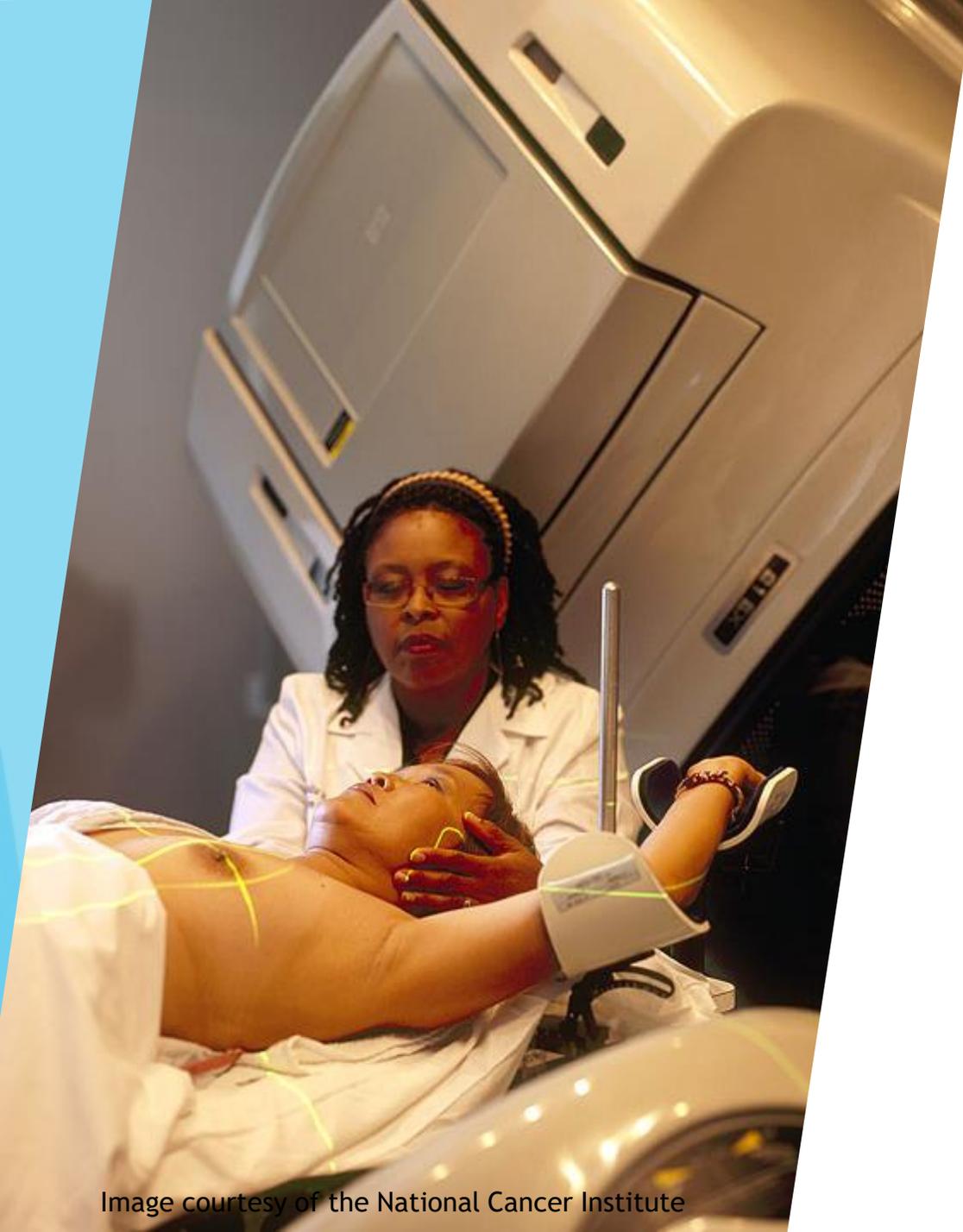
- ▶ Preventative
- ▶ Diagnostic
- ▶ Curative
- ▶ Palliative
- ▶ Restorative
- ▶ Emergency

Surgical Approaches

- ▶ Open resection
 - ▶ Tumor margins
 - ▶ Sentinel lymph node biopsy
- ▶ Laparoscopic
- ▶ Robotic
- ▶ Endoscopic
- ▶ Laser
- ▶ Ablative

Nursing Care Considerations

- ▶ Pre-operative
 - ▶ ERAS
 - ▶ Prehabilitation
- ▶ Perioperative
- ▶ Post-operative



Radiation Therapy

Image courtesy of the National Cancer Institute

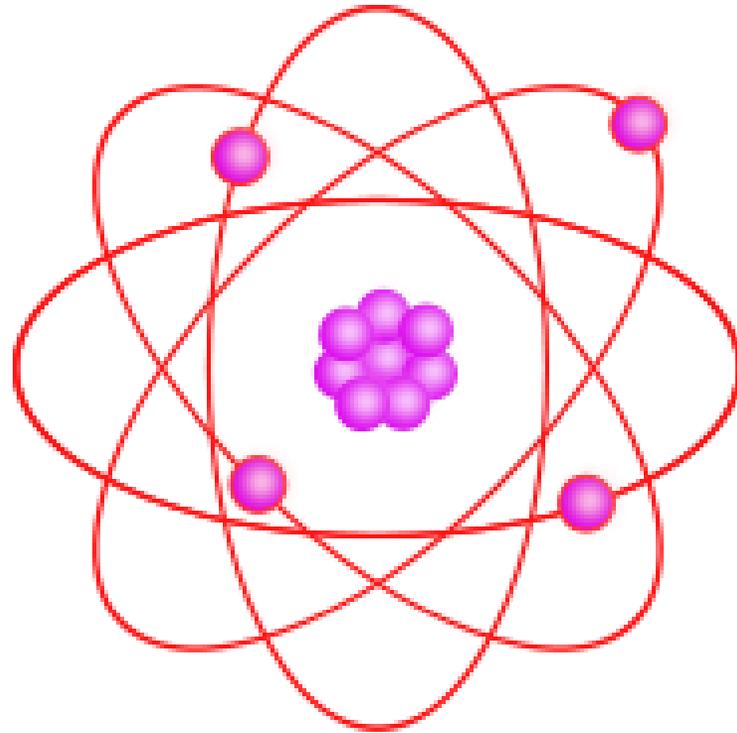
Radiation Oncology Team

- ▶ Radiation oncology nurse
- ▶ Radiation oncologist
- ▶ Radiation therapists
- ▶ Medical physicists and dosimetrists
- ▶ Mold and cast technicians
- ▶ Medical engineers
- ▶ Administrators
- ▶ Social workers



Radiation Therapy

► Atoms



**Ionizing
Radiation in
Radiation
Therapy**

<p>External Beam Radiation Therapy</p>	<p>Linear Accelerator</p>	<p>X-Ray Electron particles Gamma rays</p>
<p>Used in multiple cancer types, most common type of radiation therapy Megavolt machines</p>	<p>Cobalt-60 Sealed Source Large Particle Machines Cyclotron</p>	
<p>Brachytherapy</p>	<p>Sealed Sources</p>	<p>Beta particles Gamma rays</p>
<p>Radioactive therapy applied directly to the tumor site</p>	<p>Seeds - prostate Tandem and rings - cervical</p>	
<p>Radiopharmaceutical Therapy</p>	<p>Unsealed Sources</p>	<p>Beta particles Gamma rays</p>
<p>Radioactive therapy taken by pill - systemic therapy</p>	<p>Iodine-131 for thyroid cancer</p>	
<p>Specialized Treatment Machines</p>	<p>Stereotactic radiosurgery (SRS) Stereotactic radiotherapy (SRT) Stereoteactic body radiation therapy (SBRT) Cyberknife</p>	



Radiobiology

- ▶ Oxygen effect - RT works better in well oxygenated tumors
- ▶ Linear energy transfer - rate for energy to pass through matter
- ▶ Relative biological effectiveness - comparison of test radiation to reference dose
- ▶ Dose rate - the rate treatment is given from a machine

Fractionation

- ▶ Repair - healthy cells repair between fractions but cancer cells cannot
- ▶ Reassortment/redistribution - cancer cells are forced into cell cycle and more vulnerable to damage
- ▶ Repopulation of normal cells takes place between fractions
- ▶ Reoxygenation occurs as the tumor shrinks, improving oxygen to site and the radiation effect improves
- ▶ Radiosensitizing - radiation is more effective on cells that are undifferentiated and actively in mitosis

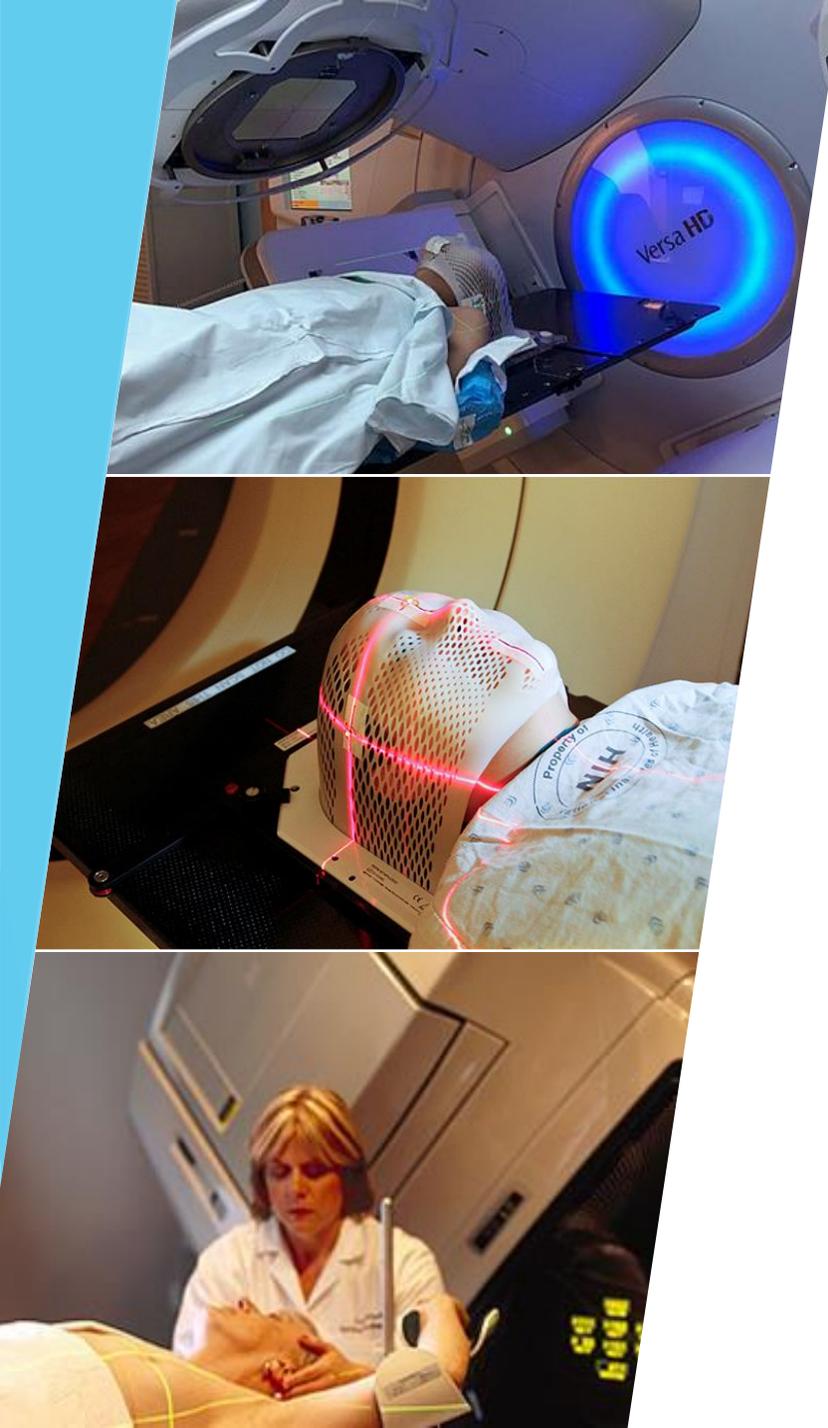
(Behrend, 2020; Gosselin, 2018)

Treatment Delivery

- ▶ Treatment planning
- ▶ Imaging
- ▶ Simulation
- ▶ Positioning and immobilization
- ▶ $1 \text{ rad} = 1/100 \text{ Gy} = 1 \text{ cGy}$

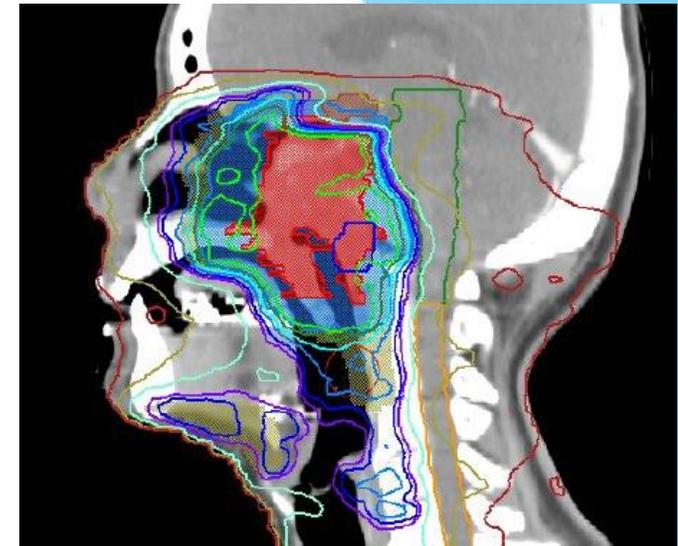
(Behrend, 2020)

Images courtesy of National Cancer Institute; Jakem Bradford / CC BY-SA
(<https://creativecommons.org/licenses/by-sa/4.0>)



Treatment Delivery

- ▶ Intensity Modulated Radiation Therapy (IMRT)
- ▶ Image-Guided Radiation Therapy (IGRT)
- ▶ Brachytherapy



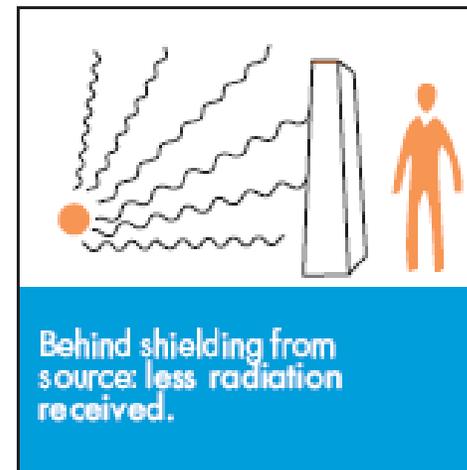
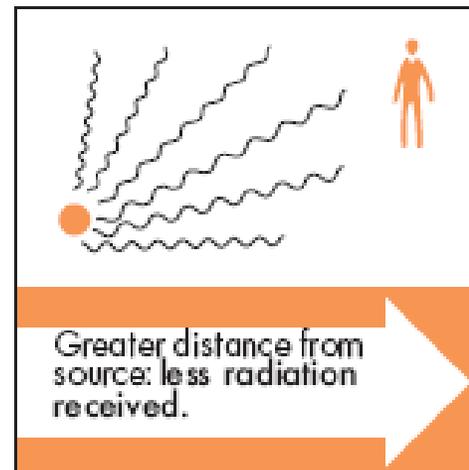
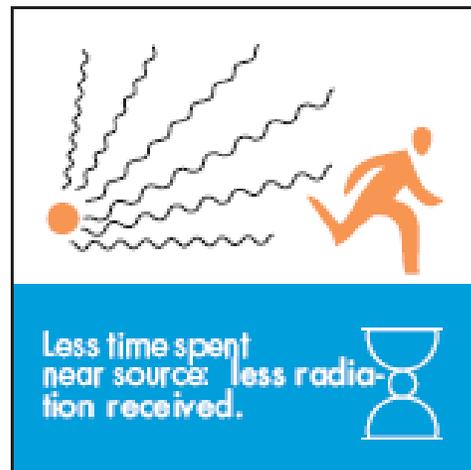
Hope-enwikibooks at English Wikibooks / CC BY-SA
(<https://creativecommons.org/licenses/by-sa/3.0>)



(Behrend, 2020; Images courtesy of Hollis Cancer Center, Lakeland, FL)

Radiation safety

- ▶ ALARA - As low as reasonably achievable
- ▶ Radiation Safety Officer



Radiation Toxicity

Skin changes

- ▶ Erythema
- ▶ Dry desquamation
- ▶ Moist desquamation
- ▶ Pruritis
- ▶ Hyperpigmentation
- ▶ Alopecia

▶ Fatigue

▶ Site-specific side effects

- ▶ Head and neck
- ▶ Abdomen
- ▶ Pelvis

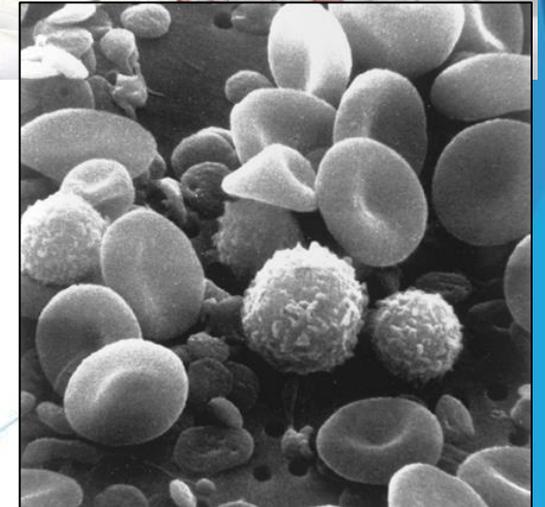
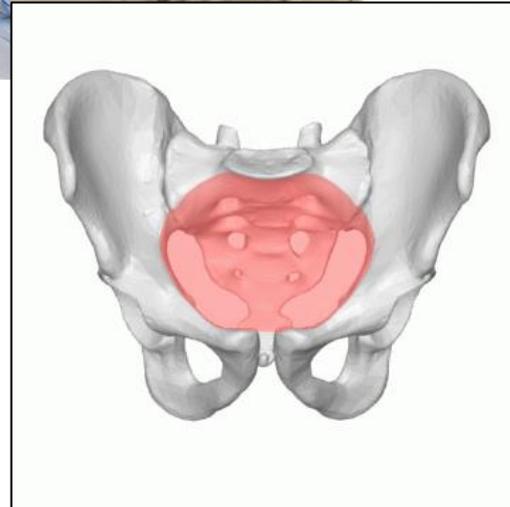
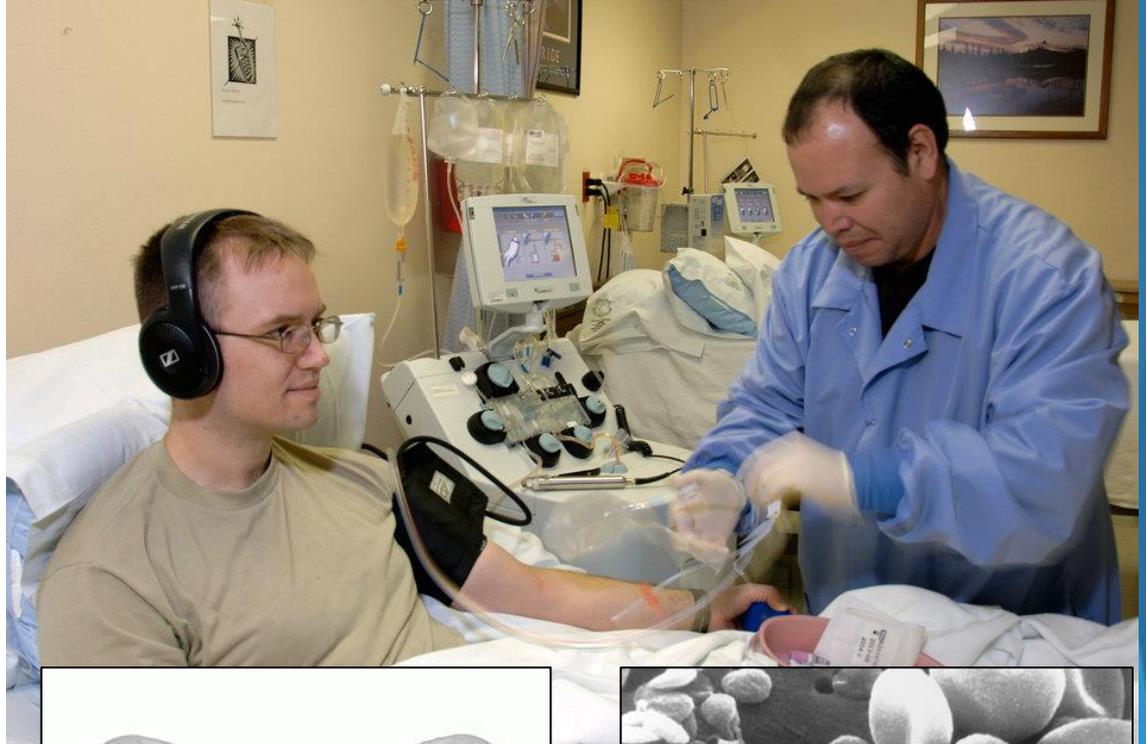


Hematopoietic Stem Cell Transplantation

U.S. Navy photo by Photographer's Mate
2nd Class Chad McNeeley. / Public domain

Cell Sources

- ▶ Bone marrow (BM)
- ▶ Peripheral blood stem cells (PBSC)
- ▶ Umbilical cord blood (UCB)

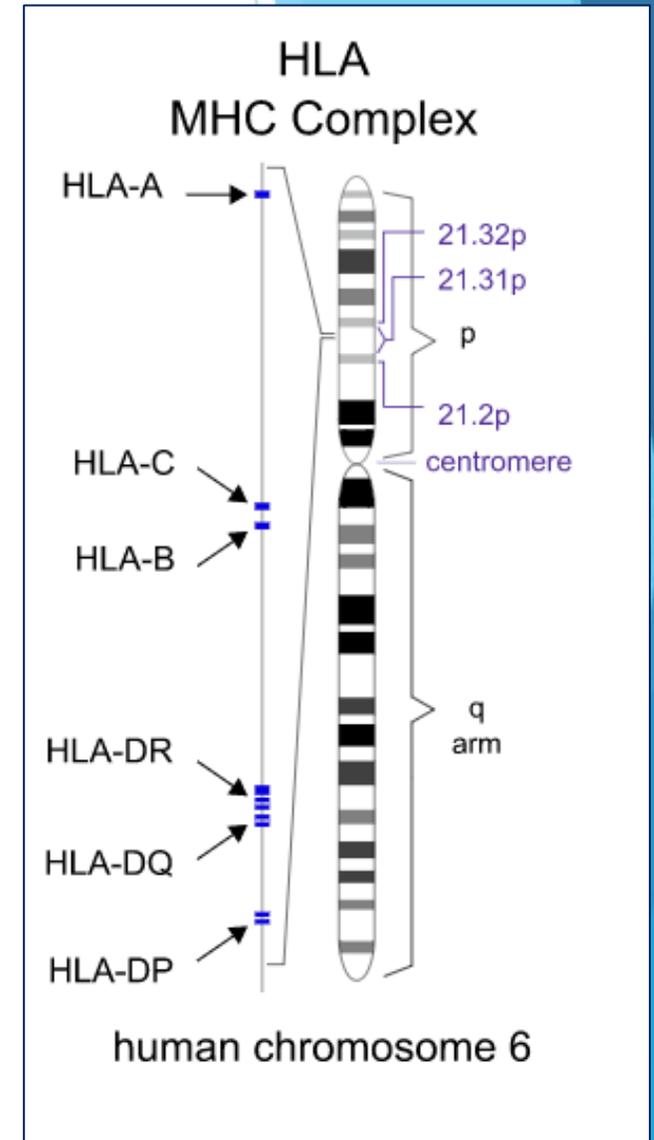


Hematopoietic Stem Cell Transplantation

- ▶ Patient Identification
- ▶ Pre-transplant workup
- ▶ Types
 - ▶ Autograft/autologous
 - ▶ Allograft/allogeneic

Hematopoietic Stem Cell Transplantation: Allogeneic

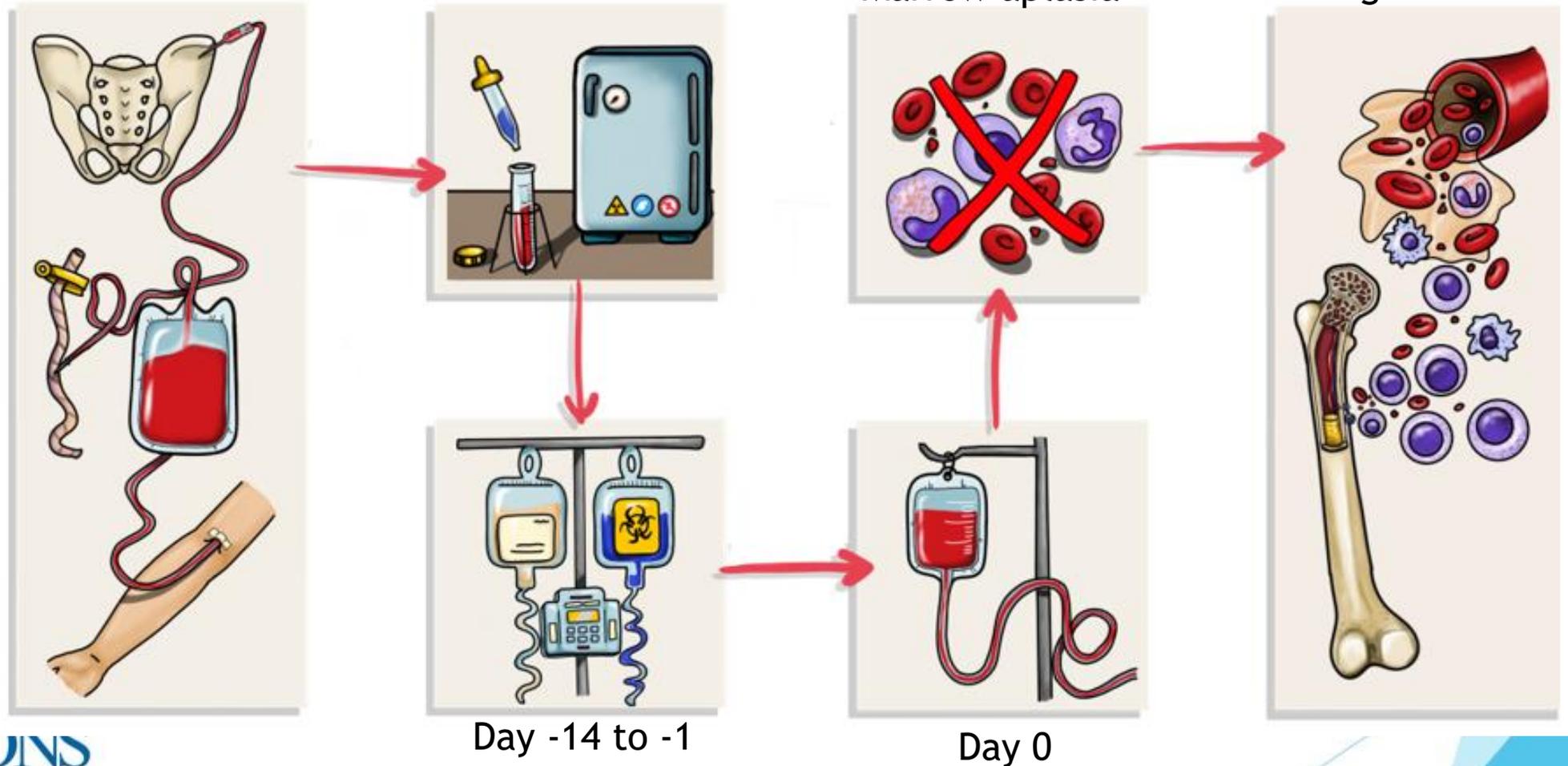
- ▶ Transplant product into genetically different recipient
 - ▶ Matched sibling donor - BM, PBSC, UCB
 - ▶ Identical twin donor - BM, PBSC
 - ▶ Partially matched family member - BM, PBSC, UCB
 - ▶ Matched unrelated donor - BM, PBSC, UCB



Diseases Treated with Allografting

- ▶ Leukemia
- ▶ Myelodysplastic syndromes
- ▶ Immunodeficiencies
- ▶ Hematologic disorders
- ▶ Bone marrow failure
- ▶ Nonhematologic genetic disorders
- ▶ Lymphoproliferative disorders

Transplant Process



Transplantation Side Effects: Acute

- ▶ Bone marrow suppression
- ▶ Infection - bacterial, viral or fungal
- ▶ GI toxicity - Nausea, vomiting, mucositis
- ▶ Hepatic sinusoidal obstruction syndrome or veno-occlusive disease (VOD)
- ▶ Organ toxicity
- ▶ Idiopathic pulmonary interstitial pneumonitis
- ▶ Graft vs. Host Disease



Chemotherapy

Approaches to Chemotherapy

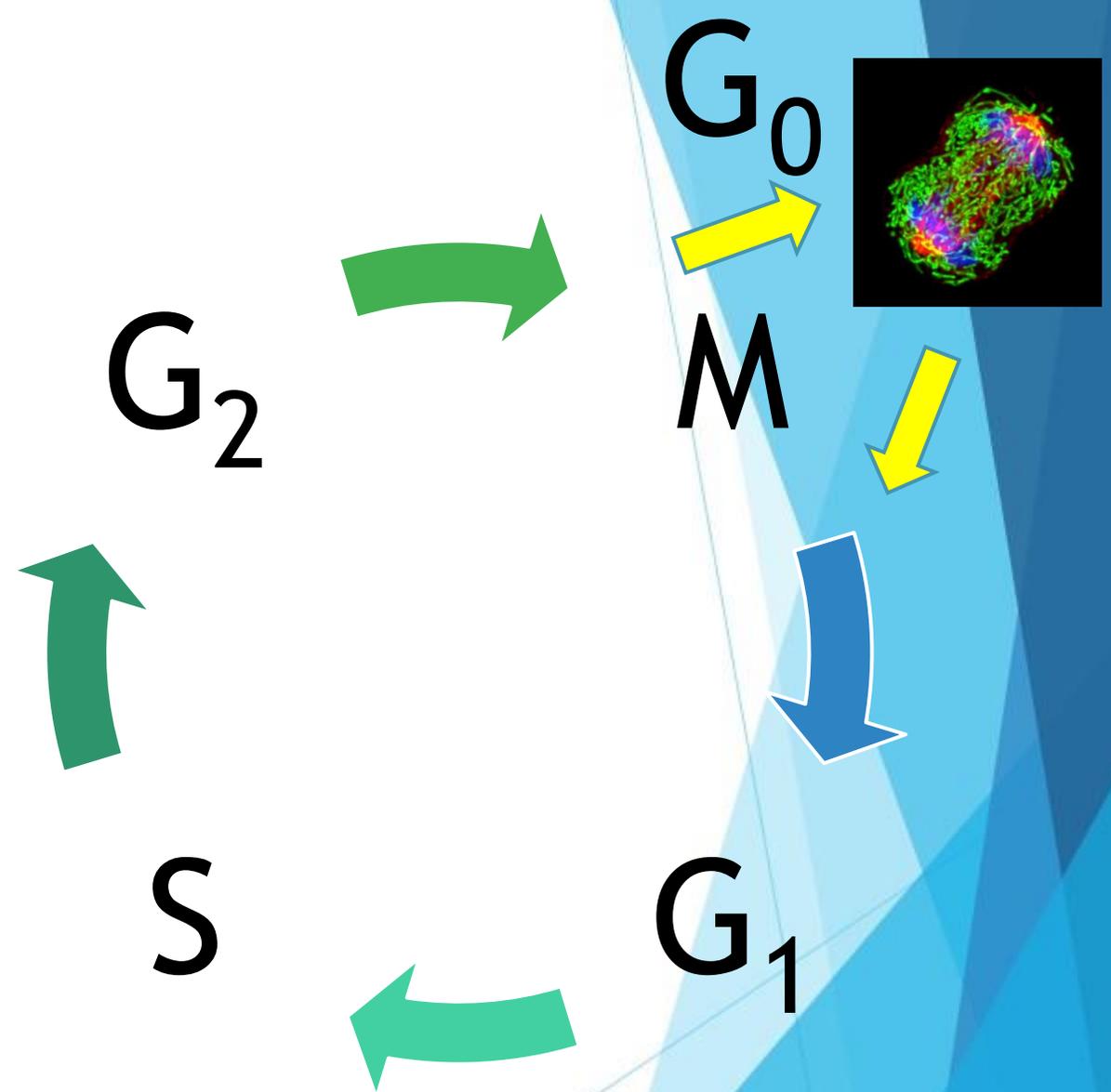
- ▶ Single-agent chemo
- ▶ Combination chemo
- ▶ Adjuvant
- ▶ Neoadjuvant
- ▶ Concurrent
- ▶ Conditioning
- ▶ Systemic chemo
- ▶ Regional chemo
- ▶ High-dose chemo
- ▶ Dose density
- ▶ Dose intensity
- ▶ Relative dose intensity

Factors influencing Response

- ▶ Tumor characteristics
- ▶ Patient characteristics
- ▶ Administration or schedule
- ▶ Route:
 - ▶ Oral
 - ▶ Subcutaneous or Intramuscular
 - ▶ Intravenous
 - ▶ Intrathecal or intraventricular
 - ▶ Intraperitoneal
 - ▶ Intravesical
 - ▶ Intra-arterial
 - ▶ Intrapleural

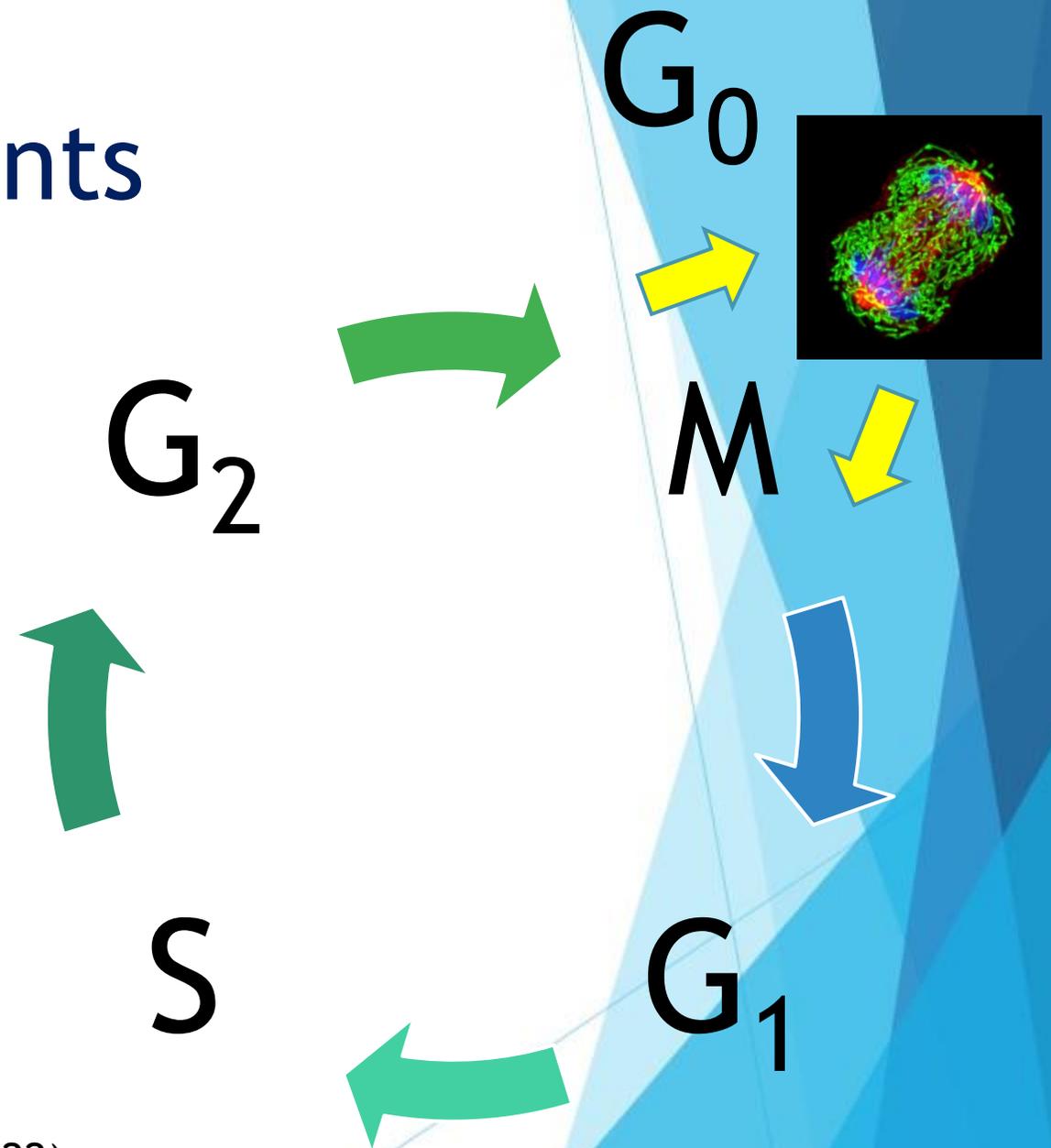
Cell Cycle

- ▶ G_1 : Post-mitotic synthesis of RNA
- ▶ S: Synthesis of DNA
- ▶ G_2 : Premitotic synthesis of protein
- ▶ M: Mitosis



Cell Cycle Specific Agents

- ▶ S: Methotrexate, 5FU
- ▶ G₂: Irinotecan, doxorubicin, etoposide, bleo
- ▶ M: Taxanes



(Olsen et al., 2023; Vlcek, 2022)

Alkylating Agents

- ▶ Cell cycle non-specific
- ▶ Causes breaks in DNA strands leading to cell death
- ▶ Dose limiting toxicities
 - ▶ Bone marrow suppression
 - ▶ GI toxicities
 - ▶ Organ toxicity
 - ▶ Infertility
- ▶ Examples: busulfan, carboplatin, cisplatin, cyclophosphamide, oxaliplatin, thiotepa

Antimetabolites

- ▶ Cell cycle specific - S phase
- ▶ Interfere with DNA synthesis
- ▶ Dose-limiting toxicities:
 - ▶ Bone marrow suppression
 - ▶ GI and mucosal toxicity
- ▶ Examples: cytarabine, 5-fluorouracil, methotrexate

Antitumor Antibiotics

- ▶ Cell cycle ~~non~~specific
- ▶ Binds to DNA preventing RNA synthesis
- ▶ Dose limiting toxicities:
 - ▶ Myelosuppression
 - ▶ GI toxicity
 - ▶ Alopecia
 - ▶ Organ toxicity - cardiotoxicity, pulmonary toxicity
- ▶ Examples: doxorubicin, daunorubicin, bleomycin, mitomycin

Miscellaneous Agents

- ▶ Unique actions and side effect profiles
- ▶ Examples: asparaginase, arsenic

Nitrosoureas

- ▶ Cell cycle nonspecific
- ▶ Causes breakage in DNA strand, preventing replication
- ▶ Crosses the blood-brain barrier
- ▶ Dose limiting toxicities:
 - ▶ Bone marrow suppression
 - ▶ GI toxicities
 - ▶ Organ damage - renal, hepatic
- ▶ Examples: carmustine, lomustine, streptozocin

Plant Alkaloids

- ▶ Cell cycle specific
- ▶ Types:
 - ▶ Camptothecins - irinotecan, topotecan
 - ▶ Epipodophyllotoxins - etoposide
 - ▶ Taxanes - paclitaxel, docetaxel
 - ▶ Vinca alkaloids - vincristine, vinblastine
- ▶ Toxicities:
 - ▶ Myelosuppression
 - ▶ Peripheral neuropathy

Drug Administration



Do your homework



Know your patient



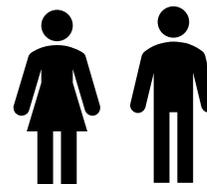
Verify the order



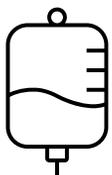
Prepare the drug



Safe Handling



Dose verification



Administer the drug



Monitor the patient



Document

Immediate Complications

Vesicant Extravasation

- ▶ Drugs at risk
- ▶ Prevention
- ▶ Treatment

Infusion Reaction

- ▶ Hypersensitivity
- ▶ Cytokine Release Syndrome
- ▶ Anaphylaxis

Hazardous Drug Safety

- ▶ Identifying hazardous drugs
- ▶ Compounding HDs
- ▶ Personal Protective Equipment
- ▶ Spill management

- ▶ [NIOSH List](#) -

- ▶ <https://www.cdc.gov/niosh/docs/2023-129/>
 - ▶ <https://www.cdc.gov/niosh/docs/2023-130/>

- ▶ [USP Chapter <800>](#)

- ▶ [Safe Handling](#) Learning Library



(Polovich & Olsen, 2018)

NIOSH List of Antineoplastic
and Other Hazardous Drugs
in Healthcare Settings, 2016

Procedures for Developing the
NIOSH List of Hazardous Drugs
in Healthcare Settings



Managing Hazardous Drug Exposures:
Information for Healthcare Settings



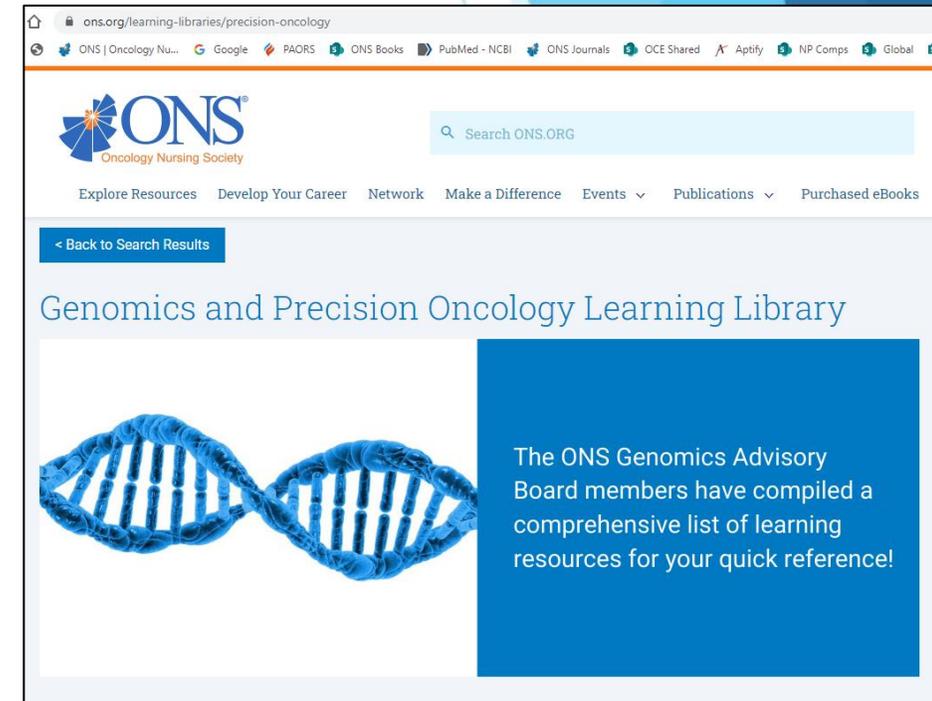
Hormone Therapy

- ▶ Cell cycle nonspecific
- ▶ Cancer cell growth in hormone-sensitive cancers may be inhibited by suppression of select hormones
- ▶ Side effects may include headache, hot flashes, mood and appetite changes
- ▶ Classes include androgens, antiandrogens, aromatase inhibitors, progestins

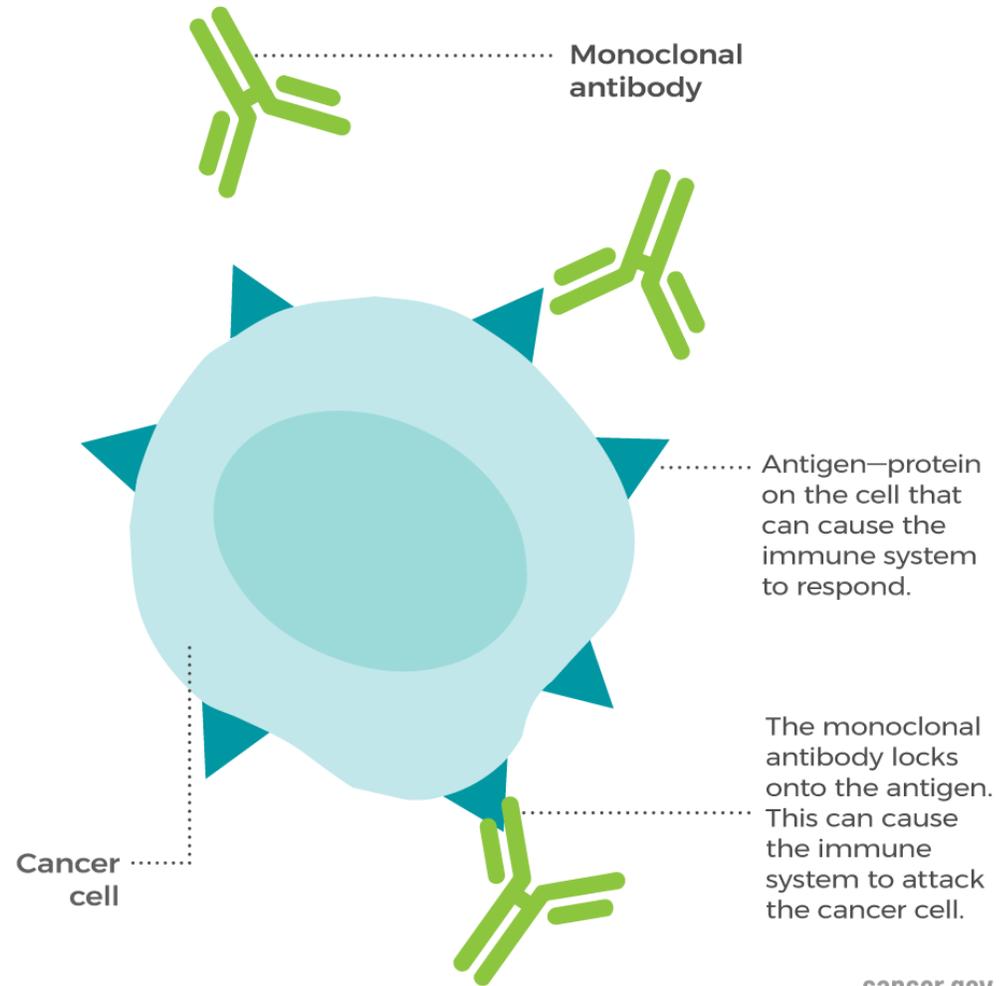
Targeted Therapy

Genomics in Cancer Care

- ▶ Course > Genomic Foundations for Precision Oncology
- ▶ Taxonomy
- ▶ “Glad You Asked” video series
- ▶ Learning Activities
- ▶ Clinical Practice Resources
- ▶ Biomarker Database



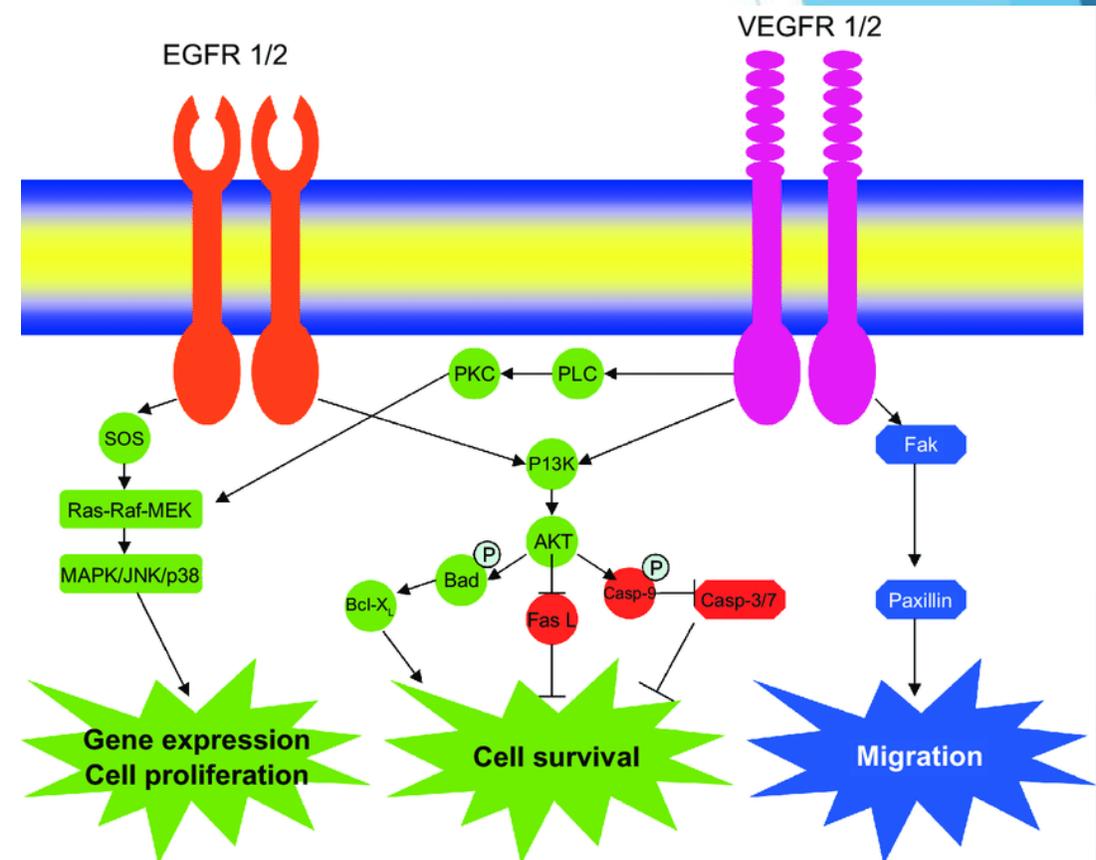
Targeted Therapies



cancer.gov

Targeted Therapies

- ▶ Oral antineoplastics
 - ▶ Small molecule inhibitors
 - ▶ TKI's
 - ▶ RTKs
 - ▶ mTOR
 - ▶ Proteasome inhibitors
 - ▶ PARP Inhibitors
 - ▶ CDK4/6



(Olsen et al., 2023; Image from [Breast Cancer \(Auckl\). 2009; 3: 47-66](#). Published online 2009 Aug 17. doi: [10.4137/bcocr.s2492](https://doi.org/10.4137/bcocr.s2492) This is an open access article distributed under the terms of the Creative Commons Attribution License (<http://www.creativecommons.org/licenses/by/2.0>) which permits unrestricted use, distribution and reproduction provided the original work is properly cited.)

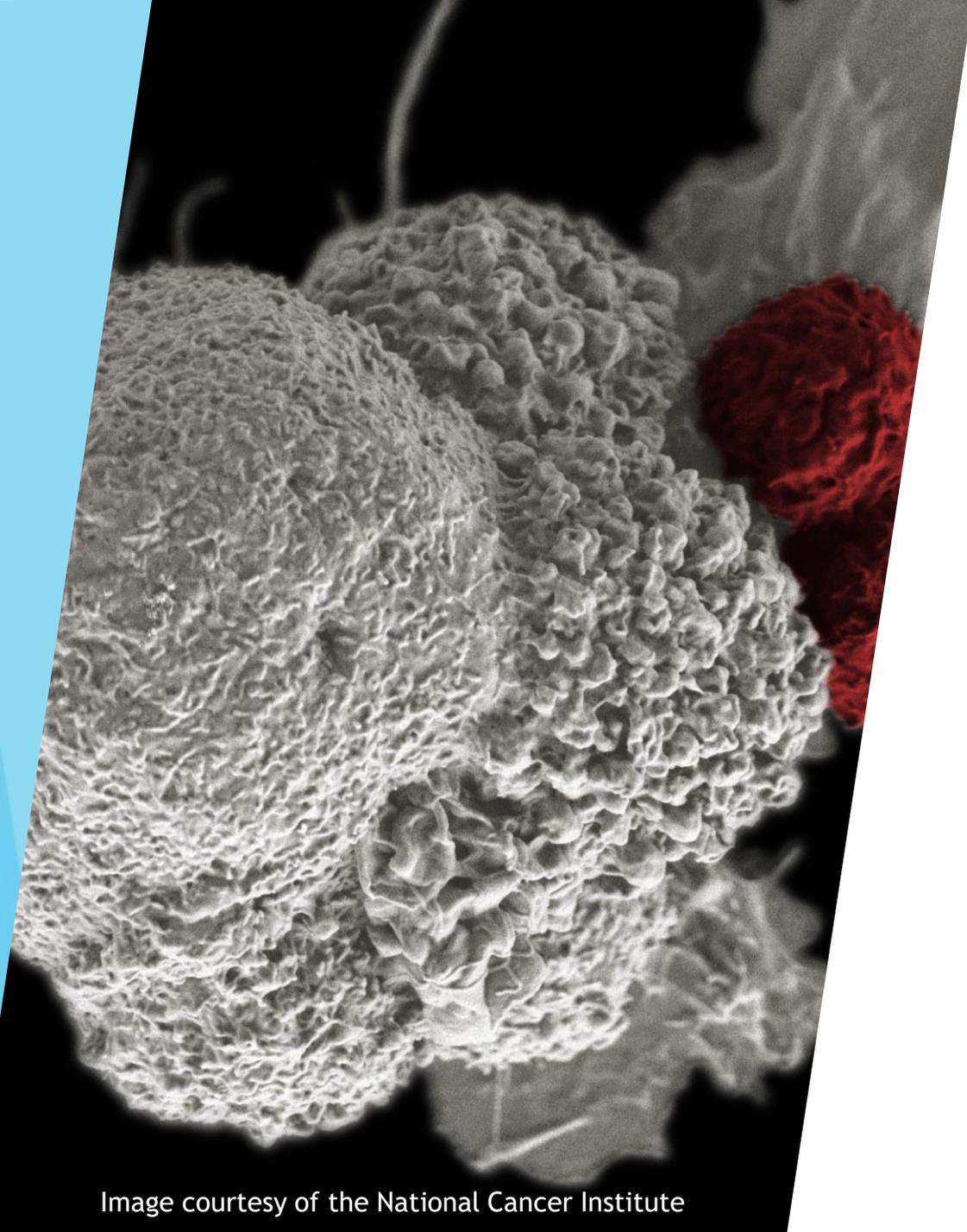
Side effects

- ▶ EGFRi Skin reactions
- ▶ Cardiac toxicities
- ▶ Fluid retention
- ▶ Mucositis
- ▶ Diarrhea

Oral Antineoplastics

- ▶ Patient and family education
- ▶ Drug adherence
- ▶ Ongoing monitoring

- ▶ [Oral Chemotherapy Education Sheets](#)
- ▶ [Oral Anticancer Medication Toolkit](#)



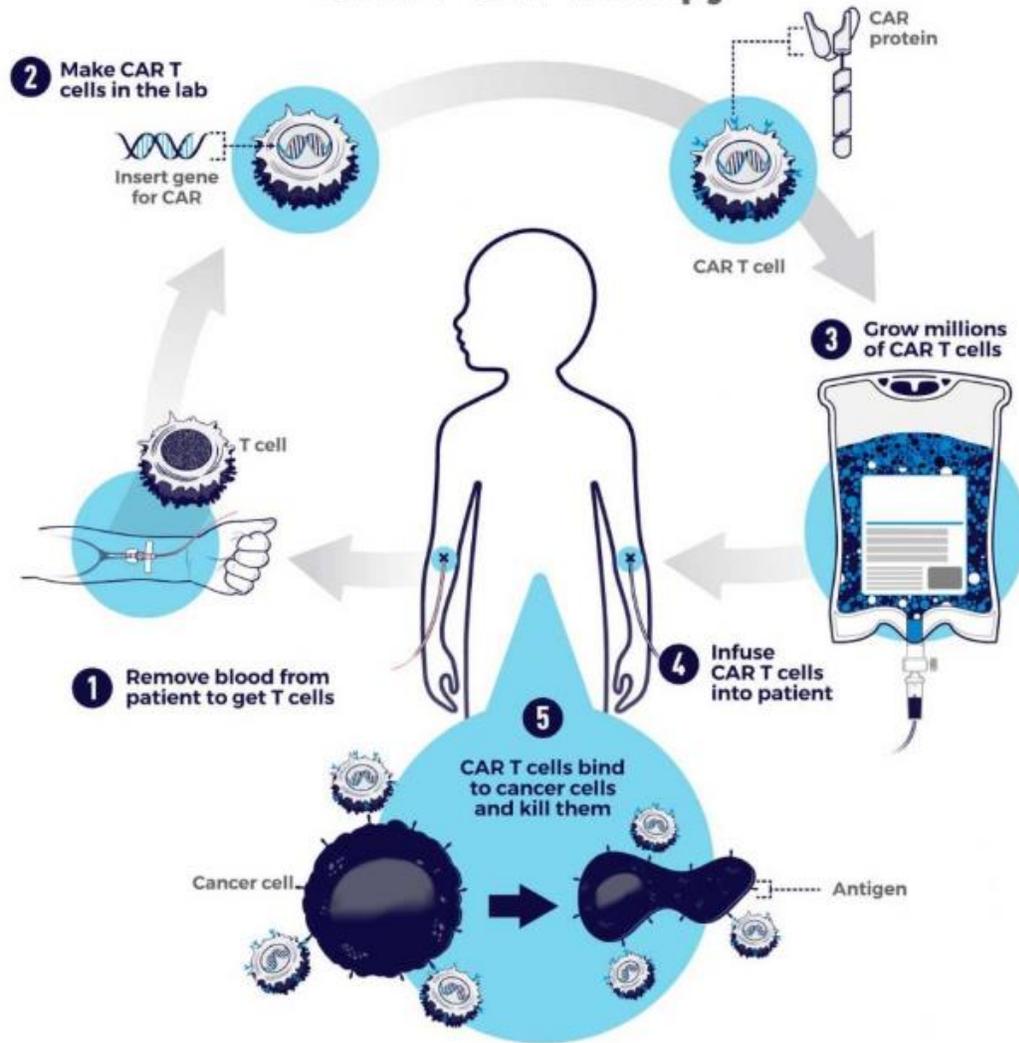
Immunotherapy

Image courtesy of the National Cancer Institute

Cytokines

- ▶ Small protein molecules that are activated by stimulus
- ▶ Affect the growth and development of cells
- ▶ May enhance cytotoxic activity
- ▶ Examples include filgrastim, erythropoietin, interleukin, interferon

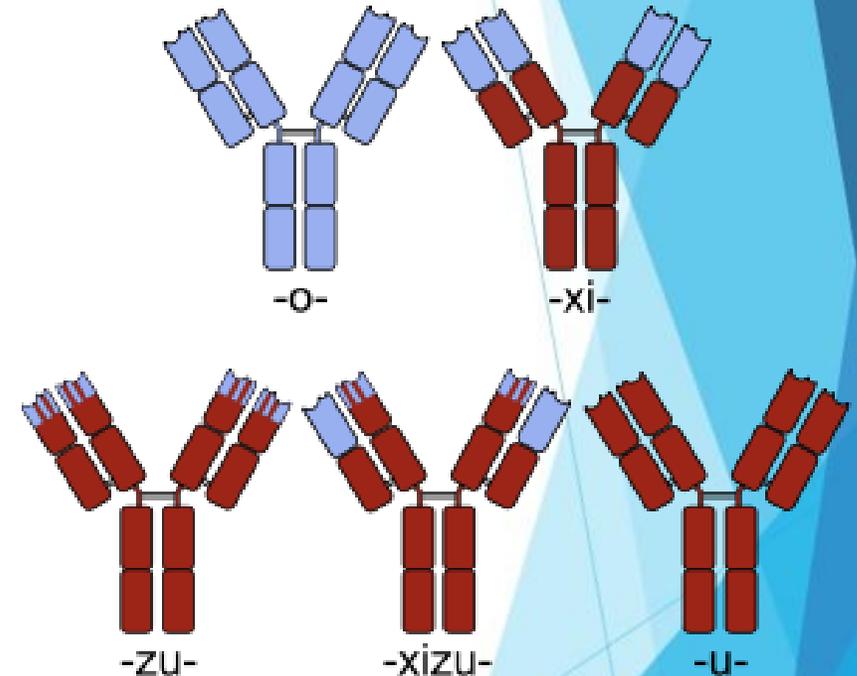
CAR T-Cell Therapy



Chimeric Antigen Receptor (CAR) T-Cell Immunotherapy

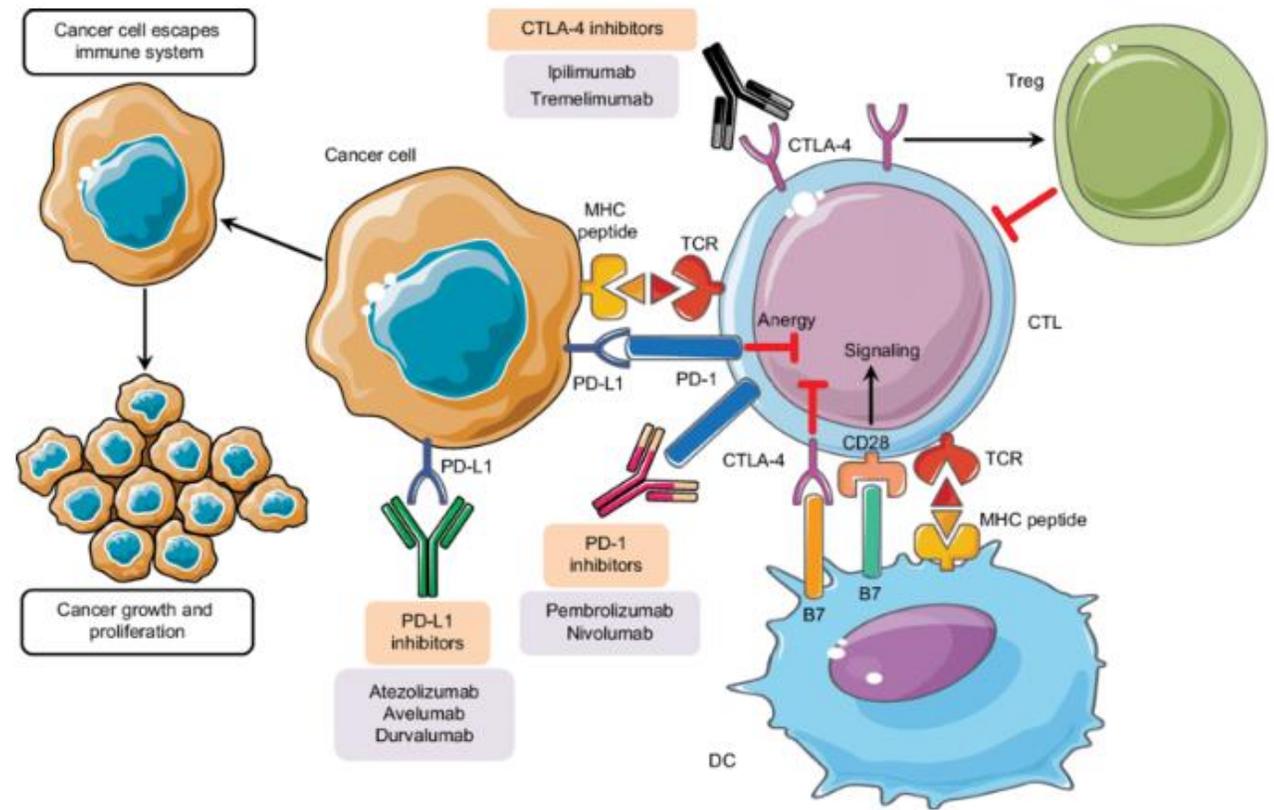
Monoclonal Antibodies

- ▶ Manmade antibodies sensitized to a specific antigen present on a tumor cell
- ▶ May be derived from human (daratumumab), murine (ibritumomab tiuxetan), chimeric (rituximab), or humanized (trastuzumab) antibodies
- ▶ Side effects include flu-like symptoms, skin reactions, rash, hypersensitivity reactions



Checkpoint Inhibitors

- ▶ Block proteins that stop recognition of cancer cells by the immune system
- ▶ Side effects include immune-related adverse events
- ▶ Examples include pembrolizumab, nivolumab



(Olsen et al., 2023; Figure via license: [CC BY-NC 3.0](https://creativecommons.org/licenses/by-nc/3.0/) from https://www.researchgate.net/figure/immune-checkpoint-inhibitors-in-cancer-treatment-Notes-inability-to-activate-CTLs-in_fig1_330435495)

Adoptive Cellular Therapy

Tumor-infiltrating lymphocytes

- ▶ T cells are extracted from inside the tumor
- ▶ Cells are treated and reproduced in large numbers
- ▶ T cells are infused back into the patient and they attack the tumor cells



Active Immunotherapy: Oncolytic Viruses

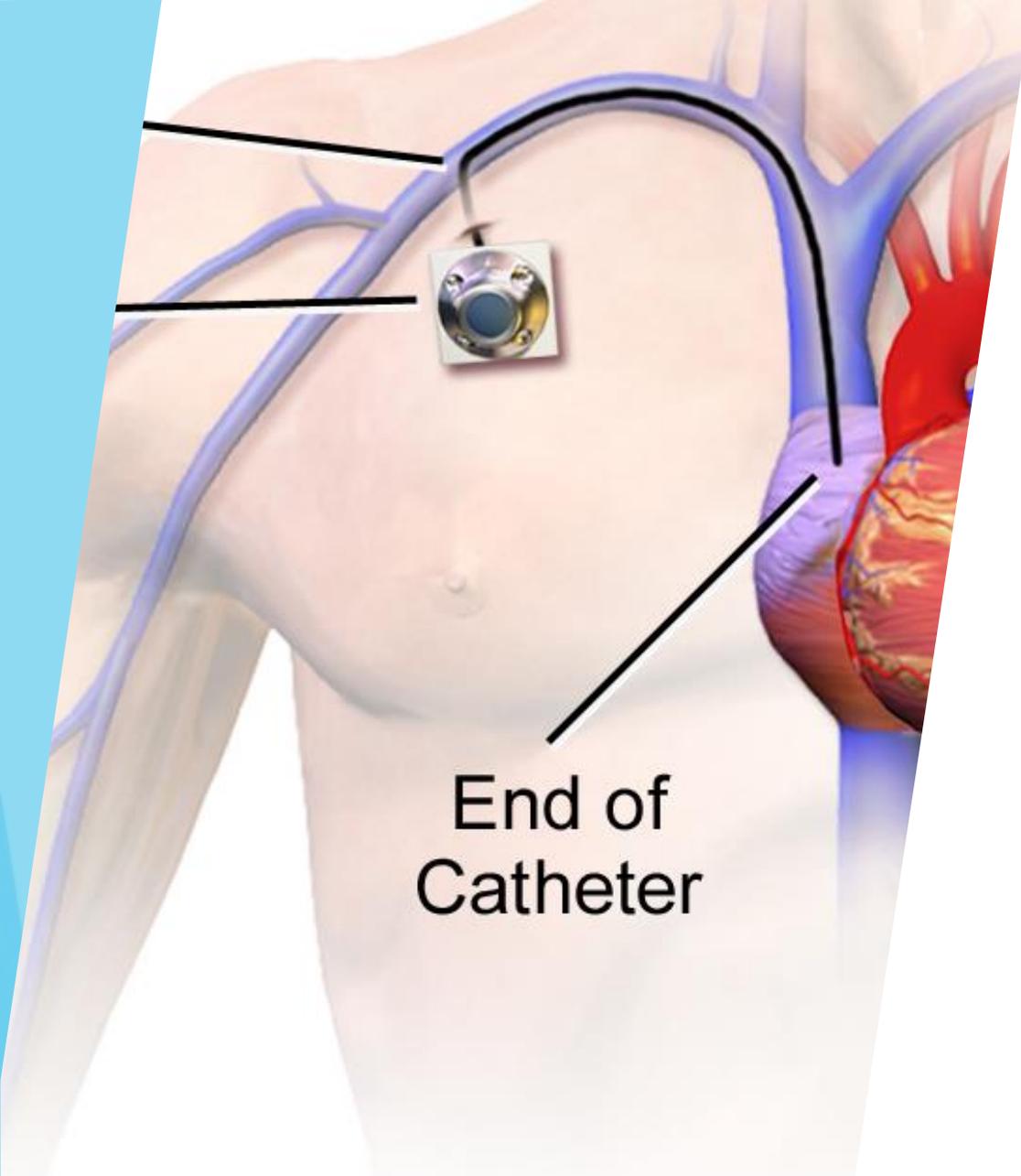
- ▶ Oncolytic viruses are injected into a tumor
- ▶ The virus replicates inside tumor cells
- ▶ The tumor cell ruptures and contents are spilled into the surrounding environment
- ▶ Other tumor cells pick up the virus and the cycle continues
- ▶ Infection control procedures must be in place
- ▶ Download the [Safe Handling of Oncolytic Viruses](https://www.ons.org) resource from www.ons.org

Immune-Related Adverse Events

- ▶ Infusion reactions
- ▶ Skin rash
- ▶ Hepatic toxicity
- ▶ Fatigue
- ▶ Pneumonitis
- ▶ GI toxicity



[Immuno-Oncology Learning Library](#)



End of
Catheter

Venous Access Port

Access Devices

Access Devices: Purpose

- ▶ Combination therapy
- ▶ Administer therapy into multiple body systems
- ▶ Supportive therapy
- ▶ Laboratory monitoring

Access Devices: Types

- ▶ Venous
 - ▶ Peripheral
 - ▶ Midline
 - ▶ Short-term central
 - ▶ Long-term central
 - ▶ Tunneled
 - ▶ Implanted port
 - ▶ PICC

Access Devices: Types

- ▶ Arterial
- ▶ Peritoneal
- ▶ Intraventricular
- ▶ Epidural
- ▶ Intrapleural

Access Devices: Complications

- ▶ Infection
- ▶ Occlusion
- ▶ Catheter Tip migration
- ▶ Air embolism
- ▶ Pneumothorax
- ▶ Arterial injury
- ▶ Phlebitis
- ▶ Extravasation
- ▶ Arrhythmia

Access Devices: Assessment

- ▶ Identify potential candidates
- ▶ Physical exam
- ▶ Psychosocial exam

References

Each citation noted refers to a chapter in one of the following texts:

Brant, JM. (2020). *Core Curriculum for Oncology Nursing* (6th ed). Elsevier.

Camp-Sorrell, D., & Matey, L. (Eds.). (2017). *Access device standards of practice for oncology nursing*. Oncology Nursing Society.

Eggert, J.A., Byar, K.L., Parks, L.S. (2022). *Cancer Basics* (3rd ed). Oncology Nursing Society.

McQuestion, M., Drapek, L.C., Witt, M.E. (2021). *Manual for Radiation Oncology Nursing Practice and Education* (5th ed.). Oncology Nursing Society.

Olsen, M., LeFebvre, K., Walker, S. L., & Prechtel Dunphy, E. (2023). *Chemotherapy and immunotherapy: Guidelines and recommendations for practice* (2nd ed.). Oncology Nursing Society.

Polovich, M & Olsen, MM.(2018). *Safe Handling of Hazardous Drugs* (3rd ed). Oncology Nursing Society.

Schmit-Pokorny, K. & Eisenberg, S. (2020). *Hematopoietic Stem Cell Transplantation: A Manual for Nursing Practice* (3rd ed.). Oncology Nursing Society.

Yarbro, CH, Wujcik, D & Gobel, BH. (2018). *Cancer Nursing Principles and Practice* (8th ed). Jones and Bartlett.

