

BSMO guidelines for supportive care in short version

1. Delirium:

Approach: to identify the underlying causes of delirium

- a. Medication
- b. Electrolyte disturbance
- c. Anticancer treatments
- d. Reversible infections

Treatment:

- a. Zyprexa: 2.5-5mg PO or SL before sleeping
- b. Haldol dr: 3*5 drops per day and to tritate
- c. Seroquel: 2*12.5mg per day
- d. Lorazepam: 1mg SL before sleeping
- e. Dormicum: 2.5mg bolus IV or SC, followed by 0.5-1mg/hour IV and to tritate

Ref: V Verschaeve et al; BMJO 2022; 16(4): 166-75.

2. Anemia:

Approach: to treat the underlying causes of anemia and to correct iron deficiency

Treatment:

- a. The use of erythropoiesis stimulating agent (ESA) is recommended in case of symptomatic anemia who receive chemotherapy or combination radio-chemotherapy and present with an Hb level < 11g/dl, but not in curative setting.
Dose: 300µg SC every 2 weeks or 500µg SC every 3 weeks.
- b. Blood transfusion if the patient does not respond after 3 weeks or in case of symptomatic anemia.
- c.

Ref: Lamot C et al; BJMO in press

3. Cardiac events:

a. Primary prevention:

To consider baseline CV risk and biomarkers (troponin and natriuretic peptides).
Cardioprotective treatment with ACE inhibitors and beta-blockers can be considered.

b. On-treatment follow-up:

Periodic evaluation of LVEF and GLS: consider ACE inhibitors and beta-blockers in case of 1) LVEF < 50% and absolute reduction > 10% and withhold treatment until recovery or 2) LVEF > 50% and absolute reduction of < 10% and continue treatment.

In case of hypertension during treatment with a TKI should be treated with ACE inhibitors or sartan in combination with calcium-antagonists.

In case of QTc prolongation > or = 500ms or symptomatic QTc prolongation (dizziness, palpitations, syncope or chest pain): stop treatment and start Magnesium sulfate. ICI myocarditis will be treated with high dose steroids with 1 G per day during 3 days followed by 2mg/kg/day.

Ref B Von Kemp et al; BJMO 2021; 15:367-73.

4. Chemotherapy extravasation:

Approach: to prevent tissue damage is the most important

Management:

Consult the instructions to handle extravasation, apply antidote if necessary and look for advice of the plastic surgeon.

In case of extravasation with anthracyclines, antibiotics and alkylating agents: apply dry cold compresses for 20min 4 times daily for 1-2 days and use specific antidotes.

In case of taxanes, vinka alkaloids and platin salts: apply dry warm compresses for 20min 4 times daily for 1-2 days and administer agents increasing resorption.

5. Chemotherapy-induced nausea and vomiting (CINV):

Prevention and mangement:

Recommendations for HEC regimens:

Acute CINV	Treatment
NON-AC regimen	Akynzeo^R po + dexametasone 20mg iv Litican^R 6 vials in infusion over 24 IV
AC regimen	Akynzeo^R + dexametasone 10mg iv
Delayed CINV	
NON-AC regimen	Medrol^R 32 mg po during 3 days Litican^R 50mg po 4 per day
AC regimen	Litican^R 50mg po 4 per day during 3 days

Recommendations for MEC regimens in Belgium:

Acute	Treatment
NON-carboplatin	Aloxi^R + dexametasone 10 mg iv
Carboplatin AUC > 4	Akynzeo^R + dexmetasone 10 mg IV
Delayed CINV	
Non-carboplatin	Litican^R 50mg 4 per day
Carboplatin AUC > 4	Litican^R 50mg 4 per day

Recommendations for low and minimal emetic risk regimens

Low emetic regimen	
Acute CINV	Treatment
	Aloxi^R iv; Litican 2 vials iv + dexametasone 5mg iv
Delayed CINV	Litican^R 50mg po 3 per day
Minimal emetic regimen	
Acute CINV	None
Delayed	None