

Innovation in Cancer Treatment Information Delivery



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BACKGROUND

Utilising the existing eviQ Cancer Treatments Online resource (formerly CI-SCaT), that is currently used extensively in the hospital setting, Cancer Australia have funded a project to provide cancer treatment information for primary care clinicians; the focus being general practitioners, community and practice nurses, and remote and rural clinicians. In the primary care area, breast and colorectal tumours have been populated and further funding has been provided to populate lung, prostate and gynaecological tumours by July 2010.

PURPOSE

As cancer incidence rates rise and the population continues to age, the need for quality information for all clinicians relating to a cancer patient's care will continue to be a high priority. The delivery of best practice care to cancer patients requires a sound understanding of the contemporary literature, key evidence and internationally accepted standards. It also involves the administration of cytotoxic drugs and managing the associated side effects 24 hours per day. In an environment where services lack the specialised expertise and resources to maintain currency of the increasingly complex cancer care, rural and remote clinicians may find access to evidence based information challenging.

Additionally, practice based assessment and teaching and learning can be challenging if information is not readily available and easily understood. The differing levels of clinician and clinical expertise coupled with the differing levels of required knowledge all lend itself to the need for a flexible, comprehensive cancer treatment information resource that can cater for a wide range of users. eviQ - Cancer Treatments Online (formerly CI-SCaT) - an Australian based resource launched in September 2009 - provides access to over 900 peer reviewed online cancer treatments and protocols. eviQ blends evidence with practical realities and is available at no cost to the user.

The addition of the primary care content area further enhances the eviQ resource and provides cohesion between the primary, secondary and tertiary health settings. This primary care content area includes, but is not limited to, treatment and side effect management, clinical tools, an opioid conversion calculator, safe handling of cytotoxics, resources and links, and tumour specific resources and information.




CANCER CARE RELEVANT MBS ITEM NUMBERS - HELPING YOU DELIVER COMPREHENSIVE CANCER CARE				
To be notified of upcoming changes to MBS before they are released - subscribe to MBSOnline				
Breast Screening	Care Conferences	Cervical Screening	Chronic Disease Management	Health Assessments
Medication Management Reviews	Mental Health Support	Monitoring	Survivorship/Palliative Care	Wound Management
PREVENTION AND EARLY DIAGNOSIS				

Short Term Side Effects		
Sub categories	Cognitive Changes	Fatigue
Cardiac Effects	Haematological Effects	Menopausal Symptoms
Gastrointestinal Tract Effects	Neurological Changes	Pain
Nail Changes	Sexuality and Fertility	Skin Changes
Pulmonary Effects	Weight Changes	
Urinary Changes		

Primary Health Care

Cancer Service Directory



Service Directory Currently Not Available

Resources

- Communication Templates
- Education
- FAQs
- MBS Item Numbers
- Patient Question Prompt Lists
- Useful Links

Clinical

- Short Term Side Effects
- Late Effects/Survivorship
- Clinical Devices
- Opioid Conversion Calculator
- Safe Handling of Cytotoxic Drugs

Quick Links

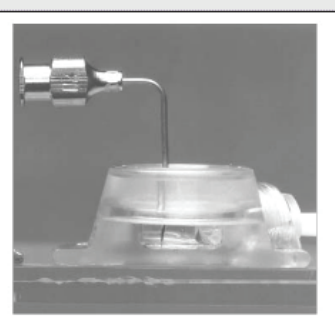


- Extravasation
- Febrile Neutropenia
- Oncological Emergencies
- Cytotoxic Spill Management

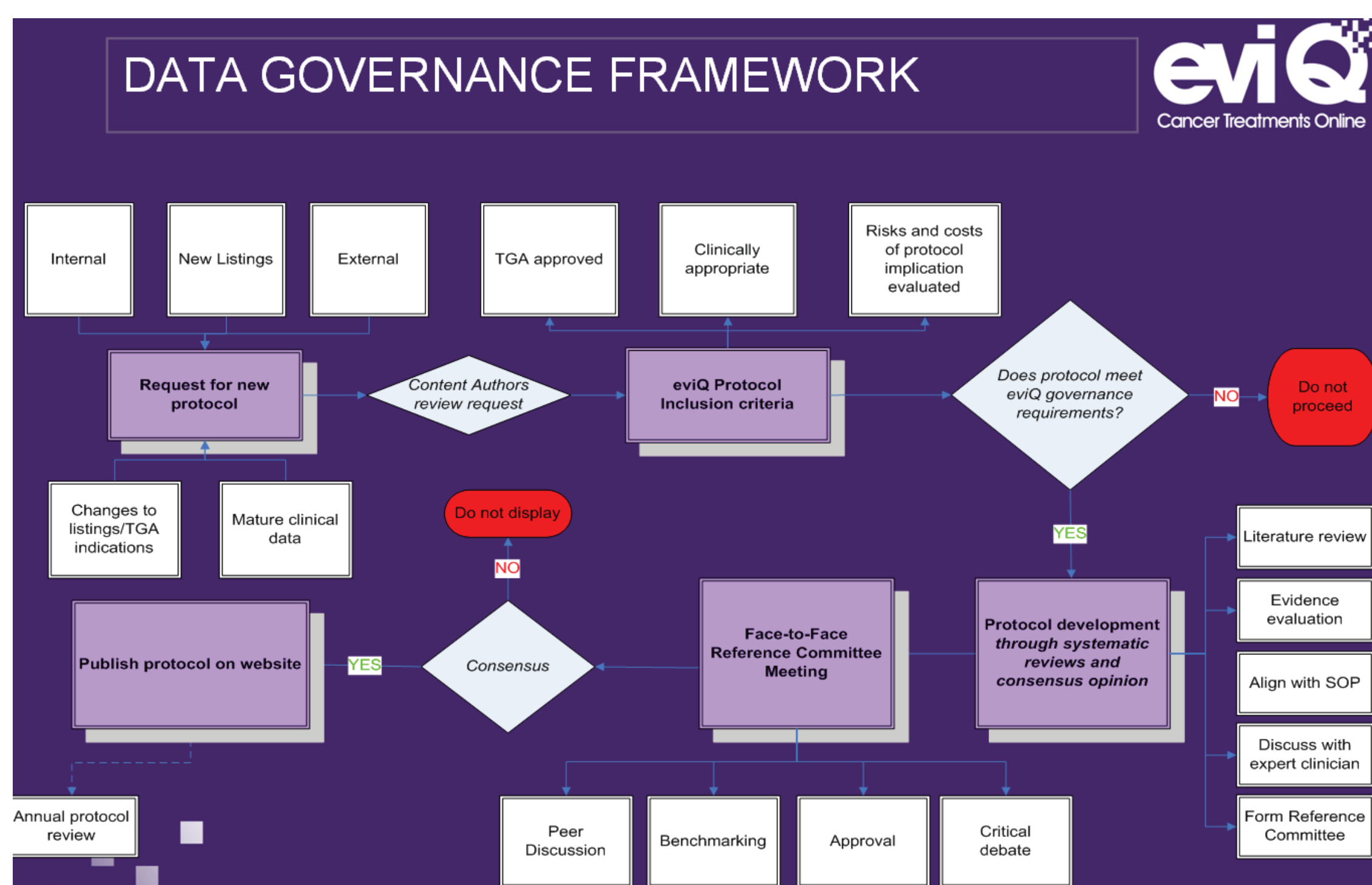
Sub categories

Breast	Colorectal	Gynaecology
Haematology	Head and Neck	Melanoma
Respiratory	Sarcoma	Soft Tissue
Upper Gastrointestinal	Urogenital	Unknown Primary

Breast		
Sub categories	Education	Follow Up
Clinical Trials	Protocols	Referral Guidelines
Pathways and Algorithms	Staging	Statistics and Reports
Resources and Links		

ACCESSING eviQ - CANCER TREATMENTS ONLINE
www.eviQ.org.au
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natalie.cook@cancerinstitute.org.au
QUERIES: Ph: 1800 384 700

Line Type	Image	CVAID Care	Key Points
Implanted Venous Port Patient Population: • therapy where peripheral access is impractical • therapy which requires central venous access		Flush & heparin lock after each access, and monthly: • 10-20mls 0.9% Sodium Chloride • 20mls/20hrs heparinized saline Non-coring needle change and weekly dressing when in use. Link to procedure	Monitor for signs of infection, redness, swelling, and/or tenderness around port pocket. Note: in neutropenic patients normal signs of infection such as pus will be absent.
Implanted Venous Dual Port Patient Population: • therapy where peripheral access impractical • therapy which requires central venous access and multiple lumens		Flush & heparin lock after each access, and monthly: • 10-20mls 0.9% Sodium Chloride • 20mls/20hrs heparinized saline Non-coring needle change and weekly dressing when in use. Link to procedure	Monitor for signs of infection, redness, swelling, and/or tenderness around port pocket. Note: in neutropenic patients normal signs of infection, such as pus will be absent.
Implanted Venous Port for power injection Patient Population: • therapy where peripheral access is impractical • therapy which requires central venous access		Flush after each access, and monthly: • 10-20mls 0.9% Sodium Chloride Non-coring needle change and weekly dressing when in use. Link to procedure • clean with 2% Chlorhexidine Gluconate v/v 70% Isopropyl Alcohol • dress with aseptic semi-permeable polyurethane dressings	Designed to tolerate greater pressures. Can be used for power injected contrast in CT scanning. Monitor for signs of infection, redness, swelling, and/or tenderness around port pocket. Note: in neutropenic patients normal signs of infection, such as pus will be absent.



1800 eviQ 00 ■ www.eviQ.org.au

