For this questionnaire ‘organisation’ means Hospital not Trust. A separate questionnaire should be filled in for each hospital/centre/stand-alone unit delivering Systemic Anti-Cancer Therapy (SACT).

Name of Hospital

Name of Trust

Who completed this questionnaire?
Name
Position

What is this study about?
NCEPOD is examining the process of care of all patients who die within 30 days of systemic anti-cancer therapy (SACT), looking for areas where their care might have been improved. Please see “Definitions” on last page. The study will not concentrate solely on those patients who have a treatment-related death.

Data for the pilot study were collected during September 2006 from selected sites that volunteered to help with the pilot. Sites for the main study will include all NHS and independent hospitals, and day centres, that treat patients with SACT in England, Wales and Northern Ireland, and public hospitals in the Isle of Man, Jersey and Guernsey, as well as Defence Secondary Care Agency hospitals.

This work is supported by the Joint Collegiate Council for Oncology (JCCO), a joint group between the Royal College of Radiologists and Royal College of Physicians; and the Joint Specialty Committee (JSC) for Medical Oncology at the Royal College of Physicians.

Who should complete this questionnaire?
Hospitals that treat patients with SACT either as inpatients, outpatients, or both, should complete an organisational questionnaire.

Please return completed questionnaires to NCEPOD in the SAE provided.

How to complete this questionnaire
This form will be electronically scanned. Please use a black or blue pen. Please complete all questions with either block capitals or a bold cross inside the boxes provided e.g.

Does this hospital treat patients with SACT as:

☒ Inpatients ☐ Outpatients

If you make a mistake, please “black-out” the incorrect box and re-enter the correct information, e.g.

☒ Inpatients ☐ Outpatients

Unless indicated, please mark only one box per question.

A list of definitions is provided on the back of the questionnaire. Free space is also provided for your comments.

Incomplete or non-returned questionnaires will be followed up. Please complete as accurately as you can, so you can compare your results to national averages.

Questions or help
If you have any queries about the study or this questionnaire, please contact NCEPOD at cancertherapies@ncepod.org.uk
Telephone: 020 7820 0999

Thank you for taking the time to complete this questionnaire. The findings of the full study will be published in late 2008.
A. THE ORGANISATION

1. a. Is this hospital: (Please select all that apply)
   - [ ] NHS University Teaching Hospital
   - [ ] NHS District General Hospital
   - [ ] NHS Other (Please specify) ________________________________
   - [ ] Independent (Private)
   - [ ] Stand-alone Oncology Unit/Centre (See Definitions)
   - [ ] Cancer Centre (See Definitions)
   - [ ] Cancer Unit (See Definitions)
   - [ ] Other (Please specify) ________________________________

b. If 'INDEPENDENT HOSPITAL', do you have a formal arrangement with an NHS trust for admissions for complications related to SACT?
   - [ ] Yes  [ ] No  [ ] Unknown

c. If NO, what facilities are available to admit and manage complications in-house?
   ________________________________

2. Considering your normal catchment area, what is the furthest distance a patient would have to travel for treatment? (Please state in miles)
   _______ miles  [ ] Unknown

B. ORGANISATIONAL FACILITIES

3. Emergency Admissions (Please select all that apply)
   - [ ] 24 hours A&E
   - [ ] Restricted hours A&E (please specify) ________________________________
   - [ ] Admission direct to ward
   - [ ] No facility at hospital  [ ] Unknown

4. Radiology service on site: (Please select all that apply)
   - [ ] Plain films  [ ] Not available  [ ] Restricted hours (please specify) ________________________________  [ ] Unknown
   - [ ] Ultrasound  [ ] Not available  [ ] Restricted hours (please specify) ________________________________  [ ] Unknown
   - [ ] CT scans  [ ] Not available  [ ] Restricted hours (please specify) ________________________________  [ ] Unknown
   - [ ] MRI scans  [ ] Not available  [ ] Restricted hours (please specify) ________________________________  [ ] Unknown
5. Laboratory Services: Haematology
   - 24 Hours
   - Restricted hours (Please specify)

6. Biochemistry
   - 24 Hours
   - Restricted hours (Please specify)

7. Bacteriology
   - 24 Hours
   - Restricted hours (Please specify)

8. Emergency general medicine service
   - On site
   - Off site - formal arrangement
   - Off site - NO formal arrangement
   - Unknown

9. Emergency general surgery service
   - On site
   - Off site - formal arrangement
   - Off site - NO formal arrangement
   - Unknown

10. Is there a resuscitation team on site?
    - Yes
    - No
    - Unknown

11. Is there a palliative care team on site?
    - Yes
    - No
    - Unknown

12. a. Is there an ICU/ITU (See Definitions) on site?
    - Yes
    - No
    - Unknown

   b. If YES, please specify the number of beds:

   c. If NO, is there a formal arrangement for admission to ICU/ITU at another hospital?
    - Yes
    - No
    - Unknown
13.a. Is there an HDU on site? *(See Definitions)*

- Yes
- No
- Unknown

13.b. If YES, please specify the number of beds:

- Unknown

13.c. If NO, is there a formal arrangement for admission to ICU/ITU at another hospital?

- Yes
- No
- Unknown

---

**CLINICAL/MEDICAL ONCOLOGY (See Definitions)**

14. Number of beds/chairs available for chemotherapy?

- **Day Care/Outpatient:**
  - chairs
  - beds

- **Inpatient:**
  - 5/6 day beds
  - 7 day beds

- Unknown

15. Where is SACT administered? *(Please select all that apply)*

- In a designated chemotherapy outpatient clinic
- Day care unit
  - Opening Hours of unit
    - 8 hours
    - 12 hours
    - Other *(Please specify)*
  - Other area *(Please specify)*
- As an inpatient on an oncology ward
- As an outpatient but on an oncology ward
- Other area *(Please specify)*
HAEMATO-ONCOLOGY (See Definitions)

16. Number of beds/chairs available for chemotherapy?

- **Day Care/Outpatient:**
  - chairs
  - beds
- **Inpatient:**
  - 5/6 day beds
  - 7 day beds
  - Unknown

17. Where is SACT administered? (Please select all that apply)

- In a designated chemotherapy outpatient clinic
- Day care unit
  - Opening Hours of unit
    - 8 hours
    - 12 hours
    - Other (Please specify)
- As an inpatient on a haemato-oncology ward
- As an outpatient but on a haemato-oncology ward
- Other area (Please specify)

C. STAFFING

18. Please state the number of whole-time equivalents (on site per week)
   e.g. staff working 1 day a week = 0.2 WTE.

- Medical oncology consultants
- Haemat-ONCOLOGY consultants
- Chemotherapy specialist nurses
- Palliative care specialist nurses
- Clinical oncology consultants
- Palliative care consultants
- Tumour site specialist nurses
- Research nurses
  - Unknown
19. Please select the grade(s) of doctors available (i.e. on a rota to provide cover) out of hours (see Definitions) to review patients in this hospital. Please also select whether they are resident, or non-resident.

**CLINICAL/MEDICAL ONCOLOGY** *(Please select all that apply)*

<table>
<thead>
<tr>
<th>Grade</th>
<th>Consultant</th>
<th>Resident</th>
<th>Non-resident</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>F1/F2</td>
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<td>SPR/ST 3+</td>
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<tr>
<td>SHO/ST1-2</td>
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</tbody>
</table>

*Other (please specify)*

(Examples of ‘Other’ include Trust Doctor, Clinical Fellow, Research Fellow)

**HAEMATO-ONCOLOGY** *(Please select all that apply)*

<table>
<thead>
<tr>
<th>Grade</th>
<th>Consultant</th>
<th>Resident</th>
<th>Non-resident</th>
<th>Unknown</th>
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</table>

*Other (please specify)*

(Examples of ‘Other’ include Trust Doctor, Clinical Fellow, Research Fellow)

**GENERAL MEDICINE** *(Please select all that apply)*

<table>
<thead>
<tr>
<th>Grade</th>
<th>Consultant</th>
<th>Resident</th>
<th>Non-resident</th>
<th>Unknown</th>
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<tr>
<td>SHO/ST1-2</td>
<td></td>
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</tbody>
</table>

*Other (please specify)*

(Examples of ‘Other’ include Trust Doctor, Clinical Fellow, Research Fellow)
D. ADMISSIONS

CLINICAL/MEDICAL ONCOLOGY

20. Is there an emergency admission policy for patients receiving SACT?
   
   ☐ Yes (You may be asked for a copy of this policy at a later date) ☐ No ☐ Unknown

21. Do patients receive written guidance on when and how to seek advice if they become ill at home after SACT?
   
   ☐ Yes (You may be asked for a copy of this policy at a later date) ☐ No ☐ Unknown

22. a. Is there a dedicated telephone number for them to call?
   
   ☐ Yes (Please state hours) ☐ No ☐ Unknown

   b. If YES, will they speak to a:
   - ☐ Specialist nurse
   - ☐ Oncology doctor
   - ☐ Haemato-oncology doctor
   - ☐ General medicine doctor
   - ☐ Unknown

   c. Is there a log of the telephone call?
   - ☐ Yes ☐ No ☐ Unknown

   d. Is telephone advice given to patients with side effects following SACT administration?
   - ☐ Yes ☐ No ☐ Unknown

   e. Does the induction for new staff include training on giving telephone advice to patients with complications following SACT?
   - ☐ Yes ☐ No ☐ Unknown

23. Is there a formal mechanism by which the consultant oncologist is informed of a patient being admitted with complications following SACT:
   
   a. In your own hospital ☐ Yes ☐ No ☐ Unknown

   b. Admitted elsewhere ☐ Yes ☐ No ☐ Unknown
24. Is there an emergency admission policy for patients receiving SACT?
   ☐ Yes *(You may be asked for a copy of this policy at a later date)* ☐ No ☐ Unknown

25. Do patients receive written guidance on when and how to seek advice if they become ill at home after SACT?
   ☐ Yes *(You may be asked for a copy of this policy at a later date)* ☐ No ☐ Unknown

26. a. Is there a dedicated telephone number for them to call?
    ☐ Yes *(Please state hours)* ☐ No ☐ Unknown

   b. If YES, will they speak to a: ☐ Specialist nurse
      ☐ Oncology doctor
      ☐ Haemato-oncology doctor
      ☐ General medicine doctor
      ☐ Unknown

   c. Is there a log of the telephone call?
      ☐ Yes ☐ No ☐ Unknown

   d. Is telephone advice given to patients with side effects following SACT administration?
      ☐ Yes ☐ No ☐ Unknown

   e. Does the induction for new staff include training on giving telephone advice to patients with complications following SACT?
      ☐ Yes ☐ No ☐ Unknown

27. Is there a formal mechanism by which the consultant haemato-oncologist is informed of a patient being admitted with complications following SACT:
    a. In your own hospital ☐ Yes ☐ No
    b. In other hospitals ☐ Yes ☐ No
E. PRESCRIBING OF SACT

28. What format are SACT prescriptions in? (Please select all that apply)
   a. Parenteral
      ☐ Hand-written  ☐ Pre-printed prescriptions  ☐ Electronic prescribing  ☐ Unknown
   b. Oral
      ☐ Hand-written  ☐ Pre-printed prescriptions  ☐ Electronic prescribing  ☐ Unknown

29. Does the hospital maintain a list of: (Please select all that apply and see Definitions)
   Doctors authorised to initiate/prescribe the first cycle of chemotherapy?
      ☐ Yes  ☐ No  ☐ Unknown
   Clinicians authorised to prescribe second and subsequent cycles?
      ☐ Yes  ☐ No  ☐ Unknown

30. If YES to question 29, please select from the following grades which staff are listed as an Initiator or Prescriber. (See Definitions)

<table>
<thead>
<tr>
<th>Grade</th>
<th>Initiator</th>
<th>Prescriber</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consultant</td>
<td></td>
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<tr>
<td>Associate Specialist</td>
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<tr>
<td>Clinical Assistant</td>
<td></td>
<td></td>
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<tr>
<td>Clinical Researcher</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff Grade</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SPR/ST3 or higher</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SHO/ST1-2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (Please specify below)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
CLINICAL/MEDICAL ONCOLOGY
TRAINING OF JUNIOR DOCTORS

31. In your hospital is there:
   
   a. A training programme for junior doctors regarding prescribing SACT?  
      □ Yes  □ No  □ Unknown
   
   b. Training in the use of the electronic prescribing system?  
      □ Yes  □ No  □ Unknown
   
   c. A formal assessment of competency in SACT prescribing?  
      □ Yes  □ No  □ Unknown
   
   d. At what point in the junior doctors' training are they allowed to prescribe SACT?  
      (Please select one)
      □ Immediately upon employment  
      □ At the discretion of the consultant  
      □ After a formal assessment of competency  
      □ Unknown

HAEMATO-ONCOLOGY
TRAINING OF JUNIOR DOCTORS

32. In your hospital is there:
   
   a. A training programme for junior doctors regarding prescribing SACT?  
      □ Yes  □ No  □ Unknown
   
   b. Training in the use of the electronic prescribing system?  
      □ Yes  □ No  □ Unknown
   
   c. A formal assessment of competency in SACT prescribing?  
      □ Yes  □ No  □ Unknown
   
   d. At what point in the junior doctors' training are they allowed to prescribe SACT?  
      (Please select one)
      □ Immediately upon employment  
      □ At the discretion of the consultant  
      □ After a formal assessment of competency  
      □ Unknown
33. Does the hospital have a local protocol for the following:
   a. Anti-emesis?  □ Yes  □ No  □ Unknown
   b. Anti-coagulation?  □ Yes  □ No  □ Unknown
   c. Prophylactic antibiotics?  □ Yes  □ No  □ Unknown

CLINICAL/MEDICAL ONCOLOGY

34. a. Are staff other than doctors allowed to prescribe SACT?  □ Yes  □ No  □ Unknown
   b. If YES, are they:  □ Nurses
                             □ Pharmacists
                             □ Other (please specify)

35. What training do they receive specifically for prescribing SACT?

36. What SACT can they prescribe?
   Please give details e.g. adjuvant chemotherapy for breast cancer, second and subsequent course/s only, etc.

37. Are there written protocols for them to follow?
    □ Yes (You may be asked for a copy of this policy at a later date)  □ No  □ Unknown
HAEMATO-ONCOLOGY

38. a. Are staff other than doctors allowed to prescribe SACT?  □ Yes  □ No  □ Unknown

   b. If YES, are they:  □ Nurses  □ Pharmacists  □ Other (Please specify)

39. What training do they receive specifically for prescribing SACT?

40. What SACT can they prescribe?

   Please give details e.g. adjuvant chemotherapy for breast cancer, second and subsequent course/s only, etc.

41. Are there written protocols for them to follow?  □ Yes  (You may be asked for a copy of this policy at a later date)  □ No  □ Unknown
F. DISPENSING AND ADMINISTRATION OF SACT

42. Do pharmacists with specific oncology knowledge/experience:
   a. Check all parenteral SACT prescriptions before dispensing? □ Yes □ No □ Unknown
   b. If YES, check all oral prescriptions before dispensing? □ Yes □ No □ Unknown
   c. Routinely check blood (and/or other relevant test) results before dispensing? □ Yes □ No □ Unknown
   d. Routinely check dose calculations and sign? □ Yes □ No □ Unknown
   e. If the pharmacist has prescribed the SACT, is the prescription checked by a second pharmacist? □ Yes □ No □ Unknown
   f. Do they both receive training specifically for these roles? □ Yes □ No □ Unknown
   g. Are there written protocols for them both to follow? (You may be asked for a copy of these protocols at a later date) □ Yes □ No □ Unknown

43. Is SACT for administration in your hospital:
   □ Prepared on-site in your pharmacy
   □ Prepared off-site
   □ Combination of both
   □ Unknown

44. If prepared exclusively on site, how many parenteral (see Definitions) SACT doses are made annually in your pharmacy?
   □ Less than 2,000
   □ 2,000-9,999
   □ 10,000-20,000
   □ Over 20,000
   □ Unknown

45. If some or all doses are made off-site, how many doses in total are dispensed/issued annually from your pharmacy?
   □ Less than 2,000
   □ 2,000-9,999
   □ 10,000-20,000
   □ Over 20,000
   □ Unknown
46. a. Does local policy require SACT administration to be checked by a second nurse?
   - Yes
   - No

b. If YES, does it apply to:
   - Oral
   - IV
   - Other

(Please specify)

47. Do nurses receive chemotherapy-specific training before they are allowed to administer SACT?
   - Yes (You may be asked for a copy of this policy at a later date)
   - No
   - Unknown

48. Does the hospital have a local protocol for the following: (Please select all that apply)
   - a. Chemotherapy extravasation (See Definitions)
   - b. Chemotherapy anaphylaxis
   - c. Administration of intrathecal chemotherapy

G. CENTRAL VENOUS LINES

49. Has the hospital implemented NICE guidance?
   - Yes
   - No
   - Unknown

50. What types of central venous lines are used?
   - Tunnelled central venous catheter (e.g. Hickman, Groshong)
   - Peripherally Inserted Central Catheter (PICC)
   - Central line with implanted injection port (e.g. Port-a-Cath)
   - Other

(Please specify)
51. Who places the central venous line? (Please select all that apply)
   - Medical member of oncology team
   - Radiologist
   - Anaesthetist
   - Nursing member of oncology team
   - Surgeon
   - Other (Please specify) __________
   - Unknown

52. Where are they inserted? (Please select all that apply)
   - Day unit
   - Treatment room
   - Theatre
   - Ward
   - X-Ray department
   - Other (Please specify) __________
   - Unknown

53. Are patients with the following routinely anti-coagulated?
   - Tunnelled central venous catheter (e.g. Hickman, Groshong)  Yes No Unknown
   - Peripherally Inserted Central Catheter (PICC)  Yes No Unknown
   - Central line with implanted injection port (e.g. Port-a-Cath)  Yes No Unknown
   - Other (Please specify) __________  Yes No Unknown

54. If a patient is anti-coagulated, do they receive:
   - Low-dose Warfarin 1mg/day
   - Warfarin to achieve INR of 1.5-2
   - Warfarin to achieve INR of 2-3
   - Unknown
55. Who removes central venous lines? (Please select all that apply)

☐ Medical member of oncology team
☐ Nursing member of oncology team
☐ Surgeon
☐ Radiologist
☐ Anaesthetist
☐ Other (Please specify) 
☐ Unknown

56. Does the hospital have a local protocol for the management of central line thrombosis? 
☐ Yes ☐ No ☐ Unknown

H. ELECTRONIC PATIENT RECORD (EPR)

57. Do you have an electronic patient record for patients receiving SACT? 
☐ Yes ☐ No ☐ Unknown

58. If YES, are episodes of toxicity recorded on the EPR? 
☐ Yes ☐ No ☐ Unknown

59. Is SACT recorded on a computerised pharmacy system? 
☐ Yes ☐ No ☐ Unknown

60. Where are copies of your local clinical protocols stored? (Please select all that apply)

☐ On-site library ☐ Yes ☐ No ☐ Unknown
☐ Chemotherapy clinic ☐ Yes ☐ No ☐ Unknown
☐ Outpatient department ☐ Yes ☐ No ☐ Unknown
☐ Ward areas ☐ Yes ☐ No ☐ Unknown
☐ Electronic version on hospital computer system ☐ Yes ☐ No ☐ Unknown
☐ Included in medical staff induction pack ☐ Yes ☐ No ☐ Unknown
☐ Other (Please specify) 

Other ☐ Yes ☐ No ☐ Unknown
I. PATIENT INFORMATION

61. How is patient information given? *(Please select all that apply)*

- Verbally in clinic by medical staff
- Patient information leaflets:
  - General information on chemotherapy
  - BACUP booklets on specific tumour sites
  - Information specific to particular chemotherapy regimens
- Audio visual patient information

<table>
<thead>
<tr>
<th>Clinical/Medical Oncology</th>
<th>Haemato-oncology</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

62. a. Is there a policy for telephone follow-up of patients within 1 week of SACT? □ Yes □ No □ Unknown

b. If YES, who undertakes the follow-up? *(Please select all that apply)*

- Chemotherapy nurse
- Tumour site-specific specialist nurse
- Pharmacist
- Other *(Please specify)*
- Unknown

c. Which groups of patients are followed-up? *(Please select all that apply)*

- All parenteral (intravenous, intrathecal, etc.)
- All Oral
- Specific Tumour Sites only *(Please specify)*
- Unknown

63. Does the hospital have the following? *(Please select all that apply)*

- Dedicated telephone line for chemotherapy patient queries □ Yes □ No □ Unknown
- Nurse-led patient education clinics for patients receiving SACT □ Yes □ No □ Unknown
- Pharmacist-led patient education clinics for patients receiving SACT □ Yes □ No □ Unknown
64. Are patients receiving SACT given a card or other document carrying contact details and other essential information?  
   □ Yes  □ No  □ Unknown

K. PATIENT MANAGEMENT / CLINICAL AUDIT

65. Does your hospital have the following protocols in place?  
   a. Clinical management of neutropaenic sepsis  
      □ Yes  □ No  □ Unknown  
      (See Definitions)
   b. Prescription of GCSF or other growth factors  
      □ Yes  □ No  □ Unknown
   c. Any other protocols relevant to SACT  
      □ Yes  □ No  □ Unknown
   d. If YES, please list topics covered:

66. Is there a formal audit of the following topics in relation to SACT? (Please select all that apply)

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<thead>
<tr>
<th>Clinical/Medical Oncology</th>
<th>Haemato-oncology</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
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Chemotherapy toxicity  
Neutropaenic sepsis  
Nausea and vomiting  
Adherence to NICE guidance  
Efficacy of SACT  
Number of deaths within 30 days of receiving SACT  
Number of deaths within 60 days of commencing a course of SACT  
Other topics related to SACT (Please specify)

67. a. Are regular audit/governance meetings held?  
   □ Yes  □ No  □ Unknown
   b. Who attends? (Please select all that apply)  
      □ Consultants  □ Junior Doctors  □ Nurses
      □ Pharmacists  □ Administrators
      □ Secretarial staff  □ Audit staff  □ Lay representatives
      □ Others (Please specify)
68. How is your hospital made aware of audit findings, and how does it monitor implementation of action/change?

69. Please write clearly any relevant additional comments you have on the organisational aspects of SACT within your hospital:
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Please see next page for Definitions
**DEFINITIONS**

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cancer Centre</strong></td>
<td>Provides expertise in the management of all cancers including common cancers within their immediate locality and less common cancers by referral from Cancer Units. They provide specialist diagnostic and therapeutic techniques including radiotherapy.</td>
</tr>
<tr>
<td><strong>Cancer Unit</strong></td>
<td>Supports clinical teams with sufficient expertise and facilities to manage the more common cancers.</td>
</tr>
<tr>
<td><strong>Clinical Oncology</strong></td>
<td>Physician specialising in treatment of cancer using radiotherapy and/or systemic therapy.</td>
</tr>
<tr>
<td><strong>Chemotherapy extravasation</strong></td>
<td>Leaking of the drug out of the vein and into the surrounding tissues.</td>
</tr>
<tr>
<td><strong>Chemotherapy Nurse</strong></td>
<td>Nurse who has received training to administer SACT.</td>
</tr>
<tr>
<td><strong>GCSF</strong></td>
<td>Granulocyte colony-stimulating factor. A growth factor that stimulates the bone marrow to make neutrophils and some other types of white blood cells. It is also known as filgrastim.</td>
</tr>
<tr>
<td><strong>Haemato-oncology</strong></td>
<td>Haematologists specialising in treatment of haematological malignancies.</td>
</tr>
<tr>
<td><strong>HDU</strong></td>
<td>High dependency unit beds that are available if need be to patients treated with SACT. A high dependency unit (HDU) is an area for patients who require more intensive observation, treatment and nursing care than can be provided on a general ward. It would not normally accept patients requiring mechanical ventilation, but could manage those receiving invasive monitoring.</td>
</tr>
<tr>
<td><strong>Hickman catheter</strong></td>
<td>Thin, long tube made of flexible, silicone rubber/plastic. It is surgically inserted into one of the main veins leading to the heart.</td>
</tr>
<tr>
<td><strong>ICU/ITU</strong></td>
<td>An intensive care unit (ICU) is an area to which patients are admitted for treatment of actual or impending organ failure, especially when mechanical ventilation is necessary.</td>
</tr>
<tr>
<td><strong>Medical assessment unit</strong></td>
<td>A dedicated unit or ward in which medical patients undergo rapid and rigorous assessment and initial treatment with the purpose of establishing their need for admission to or discharge from hospital.</td>
</tr>
<tr>
<td><strong>Medical Oncology</strong></td>
<td>Physician specialising in treatment of cancer using systemic therapy.</td>
</tr>
</tbody>
</table>
| **Hours of Work**            | Day: 08:00-17:59  
Evening: 18:00-23:59.  
Night: 00:00-07:59  
Office hours: 08:00-17:59 Monday to Friday.  
Out of hours: 18:00-7:59 Monday to Friday and all day Saturday and Sunday.                                                                       |
| **Oncology**                 | Medical oncology and clinical oncology.                                                                                                                                                                 |
| **Palliative Care Specialist Nurse** | e.g. Macmillan nurse, hospice nurse.                                                                                                                      |
| **Parenteral**               | Administered by means other than through the alimentary tract.                                                                                                                                               |
| **PICC line**                | This involves the placement of a long plastic catheter into one of the larger veins of the arm.                                                                                                              |
| **Port-a-Cath**              | The port is about the size of a 5p, or 10p coin, only thicker, and will show only as a bump underneath the skin.                                                                                               |

(Continued on next page)
<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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<tbody>
<tr>
<td>(SACT) Initiator</td>
<td>The doctor who makes the decision to commence a patient on a course of SACT.</td>
</tr>
<tr>
<td>(SACT) Prescriber</td>
<td>The clinician who prescribes a cycle of chemotherapy.</td>
</tr>
<tr>
<td>Research Nurse</td>
<td>Nurse employed to co-ordinate clinical trials.</td>
</tr>
<tr>
<td>Stand-alone oncology unit</td>
<td>Oncology unit on a separate site to general medicine and general surgery.</td>
</tr>
<tr>
<td>Systemic Anti-Cancer Therapy (SACT)</td>
<td>To include all “traditional” cytotoxics - intravenous, oral, subcutaneous, intrathecal, or intraperitoneal chemotherapy, monoclonal antibodies, but excluding vaccines, gene therapy and hormonal agents (please see protocol for more information).</td>
</tr>
<tr>
<td>Tumour Site Specialty Nurse</td>
<td>e.g. breast care nurse, urology specialist nurse.</td>
</tr>
</tbody>
</table>