

# 'CIPN-Path': A Clinical Pathway for the Assessment and Management of Chemotherapy-Induced Peripheral Neuropathy

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## INTRODUCTION

Patients with cancer treated with neurotoxic chemotherapy are at-risk of developing chemotherapy-induced peripheral neuropathy (CIPN) during and after treatment.<sup>1,2</sup>

## WHY IS THIS STUDY IMPORTANT?

CIPN can impair functional capacity and quality of life. As there are no standardised pathways to assess and manage CIPN, it was crucial to develop a framework for managing the debilitating side-effect.

**AIM:** This study aimed to determine consensus on statements regarding *CIPN-Path*, an assessment and management clinical pathway

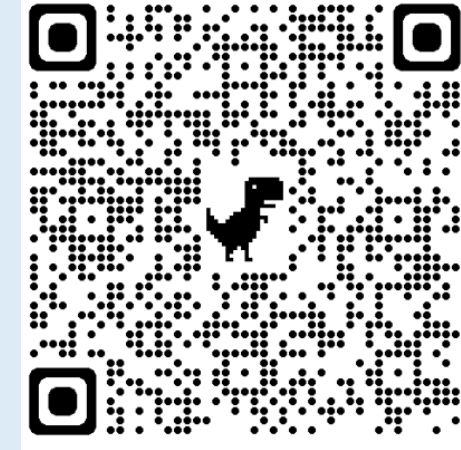
## METHODS

We developed *CIPN-Path*, an evidence-based clinical pathway (including ASCO & ESMO guidelines<sup>3,4</sup>) for assessment, management and decision-making related to CIPN.

## CIPN-PATH DEVELOPMENT

*CIPN-Path* was reviewed by a 10-member expert panel including medical oncologists (3), neurologists (1), neurophysiologists (1), nurses (2), allied health professionals (1), and patient consumers (2).

Download *CIPN-Path* by scanning the QR code:



## RECRUITMENT

Medical oncologists, neurologists, nurses, allied health professionals, and specialized CIPN researchers in Australia, with experience working with patients with cancer/CIPN.

Eligible participants identified through established research network were invited via email.

## DELPHI SURVEY

A 2-stage Delphi survey (Fig. 2) was used to reach consensus on 18 statements regarding:

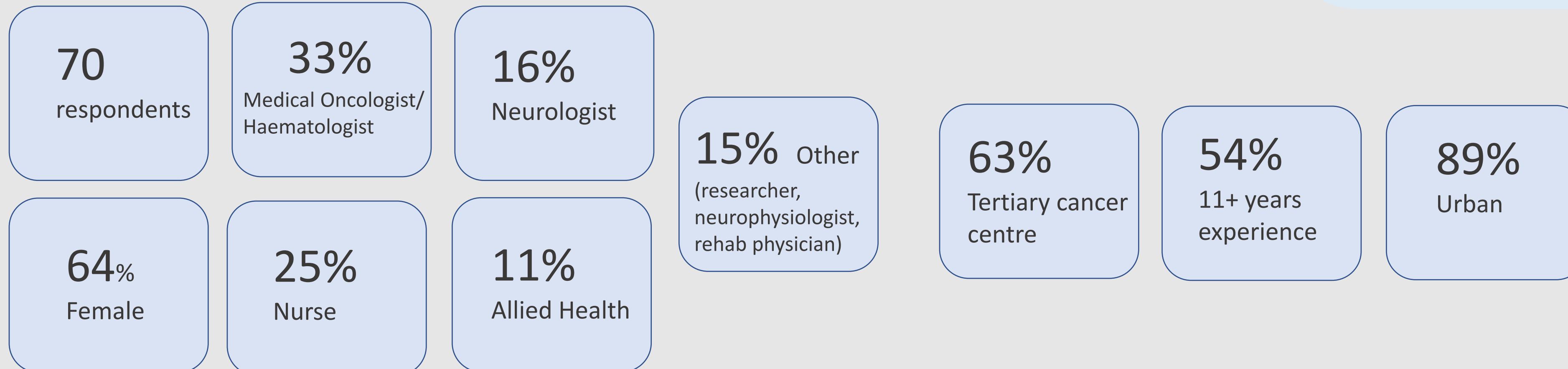
- \* 'Pre-treatment review'
- \* 'Screening and assessment'
- \* 'Management and referral'
- \* 'CIPN-Path feasibility'

Participants indicated agreement (5-point scale) from 'strongly agree' to 'strongly disagree'.

Consensus was defined as ≥80% of respondents agreeing/strongly agreeing.

Free-text fields allowed suggestions to modify or comment on the *CIPN-Path*

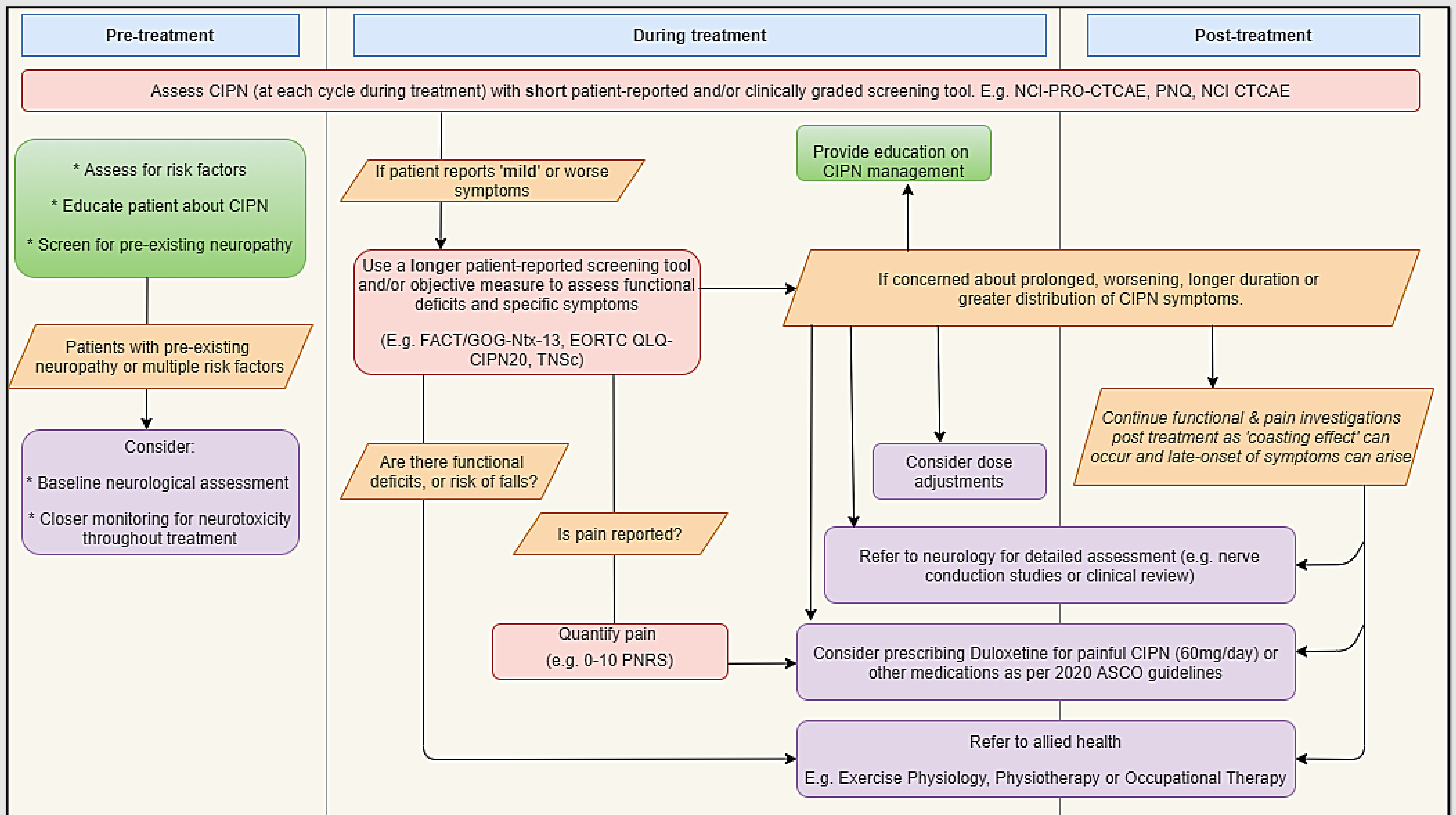
## RESULTS



## DELPHI SUMMARY



Figure 1. 'CIPN-Path': pre, during and post-treatment assessment and management of CIPN



## SELECTED QUALITATIVE RESPONSES

- “ Having a clear pathway will help staff and patients be aware of CIPN and the ongoing associated problems ”
- “ Patients at risk of CIPN such as extreme obesity or diabetes should be evaluated by neurology prior to neurotoxic chemotherapy ”
- “ Timely access to neurology and nerve conduction studies is a barrier at some sites ”

## CONCLUSIONS

- There was agreement regarding the CIPN-Path to assess and manage CIPN
- CIPN-Path can be adapted to the resources of each site and assist multi-disciplinary teams to identify CIPN symptoms, aid decision-making, reduce morbidity and improve QoL

## WHAT NEXT?

- We will use these results to inform future trials of CIPN-Path, investigating:
  - Feasibility of implementing CIPN-Path into routine care in 3 Sydney hospitals
  - Effect of CIPN-Path on CIPN, QoL and functional outcomes

Read the full paper published in *Supportive Care in Cancer*<sup>5</sup> here ->

References: 1. Li, Mizrahi et al *Neurolog Sciences* 2021; 2. Park et al *CA Canc J Clinician*, 2013; 3. Loprinzi et al *J Clin Onc*, 2022; 4. Jordan et al *Ann Oncol*, 2020; 5. Mizrahi et al *Supp Care Cancer*, 2022

