



St. James's Hospital  
HOPE Directorate

**Cancer Survivorship Advanced Nurse Practitioner – Nurse-led Clinic Protocol**  
**SJH:HOPe:007**

|  |  |
|--|--|
| <b>Owner:</b><br>Advanced Nurse Practitioner: Ms. C. O' Brien  | <b>Approved by:</b><br>HOPE Clinical Director: Dr. C. Grant<br>Hope Directorate Nurse Manager: Ms. J. Murphy |
| <b>Reviewed by:</b><br>Oncology Consultant: Dr. C. Grant<br>Oncology Consultant: Dr. C. O'Hanlon Brown<br>Oncology Consultant: Ms. D. O'Donnell<br>Haematology Consultant: Professor E. Vandenberghe | <b>Effective from:</b> March 2018  |
|  | <b>Revised:</b> June 2024  |
|  | <b>Revision Due:</b> June 2027   |
|  | <b>Document History:</b> Version 1: March 2018<br>Version 2: June 2024                                       |

This protocol replaces all existing protocols from June 2024 onwards and is due for routine review on June 2027. It will be reviewed during this time as necessary to reflect any changes in best practice, law, and organisational, professional or academic change.

**Distributed to:**

- Oncology / Haematology Clinical Team i.e. Nurses, Doctors, Pharmacists
- Nurse Practice Development Unit

**Posted SJH Intranet:** <https://www.stjames.ie/intranet/ppgs/clinicaldirectorates1/>

**1.0 Introduction**

St. James's Hospital (SJH) is responsible for the provision of safe, effective, person-centred care that meets all relevant legislation and regulatory requirements and is in-keeping with best available evidence. In meeting and maintaining this standard the Hospital recognises its duty to ensure that each patient's care is planned and delivered to meet the patient's initial and on-going assessed healthcare needs by competent staff in consultation with the patient under the direction of a named Consultant (Safer Better Healthcare; 2.2, 2.3 & 2.4).

Cancer survivorship begins at the time of diagnosis and continues until end of life. There are currently more than 215,000 cancer survivors in Ireland (NCRI, 2023). There has been an increasing awareness of cancer survivorship as a distinct period in the continuum of cancer care which includes prevention, diagnosis, treatment and post treatment care and life beyond cancer. Since many forms of cancer are chronic yet highly survivable, the definition of successful treatment has shifted towards maximising quality of life of individuals diagnosed with cancer for as long as they live.

**2.0 Scope**

- 2.1** This protocol and associated practice applies to an officially appointed Advanced Nurse Practitioner (ANP) Cancer Survivorship working in an Advanced Nurse Practitioner Clinic who has had or is

undergoing appropriate training in advanced nursing practice and is deemed competent to do so by the designated Oncology/ Haematology Consultant.

**2.2** At the nurse-led cancer survivorship clinic the ANP is authorised to assess, review and initiate diagnostic interventions for the following cohort of patients presenting at the clinic:

- Hodgkin's and Non- Hodgkin's Lymphoma
- Early Breast cancer
- Testicular cancer

**2.3** This protocol must not be used in isolation and should be used in conjunction with the following:

- [Nurse-led Cancer Survivorship Clinic Guidelines for Individual Patient Groups SJH:HOPe:008](#) which outlines the specific management of patients under the care of the ANP.
- [Cancer Survivorship Advanced Nurse Practitioner – Physical Examination Guideline SJH:HOP:009](#) which outlines the focused physical examination procedures carried out by the ANP on all patients attending the clinic.

**2.4 Aims:**

**2.4.1** To direct the ANP in the practices and procedures that they are required to undertake when assessing, managing and discharging patients in the nurse-led clinic.

**2.4.2** To ensure patients receive safe, optimal and effective care in a seamless, efficient manner by the ANP, through a comprehensive assessment (including physical examination) that will identify any signs of cancer recurrence or long term and late effects of the cancer treatment and encourage healthy living through health education.

**2.5 Roles / Responsibilities**

**2.5.1 The Advanced Nurse Practitioner**

**2.5.1.1** Performs modified health assessment and physical examination of the patient as outlined in [Nurse-led Cancer Survivorship Clinic Guidelines for Individual Patient Groups SJH:HOPe:008](#).

**2.5.1.2** Requests diagnostic investigations if clinically indicated as per [Nurse-led Cancer Survivorship Clinic Guidelines for Individual Patient Groups SJH:HOPe:008](#).

**2.5.1.3** Documents modified health assessment and physical examination in the patient's healthcare record including recommendations for future care.

**2.5.1.4** Provides general education on healthy living including but not limited to, the following:

- Smoking
- Physical activity
- Healthy eating guidelines
- Skin protection from sun exposure
- Regular health checks with the GP (including blood pressure, cholesterol, blood glucose)
- Bone Health
- Ensure they are registered with the National Screening Programmes-

- ❖ Bowel cancer ([www.bowelscreen.ie](http://www.bowelscreen.ie))  
(men and women aged 59-69 years)
- ❖ Breast cancer ([www.breastcheck.ie](http://www.breastcheck.ie))  
(women aged 50-69 years)
- ❖ Cervical cancer ([www.cervicalcheck.ie](http://www.cervicalcheck.ie))  
(women aged 25-60 years)

**2.5.1.5** Promotes independence and encourages self-management of patients' general health.

**2.5.1.6** Assesses psychosocial needs and provides information and support where necessary.

**2.5.1.7** Discharge patients from the Oncology/ Haematology service as outlined in [Nurse-led Cancer Survivorship Clinic Guidelines for Individual Patient Groups SJH:HOPe:008](#) to the care of the GP.

**2.5.1.8** Communicates via letter to the GP with a summary of the assessment, advice and planned follow up for each visit and advice on discharge from the Oncology/ Haematology service.

**2.5.1.9** Arranges any necessary referrals to other medical or surgical services or other healthcare disciplines.

**2.5.1.10** Provides support and advice about cancer-related issues to both the patient and primary care provider (namely the GP) in between appointments and following discharge from the Oncology/ Haematology service. An information leaflet will be given to each patient at their first meeting with the ANP (Appendix 1). This leaflet outlines the purpose of nurse-led programme with contact details for the ANP.

## **2.6 The Oncology/ Haematology Consultant**

**2.6.1** Provides supervision and support to the ANP as formally agreed.

**2.6.2** In the following circumstances, the ANP may seek advice and support from the Consultant:

- Signs of cancer recurrence
- Signs of new cancer development
- Order further diagnostic investigations
- Referral / consultation to another medical service
- Drug prescription required if appropriate
- Discharge from Oncology services

## **2.7 The Oncology/ Haematology Registrar**

**2.7.1** In the following circumstances, the ANP may seek advice and support from the Registrar:

- Signs of cancer recurrence
- Signs of new cancer development
- Order further diagnostic investigations
- Referral / consultation to another medical service
- Drug prescription required if appropriate

### 3.0 Patient Care Standards

#### 3.1 Nurse-led Clinic – Patient Selection & Referral

- 3.1.1 The patient suitability criteria for the nurse-led ANP clinic are outlined in the [Nurse-led Cancer Survivorship Clinic Guidelines for Individual Patient Groups SJH:HOPe:008](#).
- 3.1.2 The patient is identified by the Consultant or Oncology/Haematology Registrar and referral to the nurse-led ANP clinic is discussed in collaboration with the patient at the outpatient medical review clinic.
- 3.1.3 The referral is sent to the ANP via Message Centre on the patient's Electronic Patient Record or via written referral letter.
- 3.1.4 The patient is contacted via phone or letter by the ANP to introduce the Cancer Survivorship service.
- 3.1.5 The appointment for the Nurse-led Cancer Survivorship Clinic is sent to the patient together with the ANP leaflet (Appendix 1) containing contact details.

#### 3.2 Nurse-led Clinic - Patient Attendance

- 3.2.1 The patient is invited to register their attendance on arrival to the outpatient reception. Patients are registered in accordance with Hospital procedure.
- 3.2.2 The patient will attend Phlebotomy and /or Radiology if required (as outlined in the [Nurse-led Cancer Survivorship Clinic Guidelines for Individual Patient Groups SJH:HOPe:008](#)) where any required blood sampling/ xrays are undertaken.
- 3.2.3 The patient electronic healthcare record is available to the ANP.
- 3.2.4 A modified health assessment including physical examination will be carried out by the ANP (Refer 5.3) if required and a plan of care outlined in accordance with [Nurse-led Cancer Survivorship Clinic Guidelines for Individual Patient Groups SJH:HOPe:008](#).
- 3.2.5 The 'Nurse-led Cancer Survivorship Programme' leaflet outlining the details of the programme and contact details of the ANP will be given to the patient if they have not previously received it (Appendix 1).
- 3.2.6 The ANP will request the patient's follow-up appointment using the Haematology and Oncology follow up appointment forms available at [intranethttp://www.stjames.ie/intranet/oncampus/departments/hodc/formsbooklets](http://www.stjames.ie/intranet/oncampus/departments/hodc/formsbooklets).
- 3.2.7 The patient will be advised to take the completed 'ANP Nurse led clinic appointment' slip to the reception staff to arrange their follow-up appointment prior to leaving the outpatient department.
- 3.2.8 If the patient is being discharged from the Oncology service, no further follow up appointment will be made.

### 3.3 Nurse-led Clinic - Patient Assessment

- 3.3.1** The ANP will undertake a review of the patient's Electronic Patient Record at the time of each attendance in order to inform and confirm the following:
- The reason for the patient's attendance at the nurse-led clinic.
  - The patient's medical, surgical and oncology history and any notable change in health status from previous visit.
  - The patient's prior cancer treatment regime including the following specifics:
    - Specific surgery for the primary cancer.
    - The Systemic Anti-Cancer Therapy (SACT) regimen received including the number of cycles.
    - If radiotherapy was given.
  - The results of the most recent investigations and laboratory analysis.
- 3.3.2** The ANP will carry out a modified health assessment and physical examination of the patient when appropriate in accordance with the [Cancer Survivorship Advanced Nurse Practitioner – Physical Examination Guideline SJH:HOPe:009](#) and respond appropriately to the assessed findings. This includes the following:
- 3.3.2.1** Checking that the patient's assessed findings are within the protocol parameters and arrange further diagnostic investigations as appropriate.
- 3.3.2.2** Ensuring all required blood sampling and radiology investigations are undertaken as outlined in [Nurse-led Cancer Survivorship Clinic Guidelines for Individual Patient Groups SJH:HOPe:008](#).
- 3.3.2.3** Ensuring any blood results identified as outside of the parameters are communicated with the patient's General Practitioner (GP) with repeat testing or intervention requested where appropriate.
- 3.3.2.4** Ensure surveillance investigations are arranged as outlined in [Clinic Guidelines for the Nurse-led Cancer Survivorship Clinic Guidelines for Individual Patient Groups SJH:HOPe:008](#).
- 3.3.3** The ANP will advocate a healthy lifestyle at each clinic visit by providing general education on healthy living as outlined but not limited to those in 4.1.2.
- 3.3.4** The ANP will address psychosocial needs of the patient relating to their cancer diagnosis and treatment. Information on in-hospital and local voluntary sector psychosocial support services will be provided to the patient when required.
- 3.3.5** The ANP will record the health assessment and physical examination findings and plan of care in the patient's healthcare record.
- 3.3.6** If the ANP requires urgent support or advice from the Oncology/ Haematology Consultant at the time of the patient review they can be contacted via phone.

**3.3.7** The ANP will ensure patients have appropriate medication prescriptions as required.

#### **3.4 Nurse-led Clinic – Follow up**

**3.4.1** The ANP will communicate via letter to the GP with a summary of the assessment, advice and planned follow up for each visit. Urgent matters will be communicated via telephone and documented in the patient's healthcare record.

**3.4.2** The ANP will make contact, either face to face/ phone or email, with the Oncology/ Haematology Consultant if there are any clinical concerns.

**3.4.3** The ANP will arrange any referrals to other medical or surgical services or other healthcare disciplines i.e. Psycho-oncology, physiotherapy, clinical nutrition on agreement with the patient.

**3.4.4** The ANP will follow up on any outstanding investigations or laboratory analysis and address any abnormalities appropriately. These will be discussed with the Oncology/ Haematology Consultant on an urgent or routine basis as appropriate.

**3.4.5** All patients who 'Did Not Attend' (DNA) will be contacted according to the Did Not Attend (DNA) Policy No. SJH:COR(P)066 available at [http://www.stjames.ie/intranet/ppgs/non-clinicalcorporate/COR\(P\)066.pdf](http://www.stjames.ie/intranet/ppgs/non-clinicalcorporate/COR(P)066.pdf)

#### **4.0 Quality Assurance and Improvement**

##### **4.1 Key Performance Indicators**

**4.1.1** 100% of patients attending the nurse-led cancer survivorship clinic will have a focused health history and physical examination carried out where appropriate in accordance with this guideline which will be recorded in the patient's healthcare record.

**4.1.2** 100% of patients attending the nurse-led cancer survivorship clinic will have appropriate health promotion assessment and education.

**4.1.3** 100% of abnormal investigations will be followed up appropriately and outcomes documented in the patient's healthcare record.

**4.1.4** 100% of patients who 'Did Not Attend' (DNA) will be contacted as outlined in the hospital policy.

##### **4.2 Monitoring Compliance**

**4.2.1** A retrospective self-audit will be carried out every twelve months on ten patients' healthcare records to evaluate that each time a person attending the nurse-led cancer survivorship clinic, a focused health history and physical examination was performed (where appropriate) and recorded against the standard of this protocol.

**4.2.2** Annual audits will be carried out of the number of patients who 'Did Not Attend' (DNA).

## References / Bibliography:

Department of Health and Children (2011) Strategic Framework for Role Expansion of Nurses and Midwives: Promoting Quality Patient Care, Department of Health and Children, Dublin.

Department of Health and Children (2017) National Cancer Strategy 2017- 2026, Department of Health and Children, Dublin.

Dhesy- Thind S., Fletcher G., Blanchette P., Clemons M., Dillmon M., Frank E., Gandhi S., Gupta R., Mates M., Moy B., Vandenberg T. & Van Poznak C. (2017) Use of Adjuvant Bisphosphonates and Other bone-Modifying Agents in Breast Cancer: A Cancer Care Ontario and American Society of Clinical Oncology Clinical Practice Guideline. *Journal of Clinical Oncology* **35(18)**, 2062-2081.

Dreyling M., Ghilmini M., Rule S., Salles G., Vitolo U. & Ladetto M., on behalf of the ESMO Guidelines Committee (2020) Newly diagnosed and relapsed follicular lymphoma: ESMO Clinical Practice Guidelines for diagnosis, treatment and follow up. *Annals of Oncology* **32(3)**, 298-308.

Eichenauer D.A., Aleman B.M., André M., Federico M., Hutchings M., Illidge T., Engert A. & Ladetto M., on behalf of the ESMO Guidelines Committee (2018) Hodgkin's Lymphoma: ESMO Clinical Practice Guidelines for diagnosis, treatment and follow up. *Annals of Oncology* **29(Supplement 4)**, 19-29.

Eisen, A., Somerfield, M.R., Accordino, M.K., Blanchette, P.S., Clemons, M.J., Dhesy-Thind, S., Dillmon, M.S., D'Oronzo, S., Fletcher, G.G., Frank, E.S. and Hallmeyer, S., 2022. Use of adjuvant bisphosphonates and other bone-modifying agents in breast cancer: ASCO-OH (CCO) guideline update. *Journal of Clinical Oncology*, **40(7)**, 787-800.

Gilligan T., Danial W., Nabil A., *et al* (2024) NCCN Clinical Practice Guidelines in Oncology: Testicular Cancer, Version 1.2024. Available at [https://www.nccn.org/professionals/physician\\_gls/pdf/testicular.pdf](https://www.nccn.org/professionals/physician_gls/pdf/testicular.pdf)

National Cancer Registry Ireland (2023) 'Cancer in Ireland 1994-2021: Annual Statistical Report or the National Cancer Registry. Cork: NCRI. Available at: [https://www.ncri.ie/sites/ncri/files/pubs/NCRI\\_AnnualStatisticalReport\\_2023.pdf](https://www.ncri.ie/sites/ncri/files/pubs/NCRI_AnnualStatisticalReport_2023.pdf) (Accessed 11<sup>th</sup> April 2024).

National Council for the Professional Development of Nursing and Midwifery (2008) Framework for the Establishment of Advanced Nurse Practitioner and Advanced Midwife Practitioner Posts, 4<sup>th</sup> edition. Stationary Office, Dublin.

Nursing and Midwifery Board of Ireland (2015) Scope of Nursing and Midwifery Practice Framework. Stationary Office, Dublin.

Nursing and Midwifery Board of Ireland (2015) Recording Clinical Practice: Professional Guidance. Stationary Office, Dublin.

Nursing and Midwifery Board of Ireland (2014) Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives. Stationary Office, Dublin.

Runowicz C., Leach C., Henry L., Henry K., Mackey H., Cowens-Alvarado R., Cannady R., Pratt-Chapman M., Edge S., Jacobs L., Hurria A., Marks L., LaMonte S., Warner E., Lynam G. & Ganz P. (2016) American Cancer Society/ American Society of Clinical Oncology Breast Cancer Survivorship Care Guideline. *Journal of Clinical Oncology* **34(6)**, 611- 636.

Tilly H., Gomes da Silva M., Vitolo U., Jack A., Meignan M., Lopez-Guillermo A., Walewski J., Andre M., Johnson P., Pfreundschuh M. & Ladetto M., on behalf of the ESMO Guidelines Committee (2015) Diffuse large B-cell lymphoma (DLBCL): ESMO Clinical Practice Guidelines for diagnosis, treatment and follow up. *Annals of Oncology* **26(Supplement 5)**, 116- 125.

Vitolo U., Seymour J., Martelli M., Illerhaus G., Illidge T., Zucca E., Campo E. & Ladetto M., on behalf of the ESMO Guidelines Committee (2016) Extranodal diffuse large B-cell lymphoma (DLBCL) and primary mediastinal B-cell lymphoma: ESMO Clinical Practice Guidelines for diagnosis, treatment and follow up. *Annals of Oncology* **27(Supplement 5)**, 91- 102

## Cancer Survivorship

### Tips for Healthy Living:

- Do Not Smoke
- Keep physically active
- Follow healthy eating guidelines
- Protect your skin in the sun
- Get regular health checks with your GP (e.g. blood pressure, cholesterol, blood sugar)
- Ensure you are registered with the **National**

### Screening Programmes-

- Bowel Cancer ([www.bowelscreen.ie](http://www.bowelscreen.ie))  
(men and women aged 59-69 years)
- Breast Cancer ([www.breastcheck.ie](http://www.breastcheck.ie))  
(women aged 50-69 years)
- Cervical cancer ([www.cervicalcheck.ie](http://www.cervicalcheck.ie))  
(women aged 25-60 years)



### Nurse-led Cancer Survivorship Programme, St James's Hospital, Dublin 8



#### Contact details:

Catherine O'Brien

Advanced Nurse Practitioner -Cancer Survivorship

HOPe Directorate,

St James's Hospital

Dublin 8

[survivor@stjames.ie](mailto:survivor@stjames.ie) or 087 7103035

## ***Cancer Survivorship Nurse***

### **What is an Advanced Nurse Practitioner (ANP)?**

- A nurse with expert knowledge and experience in your specialist area.
- A nurse with specialist training and skills to make independent decisions about your care and treatment.

### **What is the benefit to you of the Nurse-led Programme?**

- You will see the same nurse on each visit.
- You will be able to contact the nurse directly in between visits if you have any concerns about your cancer.
- Your GP can contact that nurse directly if they have concerns or questions relating to your cancer.
- Even after you have been discharged from the Oncology service, you will be free to contact this nurse if you have concerns that might be cancer related.
- This nurse will provide you with healthy lifestyle

## ***Cancer Survivorship***

Cancer survivorship begins at the time of diagnosis and continues until the end of your life.

### **Who is this nurse-led programme designed for?**

- Patients who have finished their cancer treatment and are considered to be 'cancer-free'.

### **Focus of the survivorship clinic visit:**

- Monitoring for signs of cancer recurrence through assessment of your symptoms and physical examination.
- Identify any long term and late effects of your treatment (chemotherapy/ radiotherapy) and assist with them.
- Help you to improve your general physical health through healthy living.

| Document Log  |                   |                  |  |
|---|-------------------|------------------|--|
| Document Title: Cancer Survivorship Advanced Nurse Practitioner – Nurse-led Clinic Protocol |                   |                  |  |
| Document Number: SJH:HOPe:007   |                   |                  |  |
| Document Status<br>i.e. New, Revision ,<br>replaced etc                                     | Version<br>Number | Revision<br>Date | Description of changes   |
| New   | 1                 | March 2018       | n/a  |
| Revision  | 2                 | June 2024        | <p>Reviews' and Approvers' names updated</p> <p>New Layout formatted to template</p> <p>2.5.1.4 Bowel cancer age limits changed to 59-69 years</p> <p>2.6.2 The ANP <u>may</u> seek advice and support from the Consultant</p> <p>2.7.1 The ANP <u>may</u> seek advice and support from the Register</p> <p>3.1.2 The patient is identified by the Consultant or Oncology/Haematology Registrar and referral to the nurse-led ANP clinic is discussed in collaboration with the patient at the outpatient medical review clinic.</p> <p>3.1.3 The referral is sent to the ANP via Message Centre on the patient's Electronic Patient Record or via written referral letter.</p> <p>3.1.4 The patient is contacted via phone or letter by the ANP to introduce the Cancer Survivorship service.</p> <p>3.1.5 The appointment for the Nurse-led Cancer Survivorship Clinic is sent to the patient together with the ANP leaflet (Appendix 1) containing contact details.</p> <p>3.2.4 A modified health assessment including physical examination will be carried out by the ANP (Refer 5.3) <u>if required</u> and a plan of care outlined in accordance with Nurse-led Cancer Survivorship Clinic Guidelines for Individual Patient Groups SJH:HOPe:008.</p> <p>3.3.1 The ANP will undertake a review of the patient's Electronic Patient Record at the time of each attendance..</p> <p>3.3.2 The ANP will carry out a modified health assessment and physical examination of</p> |

|  |  |  |  |
|--|--|--|--|
|  |  |  | <p>the patient <u>when appropriate</u>..</p> <p>3.3.4 Information on in-hospital and local voluntary sector psychosocial support services will be provided to the patient when required.</p> <p>4.1.1 100% of patients attending the nurse-led cancer survivorship clinic will have a focused health history and physical examination carried out <u>where appropriate</u> in accordance with this guideline which will be recorded in the patient's healthcare record.</p> <p>References updated.</p> |
|--|--|--|--|