VicTAG Chemotherapy Audit Toolkit Exclusion Guidelines v1

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Automatic Exclusion Guidelines

The audit tool has included a number of principles to aid in improving the usefulness, efficiency and specificity. These are covered in the must include/can include/must exclude categories listed below. "Can include" parameters provide some customisation to allow for health services to provide in depth audits, whilst utilising a reasonable amount of resources.

The audit must include:

- all patients with cancer being treated with chemotherapy via all routes (e.g. intravenous, subcutaneous, intramuscular, oral, intraperitoneal, oral etc.)
- curative (including adjuvant/neoadjuvant) therapy, including appropriate patients with concurrent radiotherapy (the radiotherapy treatment itself is beyond the scope of this audit)
- the first cycle of treatment

Can include:

- palliative intent therapy
- all cycles of treatment
- clinical trials patients

Must exclude:

- Supportive agents

As resources allow, the parameters for "can include" should be included in the audit. Health services with electronic prescribing systems should be able to facilitate increased auditing parameters with the use of automatic filtering provided by the tool.

Note: these parameters are dependent upon the information obtainable from these systems as part of the audit.

Manual Exclusion Guidelines

Variations can be excluded from discussion on the basis of:

- Rounding <10% (larger rounding as acceptable within institutional guidelines)
- Evidence based dose reductions for toxicity (local protocols or if no local protocol, EviQ)
- Evidence based dose alterations due to organ dysfunction
- Variations to Supportive Care (e.g. anti-emetics, steroids if used for nausea) – if not picked up by the automatic filter

- Temporary timing changes caused by patient condition/CDU availability

- Dose capping as per documented institutional policy or evidence based guidelines (e.g. obesity, carboplatin dosing based on institutionally agreed Cockroft-Gault equation)