

## Guidance on the assessment and management of oxaliplatin induced neuropathy

### Introduction

- Use the neuropathy assessment tool on KOMS at each pre-chemo review.
- Symptoms of sensory or functional neuropathy may include tingling or numbness which may persist to the next pre-chemotherapy assessment.
- This guidance is for patients receiving treatment outside the context of a clinical trial. For patients being treated within a clinical trial setting, follow trial protocol (using assessment below as far as possible).
- Do not assess oxaliplatin induced neuropathy using CTC toxicity criteria.
- Dysaesthesia in the jaw is an unpleasant sensation and/or pain in the jaw.
- Laryngopharyngeal spasm is a sensation of difficulty in swallowing / breathing.

### Assessment and action

Normal occurrence / Caution	Symptoms	Action at nurse assessment	Consultant review required / Action by consultant
Normal occurrence with oxaliplatin	Dysaesthesia (tingling in hands and feet) occurring with and up to 72 hours after infusion	No action required.	
	Dysaesthesia in the jaw (during infusion) and cold induced laryngopharyngeal spasm up to 48 hrs after infusion.	Advise patients to avoid cold drinks / cold weather. Consider administering next oxaliplatin infusion over 6 hours (SmPC).	
First caution / warning sign	Tingling persisting beyond 72 hours or painful cold-induced neuropathy	d/w consultant or clinicians authorised to prescribe chemotherapy  Close monitoring at each subsequent cycle. Ask the following specific questions at each nursing assessment: <ol style="list-style-type: none"> <li>1. Is the dysaesthesia (during the infusion) and / or cold induced laryngopharyngeal spasm more severe?</li> <li>2. Has the tingling continued for longer than during the previous cycle and / or is tingling still present when next cycle is due?</li> </ol>	<ol style="list-style-type: none"> <li>1. If yes, consultant review required. For consideration of DR at next cycle or omission of oxaliplatin.</li> <li>2. If yes, consultant review required, for consideration of DR at next cycle or omission of oxaliplatin</li> </ol>
Serious caution	Numbness in hands or feet	Must be reviewed by a consultant	Consider DR or omission of oxaliplatin. Repeat consultant review before next cycle
	Severe excitability channel neuropathy during infusion (very rare) seen as severe pain and numbness on infusion	Must be reviewed by a consultant	Consider DR or omission of oxaliplatin. Repeat consultant review before next cycle
	Painful neuropathy	Must be reviewed by a consultant	Consider Duloxetine. Starting at 30mg-60mg OD where available on Trust formulary. Alternatively, d/w pain management specialist.
Other cautions	A cumulative dose of 700-800mg/m <sup>2</sup> oxaliplatin has been reached	Must be reviewed by a consultant	
	All patients restarting oxaliplatin based chemotherapy after a break in treatment (this may be due to an intervention such as rectal cancer patients having surgery)	Must be reviewed by a consultant to assess for delayed onset neuropathy	

### Notes

- Neurology referral should be considered in severe cases.
- Initial dose reductions should be at a 25% level. If there is no improvement or worsening symptoms, based on an assessment of risk and benefit, consider further dose reduction. Once reduced, doses should not be re-escalated.

Disclaimer: This document is for use only within Kent and Medway. No responsibility will be accepted for the accuracy of this information when used elsewhere.

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