



Positive Quality Intervention: Drug induced Hand-Foot Syndrome (HFS)

Description of PQI: To discuss prevention and management of Hand-Foot Syndrome.

Background: Palmar-plantar erythrodysesthesia, also known as hand-foot syndrome (HFS) is a widely recognized dose-limiting toxicity of certain chemotherapy agents, specifically capecitabine, infusional fluorouracil, liposomal doxorubicin, axitinib, sunitinib, sorafenib, pazopanib, cabozantinib, vemurafenib and regorafenib. Typically, HFS occurs within the first six weeks of starting targeted therapy and after two months for chemotherapy.

Symptoms of HFS include:

numbness, tingling, burning, itching, redness, swelling, tenderness, rash, cracked, flaking, or peeling skin, blisters or sores

PQI process: Upon receipt of a new prescription known to cause HFS:

- Educate patient on signs and symptoms of HFS.
- Provide or have Urea cream available for patients.
- Preventative use of 10-20% urea cream has been shown to reduce the severity and time to developing hand-foot syndrome (HFS). Patients started on medications known to cause HFS will be educated on the importance of using 10-20% urea cream to prevent HFS. Practices will stock 10-20% urea cream in order to ensure that patients have the appropriate product to use.
- Follow up with the patient within seven days of initial dispense and with every refill.

Patient Centered Activities

Counsel patient on non-medical interventional strategies including use of lotion within three minutes of bathing, use of cotton gloves or socks at bedtime or throughout the day, increased water intake and limiting diuretics and dehydrating agents (alcohol, caffeine)

References:

1. Hofheinz RD, Gencer D, Schulz H, et. Al Mapisal Versus Urea Cream as Prophylaxis for Capecitabine-Associated Hand-Foot Syndrome: A Randomized Phase III Trial of the AIO Quality of Life Working Group DOI: 10.1200/JCO.2014.60.4587 Journal of Clinical Oncology 33, no. 22 (August 01, 2015) 2444-2449.

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