

Positive Quality Intervention: Medication Induced Hand-Foot Syndrome

Description: The goal of this PQI is 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. A comprehensive list can be found in the supplemental information section. Typically, HFS occurs within the first six weeks of starting targeted therapy and after two months for chemotherapy. Preventative measures should be taken to prevent HFS. Effective education and preventative measures, like the use of 10-20% urea cream, has been shown to reduce the severity and time to developing HFS.

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

- Provide urea cream
- Set reminder in the EMR to follow up with the patient within seven days of initial dispense and with every refill
 - Inform provider if symptoms develop and document in the EMR
 - Topical and systemic pain relievers may be needed for the treatment of HFS related pain

Patient Centered Activities:

- Provide [Oral Chemotherapy Education](#) (OCE) Supplemental Sheet
- Educate patient on signs and symptoms of HFS
 - Numbness
 - Tingling
 - Burning
 - Itching
 - Redness
 - Swelling
 - Tenderness
 - Rash
 - Cracked Skin
 - Flaking Skin
 - Blistered Skin
 - Sores
- Counsel patient on non-medical interventional strategies including
 - Limit use of hot water and sources of heat to hands and feet
 - Use of lotion within three minutes of bathing
 - Avoid activities that cause excessive rubbing to hands and feet (ex. jogging)
 - Use of cotton gloves or socks at bedtime or throughout the day
 - Increased water intake and limiting diuretics and dehydrating agents (ex. alcohol, caffeine)
 - Importance of good nail care
 - Importance of wearing shoes/avoiding going barefoot
- Provide urea cream and counsel on importance of use
- Ensure patient knows when and who to call regarding onset of HFS symptoms

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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Supplemental Information: Medications That Commonly Cause Hand-Foot Syndrome

Afatinib	Irinotecan
Amivantamab	Ixabepilone
Atezolizumab	Lapatinib
Avapritinib	Lenvatinib
Avelumab	Loncastuximab Tesirine
Axitinib	Margetuximab
Bevacizumab	Mobocertinib
Bosutinib	Nanoparticle Albumin-Bound Paclitaxel
Brigatinib	Nanoparticle Albumin-Bound Sirolimus
Cabozantinib	Nilotinib
Capecitabine	Nivolumab
Cetuximab	Osimertinib
Clofarabine	Oxaliplatin
Cyclophosphamide	Palifermin
Dabrafenib	Panitumumab
Dacomitinib	Pazopanib
Dasatinib	Pembrolizumab
Docetaxel	Pemigatinib
Doxorubicin	Pertuzumab
Doxorubicin Liposomal	Pertuzumab; Trastuzumab; Hyaluronidase
Encorafenib	Ramucirumab
Enfortumab vedotin	Regorafenib
Entrectinib	Ripretinib
Erdafitinib	Rucaparib
Erlotinib	Selumetinib
Everolimus	Sorafenib
Fluorouracil, 5-FU	Sunitinib
Gefitinib	Thiotepa
Gilteritinib	Tivozanib
Ifosfamide	Tucatinib
Imatinib	Vemurafenib
Infigratinib	Vinorelbine
Ipilimumab	Ziv-Aflibercept

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