

# Oncology Nursing Society

## ***Chemotherapy and Immunotherapy Guidelines and Recommendations for Practice (Second Edition) Errata***

The following changes have been made in the e-book and will be made in subsequent printings of the text:

### **April 19, 2024 changes:**

**page 215:** In Table 10-1, specifically in the Nursing Considerations column for enfortumab vedotin-ejfv, the text should read as follows (change in **bold**):

Apply **cold** for extravasation.

**page 217:** In Table 10-1, specifically in the Nursing Considerations column for ado-trastuzumab emtansine, the text should read as follows (change in **bold**):

Apply **cold** for extravasation.

**page 219:** In Table 10-1, specifically in the Nursing Considerations column for loncastuximab tesirine-lpyl, the text should read as follows (change in **bold**):

Apply **cold** for extravasation.

### **May 4, 2023 changes:**

**page 105:** In Table 7-1, specifically in the Nursing Considerations column for degarelix, the text should read as follows:

- Loading dose is administered as two 120 mg (3 ml) injections.
- Maintenance dose is administered as a single 4 ml injection.

**page 354:** Healthcare workers who handle hazardous drugs are at risk for adverse health outcomes related to occupational exposure (National Toxicology Program (NTP), 2019). Degree of risk is difficult to quantify and may be based on length of and type of exposure, adoption of full PPE recommendations, and use of closed system transfer devices and other engineering and administrative controls associated with safe handling (Nassan et al., 2021; NTP, 2019). Full integration of PPE and other environmental and administrative controls to reduce environmental contamination is a critical step in reducing risk and adverse outcomes for HCWs. As an additional step, providing alternative duty in healthcare settings in which HDs are present for staff who are pregnant, breastfeeding, or trying to conceive is a recommendation supported by ONS, HOPA, OSHA, and other organizations. Institutional policy should describe the process for requesting accommodation, options available to staff members, and the ability of the institution to provide an alternative assignment. Where feasible, employees who request alternative duty for one of the above conditions should be provided with responsibilities that do not include the handling of HDs. The ability of an employer to provide alternative duty is fluid and may vary based on census, staffing, or other factors. Whenever possible ONS supports the provision of alternative duty to reduce risk of adverse health outcomes in individuals who are pregnant, breastfeeding, or trying to conceive and supports high level institutional strategies to operationalize fulfilling alternative assignment requests for these individuals.

Nassan, F.L., Chavarro, J.E., Johnson, C.Y., Boiano, J.M., Rocheleau, C.M., Rich-Edwards, J.W., & Lawson, C.C. (2021). Prepregnancy handling of antineoplastic drugs and risk of miscarriage in female nurses. *Annals of Epidemiology*, 53, 95–102.e2. <https://doi.org/10.1016/j.annepidem.2020.09.003>

National Toxicology Program. (2019). *NTP monograph on the systematic review of occupational exposure to cancer chemotherapy agents and adverse health outcomes*. [https://www.ncbi.nlm.nih.gov/books/NBK567867/pdf/Bookshelf\\_NBK567867.pdf](https://www.ncbi.nlm.nih.gov/books/NBK567867/pdf/Bookshelf_NBK567867.pdf)

**page 429:** In Figure 15-3, fam-trastuzumab deruxtecan-nxki (Enhertu) moved from “Medications With Moderate Incidence (30%-90%)” to “Medications With High Incidence (90%-100%).”

This drug has been reclassified by the NCCN as a highly emetogenic medication and can cause delayed nausea and vomiting for up to 8 days after administration (NCCN, 2023).

National Comprehensive Cancer Network. (2023). *NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®): Antiemesis* [v.1.2023]. [https://www.nccn.org/professionals/physician\\_gls/pdf/antiemesis.pdf](https://www.nccn.org/professionals/physician_gls/pdf/antiemesis.pdf)