

# COOL across the Globe

## **Nursing Implications**

### Scalp Cooling

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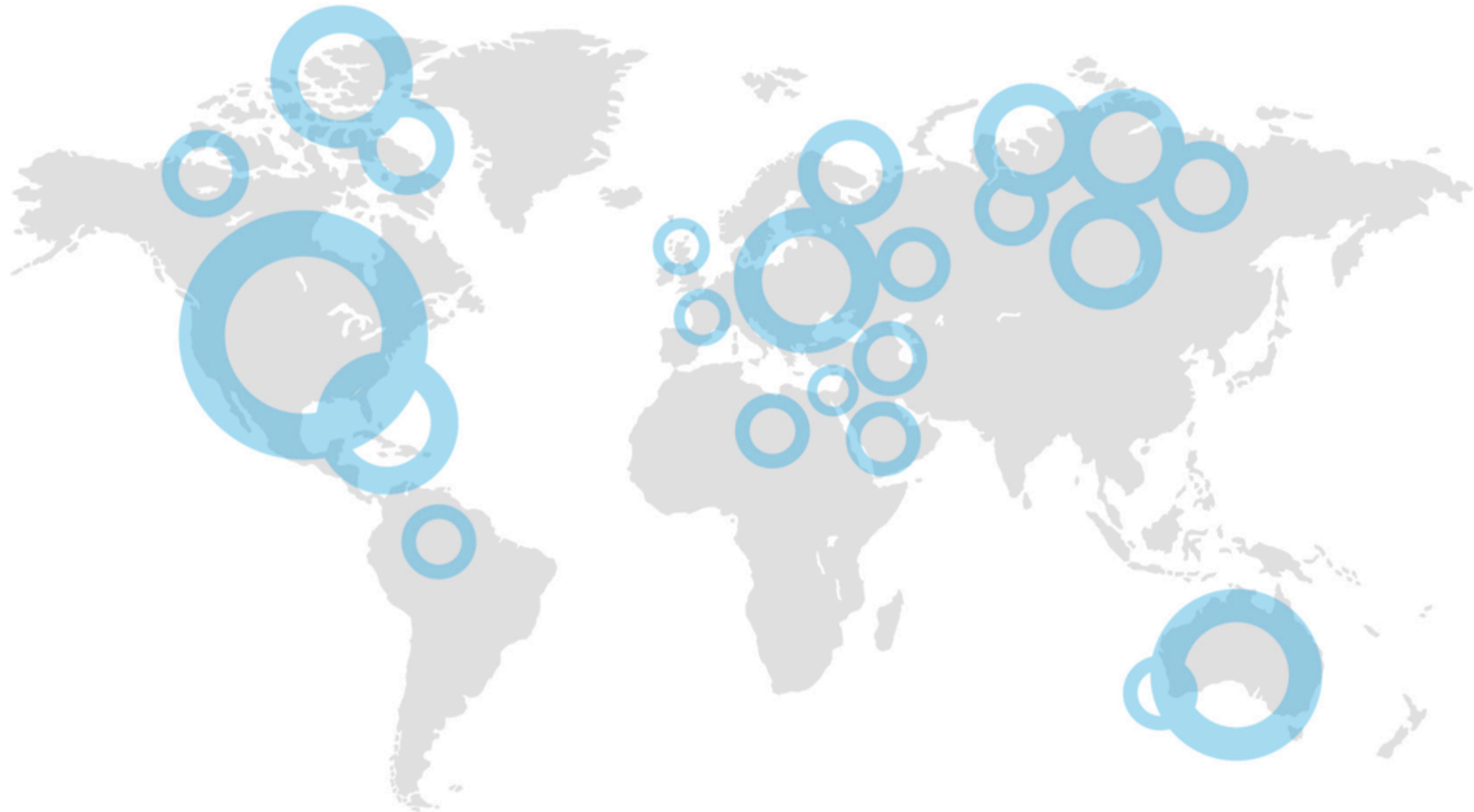


MASCC, Vienna  
June 28<sup>th</sup>, 2018



# Scalp cooling worldwide

WARWICK  
THE UNIVERSITY OF WARWICK



# Patient Perceptions Matter Most

Rank	1983	1996	1997	1999	2004
1	Vomiting	Nausea	Nausea	Nausea	Fatigue
2	Nausea	Constantly Tired	Hair Loss	Hair Loss	Nausea
3	Hair Loss	Hair Loss	Vomiting	Constantly Tired	Sleep Disturbances
4	Thought of Treatment	Effect on Family	Constantly Tired	Vomiting	Weight Loss
5	Length of Treatment	Vomiting		Taste Changes	Hair Loss
Ref	Coates et al 1983	Griffin et al 1996	de Boer-Dennert et al, 1997	Lindley et al, 1999	Hofman et al, 2004

# Patient Voice

- Our greatest strength is our patient voice
- Patients wish to have some control over their treatment and to minimise impact of the treatment
- Listen and hear what is important to patient
- Support patient advocacy

# Impact of Hair Loss on Everyday Life

“Hair loss indicates I have cancer to everyone and I can't hide the fact”

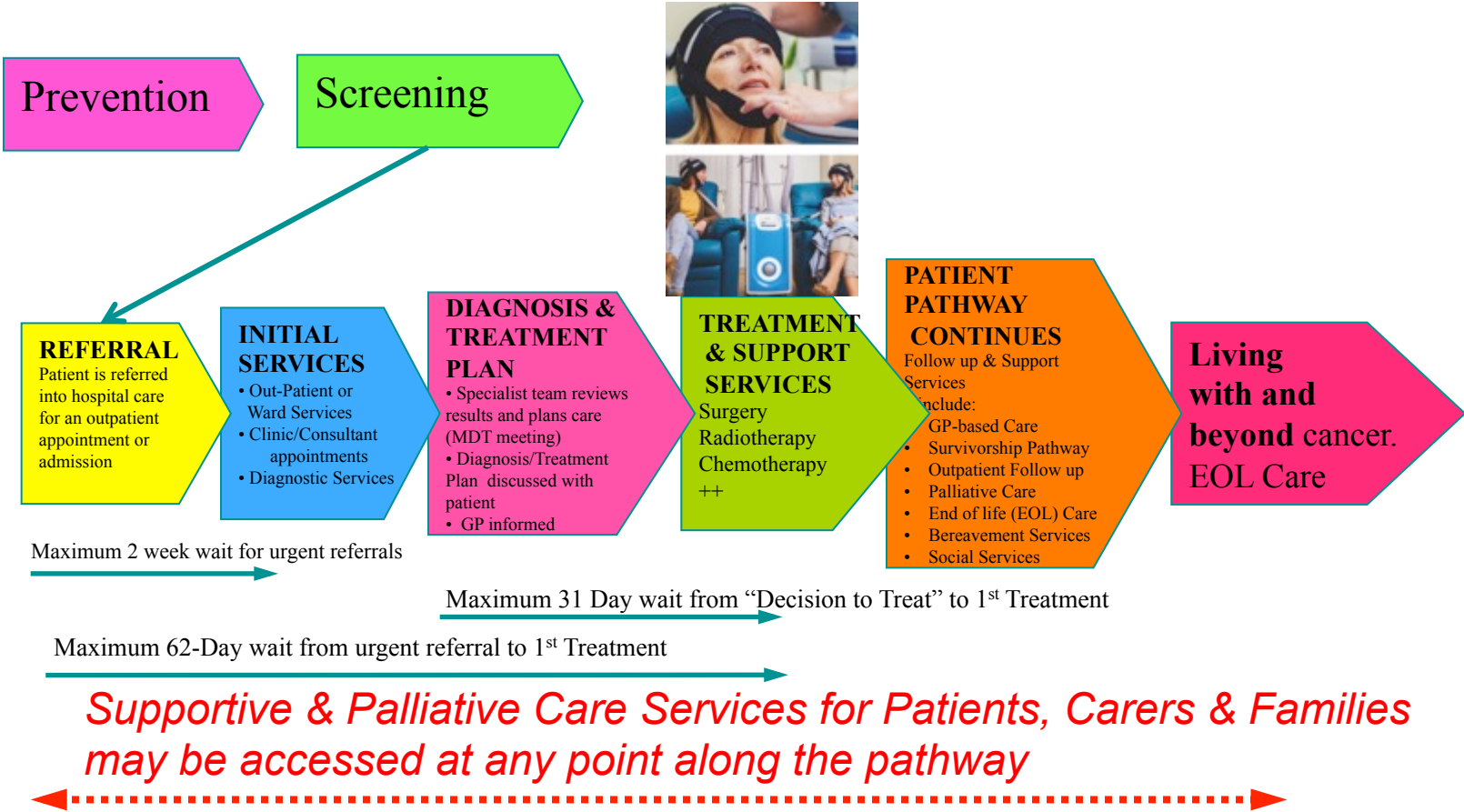
“When you lose all your hair, all your femininity goes. I just felt like a block of meat”

“I will not go back to work until I have some hair regrowth  
I don't want to go to work with scarves or hats on”

“Total nerve, anxiety and confidence issues, had to have counselling and mindfulness classes to cope”

my husband - and it was the one thing that affected him when I lost my hair, he couldn't stand looking at me without my hair

# Excellence in Scalp Cooling - Hospitals Integrate services into Patient Pathway



# Scalp Cooling

Nurses: part of team throughout continuum of care

- Increasing Awareness
- Hearing the Patient Voice
- Ongoing communication, counselling
- Management of Process – often gatekeepers
- Holistic Assessment; including CRHL
- Training – cap fitting
- Documentation
- Research – understanding and using the evidence and supporting or leading research
- Follow up



# Open to all? Patient Choice?

In the Netherlands, doctors and nurses perceived their knowledge level insufficient to inform patients about effectiveness and safety\*

- The doctors' main reason to not offer scalp cooling was a doubt about effectiveness and safety *and*
- Nurses generally offer scalp cooling only to a minority of eligible patients
- *Gatekeeping?*

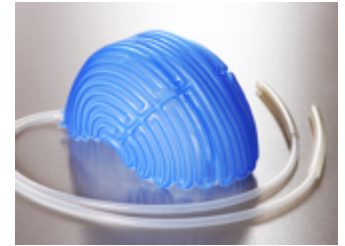




# 'COOL' - Scalp Cooling

## Start of Pathway; nursing role

- Keep updated with the evidence –  
Informed Patient and Family
- Holistic Assessment e.g. distress thermometer
- Hair Care – ‘be gentle; use conditioner’
- Early Counselling– ‘insecurity around final result’
- **Cap Fitting**



# Scalp Cooling Pathway

## Nursing Role *during* cooling

- Ensure comfort – don't 'heat up'\*
- Look out for side effects – headaches, chemo  
? offer prophylactic analgesia (practice-based)
- Pay attention during treatment  
side effect
- Take patient to the loo - <10mins!
- Know the post-infusional cooling times

# 'COOL' - Scalp Cooling Pathway

## Nursing Role – follow up



- Nurse Documentation is key  
*Outcomes* – know what to document including QoL
- Aftercare; counselling
- Registry
- Research

# Solutions to the Challenges

- Encourage Patient Lobby – for the *offer* of scalp cooling
- International Collaboration in Research
- ✓ Measurement study (MESALO)
- Audit Practice and upload to International Registry
- Get the word out to other clinicians
  - Talk to the managers regarding logistics
- Involvement in Guidelines

## *Involvement in Policy e.g. UK Drivers*

- NICE / SIGN Guidance
- National Peer Review Measures
  - to become accepted as standard practice

**IMPLEMENTATION!**