

## 2.2.1 Children Eligible for Chemotherapy Administration in a POGO Satellite Clinic

Eligibility criteria for chemotherapy administration in a POGO Satellite Clinic include:

1. Children who have had a specific diagnosis established and whose treatment has been started on a defined protocol.
2. It is strongly suggested that all patients referred to a POGO Satellite Clinic have Central Venous Catheter (CVC) access to allow the safe administration of chemotherapy, particularly agents known to be vesicants. Difficulty with peripheral venous access is a contraindication to [delivery of IV chemotherapy in a POGO Satellite Clinic](#). **Early conversations and upfront agreement between the specialized childhood cancer program and POGO Satellite Clinic are required prior to referral of patients without CVC access for chemotherapy administration in a POGO Satellite Clinic.**
3. For leukemia patients, eligibility for chemotherapy administration is contingent on evidence of bone marrow recovery from induction therapy. **Note:** For some families and under special circumstances, exceptions have been made to refer patients on acute lymphoblastic leukemia (ALL) therapy to a POGO Satellite Clinic during induction therapy. Early discussions and agreement between the specialized childhood cancer program and POGO Satellite Clinic and mutual comfort would be required on a case-by-case basis.
4. Chemotherapy administered in POGO Satellite Clinics should be short-duration infusions. Therapy that requires pre- or post-hydration should be feasible within [regular clinic hours](#).
5. Pediatric oncology patients requiring selected chemotherapy agents according to a specified route listed in [Sub-Section 2.3 Scope of POGO Satellite Clinic Practice](#). The POGO Satellite Clinic must have adequate expertise to administer the agent and monitor for toxicity, and with the agreement of the specialized childhood cancer program.
6. Children receiving oral chemotherapy started in the specialized childhood cancer program may have these agents continued in a POGO Satellite Clinic. Furthermore, POGO Satellite Clinics may renew and adjust doses of oral chemotherapies such as corticosteroids, mercaptopurine and methotrexate in consultation and agreement with the referring specialized childhood cancer program.
7. Early consultation between the specialized childhood cancer program and POGO Satellite Clinic, with agreement of the POGO Satellite Clinic upfront, is required prior to referral of patients requiring chemotherapy not included in the table [Chemotherapy Agents That Can Currently be Administered in the POGO Satellite Clinics](#) (below).
8. As new chemotherapy agents become available and are used on protocol, their toxicities and their appropriateness for use in the POGO Satellite Clinics will be evaluated. New agents may then be added to the table **Chemotherapy Agents That Can Currently be Administered in the POGO Satellite Clinics** and suitable knowledge transfer undertaken.
9. POGO Satellite Clinics must have appropriate policies and agents available to manage acute toxicities such as allergy and [extravasation](#).



## Chemotherapy Agents That Can Currently be Administered in the POGO Satellite Clinics\*

**Note:** All FIRST doses of chemotherapy agents should be administered in the referring specialized childhood cancer program.

Drug	Route(s)	Special Considerations	Reference
<b>Arsenic</b>	IV	Planned monitoring of electrolytes and ECGs should be discussed prior with the referring specialized childhood cancer program. Per-patient drug reimbursement via NDFP.	<a href="#">OH (CCO) monograph</a>
<b>Bleomycin</b>	IV	Pulmonary function should be monitored by referring specialized childhood cancer program.	<a href="#">OH (CCO) monograph</a>
<b>Carboplatin</b>	IV	Close monitoring required for infusional reactions. Infusional reaction management (including pre-medication and extended infusion times) should be discussed with referring specialized childhood cancer program.	<a href="#">OH (CCO) monograph</a>
<b>Cyclophosphamide<sup>2</sup></b>	IV/PO	POGO Satellite Clinic-administered doses should be capped at 1,200mg/m <sup>2</sup> /dose. Dose/protocol-specific pre- and post-hydration should be discussed prior with the referring specialized childhood cancer program.	<a href="#">OH (CCO) monograph</a>
<b>Cytarabine (Cytosine Arabinoside)</b>	IV/SC	POGO Satellite Clinic-administered doses should be capped at 100mg/m <sup>2</sup> /dose.	<a href="#">OH (CCO) monograph</a>
<b>Dacarbazine</b>	IV		<a href="#">OH (CCO) monograph</a>
<b>Dactinomycin (actinomycin)</b>	IV <sup>1</sup>		<a href="#">OH (CCO) monograph</a>
<b>Daunorubicin</b>	IV <sup>1</sup>	Echocardiogram (ECHO) monitoring is the responsibility of the referring specialized childhood cancer program. ECHOs performed at the POGO Satellite Clinic require review by a Pediatric Cardiologist.	<a href="#">OH (CCO) monograph</a>

Drug	Route(s)	Special Considerations	Reference
<b>Doxorubicin (adriamycin)</b>	IV <sup>1</sup>	Echocardiogram (ECHO) monitoring is the responsibility of the referring specialized childhood cancer program. ECHOs performed at the POGO Satellite Clinic require review by a Pediatric Cardiologist.	<a href="#">OH (CCO) monograph</a>
<b>Erwinia Asparaginase</b>	IV/IM	Platelet count must be >20,000 for IM administration. Be aware of increased risk of allergic reaction. Requires post-administration observation. See <a href="#">Sub-Section 3.7.4 Erwinia Asparaginase</a> for module. Per-vial reimbursement via NDFP.	<a href="#">OH (CCO) monograph</a>
<b>Etoposide</b>	IV/PO	Close monitoring required for infusional reactions.	<a href="#">OH (CCO) monograph</a>
<b>Irinotecan</b>	IV/PO	Management plan for irinotecan-induced diarrhea should be initially explained by the referring specialized childhood cancer program and reinforced by POGO Satellite Clinic teams. See <a href="#">Sub-Section 3.7.2 Provider Guide: Prevention and Management of Irinotecan-Induced Diarrhea</a> for irinotecan-induced diarrhea management.	<a href="#">OH (CCO) monograph</a>
<b>Methotrexate</b>	IV/IM	May be given as fixed dose or escalated as per protocol. See <a href="#">Sub-Section 3.7.3 Capizzi Methotrexate</a> for algorithm.	<a href="#">OH (CCO) monograph</a>
<b>Nelarabine</b>	IV	POGO Satellite Clinics and specialized childhood cancer programs should review risk of potential neurotoxicity. POGO Satellite Clinic administration dependent upon drug reimbursement strategy.	<a href="#">OH (CCO) monograph</a>
<b>Topotecan</b>	IV		<a href="#">OH (CCO) monograph</a>
<b>Vinblastine</b>	IV <sup>1</sup>	Ensure constipation is managed prior to administration.	<a href="#">OH (CCO) monograph</a>
<b>Vincristine</b>	IV <sup>1</sup>	Ensure constipation is managed prior to administration.	<a href="#">OH (CCO) monograph</a>

Drug	Route(s)	Special Considerations	Reference
Vinorelbine	IV <sup>1</sup>	Ensure constipation is managed prior to administration. Protocol for post-infusion line flushing should be discussed prior with referring specialized childhood cancer program.	<a href="#">OH (CCO) monograph</a>

\*Check individual patient’s protocol road map for special considerations and monitoring requirements. Developed November 1994. Revised: April 1998, May 2001, October 2001, May 2002, December 2006, March 2015, February 2022.

<sup>1</sup>Vesicant; ensure procedures and resources for extravasation are available (refer to [Sub-Section 3.3. Extravasation Management](#)).

<sup>2</sup>Administration of cyclophosphamide may require an 8-hour day. If the POGO Satellite Clinic is not able to provide 8-hour monitoring, cyclophosphamide should not be delivered. The ordering physician should also be available to respond to calls as appropriate.

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**Record of Updates**

Version Number	Date of Effect	Summary of Revisions
1	8/19/2022	<ul style="list-style-type: none"> <li>Original version posted.</li> </ul>

