

2.1 Principles of POGO Satellite Clinic Care

The principles of the POGO Provincial Pediatric Oncology Satellite Program include:

1. **Referral** of eligible children diagnosed with malignant disease from specialized childhood cancer programs to POGO Satellite Clinics for components of their cancer therapy and/or supportive care (see [Section 2.2. Eligible Patients](#)).
2. **Assessment, stabilization** and (where appropriate) **management** of an ill child previously diagnosed with malignant disease, including the treatment of therapy complications and the delivery of selected chemotherapeutic agents, will occur in accordance with protocols and formal guidelines. All other aspects of the care of eligible children will occur in the tertiary hospital (specialized childhood cancer program) context only.
3. **Treatment** of children according to protocols. Protocol assignment, as determined by the specialized childhood cancer program and its affiliations with collaborative cancer study groups, must be respected and any local constraints overcome. For patients on study, the drugs are to be given under the aegis of the specialized childhood cancer program and the relevant Research Ethics Board (REB).
4. **POGO Satellite Clinic activity** (e.g., inpatient pediatric, ambulatory and emergency care) must be closely integrated and carried out or supervised by designated, prepared pediatric staff with an identified lead physician and designated alternative physician(s)/Nurse Practitioner(s). Such alternative individual(s) must have appropriate training.
5. **Availability** of accessible, acceptable **local emergency care** by pediatric specialized providers.
6. **Availability** of [Association of Pediatric Hematology/Oncology Nurses \(APHON\)](#)-certified **nurses**, who have completed the [Pediatric Chemotherapy and Biotherapy Provider Program](#), to administer chemotherapy agents.
7. **Designated POGO Satellite Program** funding supports the delivery of chemotherapy during weekday clinic hours. Delivery of infusional chemotherapy on statutory holidays and/or weekends is neither required nor expected.
8. **Central Venous Catheter (CVC) access** is strongly suggested as a prerequisite for delivery of infusional chemotherapy in a POGO Satellite Clinic. Early communication between the specialized childhood cancer program and POGO Satellite Clinic, and agreement of the POGO Satellite Clinic upfront, is required prior to referral of a patient without CVC access, in particular for administration of agents known to be vesicants.
9. **Patients >18 years of age that continue to be followed in the specialized childhood cancer program:** Staff-to-staff conversations between the specialized childhood cancer program and POGO Satellite Clinic are required to assess potential for ongoing access to POGO Satellite Clinic care for patients >18 years of age that continue to be followed in a specialized childhood cancer program. Parameters of care with respect to the type of care to be provided (ambulatory vs. emergency care) and potential for admission to adult care services are to be discussed and mutually agreed-upon upfront. Care of patients >18 years of age in a POGO Satellite Clinic is neither required nor expected.
10. **Care** must be delivered according to specific guidance documents (see [Section 3.0 Chemotherapy Administration](#)).



This guidance was updated by Dr. Paul Gibson, Children’s Hospital, London Health Sciences Centre, 2015. POGO gratefully acknowledges the following members of the 2021 Scope of POGO Satellite Program Clinical Panel for their review and input regarding **Section 2.0 Scope of POGO Satellite Program**: Dr. Uzma Ahmed, Trillium Health Partners, Credit Valley Hospital; Dr. Sarah Alexander, The Hospital for Sick Children; Dr. Sarah Barker, Orillia Soldiers’ Memorial Hospital; Dr. Carolyn Hutzal, Medical Director, POGO Satellite Program, Grand River Hospital; Dr. Mohammad Jarrar, Windsor Regional Hospital; Dr. Donna Johnston, CHEO; Dr. Arif Manji, Southlake Regional Health Centre; Christina McCauley, POGO and The Hospital for Sick Children; Kirsty Morelli, Scarborough Health Network, Centenary Hospital; Dr. Sean Murray, Northeast Cancer Centre, Health Sciences North; and Dr. Alexandra Zorzi, Children’s Hospital, London Health Sciences Centre.

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Record of Updates

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