

## IO Patients in the Emergency Department

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The emergency care system serves as front-line care for all patients but especially for those who are critically ill or high risk such as individuals with cancer. Of 140 million Emergency Department (ED) visits every year in the United States, about 4 percent are made by patients with a diagnosis of cancer. While many present due to an emergency caused by the primary disease, a significant number arrive in the ED due to complications from anticancer treatment. In "A Systematic Review of Emergency Department Use Among Cancer Patients," Lash and colleagues found that 10-12 percent of patients with cancer had at least one visit to the ED during their treatment. Of those receiving chemotherapy, about 5 percent required a visit to an emergency department within the first 30 days of the treatment.<sup>1</sup> In fact, many patients are most vulnerable to an emergency department visit during the first few days of initiating cancer treatment.

### *What role can telemedicine play in optimizing ED care for these patients?*

In most hospitals, when these patients come to the ED, they are cared for by residency-trained emergency physicians. Emergency physicians are partners in providing care to your acutely ill patients. Since emergency physicians' experience with and exposure to the novel immunotherapies is relatively limited, it is important that ED and nurses are aware of the indications for these agents and informed on potential acute and chronic complications of immunotherapy for cancer. ED care of cancer patients being treated with immunotherapies can be considerably improved if there is:

- Clear communication between patients' treating oncologists and emergency physicians during the patient's treatment in the ED;
- Critical information regarding complications and potential emergency presentations in patients being treated with immunotherapy is available at point of care and accessible 24/7 through a reliable system; and
- Targeted online CMEs and other teaching/learning materials designed specifically for emergency physicians are available. These could be offered through partnership with specialty societies or larger teaching hospitals/medical schools.

As partners in the patient's care both the treating oncologists and the ED physicians have perspective on what information on immunotherapies for cancer and immune-related adverse events should be available to emergency physicians.

We invite you to weigh in: What information/resources are needed? What would be the best ways to communicate this information?

Could resources be available both offline (through specialty societies such as ACEP) and online (live through a 24/7 dedicated national phone line) to discuss the patient's presentation and the potential contribution of IO to the patient's presentation?

1. Lash RS, Bell JF, Reed SC, et al. A Systematic Review of Emergency Department Use Among Cancer Patients. *Cancer Nurs.* 2017;Mar-Apr;40(2):135-144.



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The **Association of Community Cancer Centers (ACCC)** is the leading education and advocacy organization for the multidisciplinary cancer care team. ACCC is a powerful network of 24,000 cancer care professionals from 2,100 hospitals and practices nationwide. ACCC is recognized as the premier provider of resources for the entire oncology care team. For more information, visit [acc-cancer.org](http://acc-cancer.org) or call 301.984.9496. Follow us on Facebook, Twitter, and LinkedIn, and read our blog, ACCCBuzz.

The **ACCC Immuno-Oncology Institute** is the leader in optimizing the delivery of cancer immunotherapies for patients by providing clinical education, advocacy, research, and practice management solutions for cancer care teams across all healthcare settings. View the "Immuno-Oncology Insights" series from the ACCC IO Institute Working Groups—and join the conversation online—at [acc-cancer.org/IO-Insights](http://acc-cancer.org/IO-Insights).



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