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Alison currently works as an Acute Oncology (AO) Nurse Consultant at The Clatterbridge Cancer Centre (CCC), where she provides specialist oncology outreach to cancer patients in regional hospitals. She also is the AO and Cancer of Unknown Primary (CUP) lead for CCC and provides strategic leadership locally, regionally and nationally. She is a UK Acute Oncology Society Board member and nurses group chair.

Alison has worked as an oncology nurse for over 20 years, special. She obtained a first class honours degree in Nursing from the University of Liverpool, she then completed a Masters in Nursing with Manchester University before going on to complete the advanced practice MSc Modules and NMP at Liverpool John Moores University. She has been a NMP for over 10 years. She has strong links with education and was the module leader for the University of Liverpool Acute oncology MSc module for nearly 10 years. Alison is a proud to be a nurse and Florence Nightingale Leadership Alumni champion.

**Abstract – Non medical prescribing in acute oncology**

The use of steroids within oncology is common place with multiple uses and rationale (Lossignol, 2016). Reasons for use in acute oncology include to reduce oedema linked with cancer in common complications such as metastatic spinal cord compress (MSCC), brain metastases, liver capsule pain, superior vena cava obstruction, bowel obstruction and lymphangitis. Other reasons for steroid prescribing in cancer care include as an anti-emetic, to boost appetite, hypersensitivity reactions (especially to systemic anti-cancer therapy, SACT), and more recently in the management of immunotherapy related side effects to reduce immune response. In some cancers steroids are used to help aid the SACT work more effectively and are part of anti-cancer treatment.

Whilst the usage of steroids is frequent, there are key considerations that need to be made when using steroids (Tanwar and Singh, 2022).

These include:

* The use of a proton pump inhibitor (PPI) as protection for the stomach
* Impact of steroids on blood glucose levels, especially in diabetic patients and blood glucose monitoring
* Prescription times, avoiding prescriptions after early afternoon as steroids can impact on quality of sleep
* Weaning dosage, to ensure the patient is on the smallest dose possible to manage symptoms for the shortest duration, to avoid long term side effects of steroids.
* Required dosage to manage symptoms, often high doses are needed initially
* Previous medical and drug history, to include if patients have had steroids before and how they tolerated them
* Mouth care regimens as steroids may cause oral thrush
* Long term side effects such as cushingoid syndrome, hypertension ,weigh gain, and osteoporosis

There is limited evidence on the correct dosage or weaning guidelines for the use of steroids in oncology. However, there is much evidence about the rationale for steroids in general usage and key principles from this can be applied to the use of steroids in oncology.

**References**

Lossignol D. A little help from steroids in oncology. J Transl Int Med. 2016 Apr 1;4(1):52-54. doi: 10.1515/jtim-2016-0011. Epub 2016 Apr 14

Tanwar, S , Singh, S Int. J. Pharm. Sci. Rev. Res., 72(2), January - February 2022; Article No. 03, Pages: 17-22