

Chemotherapy-induced Peripheral Neuropathy (CIPN) Tips for Managing Symptoms

1. Neuropathy in people with cancer can be caused by the cancer itself or by treatments including surgery, radiotherapy and chemotherapy. Many chemotherapy drugs can cause neuropathy but it is more commonly seen in those used to treat breast, colorectal, ovarian and haematological cancers.
2. Chemotherapy induced sensory neuropathy is the most common and symptoms include pain, numbness, tingling, increased sensitivity and loss of temperature awareness. Other types include autonomic neuropathy causing dizziness, fainting or bowel symptoms and motor neuropathy causing weakness, wasting, cramping and instability.
3. Sensory neuropathy caused by chemotherapy can get worse as treatment progresses but is often reversible and symptoms can improve over time after treatment ends. Chemotherapy prescribers should monitor neuropathy with each cycle of chemotherapy to avoid cumulative and permanent effects. Dose correction or treatment delay may be necessary.
4. Prompt assessment and management is important as the symptoms can significantly affect a person's ability to manage their daily activities and quality of life.
5. Assessment should include establishing what the main symptoms are, their distribution and whether there is any functional impairment. Consider using a neuropathic pain tool such as the McGill Pain Questionnaire, the BPI or LANSS.
6. Check for other causes of neuropathy such as diabetes mellitus and chronic kidney disease, hypothyroidism and investigate if appropriate.
7. Symptomatic treatments are available, but efficacy varies, so these should be regularly reviewed to try alternatives if appropriate.
8. Duloxetine would be a reasonable first choice treatment with consideration of other drugs used in neuropathic pain including tricyclic antidepressants, gabapentin or gels containing drugs like baclofen or amitriptyline.
9. Although robust research is lacking, there is anecdotal evidence that complementary therapies such as reflexology, acupuncture and massage help relieve symptoms.
10. Education covering the importance of protecting the hands and feet and promoting safe physical activity whilst also trying to minimise harm if there are balance issues is essential, as neuropathic symptoms may also lead to injuries and falls. Refer to rehabilitation services as needed.

Collated from the new <https://rmpartners.nhs.uk/wp-content/uploads/2019/07/RM-Partners-CIPN-Treatment-Guidelines-June-2019.pdf> developed by Claire Taylor, Macmillan Nurse Consultant in Colorectal Cancer at London North West University Healthcare NHS Trust, as part of the RM Partners Living With and Beyond Cancer Pathway Group CIPN Working Group. We would also like to acknowledge Dr Anthony Cunliffe, Macmillan GP Adviser for London, and colleagues for help in their development.