SACT Deviation Policy

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AUTHOR: David Barber	**JOB TITLE:** Oncology Pharmacist-Lancashire Teaching Hospitals	**CHAIR:** Professor Ruth Board	**JOB TITLE:** Consultant Medical Oncologist
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This policy has been written in context of National policy with acknowledgement to the Northern Cancer Alliance Chemotherapy administration policy as a reference.			
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AMENDMENT HISTORY *(Complete for existing documents that need amendment within their 3 year life span)*				
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Lancashire and South Cumbria Cancer Network SACT Deviation Policy

Introduction

Systemic anti-cancer therapies (SACT) are prescribed according to agreed standardised algorithms and protocols, representing best practice.

Consistency in prescribing for common cancers is essential to providing a standardised, safe, evidence-based chemotherapy service to all patients.

However, occasions will arise where a clinician wishes to prescribe a treatment not within the agreed LSCCN algorithms and protocols. Any deviation from agreed algorithms and protocols is a protocol deviation.

Examples might include:

- Patients with rare tumour types
- Patients with allergies or comorbidities that preclude the use of the standard treatment.

Purpose

The aim of this policy is:

- To ensure compliance with the network algorithms and protocols
- To ensure that all deviations from algorithms and protocols are
    - Recorded
    - Approved for use
    - Safe and evidence based (where evidence is available)
- To prevent regular use of regimens not part of standard treatment
- To outline the policy for use of regimens not part of standard treatment

Scope

Treatments that are covered by the policy include cytotoxic chemotherapy, biological therapy, and immunotherapy.

Responsibilities

SACT Prescribers

All prescribers of SACT must inform the lead oncology pharmacist and lead chemotherapy clinician if a deviation from standard practice is required.

Prescribers must not enter incorrect information (e.g. diagnosis or treatment intent) into the ePrescribing system as a means of accessing a regimen.

The prescriber may also need to complete an individual funding request (IFR) if the protocol deviation is not funded by NHS England in that setting.

Pharmacists

The oncology pharmacists are responsible for:

- monitoring all SACT prescriptions and challenging any prescriptions that appear to be deviations from standard practice
- recording any deviations and reporting to the network pharmacist
- checking that the protocol deviation does not violate any funding restrictions. If the drug is not funded in the setting, then the prescriber will need to complete an individual funding request (IFR)

Lead Clinician for Chemotherapy

A Lead Clinician for Chemotherapy will be nominated for each trust.

The Lead Clinician for Chemotherapy is responsible for reviewing all SACT protocol deviations in a timely manner and ensuring any decision is communicated to pharmacy and the requesting consultant. The lead clinician should seek appropriate advice from the network tumour site lead where appropriate.

The lead clinician for chemotherapy should nominate a suitable deputy.

Where the lead clinician for chemotherapy is initiating a SACT protocol deviation then approval must be sought from another consultant oncologist/haematologist in the trust.

Chemotherapy Group

The chemotherapy group is responsible for monitoring all protocol deviations at their monthly meetings.

Definitions

SACT Protocol Deviation: any SACT treatment that does not appear in the network SACT protocols/algorithms, i.e. non-protocol chemotherapy. This may include (but is not limited to):

- Use of an agreed regimen but in a different stage, setting or tumour type
- Adding, removing or changing a drug (effectively creating a different regimen)
- Extending beyond the agreed number of cycles

Systemic anti-cancer therapy (SACT): biological and cytotoxic agents with direct anti-tumour activity

Policy

Only consultant oncologists and haematologists can initiate non-protocol chemotherapy treatment.

A clinician who wishes to initiate non-protocol chemotherapy treatment must inform the lead clinician for chemotherapy and the oncology pharmacist at the trust. The reasons for the deviation and any evidence or protocol should be submitted to support the request.

If the requirement for a non-protocol treatment arises following a discussion at a multidisciplinary team meeting or other group of professionals (or via a second opinion) then this may be considered approved (providing the drug is funded).

If a pharmacist identifies a potential protocol deviation which has not been approved by the lead clinician for chemotherapy, then the prescribing consultant should be informed, and treatment should not be dispensed until approval has been given.

Once approval has been granted, the pharmacist should record the protocol deviation for discussion at the next chemotherapy group meeting. A copy of this record should also be forwarded to the network pharmacist for discussion at the next chemotherapy NSSG.

Prescribing Protocol Deviation

Where only a small change in an existing regimen (e.g. a slight adjustment in dose) is required, then it would be acceptable to use an existing protocol and amend the doses on iQemo.

Where more substantial changes are required (e.g. an addition or substitution of a drug) a new protocol should be written, and a new regimen should be added to iQemo. This process normally takes 1-2 weeks. If treatment is required sooner, in exceptional

circumstances, an existing regimen may be manually amended by the prescriber, this must be done with the agreement of the oncology pharmacist.

Monitoring

Protocol deviations will be discussed at the local chemotherapy group meeting and the chemotherapy NSSG.

If a deviation appears to be an acceptable change in practice, then, in agreement with the tumour site lead, the treatment algorithm will be amended.