# Pilot study of biological monitoring of four antineoplastic drugs among Canadian healthcare workers

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#### BACKGROUND

- Antineoplastic drugs represent the majority of the 2014 National Institute for Occupational Safety and Health list of hazardous drugs (97/184).
- Many surfaces in healthcare centers are known to be contaminated with traces
  of antineoplastic drugs. Workers occupationally exposed to them are at health
  risks. There is no safe exposure limit.

## OBJECTIVES

- We hypothesized that implementing a biological monitoring program would be feasible and would allow the identification of activities related to a risk of exposure.
- The goal is to present the results of our pilot cross-sectionnal study of biological monitoring of four antineoplastic drugs in the urine of Canadian healthcare workers: cyclophosphamide, ifosfamide, methotrexate and 5-fluorouracile.

#### MATERIAL AND METHODS

- Exposed workers were recruited from an hematology-oncology department and control workers were recruited from a central pharmacy, in a mother-child university health center in Quebec, Canada.
- The department had one satellite pharmacy with two class IIB2 hoods for hazardous drugs preparations. No closed-system drug transfer devices was used.
- The study was preceded by an information period during which we aimed at enhancing the workers' awareness and knowledge of the risk of occupationnal exposure.



- Doctors, nurses, pharmacists, pharmacy technicians
- Inclusion criteria:
- having worked at least 3 consecutive days or 5 non-consecutive days in a 10day period
- not being treated by one of the drugs analyzed

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- Each participant filled out a journal about:
- activities performed during the 5 days prior to sampling
- personal protective equipment worn during the 5 days prior to sampling
- URINE SAMPLE

RESULTS

- One urine sample was provided at the end of the working shift
- Analyzed for the presence of cyclophosphamide (limit of detection 9.0 pg/mL), ifosfamide (9.7), methotrexate (75) and alpha-fluoro-beta-alanine (120) (5-fluorouracile's main urinary metabolite)
- Quantified by positive electrospray MRM by ultra-performance liquid chromatography tandem mass spectrometry technology
- Anonymized and global results were provided to participants.
- No individual results were provided.

## RESULTS

#### **POPULATION**

- Samples were collected between January 15, 2015 and January 29, 2015.
- The participation rate was 85.7% (102/119).
- One sample was excluded because of a doubt about cold chain maintenance

**Table I** Population

		Participants working in hematology-oncology (n=92)	
Job	Nurses	74	0
	Pharmacists	5	6
	Pharmacy technicians	6	3
	Doctors	7	0
Sex	Women	76	6
	Men	16	3
Age (years)	20-29	41	1
	30-39	22	4
	40-49	14	4
	≥ 50	9	0
	Not available	6	0

### URINE SAMPLES

 No urine samples showed detectable concentrations for the four drugs evaluated (0/101; 0/74 nurses, 0/11 pharmacists, 0/9 pharmacy technicians and 0/7 doctors).

#### **ACTIVITIES**

- In the five days before sampling, 67/92 (72.8%) hematology-oncology participants performed at least one activity with antineoplastic drugs.
- No accidental exposure was reported during the study.

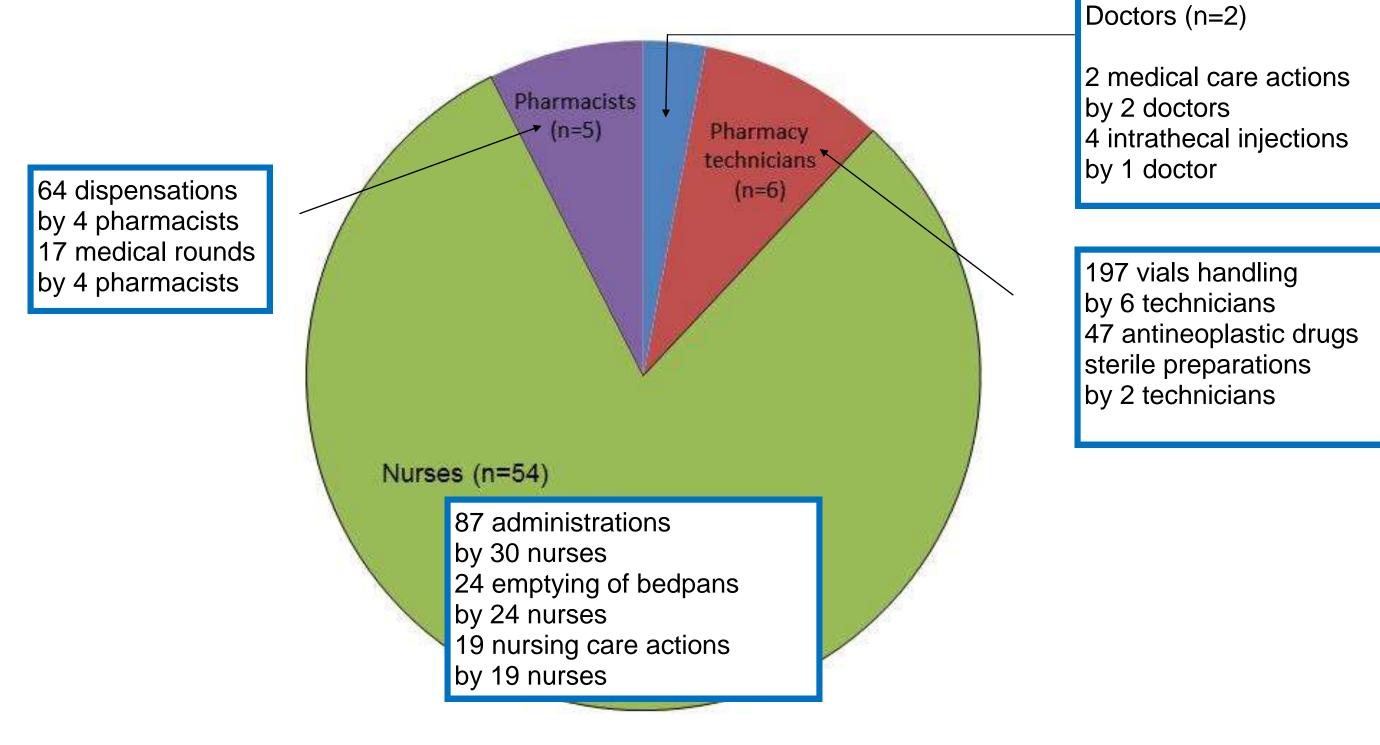


Figure 1 Activities performed before sampling. (3-5 days before sampling)

#### PERSONAL PROTECTIVE EQUIPMENTS

 Nurses wore all of the recommended protection for technical activities (86.2%), but rarely for non technical activities (14.9%).

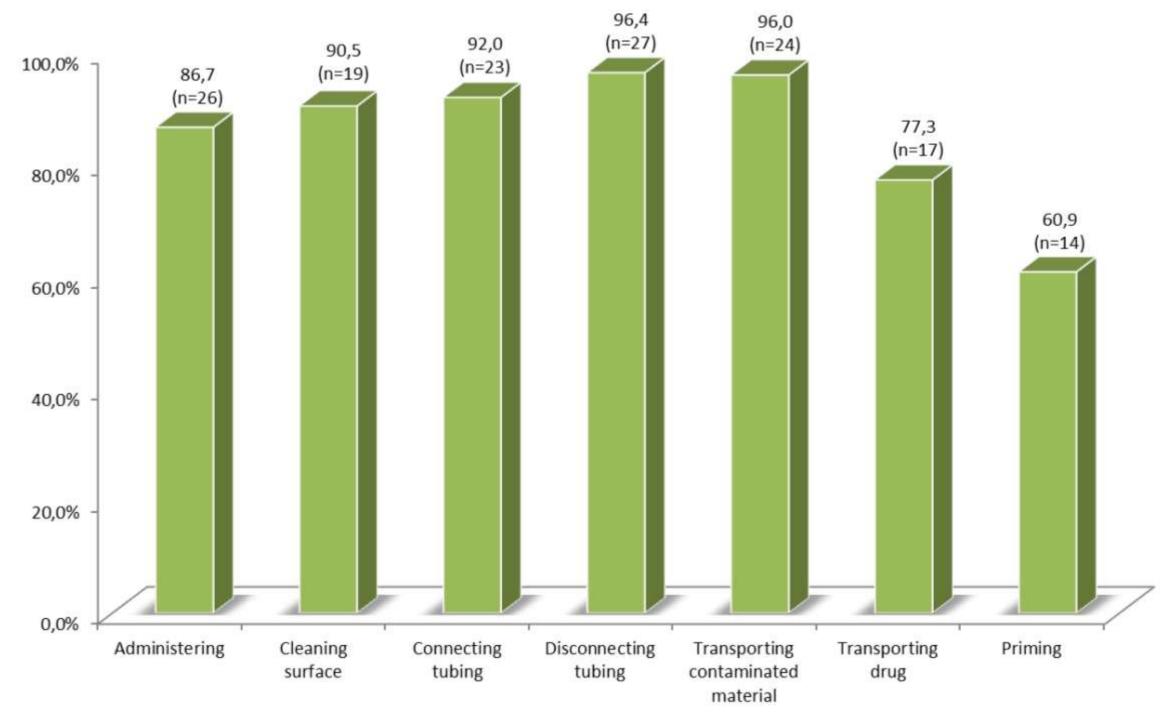


Figure 2 Proportion of nurses wearing full protective equipment for technical activities

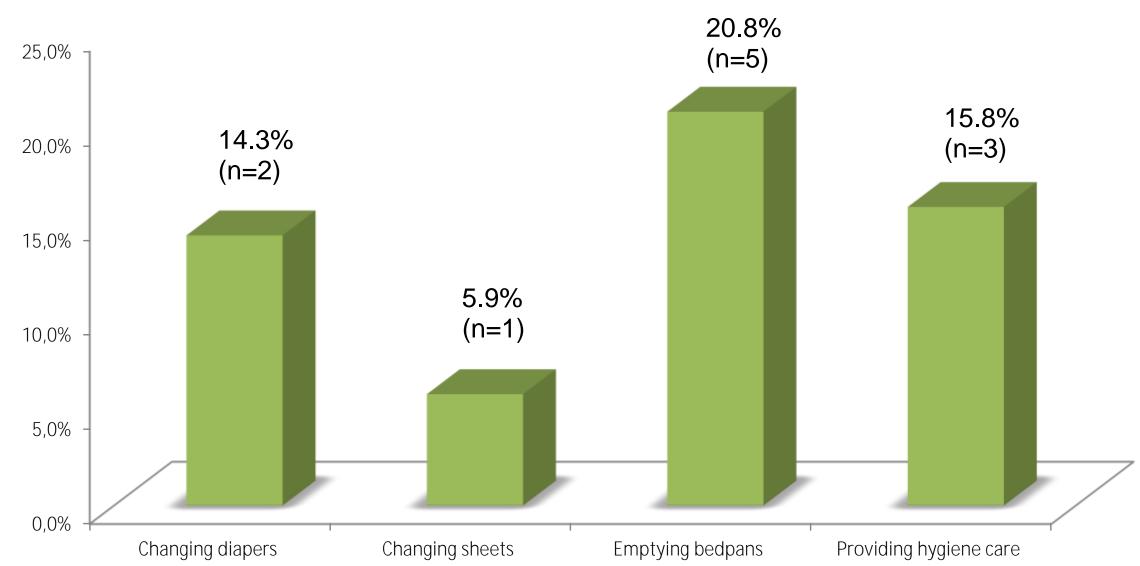


Figure 3 Proportion of nurses wearing full protective equipment for non-technical activities

 Pharmacists and pharmacy technicians wore all off the recommended protection for all activities (100.0%).

#### DISCUSSION/CONCLUSIONS

- Our aim was to implement a biological monitoring program to have a better description of the workers exposure and to use this as an opportunity to increase awareness. An excellent participation rate was obtained.
- Additional studies will be conducted to confirm the usefulness of this program.
- The absence of positive samples is an indication that good working practices were used.
   It is also explained by:
  - Activities conducted to increase awareness prior to study;
  - Low surface contamination in the hospital.
- We found areas where the worker protection could be enhanced, especially for non technical nursing activities.
- Repeating the biological monitoring measures every few years could help confirming that
  the working practices are continuously followed by workers and would provide a good
  snapshot of the current situation.