**Optimising diabetes management for oncology patients: A collaborative approach**

**Background & Aim**

Oncology patients with diabetes mellitus often experience steroid-induced hyperglycaemia during chemotherapy, necessitating prompt intervention, and historically, referrals from the Oncology Department to the Community Diabetes Service have been limited to educational support, leaving a gap in medical advice and insulin therapy management.

Recognition of a lack of a structured process between the departments to manage these cases, requiring modifications to insulin regimens or initiating insulin therapy, has led to the development of a collaborative approach to support the urgent health needs of individuals during cancer treatment.

This initiative aimed to develop a structured referral and consultation process to optimise the management of steroid-induced hyperglycaemia in oncology patients, ensuring timely insulin regimen adjustments and comprehensive diabetes education.

**Methods**

The process involves several key steps:

1. The Oncology Clinical Nurse Consultant refers patients to the Community Diabetes Service for education and assessment using a clinician-to-clinician referral form.

2. The Oncologist contacts the John Hunter Hospital (JHH) Endocrinology Advanced Trainee (AT) advice line for clinical handover.

3. The Endocrinology AT formulates a personalised insulin adjustment plan and submits this to the Community Diabetes Service.

4. The Community Diabetes Service works with the patient to make regular insulin adjustments during follow-up consultations.

5. Patients are discharged from services once glycaemic levels stabilise and educational goals are met.

**Results**

This structured process ensures the seamless integration of diabetes management into the oncology care pathway while preserving the clinical responsibilities of the oncology team. It allows the Endocrinology AT to provide expert advice on glycaemic management without compromising oncology care.

**Discussion/Conclusion**

This quality improvement initiative streamlines the management of steroid-induced hyperglycaemia in oncology patients, ensuring concurrent insulin adjustments and diabetes education provision. The collaborative approach between Oncology and Community Diabetes services, including the JHH Endocrinology AT advice line, enhances patient care and clinical outcomes.