



INCLUSION

- All HOT patients needing CVC access:
- Multiple lumens needed for therapy
 - Difficult access for prolonged therapy
 - Medications requiring central access (e.g. repeated use of vesicants or irritants)

RECOMMENDATIONS

- Utilize Interventional Radiology (IR) or the Surgeon-of-the-Week for CVC placement if primary surgeon is unavailable
- PICC lines should be removed within 3 months
- Patients considered for autologous transplant may require a tunneled CVC for harvest purposes (≥ 9 Fr)
- Powered CVC preferred for most tunneled lines
- If home care is an issue for tunneled CVC, consider a port plus a temporary PICC placement to be removed upon discharge

IRRITANTS

- 5-Fluorouracil
- Bleomycin
- Busulfan
- Carboplatin
- Cisplatin
- Etoposide
- Ifosfamide
- Irinotecan
- Melphalan
- Oxaliplatin
- Taxol
- Thiotepa
- Topotecan

VESICANTS

- Actinomycin
- Doxorubicin
- Daunorubicin
- Idarubicin
- Mitoxantrone
- Navelbine
- Vinblastine
- Vincristine

PICC Line Criteria:

- Aplastic Anemia
- Contraindications for Anesthesia (e.g. Mediastinal Mass Tumor)
- Emergent treatment
- Short Course Hodgkins
- Short term treatment, e.g. TPN, ECP (less than 3 months)
- Stem Cell Transplant- Additional lumen needed

Tunneled Central Line Criteria:

- AML
- Atypical Teratoid Rhabdoid Tumor (ATRT)

Tunneled Catheter Criteria (Apheresis Compatible):

- CNS Tumor, transplant being considered
- Neuroblastoma

Transplant Criteria:

- Allogeneic HSCT (3 lumens)
- Autologous HSCR (2 lumens)

Port Criteria:

- >2-3 months rx Hodgkins
- ALL, NHL
- Anaplastic Large Cell
- Burkitt's Lymphoma, Leukemia
- Chronic Hemolytic Anemia
- CNS Tumor, transplant not being considered
- Hemophilia
- HLH
- Marrow Failure
- Neuroblastoma, low risk
- Sickle Cell Disease (Titanium Vortex for automated exchange)
- Solid Tumor in Body
- Thalassemia

Non-Tunneled Line Criteria:

- Emergency RBC Exchange
- Harvest by Apheresis

