

# ONCOLOGY NURSE ADVISOR FORUM

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## QUESTIONS & ANSWERS

### LAB TESTS FOR ANEMIC PATIENTS

In following patients with anemia, what do the lab values for iron, ferritin, transferrin, and TIBC (total iron binding capacity) tell me? — Ruth C. Gholz, R.N, MS, AOCN, and colleagues at the Cincinnati VA Medical Center

*As a single value, serum iron tells little about the total body iron status. Using this test in conjunction with the TIBC or transferrin level is helpful in determining the cause of anemia. Ferritin is a protein complex that serves as stored iron in both complex and noncomplex living organisms. The TIBC is similar to transferrin in that they both reflect the protein that is responsible for binding iron and transporting it to cells or places of storage. The higher they are, the more likely iron is deficient. It's important to note that if ferritin is reduced, a patient has iron deficiency anemia until proven otherwise. — Donald Fleming, MD*

### AVOIDING G-CSF IN PATIENTS RECEIVING ABVD

Why is pegfilgrastim (Neulasta) not indicated in patients receiving ABVD (Adriamycin, bleomycin, vinblastine, dacarbazine)? — Chris Guynn, LPN, York, PA.

*Use of granulocyte colony-stimulating factor (G-CSF) during ABVD has been associated with bleomycin-induced pneumonitis and documented in a number of studies (Ann Oncol. 2007;18:376-380). A higher rate of bleomycin pulmonary toxicity was observed in patients in a study where 26% (19 of 74) of patients received G-CSF compared with 9% (6 of 67) of patients who did not receive G-CSF. The exact mechanism promoting pulmonary toxicity is unknown, but it has been suggested that bleomycin induces cell injury in the lung that, in turn, sets off an inflammatory cascade of events believed to be augmented by G-CSF (J Clin Oncol. 2005; 23:7614-7620). — Jiajoyce R. Conway, DNP, FNP-BC, NP-C*

### ROLE OF THE NURSE NAVIGATOR

How do nurse or patient navigators make the continuum of cancer care easier to manage?

*The role of the nurse navigator is not standard across all care facilities. There are common roles, however, which include providing patient education and family support at diagnosis, connecting patients with appropriate care and support personnel, and facilitating access to community resources. Some institutions give the nurse navigator additional responsibilities,*

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which include tracking quality improvement metrics, scheduling patient appointments, providing symptom management education and support, accompanying patients to appointments, and coordinating care clinics. As these responsibilities increase, contact with patients may be lost; thus, a balance of patient care and other responsibilities is a must. — Rosemarie A. Tucci, RN, MSN

### CHEMOTHERAPY-ASSOCIATED RASH

What can we do for patients who develop rashes associated with cancer chemotherapies?

Skin rash is a major side effect of erlotinib therapy; however, it can also be seen with other chemotherapies. Treatment for rashes should include determining the severity of the rash using a grading system of 1 to 4. For grade 1 and grade 2 rashes, use of Regeneron wound gel or a corticosteroid cream 4 times daily seems to lessen the itching, pain, and redness. For grade 3 rashes, a 4% erythromycin ointment used 2 to 3 times daily, after washing with warm water and a mild, nondrying soap, is reported as effective. Chemotherapy dose reductions or discontinuation of therapy should be considered for patients with grade 4 rashes. — Rosemarie A. Tucci, RN, MSN

### UNDERSTANDING EGFR WILD TYPE

What does EGFR wild type mean? — Ruth C. Gholz, RN, MS, AOCN, and colleagues at the Cincinnati VA Medical Center

Wild type can be applied to genetic material responsible for many cellular features, including the epidermal growth factor receptor (EGFR). It means “as found in nature,” in effect, the nonmutated gene. Lung cancer that has the EGFR wild type may respond poorly to medications known as EGFR inhibitors, whereas having mutations, especially exon 19 and 21, increases the response rate. The opposite can be true regarding the K-ras gene in colorectal cancers, where the wild type predicts a better response to EGFR inhibitors. — Donald Fleming, MD

### AUC DOSING FOR CARBOPLATIN

Why is carboplatin dosing based on AUC (area under the curve)? — Pat Omara, RN, OCN, nurse manager, York, PA.

Because carboplatin is very toxic to the bone marrow, dosing this agent according to the area under the drug exposure curve (AUC) allows for better prediction of systemic exposure. This method of dosing also predicts for the degree of myelosuppression (Cancer Principles & Practice of Oncology: Pharmacology of Cancer Chemotherapy. 2008;35-39). — Jiajoyce R. Conway, DNP, FNP-BC, NP-C

### SURVIVORSHIP CARE PLANNING

Do nurses participate in survivorship care planning? — Ruth C. Gholz, RN, MS, AOCN, and colleagues at the Cincinnati VA Medical Center

Survivorship care planning is a coordinated posttreatment plan between the cancer survivor and the oncology treatment team, primary care physician, and other health care professionals. Oncology nurses should most definitely be a part of the process. With the ever increasing survival of persons with cancer, survivorship care planning has become a crucial part of cancer care and formalized care plan programs are available. One particularly innovative program is known as OncoLife, a Web-based program developed at the University of Pennsylvania in Philadelphia that can be utilized by both nurses and physicians to design cancer survivorship care plans. — Donald Fleming, MD

### VACCINATIONS FOR CANCER PATIENTS

What vaccines are appropriate or not appropriate for cancer patients?

Understandably, many cancer patients are worried about what vaccines they should or should not receive. Although the CDC recommends a flu shot annually for everyone older than 50 years and pneumococcal vaccination for those older than 65 years every 5 years, cancer patients, given their diminished immunity, should receive these vaccinations regardless of age. In addition, cancer patients should be immunized against tetanus every 10 years. Live-virus vaccines to be avoided include those for polio (oral type), measles, mumps, rubella, and yellow fever. — Rosemarie A. Tucci, RN, MSN ■

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