ONCOLOGY NURSE ADVISOR FORUM

Our Consultants

Ann J. Brady, RN, BSN, *symptom management care coordinator at the Cancer Center, Huntington Hospital, Pasadena, California.*

Jia R. Conway, DNP, FNP-BC, NP-C, *oncology nurse practitioner at Cancer Care Associates of York in York, Pennsylvania.*

Donald R. Fleming, MD, *hematologist/oncologist, Cancer Care Center, Davis Memorial Hospital, Elkins, West Virginia.*

Karen MacDonald, RN, BSN, CPON, *pediatric oncology nurse, William Beaumont Hospital, Royal Oak, Michigan.*

Kerstin L. McSteen, BSN, MSN, ACHPN, CNS-BC, *clinical nurse specialist, palliative care consult service, Abbott Northwestern Hospital, Allina Health System, Minneapolis, Minnesota.*

K. Lynne Quinn, RN, MSN, CRNP, AOCNP, *director of radiation oncology, Bryn Mawr Hospital and Bryn Mawr Health Center, Bryn Mawr, Pennsylvania.*

Barbara B. Rogers, CRNP, MN, AOCN, ANP-BC, *Fox Chase Cancer Center, Philadelphia, Pennsylvania.*

Lisa A. Thompson, PharmD, *assistant professor of clinical pharmacy, University of Colorado School of Pharmacy, Aurora.*

Rosemarie A. Tucci, RN, MSN, *manager for oncology research & data services, Lankenau Hospital, Wynnewood, Pennsylvania.*

QUESTIONS & ANSWERS

ROLE OF CURCUMIN IN RADIATION THERAPY

Can curcumin (the main component of turmeric) help minimize side effects related to radiation therapy? I had a head and neck patient who took the agent all the way through his treatments and did very well, which he related to taking the curcumin. — Barry A. Cochran

Turmeric is a spice used to flavor everything from curry dishes to chutney, pickles, and American mustard. Its first recorded use dates back to 600 B.C. The active ingredient in turmeric is curcumin. According to some naturalist researchers, turmeric can prevent inflammation, which is the root cause of a number of diseases. According to some researchers, these same anti-inflammatory effects assist curcumin in killing tumor cells.

Curcumin is also thought by some to protect skin during radiation treatments. Research on turmeric is extremely limited, especially on whether it interferes with other drugs. The most notable side effect of long-term, high-dose usage is the potential for ulcers or gastric upset, according to the American Cancer Society. In addition, curcumin is a natural blood thinner and can complicate surgical procedures or interfere with medicines that patients may be taking. The FDA doesn't regulate herbal supplements and there are no randomized studies on their efficacy and potential risks, so it is ultimately difficult to say whether or not these herbal supplements are harmless or can help.

The patient's physicians and nurses should always be made aware of all supplements that are being used during treatment, as some supplements may help protect the malignant cells from being damaged by the radiation and/or chemotherapy treatments. — K. Lynne Quinn, RN, MSN, CRNP, AOCNP

USE OF MUGA SCANS BEFORE INITIATING TREATMENT

All oncology nursing literature states that a MUGA scan must be obtained prior to initiating cardiotoxic chemotherapies such as doxorubicin (Adriamycin, Doxil, Rubex). However, none of the literature I have read discusses a time frame. When should the scan be obtained? Does this time frame differ in patients who have had prior paclitaxel (Abraxane, Taxol) or doxorubicin? We had a patient who was given weekly Taxol and one cycle of Doxil before she was started on Adriamycin. The physician decided the echocardiogram obtained about 5 months prior was sufficient enough to initiate chemotherapy. Nursing disagreed and insisted on obtaining a MUGA scan prior to administering the Adriamycin. The patient also had a mechanical aortic valve, indicating that she had had past heart issues. Since the patient was morbidly obese, the dose of Adriamycin was quite

DO YOU HAVE A QUESTION FOR OUR CONSULTANTS?
Send it to editor.ona@haymarketmedia.com.

JOIN OUR ADVISOR FORUM!
E-mail us at editor.ona@haymarketmedia.com

high and the physician insisted on not capping the dose because of her obesity. Should the dose have been capped? The patient ended up waiting a few days for the test to be done and to receive the new chemotherapy. Needless to say, no one—patient, physician, nurses—was happy with the process. — Nancy Gerum

As I see it the two main issues in your inquiry are how promptly the pretreatment ejection fraction (EF) should be determined and what impact prior paclitaxel and liposomal doxorubicin should have on future doxorubicin in the nonpegylated form. In regard to the first issue, prestudy or clinical trial acceptability is that the study utilized to determine the EF should be within 6 weeks of starting the therapy and may be repeated prior to each treatment to determine if continuation is appropriate. The same testing procedure (eg, MUGA scan or echocardiogram) should be used each time the EF is determined to allow for more accurate comparisons. In regard to the second issue, I know of no recommendations regarding the taxane and paclitaxel which would impact on subsequent doxorubicin dosing, but in general the total calculated dose of either liposomal and/or nonliposomal doxorubicin should be capped at a maximum of 550 mg/m^2. — Donald Fleming, MD

ADMINISTRATION OF BORTEZOMIB USING PALINDROME DIALYSIS CATHETER ACCESS

In a clinic setting, is it within the RN scope of practice to administer bortezomib (Velcade) using Palindrome dialysis catheter access in a multiple myeloma patient? — Suzanne K. Utoh

The Palindrome dialysis catheter is a central venous access catheter that delivers high flow rates. It is a type of catheter that is used by peripheral blood stem cell transplant teams for apheresis to obtain peripheral blood stem cells from patients before their autologous transplants. Standard central venous access ports and catheters should not be used for apheresis since they cannot withstand the process of apheresis. That being said, the catheters used for apheresis are capable of performing chemotherapy infusions.

Therefore, the guidelines for administration of IV fluids, blood, and chemotherapy are similar to other central venous access devices except for the amount of heparin needed to flush the dialysis catheters. Policies in many institutions require that the catheter not be utilized for general use until the transplant team deems that it is no longer needed for apheresis. Once it is no longer needed, there is no clinical reason the catheter should not be used. However, many practitioners prefer to switch to a standard catheter if the dialysis catheter is no longer needed for apheresis because standard catheters are easier and more comfortable for the patient. Check with the transplant team in your institution to find out their policy. As far as credentialing, the credentialing process for the large bore dialysis catheter and other catheters should be the same, but that is another institution-based policy. — Barbara Rogers CRNP, MN, AOCN, ANP-BC

INCLUSION OF CREATININE IN BLOOD WORK DURING CARBOPLATIN TREATMENT

How soon should the creatinine be measured when dosing carboplatin (Paraplatin)? Our institution prefers that blood be drawn within 48 hours, but many times creatinine is not included in that lab work.

*The point at which creatinine is measured is institution-based. However, carboplatin administration can result in loss of kidney function by more than 50%, as measured by creatinine clearance (*Cancer: Principles & Practice of Oncology. *2008:37-38). Tests should be performed before the start of therapy and at periodic intervals throughout the course of therapy. Usually a full set of comprehensive labs, including CBC, liver function tests, and renal function tests (BUN and creatinine), are ordered before each subsequent cycle of treatment. The terminal half-life of carboplatin is 2.5 to 6 hours in normal renal function, and about 70% is renally excreted unchanged (*Oncology Nursing Advisor. *2009:212-213). Close monitoring of renal function with therapies including carboplatin is pertinent to kidney preservation. — Jiajoyce R. Conway, DNP, FNP-BC, NP-C* ■

Standard central venous access ports and catheters should not be used for apheresis since they cannot withstand the process. That being said, the catheters used for apheresis are capable to perform chemotherapy infusions.