# ONCOLOGY NURSE ADVISOR FORUM

## Our Consultants



## QUESTIONS & ANSWERS

### CAN HAIR LOSS BE PREVENTED?

Which medication regimens or treatments, if any, can prevent or lessen chemotherapy-related hair loss, especially to the scalp and face, in women undergoing treatment for breast cancer? — Susan Minello, RN, MSN, ANP-BC, CCRC

*Prevention of chemotherapy-induced alopecia is very difficult to achieve given the pathophysiology associated with chemotherapy-induced alopecia. The mitotic activity of the hair follicle places these structures at increased risk of damage by chemotherapy and radiation (*Oncology Nursing Advisor: Comprehensive Guide to Clinical Practice. *Philadelphia, PA: Mosby; 2009:339-340). Absorption of the chemotherapeutic agent by the hair bulb causes cellular division and protein synthesis to be suppressed. Manifestation of alopecia is dependent upon the treatment given, the dose, the schedule, and the route of administration. Oral drugs for breast cancer, such as capecitabine (Xeloda) or lapatinib (Tykerb), may cause hair thinning versus the toxic alopecia that can be caused by some intravenous chemotherapeutic agents. Although no definitive treatment options are established, there have been anecdotal reports of using cold cap treatments in some women and selecting chemotherapy agents that do not cause significant alopecia, such as ixabepilone (Ixempra) or gemcitabine (Gemzar, generics), in other women.*

*Other agents used with varying results include tocopherol (vitamin E supplements), ImuVert, and minoxidil. Preparation, education, and support are essential for these women prior to starting chemotherapy. We must prepare these women for the reality that hair loss is an inevitable result of many required treatment regimens, but also reassure them that in almost all cases it does grow back. Discuss the process of purchasing wigs or hair prostheses, care of the scalp when hair loss does occur, and if there is only mild thinning, protection of fragile hairs. Essentially, not undermining the emotional impact of hair loss is imperative to helping women cope (*Clin J Oncol Nurs. *2011;15(3):311-315). — Jiajoyce R. Conway, DNP, CRNP, AOCNP, FNP-BC*

### WHEN SHOULD SCREENING MAMMOGRAPHY BEGIN?

At what age should a woman whose mother has had breast cancer start screening mammography? — Rebecca Adamson

*The National Cancer Institute (NCI) recommends screening mammography for women 40 years and older every 1 to 2 years. A woman's chance of developing breast cancer increases if her mother, sister, and/or daughter was given a diagnosis of breast cancer, especially if they were younger than 50 years at diagnosis. Having a close male blood relative with breast cancer also increases a woman's risk of developing the disease. The woman in your question should start routine screening mammography based on her*

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## Initiation of treatment with some oral chemotherapeutic agents can occur relatively quickly if there are no factors delaying treatment such as surgical recovery, performance status, or metabolic factors.

*family history. If her mother was given a diagnosis before age 50 years, recommendations are to start screening 10 years prior to her mother's age at diagnosis. Otherwise the recommended screening would be followed, which is yearly at age 40 years. — K. Lynne Quinn, RN, MSN, CRNP, AOCNP*

### IS THERE A STANDARD TURNAROUND TIME FOR ORAL CHEMOTHERAPY AGENTS?

What is the industry standard for turnaround time of oral chemotherapeutic agents? How soon after the prescription is written should treatment be initiated? Sometimes treatment is initiated very quickly; other times, it seems to take weeks. — Lisa M. Buchanan

*Treatment turnaround time with oral chemotherapeutic agents can depend on several factors: (1) type of malignancy; (2) adjuvant, neoadjuvant, or metastatic setting of treatment; (3) concurrent therapies with radiation; (4) drug availability (obtaining the medication and delivery). Initiation of treatment with some oral chemotherapeutic agents can occur relatively quickly if there are no factors delaying treatment such as surgical recovery, performance status, or metabolic factors such as renal or hepatic insufficiency. When feasible, standard recommendations are to begin treatment once the drug is made available to the patient without schedule delays. If treatment with oral chemotherapy follows surgery, as with some malignancies such as colorectal or brain tumors, treatment typically starts 4 to 6 weeks after the surgical procedure. When therapy will be concomitant, the oral agent is usually started on the first day of radiation therapy or day 1 of each cycle of intravenous chemotherapy. Other factors that may delay treatment initiation can be related to obtaining the medication through specific specialty pharmacies or patient-assistance programs. — Jiajoyce R. Conway, DNP, CRNP, AOCNP, FNP-BC* ■

## Do you have a clinical challenge to share with your colleagues?

If you would welcome another perspective on how to manage a patient, or have a question about managing drug therapies in your patients, write us and we'll forward your query to one of our consultants and publish the response in *Oncology Nurse Advisor*.

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