

Oncology Nurses Take the Lead in Providing Novel Therapy Guidelines for Multiple Myeloma

This supplement to the *Clinical Journal of Oncology Nursing* contains the first comprehensive guidelines for managing side effects from lenalidomide, thalidomide, and bortezomib used in the treatment of multiple myeloma (Bertolotti et al., 2008). Written by experienced specialty oncology nurses, the strategic summaries and specific recommendations provide a wonderful road map for all healthcare professionals. Increasing awareness about the range and potential severity of possible toxicities as well as summarizing state-of-the-art approaches to documenting and optimally managing the various side effects are important goals. Implementation of appropriate dose and schedule modifications combined with careful management of side effects allow patients to stay on therapy and achieve maximal benefit.

The myeloma community is excited about the introduction of the novel agents and the improvements in quality of life and survival which have occurred (Ghobrial et al., 2007; Richardson, Hideshima, Mitsiades, & Anderson, 2007). However, to achieve the maximum potential of novel agents, healthcare professionals must adequately address day-to-day details of side effects. Oncology nurses are the interface between patients and treating physicians. Nurses are in a unique position to make note of issues, raise awareness, and ensure that appropriate remedial steps are taken. This supplement provides an invaluable tool for nurses positioned to intervene to help patients.

Myelosuppression is an expected side effect of many myeloma therapies, as outlined in this supplement's article by Miceli, Colson, Gavino, Lilleby, and the IMF Nurse Leadership Board (2008).

However, with the novel therapies, the frequency and severity can vary. Appropriate dose modifications are best initiated in a proactive fashion, with education about warning signs and symptoms plus planned monitoring, testing, and implementation of institutional guidelines.

Thromboembolic events are a particular risk factor for patients with myeloma treated with lenalidomide or thalidomide, particularly in combination with higher dosages of steroids or chemotherapy. Rome, Doss, Miller, Westphal, and the IMF Nurse Leadership Board (2008) very nicely summarize risk assessment, prophylactic measures, and the use of aspirin, low-molecular-weight heparin, or full-dose warfarin, depending on risk.

Peripheral neuropathy with novel therapies is particularly challenging.

Tariman, Love, McCullagh, Sandifer, and the IMF Nurse Leadership Board (2008) focus on quality-of-life issues, emphasizing the prevention of serious or disabling neurotoxicities with periodic examination combined with early dose and schedule modifications, plus optimal assessment and care for patients with ongoing neuropathy issues.

Steroids are a mainstay of myeloma therapy. Healthcare professionals love

them because they work so well but dislike them because of their side effects. Faiman, Bilotti, Mangan, Rogers, and the IMF Nurse Leadership Board (2008) do a wonderful job delineating the diverse side effects and then summarizing prophylaxis, interventions, and caregiver education.

Gastrointestinal side effects are expected with many cancer therapies. Smith, Bertolotti, Curran, Jenkins, and the IMF Nurse Leadership Board (2008) include very detailed statistics about incidence, which serve as an important baseline for

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patient education and ongoing management. They also include very detailed recommendations by grade of toxicity, which should prove very useful.

Together, the articles provide an extremely useful toxicity manual distilled from the collective wisdom and expertise of a dedicated team of oncology nurses serving as the Nurse Leadership Board of the International Myeloma Foundation.

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