Nurse Leadership Board

NLB reports on Survivorship Care Plan progress

Myeloma Today in conversation with Beth Faiman and Teresa Miceli

Over the past decade, advances in anti-myeloma therapy have led to better overall survival for patients with multiple myeloma. Novel agents have become a staple in the growing array of myeloma treatment options, providing hope for extended disease-free periods and improved outcomes for patients. As more people are living longer with myeloma, members of the IMF Nurse Leadership Board (NLB) are addressing the evolving needs of myeloma survivors. The NLB Survivorship Care Plan, which is currently being prepared for publication, examines five specific aspects of long-term care for the benefit of patients and the nurses who work with them. Patient survivorship care planning allows for optimal management of emergent late-term effects and improved quality of life. The leaders of two of the five NLB teams spoke with Myeloma Today about their work. The work of other three teams will be profiled in upcoming issues.

Beth Faiman,
RN, MSN, CNP, AOCN
Taussig Cancer Institute
Cleveland Clinic
Cleveland, OH

I am in charge of the Renal Section of the Survivorship Care Plan. For many people with myeloma, cancer and kidney disease often go hand in hand. As many as 25% to 50% of myeloma patients are affected by kidney disease at some point during their treatment. This might occur at diagnosis or at relapse. In addition, as people are living longer with myeloma, the patient population of people with renal issues is growing.

The kidneys of myeloma patients need to be evaluated and monitored with blood tests. If renal function is not monitored as diligently as it should be, serious problems might arise. It is important for both patients and nurses to be aware of what medications and procedures to avoid and how to approach treatment when renal issues are a concern. For example, patients taking Revlimid® (lenalidomide) may need to have their doses adjusted in order to protect their kidneys from possible damage.

Proper care can prevent future need for dialysis. A patient's primary care doctor can make sure that the proper kidney surveillance is taken care of. However, once the patient reaches a certain stage of

kidney failure (Stage 3), the Chronic Kidney Disease Foundation recommends that the patient be followed by a nephrologist, and follow-up with blood tests may need to be done every three or six months.

In Renal Section of the Survivorship Care Plan manuscript, we recommend that patients drink lots of water and pay attention to their urination (which should be regular, with urine that is light in color) and report any changes to their healthcare team. Other health conditions, such as diabetes or high blood pressure, should be monitored and kept under control. We highly recommend that each patient develop a care plan with their providers to monitor kidney function in order to avoid unnecessary problems.

Teresa Miceli, RN BSN OCN
Mayo Clinic
Rochester, MN

I head the team working on the Bone Health & Bone Disease Section of the Survivorship Care Plan. This section includes guidelines on bone health maintenance, as well as the impact that bone disease has not only on acute care but also on long-term management, pain management, quality of life and lifestyle issues, prevention of further bone damage and protections of skeletal structure, and other components that contribute to bone health or bone disease.

There are many facets of bone physiology and pathophysiology that my team is examining. The pathology of bone structure has an impact on myeloma patients' diagnosis and prognosis, functional mobility, and pain management. Our group is looking at myeloma treatment options in view of bone health and bone disease, including the benefits and cautions regarding the use of bisphosphonates. Long-term management of osteonecrosis of the jaw (ONJ) is one of the important issues being incorporated into this section of the Survivorship Care Plan.

It is important to note that bone involvement is not consistent across the board among patients with myeloma. Not all patients have bone involvement as a result of their disease, and we must reflect on this as well. Myeloma patients who do not have underlying bone-related issues but who are exercising caution when it comes to activities they enjoyed prior to their myeloma diagnosis, might not need bisphosphonates or other precautions. For example, I know a myeloma patient who enjoyed playing contact sports prior to diagnosis but ceased his activities for fear of bone fractures. This patient did not have any bone lesions or any underlying bone disease as part of his myeloma, so his risk of a fracture was no greater than that of any other person who did not have this disease. It was important for him to hear that playing a sport he had enjoyed would not put him at greater risk of a fracture that anyone in the general population. MT