



"It's great to talk to other practice managers and nurses to share information and learn. We are all experiencing the same thing."
 ~ Suzanne M., Head Nurse

for each patient encounter for which the patient receives chemotherapy either by IV push or infusion. This project is not billable for SQ or IM injections.

The changes proposed for 2006 were also discussed. The reimbursement for administration of hydration, therapeutic/chemotherapy will be reduced by 3%. Reimbursement for drugs will continue at ASP +6%. In addition, an option to participate in the Competitive Acquisition Program (CAP) will also be offered. Further follow-up to ASP +6% or CAP will be forthcoming. OA will continue the commitment to keep you informed of reimbursement changes as they occur.

Antiemetic Options for CINV in 2005: Defining New Directions for More Optimal Therapy

DAVID FRAME, PHARM D

The physiology of chemotherapy induced nausea and vomiting is known to involve at least 20 neurotransmitters, the importance of each one not really being understood but with many chemotherapy regimens the release of serotonin plays an integral role. Chemotherapy induced nausea and vomiting has been minimized by the use of the specific 5-HT₃ antagonists, however there are differences between the available agents, which may lead to differences in response as well as potential toxicity. The addition of the new substance P inhibitor (NK-1 antagonist), aprepitant, has been

shown to increase the response rates of acute nausea and vomiting in highly emetogenic regimens and is better than placebo at controlling delayed nausea and vomiting. It is also known that the addition of a dopamine antagonist also increases the response rate, however it is yet to be determined if there is a difference in response between the addition of the NK-1 inhibitor or the dopamine antagonist. The costs of these regimens vary dramatically and the most cost effective approach will be explored.

Radioprotection with Ethylol for Head & Neck Cancer

CARRIE DALY, RN, OCN

Carrie presented an overview of head and neck cancers and the side effects these patients experience with both chemotherapy and radiation therapy. The use of radioprotectant agents such as Ethylol were also discussed as well as management issues, proper dosing and administration. Please refer to page 13 for a complete update on radiation therapy by Dr. Jay Friedland, MD.

Chemotherapy Induced Diarrhea

CAROL VIELE, RN, MS

Cancer treatment induced diarrhea is a significant problem. Approximately 20% of patients who undergo chemotherapy and radiation will have diarrhea as a side effect of their therapy. Caregivers need to be aware

of this statistic and be able to define the major types of diarrhea including, osmotic, secretory, exudative, malabsorptive, dysmotility or chemotherapy-induced diarrhea. Awareness can help make caregivers more amenable to asking questions on the type and frequency of stools to establish the correct diagnosis. Nurses usually assess the patients and patients are more willing to discuss diarrhea with the nurse as opposed to their physicians. Most patients feel the MD does not have time or they are worried their treatment might be changed, held or discontinued if they have too many side effects.

Techniques nurses can use to assist the patients are to give a thorough assessment of any diarrhea symptoms and to make sure the patient is aware of the potential for diarrhea and the interventions they should use to minimize these symptoms. The patients also need to know they need to track their stools in type and frequency so appropriate interventions can be implemented. Patients need to have the medications explained and how titration should occur to correct this symptom. Nurses need to be aware of this bothersome and potentially life threatening syndrome and the interventions to improve the symptoms. In the lecture both the complimentary as well as usual western medical interventions were discussed. A comprehensive nursing assessment was