



"I appreciate your openness during the business meeting. At a time when we are all under extreme pressure to maintain costs and "get the best deal," we need the organizations that we deal with to be honest and open. Thank you!"

~ Jennifer B., Practice Manager

presented as well as types of therapy for each type of diarrhea. The nurse is in a prime position to effect changes in outcome by her monitoring of this side effect.

Updates in the Management of CINV and Impact on Practice Efficiency

CATHY MAXWELL, RN, OCN

Providing quality cancer care to our patients has become increasingly challenging in today's reimbursement environment. When managing chemotherapy-induced nausea and vomiting (CINV), we need to consider not only the efficacy of the agents used, but also the pharmacoeconomic impact of prophylactic antiemetics. We have made many improvements over the last ten years with the approval of 5HT₃ antagonists; however, we are still not at 100% control of CINV, which is the ultimate goal. There is data to support that palonosetron, compared to the other 5HT₃ RA, provided better control of CINV in the acute and delayed setting. Any improvement we can make in the control of CINV dramatically improves our patient's quality of life. We can accomplish this by prophylactically treating patients and identifying those patients who are at risk for CINV. The patient and practice benefit from aggressive prophylactic treatment of CINV. The out of pocket expense for the patient is less compared to the expense of treating delayed CINV. The practice or out patient center also incur less

expenses because the reimbursement is higher when the chair time is used for a chemotherapy event rather than an extreme event. With the help of nursing intervention in the identification of the patients at risk and the initiation of CINV treatment guidelines, we can impact our patients QOL and treatment outcomes.

Updates in Mantel Cell Lymphoma

SUSAN HART, RN

Mantle Cell Lymphoma (MCL) is a particular subtype of Non Hodgkin's Lymphoma (NHL) for several reasons.

1. MCL was recognized relatively recently and carries a landmark translocation t(11;14) which leads to the over expression of cyclin D1 which is believed to be one of the key players in the pathogenesis of MCL.
2. Though MCL is not a common NHL (6% of NHL's) it is a challenge to treat as it remains one of the lymphoma with the poorest outcome. CHOP + Rituximab combination gives a higher CR rate than CHOP alone, but the median progression free survival remains in the range of 16-18 months. The role of autologous transplant as part of front line therapy might be beneficial in patients who receive a TBI based conditioning regimen. However, all therapies tried so far including auto transplant and Hyper-

CVAD still show continuous relapse pattern over time. Studies using radio-immunotherapy seem promising, though results are still preliminary. In the relapse setting the results are typically poor with response duration of 8 to 9 months. Though a small subset of patients might benefit from mini-allo transplant approach, there is clearly a need for novel therapies in MCL.

A variety of new compounds have been tested in MCL targeting a series of pathways; inhibitors of Cyclin D1 (flavopirdol), inhibitors of BCL2 (antisense BCL2), anti-angiogenesis (thalidomide), or other molecules such as CCI779 (new family of mTOR inhibitors). Another new approach has been through proteasome inhibition which affects a variety of pathways very relevant for the pathogenesis of lymphoma. Bortezomib is the first proteasome inhibitor used in humans with demonstrated activity in Multiple Myeloma where it has been approved as third line therapy in May 2003. Several studies have now confirmed promising activity of Bortezomib in several subtypes of NHL, especially in MCL. Preclinical studies also suggest synergy between Bortezomib and a variety of other cytotoxic or biological agents proving a rationale for further studies integrating Bortezomib as part of combination therapy in management of NHL. **OA**