

90.6% (3 cycles FEC followed by 3 cycles Docetaxel). In December 2005, the USO trial comparing 4 cycles of AC (adriamycin plus cytoxan) with 4 cycles of TC (taxotere plus cytoxan) was reported to improve significantly disease free survival at 5 years from 80% to 86% and reduce the number of events by 33%. For all 3 studies (BCIRG001; PACS01; USO), the subset analysis did not show a lesser efficacy in the estrogen receptor positive group.

In summary, taxanes now are the backbone of adjuvant chemotherapy for high risk LN neg and LN positive breast cancer; subset of patients with ER positive tumors and/or HER2 positive tumors need different regimen; anthracyclins, although for more than 2 decades integral part or adjuvant regimens, now can be avoided if major long term toxicities are a major concern.

### Advances in Myeloma

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There have more advances in the treatment of Multiple Myeloma in the past 6 years than there have been in the 30 years previous. Many of these new therapies have unique

mechanisms of action and toxicities. Understanding the reasons and cause of adverse events can help with prevention.

The role of nursing in the prevention and management of adverse events secondary to cancer therapy is as essential for patients receiving novel therapies as it is for patients receiving traditional chemotherapy. Side-effects of some of the drugs such as gastrointestinal disturbances, fatigue, pancytopenia and peripheral neuropathy can all be effectively controlled with nursing interventions prophylactically and therapeutically. Patient teaching and educational tools given to the patient early in the course of therapy can help to avoid Grade 3 toxicities that could lead to reductions in dose and/or discontinuation of treatment.

Bowel regimens to prevent constipation or relieve diarrhea; growth factors to stimulate white or red cells; and vitamin and mineral supplementation to avoid or treat peripheral neuropathies are used as strategies to make each patient's experience with Bortezomib as symptom free as possible. Patient education tools are used to familiarize patients with early recognition of side-effects,

preventative strategies, recommended treatments and dosages. Patient education includes recommendations for affordable and reasonable medications. Educational handouts should also contain lay explanations of the medication or supplement suggested and information as to where patients might obtain them.

Strategies for quality-of-life improvement implemented by nursing interventions can have a significant effect upon the success of treatment. Nausea, fatigue, GI distress is, in many patients, limited to the first few cycles. Early recognition of patient's discomfort, support, anticipation of and timely treatment can be invaluable in improving the patient's sense of well-being. Peripheral neuropathies when treated prophylactically or promptly can substantially reduce subjective symptoms. Dose reductions should also be introduced before a patient experiences changes in mobility status. As a patient's quality-of-life improves due to disease regression, nursing management of treatment side-effects play an important role in the positive overall clinical response. **OA**

