



The Medical Oncology Nurse Practitioner

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Medical Oncology

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Jacquelyn Lauria, RN, MS, APN-C, discusses, the operational aspects of the APN in the medical oncology setting at CINJ and continues the discussion of the case introduced by Ms. Sesa. The following summarizes Ms. Lauria's presentation.

Protocol

- The patient discussed in the previous presentation has been transferred to medical oncology and a medical oncology NP.
- The NP does an initial history and physical and presents it to the medical oncologist. The physician then meets with the patient, does a physical exam and makes treatment recommendations
- In view of the pathology (infiltrating ductal carcinoma, poorly differentiated; 2/14 positive nodes; ER/PR-positive and HER2-neu-positive).the medical oncologist would most likely recommend participation in NSABP B38, an active trial at CINJ.
- If the patient wishes to participate in clinical trials, the NP will contact a clinical research nurse at CINJ, who will meet with the patient to review eligibility and obtain informed consent.

Planning and Initiating Chemotherapy

- Once the patient agrees with the plan of care, treatment is scheduled. The medical oncology NP schedules the initial visit and also ensures that all precertifications and laboratory tests have been done. Patients such as Mrs. D, who have node-positive disease, will undergo CT scans of the chest, abdomen and pelvis, as well as bone scans and a MUGA.
- The medical oncology NP evaluates the patient's antiemetic profile and works with the clinical pharmacy staff and other team members to establish the best antiemetic regimen for the patient, taking into consideration financial issues for medications. Social workers may be brought in to help with applications for patient assistance programs.

- The medical oncology NP will write the prescriptions for the antiemetics, as well as any other required medications.
- The NP helps breast cancer patients understand what to expect during chemotherapy. Giving patients the ability to anticipate symptoms or side effects decreases their symptom distress overall.
- The medical oncology NPs also may refer patients to the CINJ learning center, a facility staffed by a medical librarian who directs patients to the appropriate resources, including Internet sites to gather information about their condition and its treatment.

Symptom Management During Therapy

- On the first day of treatment, patients are given a written antiemetic medication schedule, along with a Helpline number.
- NPs staff a triage desk Monday to Friday, and typically contact the medical oncology NP first when calls come in during that period for direction on symptom management. After 5 o'clock and on the weekends the physician is paged. The APN will adjust antiemetic regimens and bowel regimens, as well as pain control measures as needed.
- If a patient become febrile or has any other medical emergency, she is brought into clinic and admitted to CINJ if necessary.

Monitoring Chemotherapy

- Patients are seen before each cycle by the physician and/or the medical oncology NP. Treatment parameters are established between the physician and NP regarding such things as absolute neutrophil counts and when to transfuse.
- Medical oncology NPs assess toxicities and review labs. They write prescriptions as necessary and make referrals to radiation oncology at the appropriate time.
- NPs provide both medical and psychological support for women experiencing distress with chemotherapy-induced amenorrhea, hot flashes and night sweats, and concurrent hair loss.
- For patients receiving neoadjuvant treatment, medical oncology NPs assess clinical response on each cycle with tumor measurements and digital photographs.
- Mrs. D, who is premenopausal and ER-positive, would be started on tamoxifen, after she completes chemotherapy. The medical oncology NP will explain the risks and side effects of tamoxifen.
- In postmenopausal patients, aromatase inhibitor therapy may be recommended. Medical oncology NPs follow DEXA scans, prescribe oral bisphosphonates, as needed, and remind patients to take adequate calcium supplements.

Adjuvant Follow-up

- After patients complete chemotherapy, medical oncology NPs review the ASCO guidelines with them for follow-up care and also provide literature on the appropriateness of their personalized schedule of care.
- Patients are encouraged to continue breast self-exam and return for mammography and other diagnostics as indicated..
- The medical oncology NPs at CINJ reinforce overall health maintenance and the need for patients to report persistent, consistent, or worsening symptoms.
- At follow-up visits NPs evaluate suspicious breast masses, adenopathy and lymphedema, amenorrhea, fatigue and sleep disturbances, cognitive dysfunction and signs of distant relapse.
- In patients with metastatic disease, the medical oncology NP monitors drug toxicities; tumor markers; renal function on bisphosphonates; signs of progression and oncologic emergencies such as cord compression.
- Palliative end-of-life measures include pain management; palliative interventions, hospice collaboration; and spiritual/psychological support.

Other APN Functions

- The medical oncology NP refers high risk patients for hereditary risk assessment and gynecologic evaluation.
- NPs also advocate with insurers for breast MRI, prophylactic surgery, etc. as indicated; complete disability forms; refill prescriptions.
- NPs work with the Clinical Research Office, do patient outreach, and facilitate patient transition to the Survivors' Clinic.