

Managing Hematologic Malignancies: The Balancing Act

Summary of a Regional Conference sponsored by Avid Education Partners, LLC, and Medical Education Resources, Inc., Boston, April 2, 2011

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Author's disclosures of potential conflicts of interest are found on page 4 and at the end of this article.

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Follicular non-Hodgkin lymphoma, multiple myeloma, acute myeloid leukemia, and myelodysplastic syndromes are among the most common adult hematologic diseases. These diseases represent a group of heterogeneous myeloid or lymphoid clonal stem-cell disorders with variable clinical presentation, pathologic characteristics, prognosis, and recommended treatment (Kurtin, 2010). Most of these diseases are not curable but are highly treatable, with a shift toward a chronic disease model and primarily outpatient clinical management.

The peak incidence for each disease is in patients older than 65 years. Older adults (> 65 years) are expected to exceed 20% of the overall US population by the year 2030 (Kurtin, 2010). Recent clinical trials have refined the diagnostic process, established risk-stratified treatment guidelines, introduced novel therapies, and improved supportive care strategies, resulting in improved response rates, overall survival, disease control, and quality of life for patients with common hematologic malignancies (Kurtin, 2010). Death rates from lymphoma, the most common hematologic malignancy, decreased by 16.85% between 1991 and

2007 (Siegel, Ward, Brawley, & Jemal, 2011). Death rates for myeloma (9.11%) and leukemia (11.86%) have also declined (Siegel et al., 2011). Epidemiologic data specific to myelodysplastic syndromes have only recently become available; however, evidence of improved survival with active therapy was reported in 2009, just 5 years after US Food and Drug Administration approval of the first active therapy for myelodysplastic syndromes (Kurtin, 2010).

These epidemiologic data are reported as generalized numbers without consideration of the heterogeneity of each disease and the heterogeneity of the population at risk. Wide variations exist in survival and response to treatment based on disease attributes and individual patient characteristics. Given the anticipated increase in incidence and prevalence of these hematologic diseases, the predominance of cases in older adults, and a shift toward a chronic disease model with clinical monitoring and treatment continuing over many years, familiarity with recent clinical trial data—including risk-adapted treatment selection, monitoring guidelines, and management of disease- and treatment-related adverse events—will be essential for optimal management of these diseases.

Advanced practitioners in oncology play a pivotal role in coordination of the diagnostic process, collaborative management of risk-adapted therapies, and management of acute and chronic disease- or treatment-related adverse events.

This supplement to the *Journal of the Advanced Practitioner in Oncology* provides a series of papers written by advanced practitioners in oncology with clinical expertise in common hematologic malignancies, summarizing presentations that were given at a regional conference entitled “Managing Hematologic Malignancies: The Balancing Act,” held in Boston, April 2, 2011. The hematologic malignancies represented include myelodysplastic syndromes (authored by Sandra Kurtin), acute myeloid leukemia (authored by Jean Ridgeway), follicular lymphoma (authored by Amy Goodrich), and multiple myeloma (authored by Elizabeth Bilotti). Each paper provides an overview of the epidemiology, disease characteristics, presenting signs and symptoms, and treatment considerations for the individual disease. Updates in the molecular and cytogenetic attributes, which have become critical to risk-adapted treatment selection and

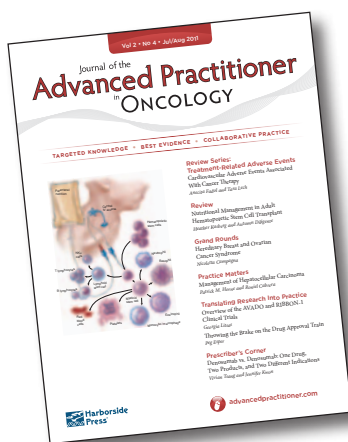
counseling of patients based on variable treatment outcomes, are incorporated for each disease. Clinical trial data presented at the most recent national and international meetings are also included, with discussion of new strategies for the use of standard therapies, novel therapies, and emerging treatment options. Strategies for the management of common disease- and treatment-related adverse events are reviewed. Collectively, this series of papers will serve as a useful clinical tool for the advanced oncology practitioner.

DISCLOSURES

Sandra Kurtin, RN, MS, AOCN®, ANP-C, reported a financial interest/relationship in the form of: Speaker’s Bureau: Celgene, Novartis.

REFERENCES

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