

## **June 2010 Meeting News – New Members**

**Ruth** attended for the first time. Her sister Mary C. had been attending on her behalf. Ruth has moved from Florida to Atlanta and will have treatment at Emory.

### **Business & Other Information**

Andy coordinated a presentation from the IMF Nurse Leadership Board. The AAMMSG was provided a conference phone as part of a grant from Millennium Pharmaceuticals. A power point presentation was shown while the speaker was on the conference phone. The presenter was: Joseph D. Tariman, PhC, MN, APRN,BC, OCN. Joe led an overall discussion of MM and the involvement of the patient and caregiver. The doctor leads the team, but Joe stressed that the patient and caregiver are key to the outcome. All are encouraged to have their voices heard at each meeting with healthcare professionals.

The first few slides defined MM and the criteria for diagnosis. Joe stated that Dr. Kyle reported that MGUS may take up to 30 years to progress. Smoldering MM is higher levels than MGUS but causes no damage. It should be monitored for progression. Active MM may or may not include a plasmacytoma and bone or kidney damage. Discussion of treatment for MM included many familiar options, stating that goals are individualized based on patient age, condition, existing damage, and quality of life expectations. Doctors must be aware of the patient's personal goals and values to create the appropriate plan for treatment. Clinical trials are the greatest legacy of MM patients for future patients. The presentation reviewed the guidelines for clinical trials: doctors must follow specific instructions; patients are told all details and willingly agree to participate; patient must meet the eligibility criteria; and the patient can withdraw from a clinical trial at any time.

Joe reviewed the types of drugs. Immune-modulating therapies are Thalidomide and Revlimid that improve the body's immune system response to the cancer. The proteasome inhibitor, Velcade, inhibits cancer cell growth while allowing normal cells to recover from the effects. Then Joe gave an in-depth analysis of the side effects of these treatments.

Some of the informative points from the presentation are listed below --

#### Things that can help **nausea and vomiting**:

- Stay hydrated
- Eat before getting too hungry
- Avoid spicy food
- Chew food thoroughly
- Use relaxation techniques
- Suck on mints, hard candy, popsicles, or ice chips
- Apply cool compress to forehead, neck wrists
- Try hypnosis or acupuncture

#### Things to avoid for **nausea and vomiting**

- Avoid strong odors
- Do not lie flat after eating
- Avoid sweet, salty, fatty, spicy, heavy foods
- Avoid citrus and tomatoes
- Do not exercise after eating

Things that can cause **diarrhea**

- Laxatives
- Antibiotics
- Antacids with magnesium
- Antidepressants
- Prescription medications: check with your provider
- Milk thistle
- Aloe
- Cayenne
- Saw palmetto
- Ginseng

Managing **diarrhea**

- Increase fluid intake (water, Ricelyte<sup>®</sup>, Pedialyte<sup>®</sup>, sports drinks, diluted fruit juice, and broth)
- Avoid caffeinated, carbonated, or heavily sugared beverages
- Imodium or Lomotil if recommended by a clinician
- Fiber binding agents – Metamucil<sup>®</sup>, Citracil

Managing **constipation**

- Increase fluid intake
- Drink warm/hot beverage prior to normal timing for bowel movement
- Eat foods high in fiber
- Ensure comfort, privacy, and convenience during bowel movement
- Increase physical activity
- Use stool softeners or laxatives or fiber binding agents

Decreased function of the bone marrow is called “Myelosuppression” This will cause anemia. Your healthcare provider will monitor blood counts regularly. Symptoms of **anemia**:

- Fatigue, low energy level
- Unable to do regular activities
- Shortness of breath or chest pain with activity
- Pale appearance

Treatment of **anemia**:

- Use of red blood cell supplements, with caution
- Possible red blood cell transfusion
- “Energy-sparing” activities
- Reduced dose of medications

**Neutropenia** (low white blood cells) can occur with treatment. The greatest concern with this side effect is infection. Symptoms to watch for:

- Fever and shaking chills

- Dizziness or fainting
- Redness or swelling of skin or open wound
- Respiratory symptoms such as cough or sinus congestion

Precautions when white count is low, **neutropenia**:

- Thorough hand washing to reduce contact exposure
- Use of mask as instructed
- Avoid crowds and potential contagion
- Preventative antibiotic therapy as prescribed

Suggestions for **peripheral neuropathy**:

- Massage the affected area with cocoa butter regularly
- Take B-complex vitamins (B1, B6, B12) supplements
- Take folic acid supplements
- Take amino acid supplements

Other side effects are the toll on the **caregiver**:

- Allow the patient to do what they can for themselves
- Don't ignore your own medical needs
- Seek support through family, friends, church, and support groups
- Participate in healthful activities – regular exercise, proper rest, and healthy diet.

Report side effects early and often to your doctor and work with your healthcare team if treatment needs to be reduced or adjusted to alleviate symptoms of side effects.

### **Member Updates & Collaboration**

**Chuck** will be going to Emory for a bone marrow biopsy and discussion of treatment options. He appreciates all the guidance from the group at his first meeting last month. **Virgil** noted that he still has numbness in his feet from the peripheral neuropathy, but the severe pain has subsided. **Mike** had a bone marrow aspiration and the plasma cells are at 11%. His doctor is not recommending treatment at this time and Mike will enjoy more drug free time. **Arch** is preparing for his third transplant in June at age 68. He has some GI issues that need to be resolved before transplant. **Vanessa** is doing well, but has some GI issues. She found the information from today's program helpful. Sandy reported on members not in attendance. **Carl** is back on chemo after a brief break. He is on Velcade with Thalidomide, Dex, and Cytosin. Due to problems with peripheral neuropathy, he is getting the Velcade only once per week. **Dale** is on a clinical trial. He is having some adverse reactions and fatigue. It is too early to determine results. **Sharon** is getting good results with Pomalidomide clinical trial at Dana Farber, but is having some fractures.

Submitted by Nancy