Pennswood Chapter Newsletter

February 27, 2017

Woodpile

President's Note

President's Update 2017 ONS PennsWood chapter

Hello to 2017. On February 8, 2017, we inducted a new board member for the secretary position, Sherry Burrell. Welcome to her and thanks to Linda DeGothseir for her work in the interim. Current board members agreed to continue their work for the 2017 term. Thanks.

A new service project was introduced: Lisa's Army and donation bags were given out to be returned at the Vendor Fair There will be a table at the Fair explaining Lisa's Army and items to be donated and collected. Before then, if you need information, please contact any board member.

The ONS National Congress this year is in Denver, CO. from May 4-7. If you are interested in going, please contact Pat Frank, as soon as possible.

The big news is the Vendor Fair next Month at the Radnor Hotel. Additional information is in this newsletter.

As you can read it will be an exciting year. Thank you for being part of the PennsWood chapter.

Donna Osburn, MSN, RN, OCN

Upcoming Events

ONS Oncology Nursing Society

Penns Wood March 9 Vendor's Fair & Educational Program

Dear PennsWood Members,

You are invited to the annual PennsWood Chapter Vendor's Fair on Thursday, March 9,2017. Vendor Fair opens @ 5:00 PM. Educational program begins @ 6:30 PM.

The topic is "NINLARO(ixazomib): An Oral Treatment Option sponsored by Linda Miller (Takeda).

Please RSVP as per the flyers instructions to Linda Miller AND please RSVP with your entrée selection to Ann Marie Gipe at amgipe@comcast.net.

Choices:
1) Filet Mingon
2) Sea Bass
3) Mushroom Risotto

Even if you already RSVP'd at last week's meeting, please RSVP again as some papers went missing.

No RSVP = no dinner

We look forward to *seeing you on March 9th*

Marianne

Marianne E. Casale MSN, RN, CHPN, CS, AOCN
PennsWood Chapter ONS Membership Chair

Tel: 610-431-5491

You are invited!

NINLARO®(ixazomib): An Oral Treatment Option

Presented by
Holly M. Wall, RN, MSN, ACNP-BC
Clinical Nurse Educator

Thursday, March9,2017

6:30PM

The Radnor Hotel 591 East Lancaster Avenue, Wayne, PA 19087

(610) 341-3159

Hosted by
Linda Miller Senior Oncology Specialist

Takeda

RSVP
viae-mailtotakedarsvp@theselvagroup.com
or fax to (800)660-8857
before03/07/2017.

NINLARO® (ixazomib) is indicated in combination with lenalidomide and dexamethasone for the treatment of patients with multiple myeloma who have received at least one prior therapy.

Full Name _____ Credentials _____ Title _____

Institution _____ City _____ State _____ ZIP Code _____

Email Address _____ Phone _____

License Number (only if licensed in MA or MN) _____ Meeting Code **CNE13740**

Sponsored by Takeda. Please note that this is not a continuing medical education (CME) program.

IMPORTANT SAFETY INFORMATION

WARNINGS AND PRECAUTIONS •

Thrombocytopenia has been reported with NINLARO. During treatment, monitor platelet counts at least monthly, and consider more frequent monitoring during the first three cycles. Manage thrombocytopenia with dose medications and platelet transfusions as per standard medical guidelines. platelet transfusions as per standard medical guidelines. Adjust dosing as needed. Platelet nadirs occurred between Days 14-21 of each 28-day cycle and recovered to baseline by the start of the next cycle.

Please see additional Important Safety Information continued on page 2 and accompanying NINLARO full Prescribing Information.

Important Safety Information for NINLARO® (ixazomib) (continued)

WARNINGS AND PRECAUTIONS (continued) •

Gastrointestinal Toxicities, including diarrhea, constipation, nausea and vomiting, were reported with NINLARO and may occasionally require the use of antidiarrheal and antiemetic medications, and supportive care. Diarrhea resulted in the discontinuation of one or more of the three drugs in 1% of patients in the NINLARO regimen and < 1% of patients in the placebo regimen. Adjust dosing for severe symptoms.

Peripheral Neuropathy (predominantly sensory) was reported with NINLARO. The most commonly reported reaction was peripheral sensory neuropathy (19% and 14% in the NINLARO and placebo regimens, respectively). Peripheral motor neuropathy was not commonly reported in either regimen (< 1%). Peripheral neuropathy resulted in discontinuation of one or more of the three drugs in 1% of patients in both regimens. Monitor patients for symptoms of peripheral neuropathy and adjust dosing as needed. •

Peripheral Edema when appropriate and provide supportive care as necessary. Adjust dosing of dexamethasone per its prescribing information or NINLARO for Grade 3 or 4 symptoms.

Cutaneous Reactions: Rash, most commonly maculo-papular and macular rash, was reported with NINLARO. Rash resulted in discontinuation of one or more of the three drugs in < 1% of patients in both regimens. Manage rash with supportive care or with dose modification.

Hepatotoxicity has been reported with NINLARO. Drug-induced liver injury, hepatocellular injury, hepatic steatosis, hepatitis cholestatic and hepatotoxicity have each been reported in < 1% of patients treated with NINLARO. Events of liver impairment have been reported (6% in the NINLARO regimen and 5% in the placebo regimen). Monitor hepatic enzymes regularly during treatment and adjust dosing as needed. •

Embryo-fetal Toxicity: NINLARO can cause fetal harm. Women should be advised of the potential risk to a fetus, to avoid becoming pregnant, and to use contraception during treatment and for an additional 90 days after the final dose of NINLARO.

ADVERSE REACTIONS

The most common adverse reactions (≥20%) in the NINLARO regimen and greater than the placebo regimen, respectively, were diarrhea (42%, 36%), constipation (34%, 25%), thrombocytopenia (78%, 54%; pooled from adverse events and laboratory data), peripheral neuropathy (28%, 21%), nausea (26%, 21%), peripheral edema & included thrombocytopenia (2%) and diarrhea (2%).

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SPECIAL POPULATIONS •

Hepatic Impairment: Reduce the NINLARO starting dose to 3 mg in patients with moderate or severe hepatic impairment.

Renal Impairment: Reduce the NINLARO starting dose to 3 mg in patients with severe renal impairment or end-stage renal disease requiring dialysis. NINLARO is not dialyzable.

Lactation: Advise women to discontinue nursing while on NINLARO.

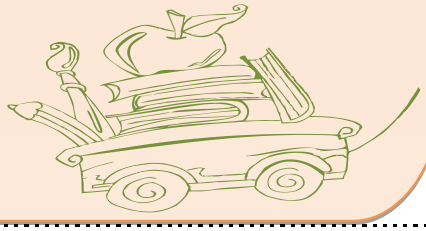
DRUG INTERACTIONS: Avoid concomitant administration of NINLARO with strong CYP3A inducers.

Please see accompanying NINLARO full Prescribing Information.

Takeda

ONCOLOGY

NINLARO® (ixazomib) capsules
4 mg • 3 mg • 2.3 mg

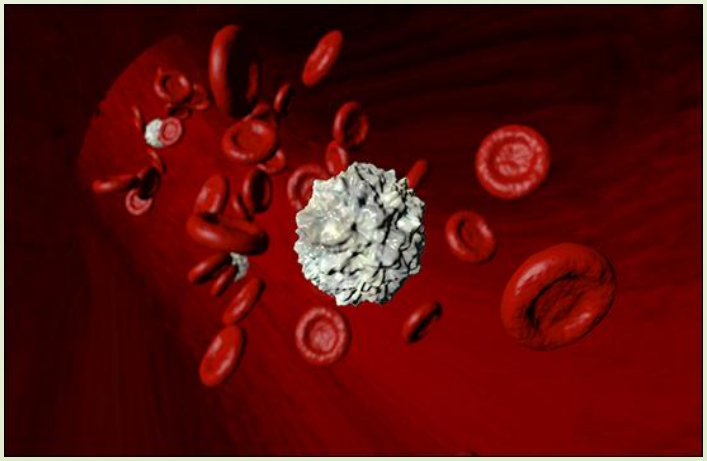


MYELOPROLIFERATIVE NEOPLASMS

DECEMBER 15, 2016

Understanding Myeloproliferative Neoplasms, Uncommon but Debilitating Blood Cancers

By Laura Morgan



Myeloproliferative neoplasms, better known as MPNs, are rare and chron ic type of blood cancers that develop when the body makes too many red blood cells, white blood cells, or platelets. MPNs are a type of blood cancer that gets worse with time, and because they are chronic, they can last for many years.

Changes in some genes (genetic mutations) are believed to be a major reason for the development of MPNs, although people without such mutations can also have this type of malignancy.

These cancers are estimated to affect 200,000 individuals in the United States. Recognizing the signs of these conditions may ensure early diagnosis. And knowing which type of MPN you have is important to ensure you receive the best available treatment.

The 3 types of MPNs are polycythemia vera, essential thrombocythemia, and myelofibrosis.

The 3 Types of MPNs

Polycythemia Vera

Polycythemia vera is the most common type of these 3, affecting approximately 100,000 Americans. The cause for polycythemia vera is unknown, but a change (mutation) in the *JAK2* gene is found in 95% of

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patients with polycythemia vera and is believed to be a cause for this type of cancer. Although some patients with this cancer have no symptoms, the common symptoms of polycythemia vera include:

- Dizziness
- Unexpected weight loss
- Fatigue
- Bone pain
- Bleeding or clotting.

Essential Thrombocythemia

This cancer is more common in people 50 and older than in younger persons, and is slightly more common in women than in men; but young people can also ge t this cancer.

The common symptoms of essential thrombocythemia include:

- Fatigue
- Lightheadedness
- Headaches
- Vision changes.

Myelofibrosis

Myelofibrosis occurs when too much scar tissue forms in the bone marrow and damages its ability to produce normal blood cells. Myelofibrosis can develop on its own for no clear reason, or it can develop when polycythemia vera or essential thrombocythemia gets much worse.

Approximately 16,000 to 18,000 people in the United States are affected by myelofibrosis. And about 50% to 60% of patients with myelofibrosis have the *JAK2* genetic mutation. Another mutation related to the *JAK2* gene may also be involved in some patients.

The symptoms of myelofibrosis include:

- Bone pain
- Fatigue
- Fever

Continued...

- Itching
- Night sweats
- Unexplained weight loss.

Impact on Quality of Life

The 2016 MPN Landmark survey of more than 800 patients with MPNs showed that these chronic conditions can reduce the patient's quality of life significantly. In this survey, 79% of patients with myelofibrosis, 63% of patients with polycythemia vera, and 55% of patients with essential thrombocythemia reported that their cancer reduced the quality of their family life and social life. In addition, patients had to cancel planned activities, and even call in sick to work because of their disease.

Treatment for Myeloproliferative Neoplasms

All patients with MPNs should be routinely monitored by their doctor to prevent the common complications associated with these types of cancers.

Polycythemia Vera Treatment

Treatment options for polycythemia vera include:

- Removal of blood (phlebotomy) to reduce the excess blood cells
- Low-dose aspirin therapy
- Chemotherapy, such as hydroxyurea
- **Jakafi (ruxolitinib)**, which is the first and only drug approved by the FDA for polycythemia vera.

Jakafi is prescribed for patients whose disease did not improve with hydroxyurea, or for patients who could not tolerate hydroxyurea. Jakafi works by blocking proteins that control the production of blood cells.

A recent study showed that patients with polycythemia vera whose disease was resistant to or intolerant of hydroxyurea and who did not have an enlarged spleen had better control of their blood levels with Jakafi, without needing phlebotomy, compared with patients who

Continued...

received best available therapy.

Almost 5 times more patients with polycythemia vera were in remission after receiving Jakafi patients who received best available therapy.

Essential Thrombocythemia Treatment

The treatments for essential thrombocythemia may include drugs or procedures to reduce the platelet count.

Myelofibrosis Therapy

Jakafi is also the first and only drug approved by the FDA for the treatment of patients with intermediate- or high-risk myelofibrosis. The treatments for myelofibrosis include Jakafi, blood transfusions, radiation, removal of the spleen, and stem-cell transplantation.

In 2016, a new study showed that Jakafi reduced the risk for death by 31% and reduced the spleen volume by 35% in patients with myelofibrosis.

“Nearly 5 years after the launch of Jakafi for the treatment of intermediate- and high-risk MF [myelofibrosis], these findings provide important insight into the treatment’s long-term clinical benefits. The overall survival benefit observed in the COMFORT-I study, along with sustained reductions in spleen volume, are meaningful for patients with this rare disease who often experience significant, debilitating symptoms, and even mortality, as a result of their disease,” said Steven Stein, MD, Chief Medical Officer at Incyte, the drug company that developed Jakafi.

Patient Resources

MPN Research Foundation

www.mpnresearchfoundation.org

Voices of MPN

www.voicesofmpn.com

Leukemia & Lymphoma Society

www.lls.org/myeloproliferative-neoplasms/

National Heart, Lung, and Blood Institute

www.cancer.gov/types/myeloproliferative

EDITOR'S NOTE

Our Vendor Fair is Thursday, March 9th at Radnor Hotel in our usual rooms, dinner will follow.

Sponsor this year by Takeda -Speaker Holly Wall on NINLARO, an oral treatment option we will have a table set for our special project this year Lisa's Army.

We ask everyone to bring a plastic zip lock bag with 4 Items in it:

- Hand Sanitizer
- Unscented Lotion
- Unflavored Lip Balm
- Brown Eyebrow Pencil.

Dinner menu is as follows - Filet Mingon, Sea Bass, or Mushrooms Risotta

Please email Ann Marie or Pat with your selection by March 3rd, even if you signed the sheet at the meeting there was 1 sheet misplaced.

Thank You!!!

Joy Hepkins RN OCN

Oncology Nurse Navigator/Coordinator

Mercy Fitzgerald Hospital

Lansdowne Avenue, Darby

610-237-2648 Office

610-237-4589 Fax

Please continue to send articles for the Newsletter. If you have anything to post or articles, please send it to:

woodpilenewsletter@gmail.com

Newsletter Designed by: Quiana Braxton

Graphics & Much More For Less !

267-886-5869

Email: decorbydivas@gmail.com