Oncology Nurse Navigator Toolkit

Multiple Myeloma

NCONN

National Coalition of
Oncology Nurse Navigators

Table of Contents

Sample Navigator Forms

The Oncology Caregiver Team

Cancer remains a significant public health problem in the United States and throughout the world. An estimated 1.5 million new cases of cancer occurred in the United States in 2010, as well as 569,490 cancer deaths. Multiple myeloma is the second most frequent form of bone marrow malignancy. Although it is relatively rare, it accounts for roughly 1% of all cancers and 2% of all deaths from cancer. Each year, more than 20,000 patients in the United States are diagnosed with multiple myeloma, and more than 10,000 patients die from this disease.

Patients today are expected to take an active role in their cancer treatment, but navigating their options can be a daunting task for cancer patients and their caregivers. Therefore, many cancer treatment centers provide the assistance of a highly trained professional to help patients and caregivers with every step of their cancer journey. This professional is the Oncology Nurse Navigator (ONN).

The Oncology Nurse Navigator

The clinically trained ONN fulfills a critical role for many patients diagnosed with cancer by identifying and removing barriers to cancer treatment. Many patients say that they felt as if their ONN was their lifeline, guide, or personal care coach who got them through their ordeal of cancer treatment.

Oncology nurse navigators are responsible for: coordinating care throughout the treatment process (**Table 1**); providing information to patients and their families; facilitating decision-making; advocating in the patient's interest; and, ultimately, working to achieve patient satisfaction. The ONN supports the patient throughout the entire cancer experience, from point of entry (which is variable) through follow-up and continued care, which may include end-of-life or survivorship.

The ONN is responsible for the overall coordination of clinical services for the individual, including those ordered by the physician; outreach activities to community services; and development of work processes (database establishment, data collection, outcomes reporting, awareness building, marketing, process improvement, throughput, and evaluation). Oncology nurse navigators provide continuous quality improvement while achieving the ultimate goals of improved patient experience and improved physician satisfaction with cancer care services. At this time, there is no accredited certification for ONNs. In addition to the ONN, other members of the oncology team that will assist the patient in key decisions include primary care physicians, specialist physicians, and other professionals, depending on patient needs and several other factors, including the following:

- Availability of specialists
- Extent of the disease at diagnosis
- Geographic location of care facility
- Lead physician's opinion
- Type of treatment chosen

Table 1. Functions of the Oncology Nurse Navigator

Coordination of Care	Coordination of Clinical Services
Provides information to patients and their families	Coordinates services ordered by the physician
Facilitates decision-making	Performs outreach activities to community services
Advocates in the patient's interest and strives for patient satisfaction	Oversees development of work processes (database establishment, data collection, outcomes reporting, awareness-building, marketing, process improvement, throughput, and evaluation)
Supports patient from point of entry through follow-up and continued care, which may include end-of-life or survivorship	Provides continuous quality improvement – improved patient experience and improved physician satisfaction with cancer care services

Disease Overview: *Multiple Myeloma*

What Is Multiple Myeloma?

Myeloma is a hematologic cancer that occurs when normal plasma cells (white blood cells that produce antibodies) are altered and begin growing uncontrollably. Since plasma cells produce proteins, this uncontrolled growth leads to proliferation of abnormal proteins in the blood, inhibiting the body's ability to develop antibodies and fight infection. These abnormal cells (myeloma cells) begin in the bone marrow, where blood cells are made, and form liquid tumors.

Myeloma is commonly called *multiple myeloma* because many areas of the bone marrow may be affected at the time of diagnosis.

Bone pain is often the most common presenting sign for patients with multiple myeloma. Many present with osteopenia and back pain, and one-third of these patients at initial diagnosis will present with a pathologic fracture. These fractures are painful, with structural bone damage present.

Myeloma cells can accumulate in the blood and urine, which may cause damage to organs, particularly the kidneys.

In addition, myeloma may suppress the development of other blood cell types, and patients may experience anemia and thrombocytopenia.

Other terms for myeloma are: *Kahler's disease*, *myelomatosis*, and *plasma cell myeloma*.

Overview of Incidence

Multiple myeloma is the second most common blood cancer in the United States and accounts for approximately 1% of all cancers. In the last 20 years, the overall incidence and mortality rates of myeloma have remained fairly stable. Women have a slightly lower incidence of myeloma than men do. Myeloma is more common in the elderly, and blacks are more likely to develop this cancer than whites are. The disease is uncommon in people of Asian descent.

Etiology

The etiology of multiple myeloma is unclear. Although members of the same family can suffer from multiple myeloma, no evidence exists to suggest that this is a hereditary disease. However, an individual who has a sibling or parent with myeloma is 4 times more likely to get the disease.

Risk Factors

Scientists have identified risk factors that may affect an individual's chance of developing myeloma. But having a risk factor, or even several, does not mean that an individual will contract the disease. The risk factors that may contribute to developing multiple myeloma include:

1. Age
2. Gender
3. Race
4. Family history
5. Workplace exposure
6. Obesity
7. Other plasma cell blood disorders

The risk of developing multiple myeloma increases with age. Less than 1% of people younger than 35 develop myeloma, and most people are 65 years or older at time of diagnosis. Most cases occur among men, and blacks are twice as likely to develop multiple myeloma as whites are. Some studies have shown an increase in myeloma incidence in individuals who work in petroleum-related industries, as well as in farmers and horticulturists, who were exposed to DDT, a toxic insecticide. The American Cancer Society (ACS) has determined that obesity or overweight may increase the risk of developing myeloma. An individual with a preexisting blood or plasma disorder, such as monoclonal gammopathy of undetermined significance (MGUS), or solitary plasmacytoma may eventually develop multiple myeloma.

Some studies have implicated human herpesvirus 8 in the development of multiple myeloma, but this is controversial. Another controversial suggestion is the possible link between multiple myeloma and exposure to radiation. Researchers using the Leukemia Registry and the Hiroshima and Nagasaki tumor registries found no higher risk for multiple myeloma among atomic bomb survivors. However, a higher incidence of multiple myeloma has been found among nuclear industry workers than is found among workers in other industries. [8]