

Q&A With the Editor-in-Chief of JADPRO

Karen M. Schiavo, ARNP, cares for patients with myelofibrosis at the Seattle Cancer Care Alliance (SCCA). She also teaches at the University of Washington School of Medicine. She currently serves as a sub-investigator on several clinical trials at SCCA and the Fred Hutchinson Cancer Research Center. Ms. Schiavo sat down with Pamela Hallquist Viale, RN, MS, CNS, ANP, Editor-in-Chief of JADPRO, to discuss her experiences in caring for patients with MF.

Ms. Viale: What do advanced practitioners need to know about the newer oral agents for MF before managing patients who are taking them?

Ms. Schiavo: Oral agents have become an appealing treatment option for patients. They can spend more time at home and follow a more normal work schedule, rather than having to take time away from their lives to come into the clinic. But it's critical for APs to understand the mechanism of action of these oral agents and the potential side effects that can occur. Having an understanding of what to expect with these agents ultimately leads to better counseling during clinic visits, and better management of side effects patients may experience.

Ms. Viale: We meet your patient Lynn in the videos. From your clinical experience, is Lynn's case typical of what you generally see with MF?

Ms. Schiavo: When thinking of highlighting a patient for this project, Lynn came to mind as a good example of how symptoms of this disease can often manifest gradually over time. She had all of the hallmark presenting symptoms, the initial treatment approach to her disease was quite typical, and she eventually progressed to a form of MF that justified the need for a stem cell transplant.

Ms. Viale: What have you learned about patient reporting of side effects that you'd like to share with our readers?

Ms. Schiavo: Establishing a trusting relationship is imperative when managing patients who are taking oral agents. Patients often worry that reporting their symptoms will lead the provider to think they're not tolerating the drug and take them off therapy. It's important to tell patients that experiencing symptoms related to drug therapy doesn't always mean intolerance. It may simply mean that an adjustment is needed to reduce the symptoms they're having. The initial side effects usually improve within the first couple of months, which is also an important piece to consider when managing any side effects.

Ms. Viale: How does the MPN-10 form fit into the overall picture of patient/provider communication and AE management?

Ms. Schiavo: I often use this tool with patients early in the disease process. Working together on it helps me to begin building a relationship with them, and it helps them to be able to identify which symptoms are important to report. It allows me to track their symptoms over time as well. I don't always have them fill out the form, partly because I get to know my patients very well and I'm familiar with the symptoms they exhibit. But I'll ask the same questions each time a patient visits to be absolutely sure not to miss anything.

Ms. Viale: What can happen when there's a breakdown in communication between the AP and the patient?

Ms. Schiavo: When the lines of communication aren't working well, conflict often results. Keeping in mind that we all come from different experiences in life, and working to understand my own communication style, I've learned to stop making assumptions. I also try to be an active listener. Patients want to be heard. I think using an active listening approach has afforded me the opportunity to provide quality patient care, and it allows for a mutually respectful relationship.