



# Oral Chemotherapy

*Ann Birner, PharmD, BCOP, and Megan Rezendes, RN, MS, AOCN®*

1. Patient AB is undergoing procarbazine, lomustine, and vincristine chemotherapy for a brain tumor. Teaching points regarding procarbazine include
  - a. Alcohol may be ingested in moderation.
  - b. Take the procarbazine at the same time as the lomustine to enhance efficacy.
  - c. Avoid foods and beverages with high tyramine content during procarbazine therapy.
  - d. Take the medication at bedtime because drowsiness is a common adverse effect, and do not operate machinery or motor vehicles while taking procarbazine.
2. Several months later, AB returns to the clinic. He will leave today with a prescription for five daily doses of temozolomide to treat his progressive tumor. AB has experienced some confusion recently and comes to you with his wife for education regarding his new treatment regimen prior to leaving the clinic. You tell Mr. and Mrs. AB
  - a. To take the medication with breakfast to minimize the risk of nausea.
  - b. To plan ahead for a refill so temozolomide will be available on day six and therapy will not be interrupted.
  - c. To contact the physician to obtain antiemetic medication only if AB experiences nausea or emesis during therapy.
  - d. To expect the medication to be dispensed in five daily dose packs by the pharmacy and to question the pharmacist if the temozolomide is not dispensed in this fashion.
3. Patient CD takes oral methotrexate as one component of a treatment protocol for lymphoma. Because methotrexate is subject to numerous drug interactions, you decide to review her medication profile. Which of these medications can be administered safely concurrently with methotrexate?
  - a. Aspirin
  - b. Cotrimoxazole
  - c. Prochlorperazine
  - d. Leucovorin
4. Patient EF takes capecitabine as a single agent to treat her refractory breast cancer. You are working with the physician to assess EF's tolerance of this regimen. She is responding to therapy and is feeling well, except for a slight tingling in the palms of her hands. Your assessment and advice include
  - a. Apply cold packs to her hands, and ask the physician to reduce her dose.
  - b. Ask the physician to consider stopping capecitabine and changing EF to another regimen.
  - c. Encourage EF to continue therapy, monitor the tingling, and report any worsening of symptoms.
  - d. Thoroughly review EF's medication list because capecitabine is not associated with this symptom.
5. This drug is an orally administered epidermal growth factor receptor (EGFR) inhibitor.
  - a. Imatinib
  - b. Gefitinib
  - c. Cetuximab
  - d. Bortezomib
6. Patient GH is undergoing induction chemotherapy for acute promyelocytic leukemia (APL). The induction regimen includes tretinoin (all-trans retinoic acid [ATRA], Vesanoid®, Roche Laboratories, Inc., Nutley, NJ). You will closely monitor GH for signs and symptoms of retinoic acid-APL syndrome or "differentiation" syndrome, including
  - a. Weight loss.
  - b. Hyperuricemia.
  - c. Fever and dyspnea.
  - d. Hives and urticaria.
7. Patient IJ is being initiated on thalidomide 100 mg a day by mouth. What common side effect should you discuss with IJ?
  - a. Sedation
  - b. Diarrhea
  - c. Insomnia
  - d. Hypertension
8. Your patient, KL, is beginning treatment with imatinib for chronic myelogenous leukemia. To minimize gastrointestinal distress, you instruct KL to
  - a. Take imatinib with food and a full glass of water.
  - b. Take imatinib with a full glass of grapefruit juice.
  - c. Take imatinib on an empty stomach with a sip of water.
  - d. Take imatinib on an empty stomach with a full glass of water.
9. While consulting with your patient, MN, who is commencing bexarotene treatment for cutaneous T cell lymphoma, nursing considerations should include
  - a. Educating the patient to increase vitamin A intake.
  - b. Monitoring serum triglyceride and cholesterol levels.
  - c. Instructing the patient to get plenty of sun exposure to avoid vitamin D deficiency.
  - d. Suggesting the administration of lipid-lowering agents such as a "statin" and gemfibrozil.

*Ann Birner, PharmD, BCOP, is a clinical specialist in hematology/oncology in the Pharmacy Department, and Megan Rezendes, RN, MS, AOCN®, is a clinical nurse specialist, both at Dartmouth-Hitchcock Medical Center in Lebanon, NH. (Mention of specific products and opinions related to those products do not indicate or imply endorsement by the Clinical Journal of Oncology Nursing or the Oncology Nursing Society.)*

Digital Object Identifier: 10.1188/05.CJON.107-109