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How Nurses and Advanced Practice Clinicians Can Help Patients Navigate a New mHSPC Diagnosis

Announcer:

Welcome to CME on ReachMD. This episode is part of our MinuteCE curriculum.

Prior to beginning the activity, please be sure to review the faculty and commercial support disclosure statements as well as the learning objectives.

Ms. Walker:

Hi, my name is Stacy Walker, I'm a Nurse Practitioner at the Lank Center for Genitourinary Cancer at the Dana Farber Cancer Institute in Boston. And I'm going to talk about how nurses and advanced practice clinicians, including nurse practitioners and physician assistants, can help patients navigate a new metastatic hormone-sensitive prostate cancer diagnosis. And for the sake of brevity, I will refer to these advanced practice clinicians as APCs.

So, nurses and APCs can help navigate a new diagnosis by coordinating care and making sure that we have all of the proper multidisciplinary care in place. This is easiest to do if we know the patient's comorbidities, past experiences, their ability to be reliable to show up for appointments, and their financial status. This is beneficial because past experiences including personal and, you know, the experience of loved ones, can really impact how a patient comes to their care. And, you know, identifying these early can help us ensure that referrals and supports are set up in a timely manner.

We're also going to be responsible for monitoring adverse effects and managing them. And all of this combined will lead to an improved quality of life, as well as satisfaction with the overall experience.

So comorbidities that may be impacted by diagnosis and treatment, diabetes. There is a risk of hyperglycemia with apalutamide, abiraterone, and enzalutamide. We may need to make sure that patients are adjusting their diabetes medications or increasing their blood glucose monitoring initially. Hypertension can be affected by many of these medications. We may need to remind patients to check their blood pressure at home more frequently and be in touch with the prescribers that are managing their blood pressure medication. If there's any increased cardiovascular disease risk, we want to be navigating this with their providers, their cardiologist, or PCP that is managing cardiovascular disease, as there can be an increased risk of ischemic heart disease. Depression and mental illness, we know that the effect of decrease in testosterone, which is the mainstay of our treatment for prostate cancer, can negatively impact mental health. And so, we want to be sure that these patients are either looped in with a mental health provider. If they are already meeting with a mental health provider, that they are aware of the changes in their medications.

So actively engaging with the patient's PCP or care team to manage these comorbidities is going to be a significant part of our plan.

Patient engagement through active listening, we want to make sure that we are assessing the patient's understanding of the diagnosis and treatment plan. Do they understand what they are going on? And for how long? What the potential side effects are? Are there any of the side effects that are most concerning for them that we can address in advance such as cold caps for hair loss, if they're going on chemotherapy, and that's a concern for them? Or a referral for clinical weight management if weight gain is a fear of theirs. And are symptoms directly or indirectly related to treatment? Is the fatigue being caused by medication? Or is it being caused by the fact that

their sleep is interrupted from hot flashes? We are going to manage that differently, and so we want to make sure that we are carefully teasing out where the symptoms are coming from.

And lastly, monitoring and managing side effects. We want to make sure that on top of moderating for those side effects, that we are also managing them appropriately. Are we making referrals to nutritional support if they need support there in terms of calcium supplementation or weight gain prevention, promoting energy, or making sure that they're not having an increased cholesterol intake? Are we providing social work referrals for things like transportation or financial concerns? And we need to consider early referral to palliative care where it's appropriate. And lastly, with the infusion nurse or the nurse navigator who's really our front lines for monitoring and managing these side effects, we want to make sure that we're providing written materials were available and constantly screening for these side effects including during interim follow-ups, whether this be by phone or through messaging, it can be very beneficial for patients not to have to wait in between visits.

And that is all I have for today. And thank you so much for being here and for listening. And have a great day.

Announcer:

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