This article will provide an overview of the new treatments for metastatic melanoma, the unique side effects of each drug and the nursing management for these patients. ■

COORDINATOR NURSE-LED CLINICS IN CANCER CARE

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The transition from health to illness and encountering the medical system can cause patient through something a new and unfamiliar experience they have to cope with, which at times may even be frustrating. The first encounter is often taking place in an outpatient clinic within the hospital, and may continue also throughout all the treatment.
The "classic" model of outpatient clinic is composed of general areas, such as the surgical clinic and the oncology clinic. The staff of the clinic is composed of nurses with a background in the area of the clinic, or nurses in other areas but with the desire and capability to work in an outpatient clinic. The Oncology clinic is operating in a different system, within areas of specialty, such as breast, colorectal and others. The nursing staff mostly has an oncology post-basic course or worked in the oncology departments. So is the management of the clinic.
This article describes a new model that will be managed and staffed by Oncology Nurse Navigators, as describe by the ONS, and is a new model of the existing model of the oncology clinic today.
The new model of the Coordinator Nurse-Led Clinics in Cancer Care does not require an addition of new staffing or administrative change. Nurse Navigators exist today in most of the hospitals, but not under the same umbrella of the oncology clinic. This model places these nurses under the team of the oncology clinic. ■

SOMETIMES DREAMS DO COME TRUE...

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The Bone Marrow Transplant (B.M.T.) process is a radical course of treatment often accompanied by major morbidity and mortality, often the last hope for hematology patients. When the process fails, the patient, their family, friends and the medical team are all deeply affected by the shortcomings of medicine, the frailty of the human body and the familiar feeling of approaching death. These sentiments are amplified when the patient has arrived from a foreign country for treatment through medical tourism. The following article describes two examples (amongst many) of a different kind of end of life care for young patients from abroad. The B.M.T. Department nursing staff initiates an end of life "experience" for patients and their families that embraces hope, optimism, strength and closure. ■

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Women diagnosed with breast cancer, are faced now days with varied treatment options. Since the late 1990s and the beginning of this new century, more and more women diagnosed with breast cancer are showing a desire to take part in the decision making process of their treatment. The mode of behavior in the decision making process is called decision style.

During the last few years there have been a few studies done in the field of decision styles of women who were diagnosed with breast cancer, in the various phases of the disease and in various cultures. Very few studies were done with in the Israeli population. However, there are no known studies in this field concerning the Israeli Jewish religious culture.

The aim of this study was to examine the decision styles of Israeli women who were about to have a breast biopsy of a suspicious finding in their breast.

In addition, to see if women from the sub Israeli Jewish religious culture have a unique style of their own when having to make a decision concerning their disease.

This was a descriptive- correlative study. The sample was a convenient one done among Israeli Jewish women over the age of 18 that had already known of a suspicious finding in their breast and were about to have a biopsy done. The data was collected at the Women Health Center in one of the hospitals in the center of Israel. Two questionnaires were used - The Michigan Assessment of Decision Styles (MADS) that describes four decision styles: deferring, avoiding, information seeking and deliberation. This questionnaire was developed in 1996 by Pierce. The second questionnaire was a demographic one developed for this study.

100 women were approached, only 80 agreed to participate in this study. All were Jewish. 61% secular, 23% traditional and 16% religious (ultraorthodox and orthodox). Because of the low participation rates, the decision styles of each sub population could not be declared significant statistically, but one can see that there is a difference between some of the sub populations regarding certain decision styles (p -.06). It was also found that among secular and traditional women there is a correlation between the decision styles of avoidance and deliberators & deliberators and information seekers ($rs=-0.34$, $p\leq.02$; $rs=0.58$, $p\leq0.0001$). The meaning of this is that these women when having to make a decision, will approach the specialist for help and will also gather information regarding treatment options before their consultation, to help them make the decision.

The results of this study were not statistically significant and cannot tell us what are the decision styles of this population, but the literature review written here concerning the Jewish religious population, indicates that they have a different behavior styles from the secular population when having to make a decision regarding their health. They usually tend to seek the advice of a rabbi or of a high position community figure and base their decision on his. There is a need to develop a more patient and open minded approach to the Jewish religious population, and yet to know that along the sequence of a disease like breast cancer, women can go through many changes that can influence and even change their decision style. That is why the caretakers approach has to be dynamic and culturally sensitive. ■

THE SHIFT IN METATATIC MELANOMA TREATMENT PARADIGM AND ITS EFFECT ON NURSING TREATMENT MANAGEMENT

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The prevalence of cutaneous melanoma is increasing worldwide. Understanding of the molecular mechanisms in melanoma has led to major breakthrough in the development of new drugs that demonstrated, for the first time, prolonged overall survival in patient with metastatic melanoma. The two major treatment groups are the check point inhibitors (Anti PD1, Ipilimumab) and targeted therapy (BRAF and MEK inhibitors). This era of new treatment for the metastatic melanoma patient sets new challenges for the oncology nurse and obligates understanding of the mechanism of action of these drugs and the unique needs of the patients that undergo these treatments.

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ORAL TREATMENT IN ONCOLOGY PATIENTS WITH CO-MORBIDITY

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Improvements in technologies of diagnosis, treatment methods, as well as a policy of public health, which promotes prevention and early detection - contribute significantly to prolonged life expectancy. This is due to the natural aging of the population, increase number of diseases which are characterized by old age. Diseases such as cardiovascular, skeletal and arthritis, cancer, etc., create a situation in which many patients suffer from multiple diseases simultaneously.

Cancer depends on age, which means the chances of getting cancer increases as you get older. In recent years, the ability of cancer treatment significantly improved oral treatments for the disease which are becoming more acceptable, in oncology and palliative care. Oral cancer therapy improves the quality of life of patients and their families, so not surprisingly; many patients prefer the oral over the treatment given intravenously.

Oral chemotherapy, poses several challenges on the professional caring team, including: selecting appropriate patients for the treatment of oral treatment, training of side effects and adverse toxic life-threatening effects, interactions and combinations of drugs and food, and to identify those patients who are suffering from multiple morbidity and at risk of deterioration. Multiple systemic approaches require first and foremost, implementation of measurement tools that reflect the general morbidity of any combination and complexity. These tools are meant to characterize patients according to risk scales, which will help staff who need specific training, empowerment and guidance on all issues related to oral treatments.

In recent years, Israel has been blessed with computerized medical records unified in the community. Available infrastructure allows access to information, database management, cross-referencing the diagnosis and clinical measures which are updated on the degree of morbidity burden. However, it is hard to point to methods and institutional processes, which follow evidence-based models, which can greatly improve the quality of care and maximize the results, when building an individual treatment plan for the patient. The purpose of this paper is to place the issues related to oral cancer treatment of patients in the community, who suffer from multiple diseases and may be deteriorated, and to offer several ways for intervention for identifying and solving problems that might arise. ■

DECISION-MAKING STYLES OF JEWISH WOMEN IN ISRAEL WHO WENT THROUGH A BIOPSY BECAUSE OF A SUSPICIOUS FINDING IN THE BREAST

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