

Your voice on our pages

David H Henry, MD, FACP

As practicing oncologists, we know the importance of having a professional support system in place, platforms that allow us to dissect and discuss all aspects of our work, from diagnosis to therapy decisions, that rare case presentation, supportive and palliative care, maintenance therapy, and yes, practice management, the impact of health reform, the dreaded EMRs, and much more. Such exchanges, whether they take the form of routine roundtable meetings, conference calls, or tumor boards and whether they are in-person or online, are crucial in shaping how we practice our specialty at both the individual and collective levels. It's always interesting to hear about the stumbling blocks our peers have encountered in their practice and it is invariably helpful to learn how they went about addressing and overcoming them. With the remarkable therapeutic advances in recent years and the focus these days on quality of care, patient quality of life, and cost effectiveness, we hope this journal, and this issue in particular, can serve as yet another platform for such exchange and collaboration.



On page 56, Wong-Sefidan and colleagues describe how they worked to change their institution's guidelines for premedication to prevent allergic transfusion reactions. Although the incidence of ATRs has diminished significantly with advances in transfusion medicine, they still present challenges for patients and providers alike. Premedications such as first-generation antihistamines were thought to offset residual ATRs, but current literature does not seem to validate that and they come with their own, additional adverse effects. So the authors examined the existing literature on transfusion premedication then revised their existing guidelines to come up with an "evidence-based, patient-specific" protocol for the use of transfusion premedication in inpatients. They plan eventually to extend use of the protocol for outpatients.

Likewise, in a different setting, Selvaggi and colleagues (p. 50) took on the question of palliative care services in a hematological malignancy bone marrow transplant unit by implementing a quality improvement program in the unit. They integrated a palliative care team into the unit, thus

forging an opportunity for collaboration between the two specialties, and gathered data on pain assessments, reasons for referral, conversations about goals of care, and patient satisfaction. The data suggested there was improved pain control for patients and a greater number of referrals to hospice and conversations about care. In particular, the authors report that the hematology-oncology physicians were highly satisfied with their collaboration with the palliative care team, particularly when it came to ease of communication (4.9 on a scale of 5), pain management and psychosocial support recommendations (5/5 and 4.9/5, respectively), and recommendations for addressing family distress and home care planning (5/5 for both). In an accompanying Commentary on page 44, LeBlanc is encouraging of the Selvaggi report, but emphasizes the need for additional, "rigorous" research and assessments and eventually larger clinical trials that measure outcomes such as symptom burden, quality of life, survival, and cost effectiveness.

The two articles, which are published as How We Do It reports, highlight the importance of being familiar with the current literature, practices, and trends, and of being able to critically assess their merits and shortcomings. They also remind us that sufficient and sound evidence-based data is an integral part of changing and/or improving current practices. These same factors apply to the report on page 65 by Braik and colleagues, who conducted a double-blind, placebo-controlled trial to establish whether vitamin B₆ can prevent hand-foot syndrome, a dose-limiting toxicity associated with capecitabine chemotherapy. Vitamin B₆ is sometimes used for the prevention or treatment of HFS because it is safe and not expensive, but there is scant evidence for its effectiveness in that role and Braik and colleagues' findings seem to substantiate that.

Ultimately, collaboration between the participants – the various specialists, the midlevels, and the patients – and the sharing of the findings and recommendations are the cornerstones of our specialty. We hope to help keep that collaboration and exchange alive on these pages by publishing these and similar articles.