

GUESS
THE ONCOLOGIST



Dr. Rykre Vseaga

Hint: After her clinical training, she did a two year post-doctoral research fellowship at the Dana-Farber Cancer Institute under the direction of Dr. Margaret Shipp. During this time, she was a Clinical Instructor at the Harvard School of Medicine and completed an MSc in Epidemiology from the Harvard School of Public Health.



NEWS IN ONCOLOGY

Uncovering a new principle in chemotherapy resistance in breast cancer

<https://www.cancer.gov/news-events/press-releases/2016/new-principle-chemo-resistance-breast-cancer>

Promise of better targeted treatments now possible in children's brain cancer

<http://ecancer.org/news/10375-promise-of-better-targeted-treatments-now-possible-in-children-s-brain-cancer.php>

Improving mammogram quality without increasing discomfort

<https://www.mdlinx.com/oncology/article/641>

Welcome!

JOURNAL ARTICLE RECOMMENDATIONS

Power of an Effective Clinical Conversation: Improving Accrual Onto Clinical Trials

Linda K. Parreco, RN, MS, Rhonda W. Dejoice, BA, Holly A. Massett, PhD, Rose Mary Padberg, RN, Ma, Sona S. Thakkar, MA
Journal of Oncology Practice. September 2012: JOP.2011.000478.
<http://ascopubs.org/doi/full/10.1200/JOP.2011.000478>

Abstract

Effective clinical conversations create the opportunity for patients to understand their options and to gain a better foundation for informed decision making about clinical trials.

The National Cancer Institute (NCI) is actively transforming clinical trials to revitalize the clinical trials system and improve patient accrual. For more than 30 years, NCI has provided information and communication resources about cancer clinical trials. The Institute supports a clinical trials Web site (www.cancer.gov/clinicaltrials) that receives nearly a half million page views a month. In addition, NCI's Cancer Information Service (800-4-CANCER, chat and e-mail) responds to 1,750 clinical trial inquiries every month. Although these numbers suggest that a high volume of clinical trial information is being exchanged between NCI, the public, and providers, most patients decide whether to participate in clinical trials during the patient-provider interaction.

Risk Factors and Patterns of Potentially Avoidable Readmission in Patients With Cancer

Jacques D. Donzé, MD, MSc, Stuart Lipsitz, ScD, MSc, and Jeffrey L. Schnipper, MD, MPH
Journal of Oncology Practice. October 2016: JOP.2016.011445.
<http://ascopubs.org/doi/full/10.1200/JOP.2016.011445>

Purpose: Patients with cancer are particularly at risk for readmission within 30-days after discharge. To identify the patients who might benefit from more-intensive discharge interventions, we identified the risk factors associated with 30-day potentially avoidable readmissions.

Methods and Materials: We included all consecutive discharges from the oncology division of an academic tertiary medical center in Boston, Massachusetts, between July 1, 2009, and June 30, 2010. Potentially avoidable 30-day readmissions to the index hospital and two other hospitals within its network were identified. We performed a multivariable logistic regression in which the final model included variables found in bivariable testing to be significantly associated with the outcome.

Results: Among the 2,916 patients discharged during the study period, 1,086 (37.3%) were readmitted within 30 days. Of these, 341 (31.4% of all readmissions, 11.7% of all discharges) were identified as potentially avoidable. In the multivariable analysis, the following patient factors were associated with a significantly higher risk of a potentially avoidable readmission: total number of medications at discharge, liver disease, last sodium level, and last hemoglobin level before discharge. In addition, potentially avoidable readmissions occurred significantly earlier than unavoidable readmissions (median, 10 v 13 days; $P < .001$).

Conclusion: Almost 40% of patients with cancer had a 30-day readmission, and almost one third of these were deemed potentially avoidable, and several risk factors for this were identified. Interventions at discharge may be prioritized to patients with these risk factors.

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<https://www.surveymonkey.com/r/69DXQSV>

UPCOMING EVENTS

December 3rd-6th, 2016
58th American Society of Hematology Annual Meeting & Exposition
San Diego, United States
<http://www.hematology.org/Annual-Meeting/>

January 27th-28th, 2017
Cancer Survivorship Symposium: Advancing Care and Research
San Diego, United States, <http://survivorsym.org/>

December 6th-10th, 2016
The San Antonio Breast Cancer Symposium
San Antonio, United States, <https://www.sabcs.org/2016-Overview>

February 27th-28th, 2017
Frontiers in Cancer Immunotherapy
New York, United States, <http://www.nyas.org/Immunotherapy2017>



Have a burning question?

Send your great questions to alinc@allincancer.org or winc@womenincancer.org to have them answered by our Oncologist in the Hot Seat in the upcoming newsletter!

MEMBERSHIP UPDATES

Women in Cancer and All in Cancer

- 398 Members
- Over 915 Twitter followers
- 110 Facebook likes
- 46 LinkedIn followers

JOIN US on Twitter, Facebook & LinkedIn

Follow us on Twitter, Facebook and LinkedIn and be privy to resources on leadership development, mentorship tips, key oncology articles, and thought-provoking quotes.

Visit the AlinC and WinC posting boards or discussion forum for our social media highlights and more!



As networking and mentorship are invaluable to medicine and advancements in the field of oncology, All in Cancer (AlinC) and Women in Cancer (WinC) were developed to improve mentorship connections, provide leadership skills resources and improve connection amongst oncologists through an online and secure networking platform.

Encourage your colleagues to join the largest online networking forum for medical, radiation, surgical, hematological oncologists and those in training in Canada. Go to www.allincancer.org or www.womenincancer.org for more information.

Happy networking!

www.allincancer.org, www.womenincancer.org