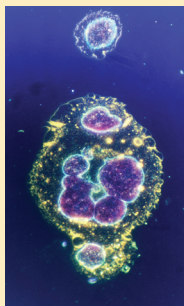


■ Article

Managing Patients With Indolent Lymphoma Treated With Bendamustine: A Nursing Perspective

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Indolent lymphoma is one of the most frequently occurring subtypes of non-Hodgkin lymphoma (NHL). Indolent NHL has a long natural history, and patients will likely receive multiple therapies during the course of their disease. Treatment options are rapidly evolving and, because oncology nurses play a major role in managing patients undergoing treatment for indolent NHL, they need to be aware of the potential adverse effects associated with new therapies that may affect patients in their care. One such agent is bendamustine, which was approved by the U.S. Food and Drug Administration in 2008 for the treatment of relapsed indolent NHL. Oncology nurses are increasingly likely to encounter bendamustine either as monotherapy or in combination with rituximab. Bendamustine is a hybrid agent with both alkylating and purine analog properties, produces a high response rate in patients with indolent NHL, and has manageable side effects that include immunosuppression, gastrointestinal toxicity, and fatigue. Oncology nurses should be familiar with the common side effects so as to provide enhanced care for the patient receiving this agent. This article reviews the safety profile of bendamustine and discusses the implications from a nursing perspective.

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The management of indolent B-cell non-Hodgkin lymphoma (NHL) is evolving, and oncology nurses play a major role in lymphoma treatment and face many challenges in this rapidly changing treatment setting.

Research is currently focused on ways to improve overall survival in patients by using agents that not only improve the efficacy of established treatments, but also result in fewer side effects and enhanced quality of life. To provide the best patient care, nurses must be familiar with the treatments they are likely to encounter in the clinical setting and the side effects associated with them. In addition to providing significant emotional support during the patient's journey through cancer and its treatment, the role of oncology nurses includes monitoring and managing treatment-emergent effects, ensuring that patients understand their medications and when to come in for follow-up appointments, teaching patients how to prevent and identify early signs of infection, and explaining how to self-manage treatment side effects. This article focuses on bendamustine, which is used in the treatment of indolent NHL that has progressed during or after rituximab therapy (Friedberg et al., 2008; Kahl et al., 2010).

Indolent Lymphoma and Current Treatment Approaches

B-cell lymphomas can differ in their natural history, ranging from indolent, slow-growing masses to highly aggressive, rapidly enlarging tumors. Indolent lymphomas are generally characterized by a slower growth pattern and a long natural history, and account for about 30% of all newly diagnosed cases of NHL (Clarke & O'Malley, 2007). The most common subtypes of indolent lymphoma include follicular, marginal zone, and small lymphocytic lymphoma; each subtype has a unique natural history with varied prognoses and expected responses to treatment. The majority of indolent lymphomas are diagnosed at an advanced stage (Clarke & O'Malley, 2007). Although treatable, this class of lymphoma is characterized by multiple remissions and relapses.

Oncologists choose treatments for NHL based on many factors, including disease stage, presence of bulky disease (tumors measuring 5 cm or greater in size), involvement of peripheral blood, patient performance status, B symptoms, and the perceived