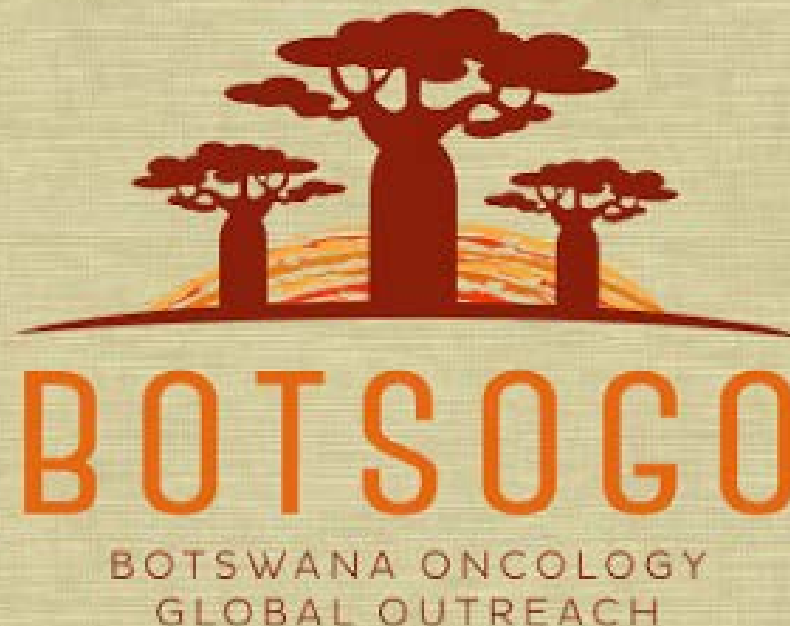


64 Year Old Female With Anaemia And Cervical Mass: a Special Session Highlighting The Role Of Nurse Advocacy

Presenter: Kaone Bahiti



Continuing Medical Education Announcement

Harvard Medical School

RSS 3081: Monthly BOTSOGO Tumor Board; 2019 - 2020 Academic Year

Today's Objectives:

- Describe the need for timely cancer case presentation and referral to treatment
- Formulate a multi-disciplinary plan for the care of common and complex oncologic cases
- Adopt successful, sustainable strategies to mitigate barriers to quality cancer care common in resource constrained environments

Target Audience:

Oncologists, internists, surgeons, radiation oncologists, infectious disease specialists, nurses, physicists, therapists, technicians, research staff, administrators, policy makers.



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Name	Role	Type of Financial Relationship
Jason Efstathiou, MD	Course Director	Blue Earth Diagnostics – Consultant Taris Biomedical – Consultant Janssen – Advisory Board
Tlotlo Ralefala, MD	Planner	Roche – Sponsorship Celgene – Grant

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Statements

Accreditation Statement

The Harvard Medical School is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians

Credit Designation Statement

The Harvard Medical School designates this live activity for a maximum of 1 *AMA PRA Category 1 Credit™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity

This activity meets the criteria of the Massachusetts Board of Registration in Medicine for 1.0 credits of Risk Management Study

Disclosure Statement

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- To claim your CME credit for attendance at this session of the BOTSOGO Tumor Board, please fill out our survey following the Tumor Board.
- You can do this at your convenience on your personal or work computer by navigating to www.botsogo.org
 - Click “What We Do”
 - Click “Tumor Board”
 - Click the link under the section “Continuing Education Credits,” and complete and submit the survey
- A link to the survey is also sent to the BOTSOGO Tumor Board email list following each Tumor Board.



Core Principles of Case Review

Clinicians, pathologists, and other other members of the health care team uniformly strive to provide the best possible clinical care.

Despite these efforts, adverse outcomes still occur.

Reflection on, and re-evaluation of, our practices and outcomes are imperative to continuously improve the care we provide to patients.



Core Principles of Case Review

Discussion will focus on medical decision-making and reporting systems.

Discussion is privileged and content should not be discussed outside of this forum.

We seek to create a safe, collaborative, open and respectful atmosphere for discussion, learning, and improvement



Social history

64 year-old female

- Married with primary education, now pensioner
- No known family history of cancer
- Sober habits



Medical and obstetric history

HIV negative

Arthritis (bilateral knees)

Grav 6 para 6

Menopausal in the year 2000. Menarche at 16

Used oral contraceptives before.

No history of hypertension and diabetes.

Pap smear negative for intraepithelial lesion in 2014.



Blood work up.

Sept 2019 - normal liver function tests, elevated serum sodium(149.1), and chloride(117.3)

Aug 2019 - kidney function normal, serum albumin low (33.7)

Sept 2019 - haemoglobin 11.0, red blood count 4.15,

Aug 2019 - haemoglobin 5.7

Aug 2019 - haemoglobin 9.2

April 2019 - haemoglobin 11.3



Histology findings and images

Biopsy one, April 2019:

Endometrioid adenocarcinoma grade three, areas in endometrium in secretory phase and decidual reaction.

Biopsy two, May 2019:

Invasive poorly differentiated adenocarcinoma grade three.

Path staging-iib-iii



Nursing management-Gynae ward.

Aug 2019, Post transfusion:

Bp 113/59mmhg,Pulse 74, temp 36.7,Spo98%

Nursing diagnosis: Risk for nosocomial infections, altered comfort due to pain

Nursing plan:

- monitor vital signs
- monitor 4 adverse events after transfusion
- give prescribed medications.



Management timelines

First noticed post menopausal bleeding May 2019.

Seen at NRH by doctor who reassured the patient about the post-menopause symptoms & and said it's normal.

The next day, pt presented to Emergency Department with PV bleeding and dizziness.

Treated at the emergency unit.



Continue....

June 2019: NRH referred for hysterectomy to private gynae...on assesment Private Gynae recommends Radiotherapy/chemo and possibly hysterectomy in future.

Different Private Gynae:

July 2019: clinically stage IIA.

Planned TAH,BSO, after confirmation of disease by MRI

MRI not done.....



Imaging timelines

Admitted at NRH July 2019

July 2019: Abd and pelvic CT ordered.

CT done Aug 2019-showing a cervical mass that connects with partial cervix; fast growing.

Staging >II.

MRI needed but can't be done since it takes a long time.

Discussed with OBGY, Urgent chemoRT needed



Timelines

Aug 2019 patient admitted

Aug 2019 for oncology review-blood work up (hb 9.1) patient transfused 2 units of blood.

Tranexamic acid 1g iv given

Aug 2019-bleeding stopped, patient reports on/off brownish pv discharge.

-blood work up done...

Aug 2019-oncology and gynae MDT re-staged the patient-c 1A.

-seen at NRH oncology-referred back to gynae for TAH.



Timelines.....

Aug 2019:

Patient is booked for TAH+BSO in Aug 2019.

Pre op preparations done.

Day of surgery, vaginal exam done prior to planned surgery shows huge mass, is difficult to examine.

Same day – pt seen by gynae and oncology for discussion; mass considered to be mets from the endometrium.

Patient referred to local treating hospital for ChemoRT.



Chemotherapy

August 2019: Pending, neoadjuvant chemo-carboplatin and paclitaxel due to anaemia.

Family counselling done.



Case history (continued):

Patient seen by Oncology, Sept 2019

Clinically- stage 4

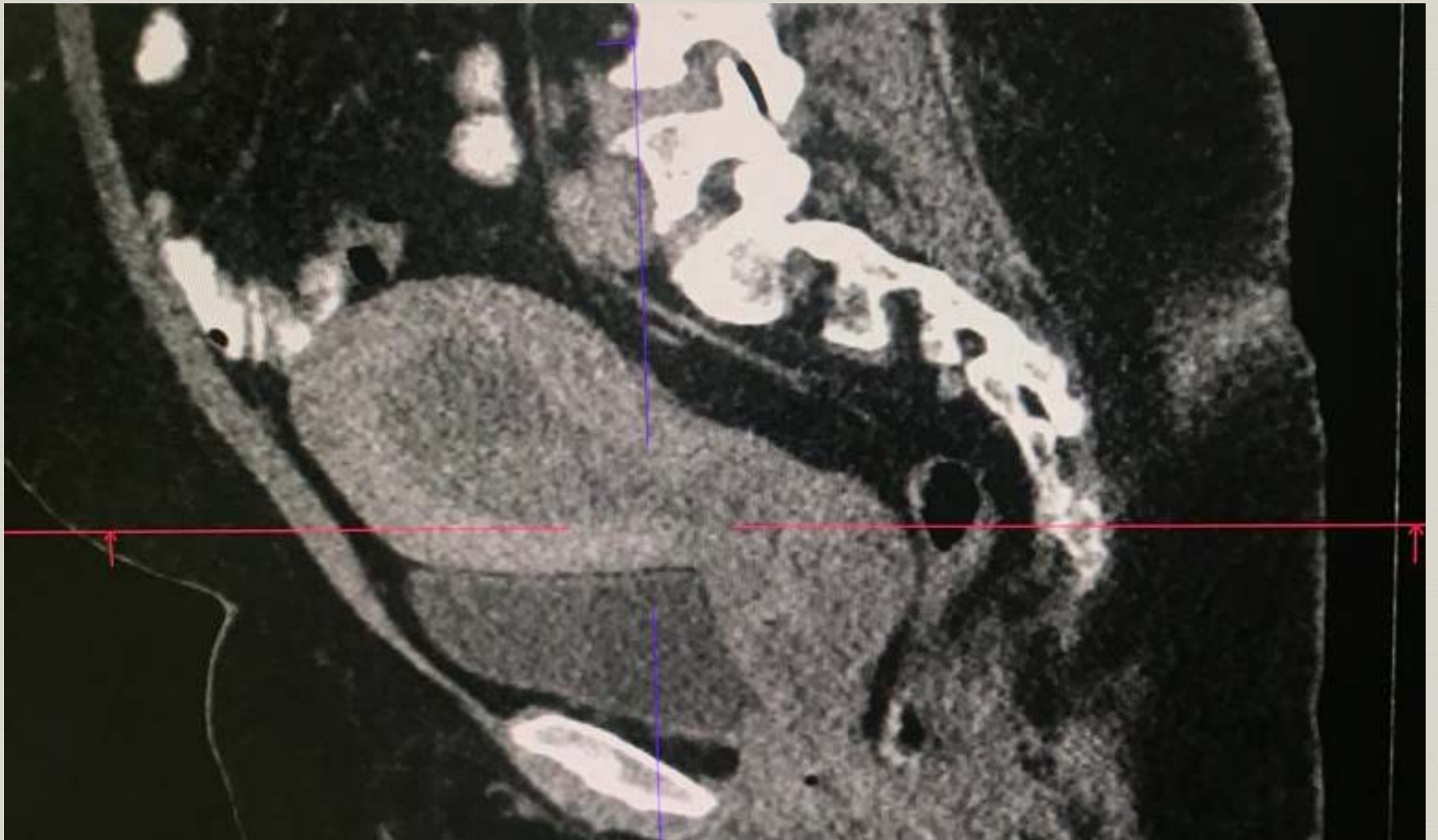
CT ABD AND PELVIS, August 2019

Left renal stone (non-obstructive)

No distant mets shown.



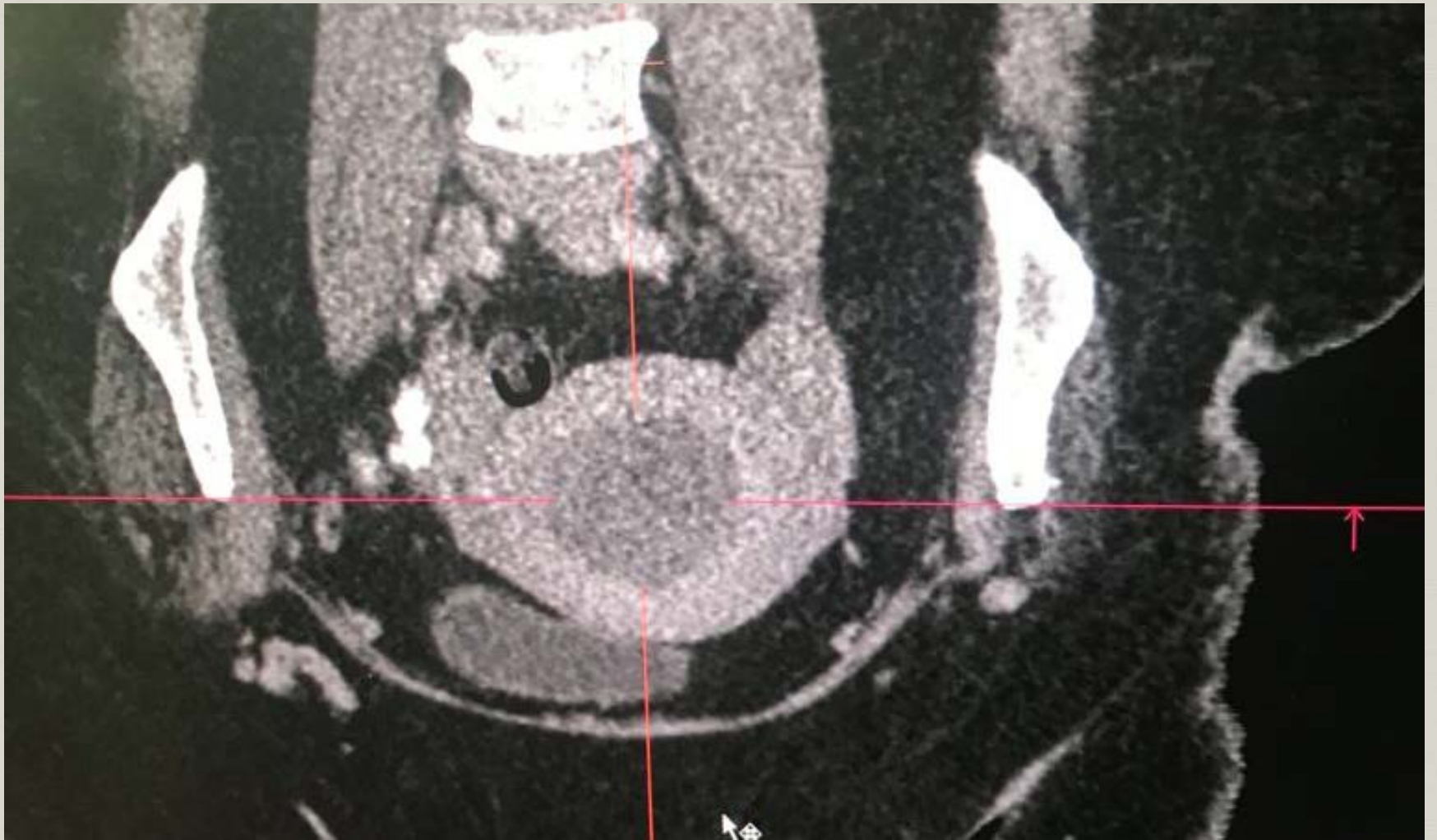
CT Abdomen & Pelvis



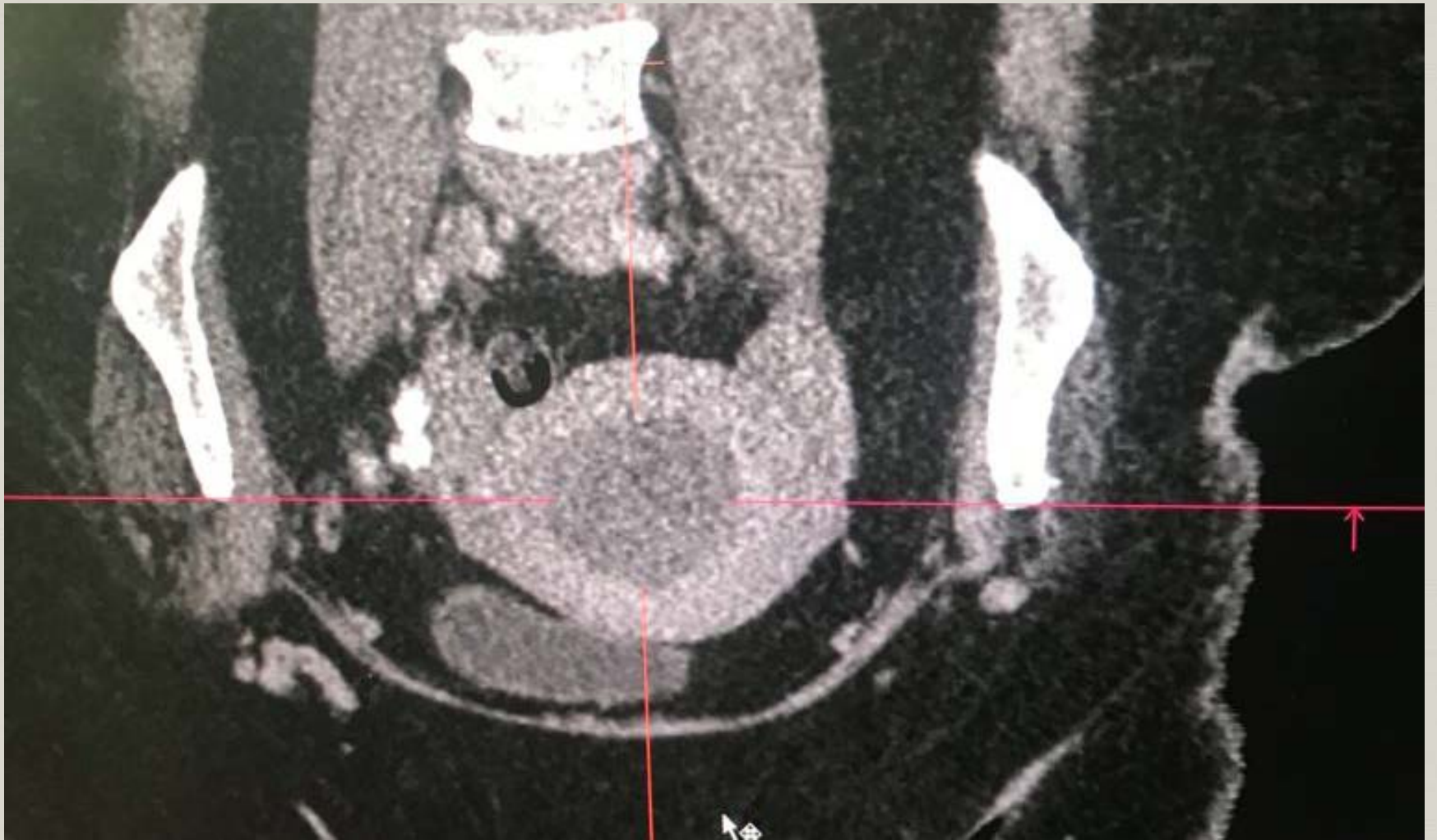
CT Abdomen & Pelvis



CT Abdomen & Pelvis



CT Abdomen & Pelvis



The main questions around the case

What are the medical and nursing standards of managing patients with post-menopausal bleeding?

Counselling: To what extent should the nurses be involved?

As a nurse, how can you advocate for patients who are tossed around...?



Tumor Board discussion, 24 September 2019:

Diagnosis:

In cases of post-menopausal bleeding, assume cancer until proven otherwise!

Role of Nursing:

Importance for nurses to document care.

Recommendation: nurses to take part in the multidisciplinary team!

The nurse can be an effective advocate to protect the patient.



Tumor Board discussion, 24 September 2019:

Additional discussion regarding treatment and patient care:

Provide specialized care when possible (for example, many do not know that there is a GYN surgeon on staff in Gaborone)

Team: Consider establishing a specialized weekly tumor board, especially for curable cases.

