**Journal Club**

**Relative Dose Intensity: Improving Cancer Treatment and Outcomes**

Cheryl Lenhart, BSN, HRM

This article has been chosen as being particularly suitable for reading and discussion in a Journal Club format. The following questions are posed to stimulate thoughtful critique and exchange of opinions, possibly leading to changes on your unit. Formulate your answers as you read the article.

1. Is this article research based? What level of evidence is presented?
2. What rate of dose delays or changes do our patients experience? Has this rate been determined systematically?
3. What are the common reasons among our patient population for dose delays or reductions?
4. How formal is our process for determining dose delays or reductions? Is the process protocol based? Is a written order required?
5. When providing patient education regarding chemotherapy, do we regularly discuss the importance of maintaining doses and schedules as strictly as possible with the patient and family?
6. What specific strategies can we implement to increase compliance with ideal dose and schedule requirements?

At the end of the session, take time to recap the discussion and make plans to follow through with suggested strategies.

---

**Key Points . . .**

- Maintaining the relative dose intensity of chemotherapy is key to increasing overall survival and achieving long-term disease-free survival.
- The relative dose intensity is the percentage of the planned chemotherapy dose a patient receives over a given time period.
- Relative dose intensity is affected by patient visit cancellations, dose reductions, under- or nonuse of hematopoietic growth factors, and deviation from original chemotherapy orders.
- Educating interdisciplinary staff about the importance of relative dose intensity and educating patients about the need for adherence to scheduled treatment visits can increase relative dose intensity and minimize dose delays and reductions.

Cheryl Lenhart, BSN, HRM, is a nurse manager in the Bone Marrow Transplant Unit and the Medical Short Stay Center at the Western Pennsylvania Hospital in Pittsburgh. She is a member of the visiting speaking bureau for Wyeth Pharmaceuticals Inc., manufacturer of Neumega®, and the speakers bureau for Amgen Inc., manufacturer of Aranesp®, Neupogen®, and Neulasta®, which are mentioned in this article. Partial funding for development of this article was provided by Wyeth Pharmaceuticals Inc. (Submitted May 2004. Accepted for publication October 5, 2004.) (Mention of specific products and opinions related to those products do not indicate or imply endorsement by the Oncology Nursing Forum or the Oncology Nursing Society.)

Digital Object Identifier: 10.1188/05.ONF.757-764