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Sandra Kurtin

Clinical Assessment of Chemotherapy-Induced Peripheral Neuropathy: The Road Less Traveled
Constance Visovsky

Commentary
Advanced Practitioners in Oncology: Meeting the Challenges
Wendy H. Vogel

Grand Rounds
Identification of an Adenomatous Polyposis Coli Mutation Associated with Attenuated Familial Adenomatous Polyposis
Karen Roesser

Prescriber’s Corner
Bendamustine
Amy Goodrich

Practice Matters
Role of the Oncology Clinical Nurse Specialist
Carol S. Viele

Clinical Snapshot
Management of Diarrhea
Carolyn Grande
The Need

- Advances in prevention, treatment, and management are turning cancer into a chronic disease.
- The numbers of people diagnosed and living with cancer continue to rise while the number of oncology physicians ready to treat this population is projected to fall.
- Healthcare reform in the US has shed more light on this growing shortfall of trained oncology clinicians.

“While oncologists will continue to provide hands-on patient care, integrating NPs and PAs has significant potential to extend the supply of oncologist services...”

— Michael Goldstein, MD, Co-Chair of ASCO’s Workforce Advisory Group

Mission Statement

The Journal of the Advanced Practitioner in Oncology (JAdPrO)

The mission of the Journal of the Advanced Practitioner in Oncology (JAdPrO) is to improve the quality of care for patients with cancer, support critical issues in advanced practice in oncology and recognize the expanding contributions of advanced practitioners in oncology. The essential objectives of JAdPrO are:

- To publish topics across the cancer trajectory for the nurse practitioner, clinical nurse specialist and physician assistant
- To support professional development of the advanced practitioner in oncology
- To promote interprofessional collaboration
- To uphold the highest ethical and professional standards
- To provide information that will enhance the quality of care for the patient with cancer

The journal will publish four issues in 2010 and six issues in 2011. JAdPrO also will be available online at www.advancedpractitioner.com.

Sections include:

- Review articles
- Prescriber's Corner
- Grand Rounds
- Practice Matters
- Tools and Technology
- Clinical Snapshots
- Journal Club
- Letters, News, and Upcoming Events

The Audience

How do NPs and PAs differ from the Oncology Nurse?

- Like an RN, a nurse practitioner performs many tasks involved in examining and treating patients.
- In most states, NPs are licensed to prescribe medications and may perform many of the same tasks as physicians, including diagnosing patient conditions.
- NPs do not require the supervision of a physician. Furthermore, NPs may act as primary-care providers, while RNs cannot.
- A PA performs many of the same tasks as an RN or NP. However, a PA must work under the supervision of a physician or surgeon and cannot operate an independent practice. PAs can, in many parts of the US, prescribe medications. They can also serve as primary care providers, always under the supervision of a licensed physician.
Identification of an Adenomatous Polyposis Coli Mutation Associated with Attenuated Disease

When considering genetic testing for familial adenomatous polyposis, practitioners may use the presence of 10 or more polyps as a rough estimate of genetic risk. Despite the implications of the term “familial adenomatous polyposis,” polyps of the colon and rectum, including hyperplastic polyps and tubular and tubulovillous adenomas, can also be seen in patients with or without a family history of familial adenomatous polyposis. The latter is more common and includes patients with a single adenomatous polyp and patients with multiple adenomas, often with a normal-appearing intervening colon.

In two different families, we identified a germline mutation in the adenomatous polyposis coli (APC) gene (exon 4:c.426_427delAT). L.R. underwent a total proctocolectomy with ileal pouch anal anastomosis. After receiving genetic counseling, D.R. is a healthy 42-year-old male who presented to the High Risk Familial Cancer Center, The Harry and Jeanette Cephalon Oncology, 2009). D.R. has a mother who developed colon cancer at age 45 years. The patient’s mother had a total proctocolectomy with ileal pouch anal anastomosis and died at age 60 years from an ileal anastomotic stricture. D.R. obtained the presence of a deleterious mutation in the APC gene (exon 4:c.426_427delAT). L.R. undertook site-specific testing for the genetic mutation identified in his father. L.R. received site-specific testing for the genetic mutation identified in his father and obtained the presence of a deleterious mutation in the APC gene (exon 4:c.426_427delAT).

Identification of an Adenomatous Polyposis Coli Mutation Associated with Attenuated Disease

Despite the use of bendamustine in the management of low-grade non-Hodgkin’s lymphoma (Liu et al., 2008; Strumberg et al., 2008), its activity in patients with CLL is unknown. The benzimidazole ring on the clinical activity of bendamustine is thought to play a role in DNA damage through alkylation and purine analogs (Ozegowski et al., 2008). The concomitant activation of these pathways may further increase the activity of bendamustine. The benzimidazole ring resulted in an agent with a reduced toxicity compared to fluorouracil or other antimetabolites.

The benzimidazole ring is a key element in bendamustine, and its modification is expected to produce agents with a similar mechanism of action. Bendamustine is a novel antimetabolite that has been shown to have activity in hematologic malignancies. Bendamustine is a prodrug that is rapidly converted to a highly reactive metabolite. Bendamustine is a prodrug that is rapidly converted to a highly reactive metabolite. Bendamustine is a prodrug that is rapidly converted to a highly reactive metabolite. Bendamustine is a prodrug that is rapidly converted to a highly reactive metabolite. Bendamustine is a prodrug that is rapidly converted to a highly reactive metabolite. Bendamustine is a prodrug that is rapidly converted to a highly reactive metabolite. Bendamustine is a prodrug that is rapidly converted to a highly reactive metabolite.
Market Research

JAdPrO By the Numbers
In February, 2010 the Matalia Group conducted a concept validation survey of 205 advanced practitioners in oncology.

- Average number of patients seen per week: 47
- Percentage who indicated that they were somewhat or very interested in receiving JAdPrO: 93%
- Average years in oncology as an advanced practitioner: 9
- Percentage of respondents who indicated that they were very interested in receiving JAdPrO: 72%
- Percent of professional time spent in patient care: 83%

Oncology Specialty
- Hem/Onc: 48%
- Med/Onc: 43%
- Symptom Management: 5%

Circulation
Total Circulation: 7,016
- Nurse Practitioner: 4,013
- Physician Assistant: 2,587
- Clinical Nurse Specialists and others: 426
NP, PA and CNS high prescribers of oncologic products (SDI list generated from VOPEX data), NP, PA and CNS with self-designated oncology specialties and direct requesters from conferences and mail campaigns.

Bonus Distribution
- May/June issue: ONS, ASCO
- September/October issue: ONS FIO/P/Advanced Practice Nursing Conference, Chemo Foundation
- November/December: ASH, SABCS
## Print Advertising Rates

### Black and White Rates

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Earned Rates: Each page or fraction thereof qualifies for earned annual contract frequency discounts for all affiliates of advertiser’s parent company.

### Color Charges

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Bleeds: No charge

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### Insert Rates

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Insert samples must be forwarded to publisher prior to reservation deadline.
**Agency Commission**

Fifteen percent (15%) of gross billings on space, color, cover, and preferred position charges. Additional production charges are non-commisionable. Cash discounts are available. Contact Publisher for details.

**Discounts**

Please contact Publisher for information regarding possible discounts.

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**Earned Frequency**

Earned frequencies are determined by number of insertions in Harborside Press publications to provide maximum frequency discounts to advertisers, regardless of size. Space purchased by a parent company and subsidiaries is combined in calculating earned rate. When number of insertions is greater or less than indicated by contract, rates are adjusted accordingly. Please contact Publisher for details.

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**Production**

**Closing Dates**

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Closing dates are subject to change.

**Mechanical Requirements**

**Journal Trim Size:** 8-1/8” x 10-7/8”

**Type of Binding:** Perfect

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SWOP standards apply. All supplied ads should have registrations, center, and trim marks and should indicate PMS color (if applicable), issue date and other pertinent instructions on proofs and files. Contact Publisher before ad due for additional specifications. Submit in PDF format. High resolution, 300 dpi or higher. All fonts must be embedded. CMYK only, plus PMS color (if applicable). Convert spot and PMS colors to CMYK (unless PMS is to be used). File and proof should include bleeds and trim.

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Specifications: Supply 8 3/8" x 11 1/8”; 1/8” will be trimmed of all sides. Inserts should be supplied folded.

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**Material Storage**
Files are held one year and then destroyed, unless instructed otherwise in writing. Unused inserts will be destroyed one month after issue mails.

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- Custom e-publishing

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Harborside Press is a medical publishing company with a special expertise in oncology. HSP is the current publisher of *JNCCN—Journal of the National Comprehensive Cancer Network*, the NCCN Highlights series, *The ASCO Post*, and *The Journal of the Advanced Practitioner in Oncology*.

Editorial Staff

Executive Editor:
Conor Lynch
conor@harborsidepress.com / 631.935.7653

Managing Editor:
Kelley Moore, RN
kelley@harborsidepress.com/ 901.603.7376

Editorial Assistant:
Sarah McGullam
sarah@harborsidepress.com / 631.935.7664

Publishing Staff

Publisher:
John A. Gentile, Jr.
jack@harborsidepress.com / 631.935.7655

President:
Anthony J. Cutrone
anthony@harborsidepress.com / 631.935.7650

VP, Director of Business Development:
David Horowitz
david@harborsidepress.com / 631.935.7652

Production Manager:
Wendy McGullam
wendy@harborsidepress.com / 631.935.7651

37 Main Street
Cold Spring Harbor, NY 11724
Tel: 631-692-0800
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