

ONCOLOGY

MODULE I • LEARNING OBJECTIVES

CANCER SCREENING AND PREVENTION

1. Given an individual's history, determine when cancer screening should be conducted.
2. Discuss the strengths and limitations of current data for the use of chemoprevention in specific tumor types.
3. Identify the role of antioxidant and vitamin supplementation therapy to prevent lung, prostate, and colon cancer.
4. Given an individual's history, recommend whether pharmacologic therapy should be used in chemoprevention of breast, colon, prostate, or cervical cancer.
5. Plan appropriate cancer screening based on evidence-based guidelines for a patient with normal or high risk of developing cancer.

SUPPORTIVE CARE IN ONCOLOGY

1. Construct a pharmacotherapy plan for emetogenic chemotherapy and hiccups based on patient-specific variables.
2. Design an appropriate supportive care regimen for patients with chemotherapy-induced diarrhea and cancer-related constipation.
3. Evaluate therapeutic interventions for treating cancer-associated cachexia.
4. Apply a pharmacotherapy regimen to the care of a patient with hypercalcemia of malignancy.
5. Create a pharmaceutical care plan for management of osteoporosis in patients with cancer.
6. Assess patient health literacy and implement interventions to improve drug adherence.

NONMALIGNANT HEMATOLOGY

1. Devise a plan for initial therapy of primary immune thrombocytopenia (ITP) for adult patients.
2. Distinguish second-line treatment options for adult ITP on the basis of their anticipated time to response and duration of sustained response.
3. Classify adverse effect profiles of therapies for adult patients with ITP.
4. Design a second-line treatment regimen for adult patients with ITP based on bleeding history, comorbidities, patient expectations, and adherence.
5. Develop an initial plan of therapy for patients with paroxysmal nocturnal hematuria (PNH).
6. Argue the benefit versus toxicity of eculizumab and allogeneic stem cell transplantation in patients with PNH.
7. Evaluate the impact on quality of life of thrombopoietin agonists in patients with ITP and eculizumab in patients with PNH.