



PUGET SOUND QUARTERLY

Oncology Nursing Society

Vol. 31, No. 1 Winter 2008

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Chronic Lymphocytic Lymphoma: An Overview of the Disease

By Judy Petersen RN MN AOCN

Chronic lymphocytic leukemia (CLL) is a diverse illness characterized by a variable natural history. It is the most prevalent type of adult leukemia accounting for about 30% of all leukemias in Western Europe and the United States. In 2007 the ACS estimates there will be 15,340 new cases and 4,500 deaths in the US (ACS 2007). As with most cancers, the incidence increases with age; the median age at diagnosis is 69. It is rarely seen in those under the age of 40 and even less common in children. It is more common in men than women.

The etiology is unknown but risk of CLL is higher in individuals who have a family member similarly affected. Estimates range from 5% to 20% of patients have a family member with CLL. First-degree relatives of patients with CLL have a threefold-increased risk for CLL compared with the general population. No specific genes have yet been identified as a link to increased risk. The NCI has developed a CLL Family Registry. Information can be found at this website: <http://resources.nci.nih.gov/index.cfm>. The site provides an opportunity for CLL families to connect and keep informed about familial research.

Over 95% of CLL cases involve B-cells; the remainder are T-cell leukemias. T-cell CLL progresses more rapidly and has been reclassified by the World Health

Organizations system as a T-cell prolymphocytic leukemia (PLL). B-cell CLL and small lymphocytic lymphoma (SLL) are commonly considered different manifestations of the same disease and are usually treated in the same way.

The clinical presentation of CLL varies from asymptomatic lymphocytosis found incidentally on routine exam in approximately 50% of patients at

diagnosis to massive lymphadenopathy, splenomegaly and hepatomegaly. Significant symptoms including fatigue, fever, night sweats, and weight loss occur in 15% of patients at the time of diagnosis.

CLL Staging Systems

The two staging systems commonly in use are the Rai system (Rai 1975) and the Binet system (Binet 1981). In the US, the Rai staging system is generally considered the most useful and provides prognostic information. The Rai staging system is used primarily in North America while the Binet staging system is commonly used in other parts of the world.

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The Rai System

Stage	Description	Risk Status
0	Lymphocytosis, lymphocytes in blood >15,000/mcL and >40% lymphocytes in the bone marrow	Low
I	Stage 0 with enlarged node(s)	Intermediate
II	Stage 0-I with splenomegaly, hepatomegaly, or both	Intermediate
III	Stage 0-II with hemoglobin <11.0g/dL or hematocrit < 33%	High
IV	Stage 0-III with platelets < 100,000/mcL	High

Average survival for the 3 risk groups: Low risk – 12 years, Intermediate risk – 7.5 years, High risk – 1.5 years

The Binet System

Stage	Description
A	Hemoglobin ≥ 10g/dL and/or platelets ≥ 100,000/mm ³ and < 3 enlarged areas
B	Hemoglobin ≥ 10g/dL and/or platelets ≥ 100,000/mm ³ and ≥ 3 enlarged areas
C	Hemoglobin < 10g/dL and/or platelets <100,000/mm ³ and any number of enlarged areas

2007 National Comprehensive Cancer Network Non-Hodgkin's Lymphomas Practice Guidelines in Oncology. Rai staging originally published in Blood (Rai 1975) and Binet staging originally published in Cancer (Binet 1981).

PRESIDENT'S MESSAGE

A Strong Leadership Begins with You

*Mary Jo Sarver
PSONS President*

“**E**lecting your leadership is one of the most important ways to exercise your right as a member and your commitment to both the society supporting you and to the oncology nursing field as a whole. We urge you to make a powerful impact by promoting excellence in oncology nursing and cancer care through a strong and vital leadership.”

This was a message recently sent out by Kate Shaughnessy, Member Relations Manager, Oncology Nursing Society (ONS) in regards to the national board elections. Many of you participate in elections by reviewing candidates and submitting your vote to ensure ONS

remains strong and adequately supports your needs and that of the patients and families you care for.

Currently your Puget Sound Oncology Nursing Society (PSONS) board does not have a candidate for the president elect position for March 2008 - March 2009. The president elect position includes a great opportunity to be mentored by the current president for a year and advisor from the year before. No prior experience is needed, just a passion for oncology nursing, willingness to be part of a team, active membership for at least a year and a little extra time to spend helping promote the profession and enhance patient care. Over three quarters of our membership have the necessary qualifications.



Mary Jo Sarver

Submission of potential candidate's names and voting for your chapter PSONS board members are your responsibility and opportunity to elect and promote candidates who will lead our chapter in the direction you envision

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EDITORS' NOTES

Help Fuel the Growth of Our PSONS Chapter

*Linda Cuaron RN, MN, AOCN
Chair Communication Committee*

We have once again entered a new year. For many of us this was a time to celebrate, reflect, and spend time with loved ones. For some there were unexpected challenges, losses, and hardships. The long dark nights of winter make the comfort we find in friendship, sharing, warmth and giving to others important elements of the season. It has even been said the some of our dearest traditions; shared dinners, bright fires, dancing, singing, and bright lights are a form of therapy for the shortest days of the year. If you live in Alaska, counting the hours and even minutes of daylight as they pass from short to long helps balance the internal clock with the deceptive imbalance of each day/night cycle. We have a

history as long as written record of finding those things that give us resilience

Where do we, as professionals dedicated to the many aspects of care of those who have cancer, turn for the support of our professional resiliency? We have our innate satisfaction from doing something good to help others. We have a proud history as nurses and particularly as oncology nurses to remind us how much we are valued. But the Oncology Nursing Society and our own exceptional Chapter, PSONS, are the bulwarks that continually support and strengthen our professional efforts.

So, like the cycle of the year, the cycle of our Chapter passes through its' own rotation. And with that passage arrives the need for new growth, the growth of our individual members. There are many ways that you can fuel that growth and make a contribution to

PSONS and your own professional development. In fact, several of those opportunities are listed in this issue of the newsletter. The new ONS Diversity Program is looking for interested members. Our own chapter is looking for nominations for officers, especially president-elect. We also are looking for an editor for the newsletter as well as volunteers for the new columns. If you notice some of the new features in the Quarterly and think that you would like to contribute an article, there is no better place to take the plunge as an author. Participate in the PSONS Symposium on March 14 & 15 at Meydenbauer Conference Center. Online registration is available on our website, PSONS.org. Be a part of the continued strength of our Chapter.



Chronic Lymphocytic Lymphoma: Early Treatment is Important

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Treatment

CLL is currently incurable with standard treatment with the possible exception of allogeneic hematopoietic cell transplant. With most cancers, early treatment is advantageous, improving survival and symptom management. In the case of CLL though, once the diagnosis is made, the first decision to be made is whether treatment is actually needed. There is significant heterogeneity within the disease and lack of evidence that early treatment improves long-term outcome (Wierda 2006). After diagnosis some patient's disease may not progress for years. Other patients with either advanced or early stage will have a rapidly progressive course with symptoms that require treatment.

Treatment Indications

The conclusion from several studies has been that patients with early stage disease (Rai stage 0 to 1) should not be offered treatment and be monitored for progression of disease (CLL Trialists 1999). These study results included those from Cancer and Leukemia Group B (CALBG) and the French cooperative group that showed treatment with chlorambucil at the time of diagnosis did not improve survival for early stage patients (Shustik et al 1988, Dighiero et al 1998). Current research is continuing to investigate this question of early vs. delayed treatment using newer drugs. The NCI-sponsored Working Group established recommended indications listed here for treatment that NCCN and others are consistent with in their current guidelines.

Criteria for Initiating Treatment: (Cheson et al 1996)

- Disease progression
- Presence of symptoms, including progressive weight loss >10% in 6 months, fevers >100.5F° longer than 2 weeks or night sweats without evidence of infection
- Threatened end organ function
- Progressive marrow failure; specifi-

cally worsening anemia and/or thrombocytopenia

- Bulky disease at diagnosis

Patient preference may be an additional reason to start treatment. It is understandably difficult for some patients (especially younger individuals) to 'do nothing' in the face of a cancer diagnosis. When clinical treatment indications are not present, treatment in a clinical trial is advised for patients who desire therapy. Patients with Rai high-risk disease meet the above criteria and

- FC (fludarabine, cyclophosphamide) +/- rituximab
- CVP (cyclophosphamide, vincristine, prednisone) +/- rituximab
- Cyclophosphamide +/- prednisone +/- rituximab
- Chlorambucil +/- prednisone +/- rituximab

For patients with progressive disease 2nd line treatment options include retreatment using the initial therapy or an alternate 1st line therapy. Additionally, alemtuzumab is approved for treatment of relapsed and refractory CLL (Keating 2002). Pentostatin and cyclophosphamide with or without rituximab is also active in relapse and refractory CLL patients (Weiss 2003).

Clinical trials are always an option for a cancer like CLL with no known cure. In younger patients autologous or allogeneic stem cell transplant in a clinical trial for relapse or even as initial therapy may be considered.

When large lymph nodes are present and symptomatic, radiation therapy is an effective localized treatment. Patients with persistent splenomegaly and accompanying cytopenias that do not respond to chemotherapy or steroid treatment may benefit from splenectomy.

Disease Complications

Hemorrhage and infection, major complications of pancytopenia can represent a major cause of death in CLL patients. Immunological problems, including Coombs-positive hemolytic anemia, immune thrombocytopenia, and depressed immunoglobulin levels can all complicate the management of CLL. Second malignancies and treatment-induced acute leukemias may also occur in a small percentage of patients. CLL can transform to Richter syndrome, a diffuse large cell lymphoma that carries a poor prognosis.

Prognostic Factors

Similar to other growing research in

are treated at diagnosis. Intermediate risk patients can be observed unless they meet one of these criteria.

Treatment Options

Treatment is effective in slowing progression and alleviating symptoms. Historically, the treatment approach has been palliative and so chemotherapy focused on improving symptoms without significant toxicity and often without achieving a complete response (CR). Chlorambucil has been used with success for many years with this intention. While chlorambucil is still an option for first line therapy, clinical trials have shown more aggressive treatment with combinations such as fludarabine and rituximab achieve a higher percentage of CR and thus longer survival (Byrd et al 2005, Rai et al 2000).

Current first line chemotherapy options include:

- Fludarabine +/- rituximab



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End-of-Year Legislative Issues Impacting Oncology

Cherie Toftbagen, RN, OCN, M. Ed.
ONS State Health Policy Liaison

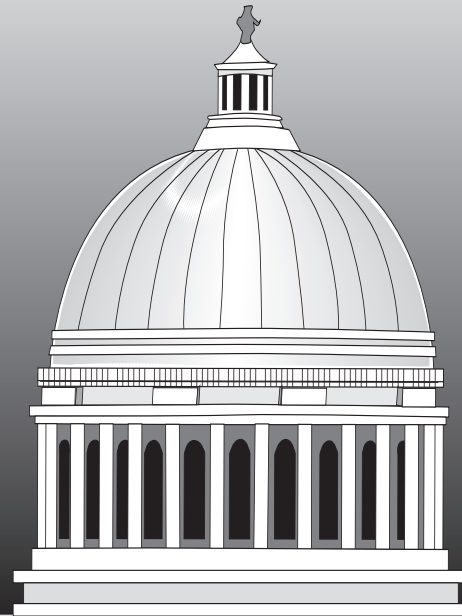
“Tis’ the season” comes to mind as I write this article. The leaves are beautiful, the fall colors are in full brilliance and true to form, the intensity and anxiety over recent and upcoming changes in reimbursement for Medicare patients with cancer are in full bloom. It reminds me of a recent incident I had while making my first pot of “Fall Chili”. As a working parent, I was multi-tasking; helping my boys carve pumpkins, reciting the 50 states and capitals and trying to “watch” the chili all at once. In an effort to help with the pumpkin carving, I ignored my chili for too long and it started to boil over. Of course, I immediately turned down the heat, started digging through all the lids from every pot and pan I’ve had since I was 12, and tried to diminish the mess that had already boiled over on to my WHITE stove-top. After a few minutes, things simmered down and we were back to the pumpkins and the fifty states. This is how it is, every year, with Medicare reimbursement. Policy makers propose changes (the pot bubbles), they are released to the health care community (the pot boiling over) and there are some quick fixes for some things (lid on the pot) that carry us through until next fall (next chili season). There are a few key items that are currently on the burner for Medicare patients with Cancer.

ESA Coverage

One of the most talked about and concerning agenda items this year is

Medicare’s recent National Coverage Determination (NCD) on the use of Erythropoiesis Stimulating Agents (ESAs). The final NCD was published on July 30, 2007. The final NCD was much more tolerable than the draft but organizations such as ASCO, ASH, and ONS still believe the current NCD is flawed

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in many ways. The final NCD provides coverage with restrictions for the treatment of anemia secondary to myelosuppressive anti-cancer chemotherapy in certain cancers such as solid tumors, multiple myeloma, lymphoma and lymphocytic leukemia. The restrictions include limiting initiation of ESA therapy when hemoglobin levels are less

than 10g/dl, limiting the ESA treatment duration to a maximum of 8 weeks after chemotherapy ends, limiting the starting dose to the FDA recommended starting dose, and limiting dose escalation levels. The new NCD also does not cover myelodysplastic syndrome.

The major focus is three-fold. First, there is a real possibility that the guidelines set forth will increase the number of blood transfusions patients receive. For those who have been in Oncology for some time, you can testify to the fact that ESA’s have substantially decreased the volume of transfusion for treatment and disease related anemia. In a recent survey by the Association of Community Cancer Centers, respondents indicated a definite concern from their hospital membership that the increase utilization of transfusions to treat anemia will have a substantial impact on their resources and services. (www.acc.org)

Second is the fact that the Centers for Medicare and Medicaid Services (CMS) have now made it their policy to set clinical guidelines for treating patients. CMS’s role is to set reimbursement guidelines not clinical guidelines that should be left up to the prescribing physician or nurse practitioner. Lastly, it has set the oncology community up for what I would consider discrimination in care. Patients with private insurance will more than likely continue to be able to receive ESAs as prescribed by their physician (I am not aware of a private payer who has adopted Medicare’s policy at this writing). Our elderly patients who are covered by Medicare will not. We have now created a two-tiered system of health care, one for Medicare patients and one for non-Medicare patients. What this means is that you may have two similar patients, but in one chair, a Medicare patient receiving a transfusion and in the next chair, a private pay patient getting an injection of an ESA.

This issue has joined the major Oncology Organizations to make a unified effort to Congress. ASCO and ASH recently published their 2007 clinical

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OCN Review: Test Your Knowledge

Selected Questions from the "Study Guide for the Core Curriculum for Oncology Nursing"

Mirtha T. Cuevas-Boff RN, BSN

Studying for Certification can be made easy by looking at one practice question at a time. By using a certification review tool one can learn even if they answer incorrectly. By reading the rationales you learn where you went astray, key words to look for and in many cases more about topic in general. Below are two questions from the certification review book.

1. Understanding dyspnea means recognizing that it:

- A. is rarely associated with anxiety
- B. can arise from tumor, metastasis, or anemia
- C. always responds to inhalers or oxygen therapy
- D. can be measured with pulmonary test

2. Mr. D. is a 72-year-old with stage Dukes C colorectal cancer. He had a colon resection and has been receiving 5-fluorouracil (5-FU) for several weeks. He calls the cancer center and reports to the nurse that he has experienced constipation for the past few

weeks. His last bowel movement was 4 days ago. He complains of abdominal distention, nausea, and onset of rectal bleeding this morning. Mr. D is instructed to come to the clinic. What is the most likely cause of Mr. D's symptoms?

- A. Impaction from the constipating effects of 5-FU
- B. Bowel obstruction, possibly from recurrent colorectal cancer
- C. Change in dietary fiber intake and exercise
- D. Chronic use of laxatives and enemas, which are no longer effective

3. What cardiovascular effects can appear on physical examination in the client with anemia?

- A. Dry skin and decreased ejection fraction
- B. Increased hematocrit and bradycardia
- C. Tachycardia and systolic murmurs
- D. Hepatomegaly and hypertension

Answers to these questions can be found on page 15.

Lymphoma: Increasingly Longer Remissions Give Patients Hope

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cancer, there are several markers that have shown promise as prognostic factors in CLL outcomes, helping to sort out favorable and unfavorable groups of patients and determination of who will benefit from early treatment.

The following markers are indicative of a more progressive disease:

- CD38 expression
- Few mutations of the immunoglobulin variable region gene (IgHv)
- Increased zeta-associated protein 70 (ZAP-70)
- Chromosomal abnormalities by fluorescent in situ hybridization (FISH) of trisomy 12 and 11q- have less favorable prognosis

Clinical trials are ongoing to validate and establish the role of these and other prognostic markers.

Summary

Understanding of CLL and improvements in management over the last decade provides hope for patients, families and the health care team. Many patients with CLL have a near normal and active lifestyle for many years after diagnosis, in some cases decades. This distinguishes CLL from the life threaten-



ing urgency of acute leukemias. While the uncertainty of a chronic illness can be emotionally difficult, newly diagnosed patients can feel hopeful that increasingly longer remissions are possible with newer therapies and supportive care.

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President's Message: Duties of President and President-Elect

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for members, patients and the community in alliance with ONS.

I have listed the duties of the president-elect and president from the bylaws for anyone who may be interested.

Duties of the Officers

President-elect

- 1) Learn the role of the President.
- 2) Assume the role of the President in the following situations:
 - a) Absence of the President,
 - b) Inability of the President to act,
 - c) Resignation of the President, and/or
 - d) Expiration of the President's term.
- 3) Attend meetings of the chapter Standing Committees as delegated by the President
- 4) Consult with the President throughout term of office to provide for continuity and smooth transition of chapter leadership.
- 5) Maintain chapter records associated with the office of President-elect or Vice-president according to procedures established by the national Oncology Nursing Society.
- 6) Perform other responsibilities designated by the Board of Directors or the national Oncology Nursing Society

President

- 1) Direct the activities of the chapter subject to the control of the Board of Directors

- 2) If not elected, appoint Committee chairs, with Board approval, for all Standing Committees
- 3) Coordinate the development of chapter goals, objectives, and budget with the Board of Directors and Committee chairs of the chapter Standing Committees
- 4) Monitor the implementation of the chapter goals, objectives, and budget
- 5) Advise the general membership and the Board of Directors of progress toward the chapter goals and objectives, healthcare issues and trends, and information from the national Oncology Nursing Society
- 6) Schedule, formulate the agenda, and preside at a minimum of four (4) meetings of the Board of Directors
- 7) Schedule, formulate the agenda, and preside at a minimum of four (4) meetings of the general membership. At least one must conduct the business of the Chapter
- 8) Serve as an ex-officio member of all Chapter standing committees except the Nominating Committee
- 9) Coordinate the completion, review, and submission of the Annual Report according to procedures established by the national Oncology Nursing Society
- 10) Review and sign the completed quarterly and annual treasurer reports
- 11) Mentor and prepare President-elect

- 12) Schedule and attend a transition meeting between the outgoing and incoming members of the Board of Directors and standing committee chairs
- 13) Assure that the records of the chapter are maintained according to procedures established by the national Oncology Nursing Society
- 14) Serve as a liaison between the general chapter membership, the Board of Directors, and the national Oncology Nursing Society
- 15) Represent the chapter at meetings of the national Oncology Nursing Society and other healthcare groups as approved by the national Oncology Nursing Society
- 16) Perform other responsibilities designated by the Board of Directors or the national Oncology Nursing Society

Remember each member of our chapter, who has belonged for at least a year, is a potential candidate to help the board to determine the direction and future of our Puget Sound Chapter.

If you yourself are interested or know of a potential candidate please contact the nomination committee chair Kerry Kirkby or a board member as soon as possible.



Lymphoma

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The Diversity Champions Program Launched and Seeking Participants!

ONS is actively seeking 'Diversity Champions'-members who advocate for policies supporting equal access,

including membership recruitment and retention, cultural competency initiatives, educational programming and publication production. This initiative will encourage oncology nurses to take personal responsibility for learning and changing, and for transforming that personal change into organizational change. This is the foundation for an inclusive and a welcoming Society.

As a Diversity Champion, you will promote your program and offer an environment for members to expand their participation, skills, interests, and networks. Members can communicate their experiences with you, so that you are able to share this feedback with the related ONS department(s) and fully work on the members' behalf to ensure appropriate consideration and/or action.

The Diversity Champion group will give updates to the ONS Board, and the group's activities will be featured on ONS Website, on the ONS Virtual Communities, and in ONS publications, such as ONS Connect.

If you are interested in getting involved in ONS in an important and exciting

way, contact Kate Shaughnessy at KShaughnessy@ons.org. You will be equipped with a hard copy of the *Diversity Champions Toolkit* and a *Cultural Competency Examination*.

We need your enthusiasm and dedication to this integral value of inclusiveness in ONS!

Diversity Champions Goals

- Recruit members of diverse backgrounds, cultures and lifestyles to ONS.
- Ensure adequate representation of all groups in ONS programs and activities.
- Develop learning programs regarding various cultures and groups.
- Recruit more minorities, students, men and diploma nurses into mentoring programs.
- Encourage members to champion job shadowing initiatives.
- Encourage diverse members and non-members to move outside of their comfort zone and seek out leadership opportunities they are qualified for within ONS.
- Serve as a catalyst for improved workforce development.
- Identify challenges in the cancer practice setting that are unique to under-represented groups (i.e. ethnic minorities, men, diploma nurses, etc.).
- Schedule programs and provide concepts and strategies essential to understanding culturally competent care in the cancer practice setting.
- Expand awareness and knowledge of Racial/Ethnic disparities in both cancer illnesses and wellness.
- Promote diversity/inclusiveness of thought and style among ONS members and across all ONS products, services and programs.

diversity, and the ideals of inclusiveness. They will serve as a bridge welcoming all members (and nonmembers) to participate and contribute their knowledge to diverse issues.

The Diversity Champions assist in managing diversity and inclusiveness in various aspects of the Society

UPCOMING EVENTS

2008 PSONS Board Meetings

2008 Board Meetings will be at Swedish on Mondays from 6-8 pm in the Tesh Conference Room. All PSONS members are invited to attend and participate in discussions. A light dinner /snack is usually provided.

Next Meeting: March 10, 2008

Information: Please call (425) 771-4189 to ensure date/location of meeting has not changed.

Annual PSONS Symposium

The 30th annual PSONS Symposium is titled New Trends, Treatments & Hope.

Dates: March 14-15, 2008

Where: Meydenbauer Center, Bellevue

Information/Registration:
www.psons.org

33rd Annual ONS Congress

Dates: May 15-18, 2008

Where: Pennsylvania Convention Center
1101 Arch Street
Philadelphia, PA 19107

Information: (215) 481-4700

15th International Conference on Cancer Nursing

The International Society of Nurses in Cancer Care looks forward to welcoming you to Singapore for the 15th International Conference on Cancer Nursing (ICCN)

Date: August 17-21, 2008

Where: Suntec Singapore International Convention and Exhibition Centre

Information: www.ISNCC.org

Please check the PSONS webpage www.psons.org for more listings.

Legislative Issues: CMS's EMD Usage Scrutinized by Congress

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practice guideline update on the use of Epoetin Alpha and Darbepoetin (Pre-Published online as Blood, First Edition paper, October 22, 2007) This is an excellent review of clinical, published, peer reviewed data on Epoetin Alpha and Darbepoetin from 2002-2007. On October 23, representatives from ASCO and ASH participated in a briefing to congressional leaders in regards to the published NCD and the recently published ASH/ASCO Guidelines on ESAs. The oncologists who participated were able to review the recently published guidelines in Blood as well as the use of ESAs in the treatment of cancer induced anemia (www.asco.org).

Two House Resolutions have been introduced into Congress on this issue. Joint House Resolution 54, is a joint resolution disapproving CMS's NCD on the use of ESAs in cancer and related neoplastic conditions. If passed by the House, Senate, and signed by President Bush, this Joint Resolution would have the force of law and would prohibit CMS from implementing the coverage change. The second resolution is House Resolution 681. This resolution urges CMS to reconsider its coverage decision on ESAs and consult with members of the oncology community to make appropriate revisions to its policy. This resolution is a companion bill to the Senate Joint Resolution 22. SJR 22 voices the senate's disapproval with the current NCD on ESA use by CMS. SJR 22 states that the NCD by CMS has intruded on the clinical judgment of doctors without the support of scientific evidence (Congressional Record, October 22, 2007).

Additional communications have been sent to CMS on November 6, asking for continued clarification on their focus on six off-label studies with ESAs targeting Hgbs exceeding FDA labeled range as opposed to 43 randomized clinical trials using ESA's for chemotherapy induced anemia with Hgbs between 10-12 per package labeling. Only 4 of the 6 trials used appeared in peer-reviewed journals. CMS's stance that maintaining Hgb's between 10-12g/dl is based solely on assumption and not on clinical facts.

A thorough summary appears at www.legislink.com.

As an oncology community, I urge you to join in the fight to ensure that our patients receive the high quality cancer care that they deserve. Information on this issue and supporting documentation can be found on the ONS web site under the Legislative Action Center. There you will find links to other published information including the recent guidelines published in Blood. This



issue is ever-changing. Please urge our elected officials to support the current legislative effort to ensure quality cancer care. Patients can also voice their concerns on the web site www.protect-cancerpatients.org. It is important that our government hears from all people who are concerned, especially the patients.

Calendar Year 2008 Revisions to Medicare Payment System

On November 1, CMS released its' revision to the Physician Fee Schedule and Hospital Outpatient Prospective Payment System Final Rule. This regulation sets payment levels for the various services and products Medicare covers for beneficiaries. In 2008, the physicians are looking toward a planned 10.1% decrease in payment for services rendered for Medicare patients if congress does not act to reverse this cut. In past years, last minute rallying has reversed or decreased these cuts prior to January 1. The ONS's position state-

ment to Congress dated August 2007 (www.ons.org/lac) voices its concern with the systematic reduction in reimbursement which fails to ensure access to quality cancer care to all Medicare beneficiaries. Many services are currently not covered such as patient treatment education, chemotherapy admixture, disposal of chemotherapy waste, supplies to establish an IV line, triage and other essential supportive services. Any decrease in reimbursement may

critically impair oncology nurses ability to provide quality care to their patients.

Congress has also proposed a decrease in reimbursement for drugs to hospitals and hospital-based oncology clinics. This reimbursement reduction has not appeared as of yet on the physician clinic side. Currently, both hospital-based clinics and freestanding clinics are reimbursed at the same rate. CMS reimburses drugs by a methodology of average selling price (ASP). ASP is calculated by taking the average selling price of a drug, taking into consideration rebates and discounts. This methodology has been criticized by many as larger centers who purchase large volumes of medication may receive a better price point than a single practitioner in a small community. This may skew the average selling price of a given drug. Some drugs are reimbursed by Medicare well under what some practitioners can purchase these drugs for. These drugs are called, "underwater

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COMMITTEE CORNER

Education Committee

Janet Bagley

PSONS will be trying to make the networking educational dinners the third Wednesday of every month. There will not be a dinner in December due to the holidays.

Chemotherapy and Biotherapy Course - ONS has a live 2-day Chemotherapy and Biotherapy program available at a location near you!

This course provides nurses with a comprehensive overview of chemotherapy and biotherapy and includes information on newly approved drugs (available at the time of publication) to keep nurses apprised of the latest developments in drug therapy. Participants must be licensed registered nurses who have been employed as such for a minimum of six months. This course content is appropriate for nurses who are new to chemotherapy administration, as well as for those who want a comprehensive review. See the PSONS website for details.

Nomination Committee

Carey Kirby

If you would like to nominate yourself or a friend for president elect please let Carey Kirby at carey.kirby@swedish.org know. Elections are coming up and it's a great opportunity to be mentored by the current president for a year and advisor from the year before. No prior experience is needed, just a passion for oncology nursing, willingness to be part of a team and a little extra time to spend helping promote the profession and enhance patient care.

Symposium

The Symposium committee welcomes the following students from Seattle Pacific University. Emily Hitchens, Katie Ruggles, Heather Han & Whitney Eastvold

Save the dates: The annual symposium for 2008 "New Trends, Treatments & Hope" will take place on March 14th and 15th at the Meydenbauer in Bellevue.

Legislative Advocacy/ Professional Issues

Cherie Toftbagen

The Nursing Care Quality Assurance Commission has concluded the initial round of advanced Registered Nurse Practitioner (ARNP) rules workshops. The Commission is ready to start the second round of ARNP rule workshop. The purpose of the second round is to review a draft rule document and obtain input from participants regarding the proposed rules. The draft rules will be sent to you via listserv one to two weeks prior to the first scheduled workshop. You may review the current ARNP rules at WAC 246-840.

The following rules are subject to possible rule making:

WAC 246-840-300 Advanced registered nurse practitioner; WAC

246-840-305 Criteria for formal advanced nursing education meeting the requirement for ARNP licensure; WAC 246-840-310 Use of nomenclature; WAC 246-840-311 ARNP Previously adopted Specialties; WAC 246-840-320

Certification and certification program; WAC 246-840-330 Commission approval of certification programs and commission recognition of new specialties; WAC 246-840-340 Application requirements for ARNP; WAC 246-840-345 ARNP designation in more than one area of specialty; WAC 246-840-350 Application requirements for ARNP interim permit; WAC 246-840-360 Renewal of ARNP designation; WAC 246-840-365 Return to active ARNP status from inactive or expired status; WAC 246-840-370 Termination of ARNP designation by the commission; WAC 246-840-400 ARNP with prescriptive authority; WAC 246-840-410 Application requirements for ARNP with prescriptive authority; WAC 246-840-420 Authorized prescriptions by the ARNP with prescriptive authority; WAC 246-840-425 Seventy-two hour limit; WAC 246-840-450 Renewal For workshop times and dates visit the PSONS website.

Communications

Linda Cuaron

If you have been thinking about becoming more active in our PSONS chapter, the communications committee has some great opportunities to get you involved. We are looking for two volunteers to be editor and co-editor of the quarterly newsletter. Time commitment

is about 3 hours per month. We also need "reporters" to help with recurring articles (200 - 500 words per article or interview) and/or original articles (500 words). This is a great opportunity to be a part of an excellent team and contribute to your chapter. For more information contact Linda Cuaron 206-605-8750 or email sailawayatdawn@gmail.com.

Community Services Opportunity

Cancer Life line is still looking for some one to do a presentation on managing fatigue for their Lymphoma Group which meets at the Dorothy O'Brien Center near green lake. The group meets the 1st Monday night of

the month and interested parties could pick 1/7, 2/4, 3/3 or 4/7. There is a small honorarium offered. Please contact Mary Ellen Shands MShands@cancerlifeline.org.

PSONS Online

Look for upcoming ability to opt out of electronic directory and email notifications. If you wish to opt out now you may call our office 425-771-4189 and request to do so.

Visit the Puget Sound Oncology Nursing Society website at www.psons.org for other chapter information and job opportunities.

Legislative Issues: CMS Leaves Clinical Trial Policy Unchanged

Continued from page 8

drugs". The ASP methodology is not timely as there is a six month lag in the recalculation of ASP. If a price of a drug is increased, it takes six months for Medicare to factor that price increase into a new ASP. Currently, drugs and biologics are reimbursed at ASP + 6%. The proposed revision to the hospital side of Medicare is ASP+5% beginning January 1, 2008.

CMS had proposed to increase drug administration payments. The final review was not as positive, especially for hospitals. While CMS increased reimbursement slightly for some drug administration codes, other administration codes decreased. Many stakeholders had encouraged CMS to consider a pharmacy overhead proposal. This would help to offset the cost of admixture, time, inventory management and education provided by our pharmacists. This was not addressed in the current proposal.

Clinical Trial Policy and Compendia for Determination of Off Label Drugs and Biologics

Up for revision was Medicare's current policy on Clinical Trial coverage. The original 2000 policy included a provision for automatically "deemed" Medicare coverage of government sponsored or reviewed research. The policy set forth this past July included stan-

dards that CMS believed were necessary for the protection of subjects in research studies and other standards, an approval process to determine if a study met those standards (via CMS) and proposed to clarify the items and services that would be covered in approved trials. CMS received numerous comments from this proposal which questioned the authority of CMS to determine standards for clinical trials and provide limitations on what was a covered service. On October 17, CMS decided not to change the current policy on clinical trial coverage.

In oncology, we are keenly aware that not much is done in a cookie cutter fashion. Many of the treatments and regimens we give our patients are not in accordance with FDA labeling of a certain drug or combination of drugs. One of the means to assist in coverage of these medications is for them to be listed in an approved drug compendia. A compendium is a concise summary of available information. For many years, oncology care givers have relied on drug compendia for reimbursement of oncology drugs. CMS is required by statute to cover off-label use of drugs and biologics in an anti-cancer regimen based on data in three drug compendia as well as the publication in peer reviewed journals as a resource for coverage determination.

Currently, one of the three listed compendia is no longer in existence and the

other is changing ownership, name and format and those modifications may lead to CMS to cease its' use. ONS and other oncology organizations have urged CMS to recognize the NCCN Drugs and Biologics Compendia as a credible source for oncology drugs and biologics. In CMS's final rule, CMS documented several criteria for what they considered to be an appropriate drug compendium for a Medicare reference. Using the given list, MedCAC did not find any compendia that met all of CMS's desirable characteristics (Fed.Reg.38178, July 12, 2007).

I urge you to stay tuned to developments and calls to action on these important topics. These issues impact what we do as oncology nurses and how oncology patients are treated and cared for. In the past several years, the continued Medicare cuts in reimbursement have resulted in a shift of oncology care back to the hospital, the decrease number of Registered Nurses in Oncology, and the increased concern over access to oncology care. Please visit the PSONS web site, ONS Legislative Action Center. As your ONS Washington State Health Policy Liaison, I am happy to be a resource as well. Thank you to those who have supported legislative efforts in our community, our state and through ONS. Your efforts are greatly appreciated!



Connecting with Loved Ones During an Illness

As nurses we are often aware of patients family and friends efforts to stay informed about their loved ones current medical condition. Technology can help alleviate this stress thru free, nonprofit web services that allow creation of personal web pages for sharing information, photos and communicating messages during an illness and recovery. More often than not at least one individual in a patient's family and friend network is willing and able to manage the relatively easy input of information. The patient may even choose to create the web pages themselves and journal their

experience to share with others.

Many hospital websites are providing a link to these sites.

Web Communication Sites

CaringBridge®

www.caringbridge.org

TheStatus.com

www.status.com

Both sites function very similarly and offer easy to follow instructions on how to set up a free private patient page. Family and friends can visit the patient

page once they know the name of the patient's web page; thestatus.com also requires a password. In addition to providing medical updates, the page can be used to offer other helpful information, for example, what practical assistance is needed, or when is the best time to call or visit. Visitors to the patient page can write messages and sign the guest book. Encourage family and friends though that this doesn't substitute for that all important phone call, handwritten note, or in-person visit that can provide much needed support!



PSONS PROFILE

Randa Pycard RN, OCN

By Jody Strob

Although Randa is a Clinical Research Coordinator extraordinaire in the oncology setting, that wasn't the original plan. At 17, Randa moved to the United States from Jamaica to join her sister who was already here. The plan at that time was to begin a career in physical therapy. Just after starting on this path, Randa was blessed with the birth of her son, Cameron.

You know the saying, "necessity is the mother of invention", well, single parenting created a detour in Randa's career that is responsible in large part for where she is today. In order to make ends meet as a single parent, Randa enrolled in Renton Technical College and received her LPN. She started working at Highline Medical Center in 1996 as an LPN on the Surgical Unit. Her LPN position allowed her to pay the bills and support her family in Jamaica.

In 1997, Randa finished the required prerequisites for the Nursing Program at Highline CC and received her RN degree in 1999. Finally, Randa could transition from a night shift position to a day shift position on the in-patient Medical Oncology Unit.

After about a year and a half, of working in-patient, a position opened up on the out-patient unit. Since Randa had been working Thursdays per diem in the out-patient unit, her transition to the full time position was an easy one. In addition, Randa was able to work full time with Susan Drummond, RN, MN, AOCN, director of the out-patient clinic and whom Randa acknowledges as being one of her important mentors.

It was in part due to the mentoring by Susan that Randa took the next step in her career path. "Susan always encouraged us to take on more leadership activities and to challenge ourselves at work", says Randa. So with this motivation and about four years experience under her belt, Randa who had been assisting with the research activities in her clinic, jumped at the chance to officially take on the position of Clinical Research Coordinator at Highline. All that confidence almost flew

out the window when the monitor came and asked for items Randa had never heard of. At first Randa worried she had bitten off more than she could chew. Then Randa realized that she would need to jump into the role of student once again in order to bring her best to her new job. US Oncology was assessing the site at that time and agreed to train her fully. In addition, Randa had plenty of support from the nurses and physicians she was working with.

While Randa modestly admits that she still has a lot to learn, she is proud of the fact that on Highline's recent 18 month audit, her organization passed with all "A's".

Also at the recent ACoS Accreditation Survey, the surveyor was very impressed with the research program at Highline Medical Center.

"If I were Miss America, mentoring would be my platform" says Randa who lives what she believes. Randa, who is a huge proponent of mentoring to others, is quick to name those who have been instrumental in both her professional and her personal life. In addition to Susan Drummond, Randa has two other mentors, Dyanne Lane, RN, MSN, MBA, OCN and Suzanne Murray, RN, OCN. Dyanne is more than Randa's manager at Highline Cancer Center. "Dyanne is always encouraging me to pursue my ARNP and even provides me with scholarship information for schools." Sounds like both nurses put a high value on education and leadership. Suzanne fulfills many roles for Randa including best friend. She provides mentoring and friendship for Randa who sees Suzanne, as "a spiritual uplifter".

For the past 4 years, Randa has participated in the PSONS Symposium as a member of the planning committee. She first tested the waters as a co-chair then decided to chair the event with some experience under her belt. "As an attendee, I had so many ideas about what I wanted to do



Randa Pycard

differently," says Randa. "Then once you are on the planning side you learn just how much goes into the meetings and you appreciate all the presentation so much more". This year, Randa is working on the Symposium brochures.

If you ask Randa what her goals are, she'll tell you number one is to help her son Cameron to graduate high school. She has three years to see this goal to fruition. Like many parents, Randa is also most proud of her accomplishments where her son is concerned. Secondly, Randa has a goal of building and staffing a free medical clinic in Jamaica where her father lives. For some this might sound like a dream but for Randa, it's all about planning. In 2008, Randa will travel to Jamaica to search for the land that will be suitable for her clinic. In three years (when Cameron graduates) she will relocate to the east coast possibly Florida or Atlanta so that the Jamaica commute won't be so far. Her clinic will focus on wellness and education, a need that is definitely not being met in Jamaica. And for the icing on the cake, Randa's clinic will be named after her father.

For someone with such simple beginnings, Randa has set out on a path that has touched and will touch so many. "This is the purpose the Lord has for my life," she says proudly. ■

33rd Annual ONS Congress to be Held in Philadelphia

Philadelphia's rich history is built on the idea of freedom and personal choice. That makes it the perfect setting for the ONS 33rd Annual Congress, where you'll have the freedom to choose what you learn about.

Congress scholarships available. Applications are due February 22.

Let's talk about your choices at the #1 conference for cancer nurses. First, Congress sessions are categorized by topic, so you can pick the ones that interest you. Sessions are also grouped by type and practice level, so you can further customize your experience to meet your educational needs.

Congress is also an opportunity for you to connect with 6,200 of your nursing colleagues. Learn more about networking and other opportunities going on in Philadelphia.

Preconference Education

Gain more knowledge and earn more contact hours at optional educational offerings like pre-Congress sessions and preconference courses, including the ONS Chemotherapy and Biotherapy Course and the ONS Radiation Therapy Course.

Continuing Nursing Education

You can earn approximately 20 contact hours if all educational sessions within the body of Congress are attended. Additional contact hours may be earned at preconference programming and industry-supported satellite symposia. Advanced practice nurses will also be able to determine the total number of pharmacology hours attended

and document this on their CNE certificate.

ONS is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

ONS is approved as a provider of continuing education by the California Board of Registered Nursing, Provider #2850.

ONS Congress Registration

Register online at ONS.org!

Dates: May 15-18, 2008

Location:

Pennsylvania Convention Center
1101 Arch Street
Philadelphia, PA 19107
(215) 418-4700

Accreditation as an American Nurses Credentialing Center's Commission provider refers only to its continuing nursing education activities and does not imply ANCC Commission on Accreditation endorsement of any commercial products.

The contact hours earned from ONS educational opportunities may qualify for initial oncology nursing certification and renewal via ONC-PRO.

Congress Goal

The goal of the ONS 33rd Annual Congress is to offer interactive learning experiences and networking opportunities for oncology nurses to impart excellence in oncology nursing and in quality cancer care.

Congress Objectives

- Describe innovations in cancer care.
- Identify ways to integrate and disseminate information about evidence-based cancer care.
- Summarize issues and trends in cancer care that will transform one's commitment to the field of oncology.
- Participate in an environment of peer networking and collaboration.
- Summarize new information related to major cancer diagnoses.

ONS Foundation Conference Scholarship

All awards, grants, and scholarships are tentative and subject to change based on funding availability.

Congress Scholarships (FO07)

Supported by ONS Foundation Nancy Berkowitz Scholarship Fund, Genentech BioOncology, National Philanthropic Trust, Inc.

Awards: \$1000 scholarships. All of these awards are to be applied toward registration, travel to and from the ONS annual Congress, and per diem Congress expenses. Registration will be paid directly to ONS.

Purpose: To reward a professional staff nurse who has creatively responded to extraordinary challenges in practice.

Selection Criteria: The nominee must have demonstrated innovativeness in responding to challenges in practice.

- The nominee must be an RN involved in oncology nursing.
- The nominee may be nominated by an ONS chapter, special interest group, or self-nomination.
- A biographical data sheet and a written description of the nurse's response to extraordinary challenges in practice must be submitted.
- The description must not exceed 350 words.
- The nominee must be able to attend the ONS Congress in its entirety specific for the award.

Note: An individual cannot receive this award more than one time.

Application Deadline: February 22, 2008.

ONS 9th Annual Institutes of Learning Comes to Seattle

Join ONS in Seattle! The planning team has developed a conference platform but WE NEED YOU! ONS is looking for session coordinators to submit topics for the conference.

IMPORTANT! Key components of the topic submission process are detailed online at ONS.org.

Conference Platform

The 9th Annual Institutes of Learning (IOL) planning team has developed a Conference Platform. Please review the platform before proceeding.

Conference Platform

The 9th Annual Institutes of Learning (IOL) planning team has developed a conference platform but we need YOU! ONS is looking for session coordinators to submit topic details that relate to the key components identified in the platform.

Where did the platform come from? The planning team reviewed past conference evaluations, the ONS Strategic Plan, the ONS Environmental Scan, the ONS Education Agenda, and other needs assessment data to define the open sessions and mini institutes for the 9th Annual IOL.

What should I do with the platform? Review the topics within the platform and the details highlighted for each topic. If you're interested in serving as the coordinator and designer of this session, submit your ideas!

You'll see Open Session topics and Mini-Institute topics. Click on the links to learn more about each.

Whom should I choose for speakers? Review the information in the Coordinator Guidelines about speaker choice.

What information should I share with my speakers? Provide speakers with this important information about honoraria and submission deadlines.

Of note, Joint Sessions may be either an Open Session or a Mini-Institute. A Joint Session is one in which presenters deliver the session at IOL as well as another professional oncology-related

meeting. The goal of a joint session is to have the same presentation offered at IOL and the national meeting of the collaborating organization. While ONS will work with you on the IOL-aspects of the program, we defer to the collaborating organization for all details, logistics, and support for their meeting.

What Should I Include in My Submission?

Review the Coordinator Guidelines and also consider the following:

- Do your title, content outline, objectives, and program overview "sell" your idea? You'll want it to be attractive to the planning team as well as grabbing the attention of everyone registering for the conference!
- Did you include opportunities to engage the audience? Exercises, discussion points, interaction with the audience, etc.
- Is your session geared towards those that typically attend IOL? Is the content level appropriate?
- Do your best to incorporate the following elements in your program:
 - Threads from the ONS Education Agenda
 - What's new, innovative
 - Multi-modality, multidisciplinary approaches, where appropriate
 - Communication strategies, hand-off care
 - Our role in improving the patient experience, patient outcomes
 - Nursing research data as well as medical research data

Conference Topics

Open Session Topics

- Pharmacologic Pain Management
- Non-Pharmacologic Pain Management
- Developing Critical Thinking & the Value of Preceptors
- New Agents

Continued on page 15



Puget Sound Chapter of the Oncology Nursing Society

Chapter Board of Directors

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Letters, articles and announcements are requested from all PSONS members and other readers on topics of interest. Submissions and questions should be sent in electronic format to **janice.gibson@vmmc.org**. Neither the Puget Sound Chapter of the Oncology Nursing Society, the Oncology Nursing Society, the editorial board of the Quarterly, nor the American Cancer Society assume responsibility for the opinions expressed by authors. Acceptance of advertising does not indicate or imply endorsement by any of the above-stated parties. Published four times a year by the Puget Sound Chapter of the Oncology Nursing Society with the support of the American Cancer Society.

Call PSONS @ 206-283-9292 between 9 a.m. and 5 p.m.

COMMUNITY CROSSINGS

The Leukemia & Lymphoma Society Has Much to Offer to Blood Cancer Patients

Jackie Personett, MSW
Community Outreach Manager

Did you know that 785,829 Americans are currently living with leukemia, lymphoma or myeloma? And that every five minutes, someone new is diagnosed and that Non-Hodgkins Lymphoma is the fifth most diagnosed cancer, of all cancers?

The Leukemia & Lymphoma Society (LLS), which has 66 local chapters across the U.S. and Canada, has the mission to cure leukemia, lymphoma, Hodgkin's disease and myeloma and to improve the quality of life of patients and their families. Millions have been raised to fund research that leads to new treatments, resulting higher survival rates.

In addition to funding research, the LLS provides support services and financial resources that improve the lives of your blood cancer patients and their families. Here is what we have to offer:

o An award-winning web site, www.lls.org/wa offers current disease, treatment and clinical trials information. In addition, there are disease-specific chat rooms that are a source of great support for many, and are monitored by professionals to ensure that any information given is accurate and complete.

- Educational booklets that can be ordered free of charge on the web-site, or requested by the local chapter.
- National educational teleconferences provide current information on various diagnoses, provided from national experts.
- The Information Resource Center (IRC), a toll-free number staffed by oncology nurses and social workers to answer your questions: 1-800-955-4572.
- First Connection-a telephone support program that matches newly diagnosed patients with a survivor who faced a similar diagnosis.

- Patient Financial Aid-\$500 per year provided by the local chapter to patients and their families to reimburse treatment, medication and transportation costs.
- Co-Payment Program, administered by the National Office that has additional funding for blood cancer patients.

As oncology nurses, you have much to remember in your day to day practice, so we don't expect you to remember all of this as you work with a blood cancer patient. However, we do urge you to remember to tell them to "get in touch with the LLS-they can help." You should have brochures at your treatment facility that you can hand them.

When patients call us 6 months after their diagnosis and say they never heard of the LLS until recently, we are saddened. Don't let this be one of your patients. We know that there is information overload at the time of diagnosis, and not all information is assimilated by the patients and their families, so we ask that you mention the LLS again whenever you see a blood cancer patient.

Please, help us help your blood cancer patients. If you have any questions, please give me a call.

Jackie can be reached at 1-888-345-4572, ext. 125, or jacqueline.personett@lls.org.

2008 PSONS Symposium Registration Form

Name _____ Institution _____

Address _____ City _____ State _____ Zip _____ Phone _____

Please check for vegetarian entrée Please check the days that you will attend: Friday Saturday

Enclosed is my registration fee in U.S. funds. Make checks payable to PSONS.

Please specify below:

Two days for PSONS members _____ \$250
Two days for non-members _____ \$285
Single day for members _____ \$150
Single day only non-members _____ \$195
Student rate for two days _____ \$125
Student rate for one day _____ \$75
McCorkle Luncheon only _____ \$35

Parking is included in the cost of registration

To be a member of PSONS, you must be a current member of the Oncology Nursing Society, the national organization.

I would like to become a member of PSONS for an additional \$35 fee. ONS Membership # _____

Please mail to:

PSONS Symposium Registration
c/o Alliance Strategies
P.O. Box 472
Mountlake Terrace, WA 98043

Your name and contact information will be added to the PSONS directory. Please check this box if you wish to opt out of electronic directory and e-mailings.

Do not add my name to directory or email.

To Contact PSONS Administration:
PO Box 472
Mountlake Terrace, WA 98043
Phone: 425-771-4189
Fax: 425-771-4189
Email: alliancestrategies@verizon.net
Web site: www.psons.org

Refunds: 50% refund will be made when requested between February 14, 2008 and March 13, 2008. No refunds will be made after March 13, 2008. Refund will be processed 4-6 weeks after Symposium.

Institutes of Learning

Continued from page 13

- Bone Marrow Transplantation
- Documentation Pearls & Nursing Liabilities
- Interpreting Lab Results, Anticipating Next Steps in Care
- The Changing Standards in Radiation Oncology
- Advocating for Our Specialty
- Care of the Oncology Nurse
- Patient Acuity & Staffing
- Patient Education
- Symptom Management [could also be Mini-Institute]
- Management of Side Effects Related to Targeted and Biologic Therapies
- Using the Immune System to Treat Cancer [could also be Mini-Institute]

- Head and Neck Cancer
- Gliomas
- Myeloma
- Changing Trends in Surveillance for Cancer Prevention
- Sexuality & Cancer
- Cardiotoxicity in Cancer Care

Mini-Institute Topics

- Communication - Your Expertise & Your Voice
- Addressing the Trajectory of Survivorship
- End of Life Care
- Pancreatic Cancer
- Breast Cancer
- Coagulation Disorders in Cancer Patients
- Hematologic Malignancies

- New Trends in Vascular Access
- Intraperitoneal, Intravesicular, Intrapleural, Intrathecal Chemotherapy Administration
- Symptom Management [could also be Open Session]
- Using the Immune System to Treat Cancer [could also be Open Session]

Don't see a topic you'd like to have presented?

If you're willing to coordinate, submit your complete idea using the same guides provided above and in the submission Coordinator Guidelines and Topic Submission instructions.

If you'd like the topic addressed but you're not interested in coordinating, email education@ons.org.



WORTH NOTING

Community Services Opportunity

Cancer Life line is still looking for someone to do a presentation on managing fatigue for their Lymphoma Group which meets at the Dorothy O'Brien Center near Green Lake. The group meets the first Monday night of the month and interested parties could pick 2/4, 3/3 or 4/7. There is a small honorarium offered.

Please contact Mary Ellen Shands MShands@cancerlife-line.org.

PSONS Online Update

Look for the upcoming ability to opt out of electronic directory and e-mail notifications. If you wish to opt out now you may call our office 425.771.4189 and request to do so.

Visit the Puget Sound Oncology Nursing Society web site at www.psons.org for other chapter information and job opportunities.



Answers to OCN Review Test Questions

Questions found on page 5

1. Answer: B

(This is question #11, page 48 of study guide)

Rationale: Dyspnea may be caused by cancer, metastases, or anemia, and is always associated with anxiety. Dyspnea may respond to oxygen therapy, but not always. Dyspnea is a subjective symptom that can not be detected by an outside observer or diagnostic tests.

2. Answer: B

(This is question #8, page 118 of study guide)

Rationale: Symptoms are consistent with bowel obstruction, most likely recurrent colorectal cancer. Option A is incorrect: Constipation is not a side effect of 5-FU therapy. Diarrhea is the more likely effect of 5-FU. Option C is incorrect: Change in dietary fiber intake and exercise generally do not cause rectal bleeding. Option D is incorrect: Onset of rectal bleeding is not associated with chronic use of laxative and enemas.

3. Answer: C

(This is question #19, page 135 of study guide)

Rationale: Tachycardia occurs in anemia, as do systolic murmurs in severe anemia. Dry skin is a sign of the integumentary system, not the cardiovascular system, and a decreased ejection fraction cannot be determined by physical examination. Anemia results in a decreased hematocrit and tachycardia. There is hepatomegaly, but this is found in an abdominal exam, and hypotension will occur in anemia.

Text: Study Guide for the Core Curriculum for Oncology Nursing. Fourth edition. Copyright 2005.

Author: Suzanne M. Mahon RN, DNSc, AOCN, APNG

