



Pennwood Chapter Newsletter May 25, 2016



PRESIDENT'S CORNER

BIG CHANGE STARTS HERE.... The theme of the ONS 41st Annual Congress in San Antonio, TX, from April 28-May 1st 2016.

Maybe because it was Texas ("everything is bigger in Texas") but this Congress truly lived up to its name. The weather, the food, the venue and oh yes, the lectures, presentations, the special interest groups and big Pharm, were all represented in a spectacular fashion. The format allowed you to move from Clinical Practice, to Leadership/Management/Education to Advanced Practice to Research. You could pick your focus or try something completely new. I did at least one of each session attempting to move out of my comfort zone.

At one point, I was overwhelmed with the level of intellect and the contribution to nursing that Oncology Nurses make every day. It was empowering and at the same time comforting to know we make a difference in so many lives.

Thank you for the opportunity to represent this chapter and as the Congress ended the call was "Onto Denver, CO May 4-7 2017," for more Big Changes.

Sincerely,

Donna M. Osburn MSN, RN, OCN



41st Congress of ONS Experiences:

~ Donna Jann ~

I have just returned from attending the 41st Congress of ONS held in San Antonio, Texas. All I can say is **WOW!** The energy and excitement could be felt immediately as you stepped into the conference center, knowing that you were about to experience something great! Imagine, 3,500+ nurses, from all around the world, coming together with a common interest; their love for oncology and wanting to learn more!

The session that impressed me the most was a breakfast symposium on the latest treatments for breast cancer. It made me think back to the countless number of patients I have cared for throughout the years. (including my sister). I think many would have had a longer survival and a better quality of life. I am thankful for those who are called to be researchers in this area.

The session on Nibs and Mabs would have been so helpful years ago when these therapies were first introduced. It is amazing that we now have a grocery store selection of treatments!

The updates in pharmacology included

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the mandatory safety measures for infusion nurses. This will go into effect by the year 2017. **WOW**, finally someone recognizes the hazards nurses are exposed to everyday!

There is so much more I could write, but I will say this in closing; Oncology Nursing is unlike any other nursing. It is a special "calling"; a "passion"! I guess this is why, even after my retirement, I continue to attend conferences and learning sessions.

Donna Jann

P.S. HAPPY NURSES WEEK TO ALL THE NURSES!

~ Allie Hilferty ~

The 41st Annual Oncology Congress held in San Antonio, Texas was actually my first congress and it was a great one to be at. Besides the awesome scenery and the good show of southern hospitality, there were multiple educational, informative, and entertaining meetings to attend throughout the day. The new lay out this year included color coded sessions that followed four different tracks designed for more specific fields of oncology nursing that included Clinical Practice, Leadership/Management, Advance Practice, and Research. The color coding did not hinder those who attended though; I found myself leaning towards the Advance Practice sessions and was happy to find many other infusion nurses there as well. Some of the most enjoyable and informative session were held by Dr. Neil Love in the Marriot River center.

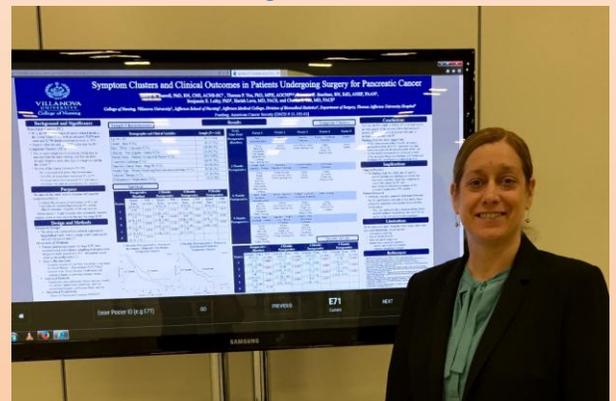
Using a theme of immunotherapy Dr. Love and his council of rotating nurses/physicians discussed multiple cases in a "round type" setting. The rounds included sessions on immunotherapy, G.I cancers, Ovarian cancers, Bladder cancer, NSCL cancer, and lymphomas/leukemia's. In each session 4-5 different patients were present with their treatments and outcomes present.

Each session ended with discussion of new targeted

therapies available, which is always exciting to learn as an infusion room nurse. My favorite part of the sessions was Dr. Love's focus on the patient's experience and what challenges they faced and their own support system in place. It was also great to see the type of relationship that was built between the caregiver and the patient as all the presenters spoke so highly of their patients. All and all it was a wonderful, education experience, and hey the River walk isn't so bad either!

Allie Hilferty, RN-BSN
(staff nurse at Paoli Hospital Cancer Center)

~ Sherry A. Burrell ~



Sherry presented a Poster abstract at ONS

“Symptom Clusters and Clinical Outcomes in Patients Undergoing Surgery for Pancreatic Cancer”

Article to follow...

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Assessing and Preventing Critical Situations ONS Congress Presentation Summary

By Catherine Sargent

This presentation provided an outline of patients at risk for crises and acute management of declining conditions. The specific conditions addressed included: sepsis, cardiac rhythm disturbances, hemorrhagic cystitis, and pancreatitis. Mentioned but not discussed in detail were how oncologic emergencies are classified. The first group of oncologic emergencies is by mechanism of injury. In this category, oncologic emergencies can be related to hematologic complications, organ toxicity, structural or metabolic abnormalities, or unrelated to cancer or its therapy. The second group is classified by the timing of the emergency. For example, did it occur at diagnosis, during treatment, with progressive disease, or as a late effect of cancer therapy. Also, addressed is why patients do not look as sick as they are. Reasons included a progressive decline in condition, long-term abnormalities diminish symptoms, and low WBC counts (lack of inflammatory cytokines) that make patients less symptomatic.

Sepsis was the first specific condition discussed as it is the 10th leading cause of death in the US and early recognition can save lives. Nurses commonly are the first healthcare provider to recognize the onset of sepsis. Severe sepsis occurs in 14% of all oncology patients. There have been EBP recommendations and guidelines since 2001 regarding prevention and treatment of sepsis. In 2015, CMS made sepsis a core measure, with Joint Commission making sepsis a safety goal in the near future. The most critical time period in surviving sepsis is the first 3-6 hours. Within the first 3 hours, patients should be screened, have blood cultures and lactate drawn (if positive screen),

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assessed for organ function, maintain oxygen saturation at >90%, and most importantly, first antimicrobial dose within first 60 minutes of triage. Every hour delay beyond first 60 minutes increases mortality about 7.6%.

Cancer patients at increased risk for the development of a dysrhythmia and may need monitoring include those who have: respiratory compromise, hypotension, bleeding, extremely low hemoglobin, toxicity of therapy, glucose abnormalities, dysrhythmias (QT prolonging medications, electrolyte abnormalities), and mental status changes. Dysrhythmias may be symptomatic vs. asymptomatic, slow or fast, reversible vs. irreversible, and depending on the origin of rhythm can increase the risk of death or may be lethal. There are numerous medications used in the treatment of cancer that can increase the risk for QT prolongation, such as anti-arrhythmics, antifungals, anti-histamines, cimetidine, fluoroquinolones, histamine receptor antagonists, proton pump inhibitors just to name a few. The presenters stated that to prevent a dysrhythmia-related crisis, potassium level goal should be maintained at > 4.0 and magnesium level goal at >2.0, monitor volume status to avoid dehydration and/or fluid overload, monitor polypharmacy, and perform periodic EKG evaluation for QTc or nonspecific ischemic changes.

The third condition that was present was hemorrhagic cystitis. Defined as an erosion of the inner mucosal (transitional epithelium) lining and blood vessels of the bladder from irritation or toxic metabolites. This condition occurs in 10 to 40% of high-dose chemotherapy (especially stem cell transplant) patients, with a mortality rate of 2 to 4 %. The incidence of developing hemorrhagic cystitis has

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decreased with greater knowledge of risk factors and preventive strategies. In addition to the well-known agents that cause hemorrhagic cystitis (Ifosfamide and high dose Cytoxan) is Busulfan, Fludarabine, Bladder instillation of BCG, pelvic radiation, urothelial malignancies, infections, and AV malformations. While prevention is crucial, when a patient does develop hemorrhagic cystitis management includes high volumes of IV fluid with a goal of 150cc of urine output per hour, bladder protectants, and continuous bladder irrigations. Other treatments involve the use of prostaglandins to control bladder spasms, formalin, hyperbaric oxygen, interventional procedures (cystoscopy, silver nitrate, embolization), and/or investigational therapies.

The last condition presented was pancreatitis. Most cases are considered to be mild in nature with 15 to 30% with critical illness. If the pancreatitis becomes hemorrhagic and acute fulminant, there is a 20% mortality. Cancer-related causes of pancreatitis include: alkylating agents (Ifosfamide), Antimetabolites (5FU and Gemcitabine), hypercalcemia, hyperglycemia, taxanes, retinoids, and immune reactions (Nivolumab). Cancer related pancreatitis can lead to cardiac failure, DIC, hepatic failure, renal failure, respiratory distress syndrome, or shock. Although there are several laboratory studies that need to be monitored for this complication, serum amylase and lipase are seen as the most important. Typical management of pancreatitis involves IVF, monitoring I & O, NPO status, and pain control. There is now thoughts that proactively managing hyperglycemia and hyperlipidemia (with Statins) can reduce the risk for development.



“Moonshot 2016 ~ Where Do We Fit In?”

By Ro Tucci

During his 2016 State of the Union Address, President Obama called on Vice President Biden to lead a new, national “Moonshot” initiative to eliminate cancer as we know it. The President took the first step in this effort, establishing a new Cancer Moonshot Taskforce– to be led by the Vice President – to focus on making the most of Federal investments, targeted incentives, private sector efforts from industry and philanthropy, patient engagement initiatives, and other mechanisms to support cancer research and enable progress in treatment and care. The Vice-President’s role will be to bring all parties together, breaking down silos and sharing data to generate new ideas and breakthroughs.

Too many American families know all too well the devastation cancer can bring. More than 1.6 million new cases of cancer will be diagnosed in 2016. Cancer doesn’t discriminate – it strikes young and old, family and friends, neighbors and co-workers. As the President said, we must harness the spirit of American innovation to identify new ways to prevent, diagnose, and treat cancer.

Deborah K. Mayer, PhD, RN, AOCN®, FAAN, Oncology Nursing Society (ONS) past president and current ONS member, was appointed to help inform the scientific direction of the National Cancer Moonshot Initiative. The Panel is a working group of the National Cancer Advisory Board (NCAB). The NCAB will advise the National Cancer Institute based on the recommendations made by the Blue Ribbon

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Panel later this summer.

“This is a wonderful recognition and opportunity to bring nursing and patient perspectives to this prestigious panel,” Mayer said. “Our work will be significant in identifying opportunities to reduce the burden of cancer.” ONS website announcement, April 5, 2016

The National Cancer Moonshot will work to accelerate research efforts and break down barriers to progress by enhancing data access, and facilitating collaborations with researchers, doctors, philanthropies, patients, and patient advocates, and biotechnology and pharmaceutical companies. The initiative aims to bring about a decade’s worth of advances in five years, making more therapies available to more patients, while also improving our ability to prevent cancer and detect it at an early stage.

The areas of focus for Moonshot are to include:

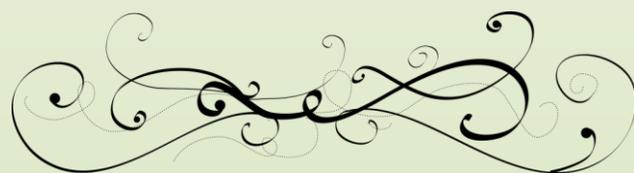
- [Prevention and Cancer Vaccine Development](#)
- [Early Cancer Detection](#)
- [Cancer Immunotherapy and Combination Therapy](#)
- [Genomic Analysis of Tumor and Surrounding Cells](#)
- [Enhanced Data Sharing](#)
- [Oncology Center of Excellence](#)
- [Pediatric Cancer](#)
- [Vice President’s Exceptional Opportunities in Cancer Research Fund](#)

“We believe that nurse researchers and clinical practice nurses will have a great impact on the scientific direction of the National Cancer Moonshot moving forward,” said Margaret Barton-Burke, PhD, RN, FAAN, current ONS president. ONS website announcement, April 5, 2016

To this end, Vice-President Biden was contacted via email by me to offer assistance and

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input of the bedside/chairside staff nurses available through our local chapters. While not hearing from him, I have been in contact with our Delaware Diamond peers, who have worked on other projects with Dr Jill Biden, the Vice-President’s wife, to offer our assistance as needed. *More to follow...*



“Thank You !!!”

What a great vendor fair dinner we had this year! It could not been possible except for all of you who gave up your time to support and help Ann Marie and I pull off a different type of cerebation for our 20th anniversary.

I have not heard a negative about either event. Thank you from the bottom of my heart.

Pat

*Thank you
from the
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EDITOR'S NOTE

The ONS 41st Annual Congress in San Antonio was wonderful even amid the changes ONS has made hence the theme "Big Change Starts Here". There were many new tracks offered that were in different color to meet the needs of every oncology nurse. There was more time allocated for posters, exhibits and professional development. It was great to see many people from the Penns Wood Chapter attend the conference including a couple husbands. San Antonio was great visiting the Alamo, circulating the restaurants along the river walk and touring the city under sunny blue sky (no rain) was just sheer bliss!

As far as our Newsletter I am very excited to see so many responses to share their experiences please enjoy reading! One article by Ro Tucci on Vice President Biden establishing a new Cancer "Moonshot" Taskforce is really worth reading.

I thank you all for your support and please let continue sending the articles.

Happy reading and have a great and safe Summer!

Joy Hepkins RN BSN OCN
Woodpile Chief Editor

Happy Reading

Please continue to send articles for the Newsletter.

If you have anything to post or articles, please send it to:



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