



Chapter Newsletter



Summer 2011

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President's Letter

The chapter year is well under way. I hope that you have been able to participate in some of our chapter events. We had a fascinating presentation on end of life issues by Nancy Joyner at our first meeting of the year. Barbara Wilson's workshop presentation in May on evidenced-based symptom management was well-received by those who attended. I was able to give an overview of Oncology Nurse Navigation at the meeting earlier this month. Each meeting provided continuing education contact hours. If you were not able to attend any of these meetings, we have more in store for you in the second half of the year.

A great opportunity to view exhibits and talk with the various pharmaceutical representatives is coming up at our Vendor Fair which is planned for Grand Forks on August 11. Each representative will also have a short presentation time to let us know more about a topic of their choice. We will have great food, too! We are considering renting a van or bus for people to get to Grand Forks for the event. Members from the Southern Valley, keep that in mind if you have been thinking that the trip to Grand Forks is too long after a full day at work.

Also please mark your calendars for our fall meetings. We will meet in Grand Forks on September 8 and our final meeting of the year will be our celebration meeting in Fargo on November 10. We have been giving away national ONS memberships as door prizes, so come and win one!!

In this issue, you will hear from a couple chapter members who attended ONS Congress this spring. You will also be able to see our 2-year strategic plan for the chapter, as well as a member profile and some information regarding a new drug for a difficult cancer. And please respond to a new feature – I'll let you discover it inside!

If you have ideas for the chapter, or want to contribute to the newsletter or planning chapter activities, please let us know. We always welcome suggestions and participation.

Here's to a great summer, now that it has finally come!

Barb Sherburne, Chapter President
RRV ONS

2011-2012 RRV ONS Strategic Plan

1 - Promote chapter membership retention and recruitment.

Strategy:

- Contact National ONS members who are from the RRV area and invite to become members of the local chapter
- Develop tracking process to determine when national membership lapses, to encourage renewal to both national and local ONS
- Challenge each chapter member to bring a guest at least once this year.
- Encourage Board Members to contact (by personal letter, telephone call, or personal invitation) current members prior to the scheduled meetings
 - Promote and publicize rewards for attendance: OCN recognition, random drawings
 - Recruit nursing students by contact with each nursing program in our chapter area this year. Focus particularly on nurse interns who work in oncology settings.
 - Non-members will be asked to pay \$10 to attend meetings

2 - Mentor chapter members into leadership roles.

Strategy:

- Continue to mentor members for positions and committees (president, president-elect, secretary, treasurer, historian, membership, nominating, programs, newsletter, virtual web, and expand roles as chapter needs are identified)
 - Invite Board Members to describe their roles at general meetings as a way to inform what leadership entails
 - One to one recruitment of potential candidates throughout the year, planting seed early
 - Follow-up on volunteer interest within a month of stated interest

3 - Maintain a format for yearly budget planning and tracking.

-Identify how much support chapter to provide to programs outside of direct pharma support for meetings to foster increase in CE offerings, while still maintaining partnerships with pharma representatives.

4 - Increase the Chapter presence in our communities.

Strategy:

- Contribute to local oncology charities
- Obtain local media coverage regarding an oncology nursing related event (utilize PR departments and work with National ONS to secure proclamations for National Oncology Nursing Day/Month, publish Oncology Nursing Day/Month acknowledgement and activities)

5 - Promote the integration of new scientific information and technology into existing and emerging roles of oncology nursing.

Strategy:

- promote ONS sponsored programs to local members
 - Those attending Congress or IOL encouraged to report to chapter
 - Book/webcast reviews in Newsletter

SIG's

Are any of you ONS members involved in **special interest groups**? If you are, we would like to hear from you to see if there are members who have a common interest in a specific area of disease or practice. Please let Sandy Stokke know if you are signed up in a SIG and which group it is. Members with common interests could more easily network if they knew who belonged to the same SIG. There are nurses around the country and world who belong to these SIGs. You can connect with them to delve into a particular oncology nursing topic.

Metastatic Melanoma Care: FDA approves Ipilimumab

Ipilimumab is now in Phase III clinical trials.

Ipilimumab (Yervoy) is a fully humanized IgG1 monoclonal antibody to CTLA-4. It is the first agent to show an overall survival benefit in metastatic melanoma in randomized clinical trials. In 2010 there were over 68,000 cases of melanoma diagnosed.

For patients with metastatic melanoma the 5 year survival rate is <10% with a median survival of approximately 7 months.

Despite innumerable clinical trials the options for Stage IV melanoma patients are limited. Melanoma cells are relatively resistant to standard chemotherapy agents. Response rates with single or combined agents are only in the range of 10-20%. Dacarbazine is the only FDA approved chemotherapy for melanoma and it has not shown a survival benefit.

The other two FDA approved drugs for metastatic melanoma are IL-2 and hydroxyurea. Studies have indicated that melanoma cells might be susceptible to surveillance by the immune system. Use of IL-2 and interferon alpha result in tumor shrinkage and a small percentage of patients treated with IL-2 have a durable response.

In 20-40% of the patients treated with Ipilimumab there have been drug related Grade 3 and 4 toxicities which were primarily skin, GI and endocrine side effects. Bowel perforation (due to immune colitis) and treatment related mortality have been reported in a small percentage of patients in a majority of clinical trials. These immune related AE's are dose dependent, schedule related and cumulative. Most irAE's are manageable and generally reversible with corticosteroids.

These irAE's can be life threatening. Also management with corticosteroids can be harmful. The benefit of the treatment must be weighed against the risks for these patients.

This report submitted by Mary Gohdes.

A more complete article about Ipilimumab can be viewed in the May 10, 2011 issue of Oncology Times and the December 2010 ONCOLOGY magazine.

CLINICAL TRIALS

There are multiple barriers to patients enrolling on clinical trials.

When you visit with patients who are offered enrollment on clinical trials but decline do they share with you why they don't want to participate in research?

What barriers have you identified that have kept eligible patients from enrolling in research studies?

What strategies have you found help break down those barriers?

I would like to hear from you as I have a personal interest in clinical trial enrollment as a RN who works in the CCOP office enrolling oncology patients. Email me if you have any insights about barriers to enrollment on clinical trials @ mary.gohdes@sanfordhealth.org.

RRV ONS Member Profile

Name: Millie Ness

Education: Winona (MN) State University 1982

Nursing Experience: After graduation from college Millie lived in Dallas and San Antonio, TX before moving back to MN. She worked in various nursing roles in the Intensive Care Nursery for 12 years total. After her marriage she settled in rural MN where she worked in Detroit Lakes (kidney dialysis and Meritcare Clinic lead). She then found her niche in oncology nursing.

What Attracted her to Oncology:

The reputation of Roger Maris Cancer Center attracted her to apply for a job in the Infusion Center. She had spoken with patients and families about their experiences @ RMCC and she wanted to work in the oncology field. Millie became oncology certified in 2010.

Importance of ONS:

Millie says that ONS is a great way to learn new information through programs, publications and networking. This information helps her bring better expertise to her job and to her patients.

Personal:

Millie has been married to Rich for 17 years. They are the proud owners of Sid the cat. When not at work Millie enjoys reading, listening to audio books, gardening, and walking (including the recent 10K at the Fargo Marathon and the 61 for 61 run/walk every fall).

ONS CONGRESS

The 36th Annual ONS Congress was held in May 2011. Two of the nurses who attended have given a synopsis of one of the sessions that each found provided a learning experience for them.

Millie Ness

I recently had the opportunity to attend the 36th annual ONS Congress in Boston, Massachusetts. It was an incredible experience to be able to learn from and network with oncology nurses from all over the world. Despite the distractions of such an historical city (The Freedom Trail, Kennedy Library, shopping, CHEERS original bar, shopping, the harbor, seafood restaurants, shopping, The Parker House Restaurant where John Kennedy proposed to Jackie...) there was ample time to attend educational sessions, inspirational programs and vendor demonstrations.

One session that I found to be especially of interest was titled "One Size Does Not Fit All: Identifying the Educational Needs of a Multigenerational Workforce" which was presented in collaboration with the Staff Education Special Interest Group (SIG). The focus of the discussion is that for the first time ever there are 4 generations in today's workplace: Veterans, Baby Boomers, Generation X-ers and Generation Y-ers and there is a need to understand each group's unique learning styles to be able to provide ongoing education. These learning styles vary from memos and printed materials appreciated by the veterans to online learning for the more tech savvy generations. One interesting quote was that "Technology is only Technology for those who were born before Technology." The upcoming Net generation takes electronics for granted and will be almost completely wireless and paperless with access to information "24-7-365".

Thus - creative activities that meet the needs of all members of the workforce need to be explored in developing ongoing education and motivational programs.

Nancy Lunder

I went to a break out session called Moral Distress: Oncology Nurses at Risk. This session stressed the point that moral distress will always be there in the work place especially in oncology nursing. But how can you take care of yourself to prevent it from costing you your health or your career? Use the 4 A's model: ASK, AFFIRM, ASSESS and ACT. Establish a healthy work environment. Recognize symptoms of distress and create regular forums for communication. Short term coping strategies are to take time off, set limits, debrief with colleagues, and participate in professional development activities. The personal cost of moral distress is burnout, distance, compassion fatigue, conflict, hopelessness, anger, guilt and sorrow. It was so good to hear other oncology nurses share their case studies about things that they all have gone through and identified in themselves. I hope you all get a chance to attend ONS Congress to learn and meet other wonderful ONS nurses.