



July 2016

Kinesis

PRESIDENT'S NOTE

Wow, we had a wonderful year of monthly chapter educational meetings. The venues were so diverse and each restaurant's cuisine was so very tasty. The speakers were fantastic. Thank you to the program committee for all the hard work. Thank you especially to Sharon Sanker, the program chair for keeping us on task and doing all the extra little things to make each event perfect. Thank you to Debbie Heim for processing the CE applications and making sure that they are all correctly formatted, timely and the constant follow up. Also thanks Debbie for managing EventBrite.

We have begun the process of planning for next year's list of programs and once again, they are not to be missed. With that, for our kick off meeting in September, we will again have "Hot Topics from ONS Congress". IF YOU ATTENDED CONGRESS THIS YEAR, PLEASE CONTACT ME. I would love to have some new speakers this year. It is only for 10 minutes and is a summary of the talk you went to, the one that motivated you.

In 2017, our local chapter of ONS will celebrate it's 30th year anniversary. We are looking for volunteers to help plan the event to celebrate this anniversary. If interested in helping with planning, brain storming, decorating, or doing whatever, please contact me. We are planning for our big bash to occur in June 2017.

Thanks to Arleen Wuestefeld who recharged the Community Outreach Program, we have as a chapter donated goods and supplies to several worthy organizations, volunteered at Matthew 25 and so much more is being planned for the summer and next year. We also had some fun with a cooking class and plan on going as a group to the Reds. See her article.

I want to wish Ruth Gholz all the best in her new role as national ONS nominating chair. Congrats and enjoy your retirement. Carol Turner, I believe, is also soon to retire and enjoy the new role of grandma. Congrats to both.

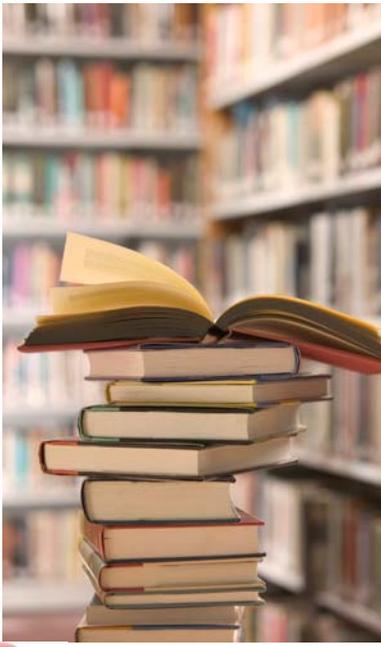
Kim Blanton will graduate with her Master's degree in October and then will be ready to learn the role of president as she assumes the position in January 2017.

Our leadership team continues to grow with now a Social Media chair, Jenna Wisner. So good to have you on the team. We are in need of nominees for treasurer and director at large for this November's ballot. We need a nominating and awards chair. We need help on the archives committee. Please consider helping to keep our chapter strong. It is fun, and you do not have to monthly educational meetings.

I am proud to be part of the Cincinnati Chapter of ONS. We have some vital and vibrant members who do such good work for the community. Have a wonderful summer and see you all in September.

Sincerely,
Carol Amfahr CNP
carol@amfahr.com





LETTER FROM THE EDITORS

DONNA HARRIS & MICHELLE OTTERSBAACH

As we began working on the newsletter and getting things together for this issue it became clear that we have pretty big shoes to fill. After soliciting information from all of her colleagues and friends it became clear that Ruth has recruited or inspired everyone and is a cornerstone in the foundation of our local chapter. As the new editors of the newsletter we hope to continue on the path she paved and continually create a newsletter that our members can enjoy. I also believe we are her newest recruits.

We have created an email dedicated to the newsletter and encourage everyone to send photos, accolades or information in real time so we can compile

it for future newsletters. We need to have recognition of members, congratulations, milestones achieved, awards received, publications or other information highlighting the wonderful things our members do every day to share with everyone. Upcoming dates, classes or events that you would like to share with members along with articles about how you are changing or improving oncology nursing within your organizations would be great things to disseminate to members. Please forward or send information to ctconsnewsletter@gmail.com or inclusion in future newsletter.

NETWORKING UPDATE/ OPPORTUNITY

Submitted by: Nancy Murrin BSN, RN, BMTCN, OCN (Jewish Hospital)

In January board and chapter members participated in a private cooking class held at Custom Distributors located in Fairfield. Every other Wednesday, Kathy Damm hosts classes cooking classes and offers innovative ideas and kitchen tips in the atmosphere of friendship and laughter. Members were guided in creating a meal of hor d'oeuvres, shrimp corn chowder, bread sticks and chocolate cheese cake. Everyone had a wonderful time and we hope to attend another class together. Classes are \$35.00 per person and include beer and wine. You can visit Custom Distributors website www.customdistributors.com for more details and a list of future classes.



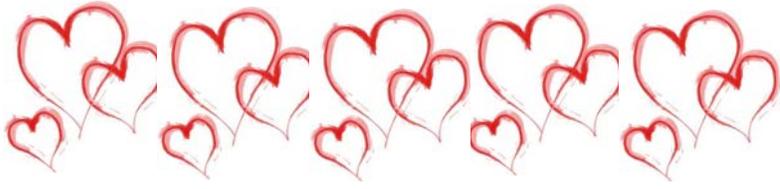
CALLING FOR CREATIVITY CONTEST

Help us to create a design for our 30th Anniversary for June 2017. The winner will receive a \$25 gift certificate. Contact Carol carol@amfahr.com with ideas.

Our current logo is



By: Barb Henry,
DNP



This past fall 2015 I taught the NKU online course: “Psychopharmacology Across the Lifespan” to a lovely group of FNPs hoping to obtain psychiatric certification. I discovered a wonderful series of narrated power points on You Tube entitled: “*Concise Psychopharmacology Review*” by J. Heidt, M.D. The series of 15 narrated lectures was originally designed for medical students. However, the FNPs in this course found it to be very helpful; check it out if you want to learn more: <https://www.youtube.com/watch?v=uhmpi3yLeGg> Though there are no CEUs attached to the lectures, there are excellent mnemonic devices to guide psychopharmacology prescriptive practice.

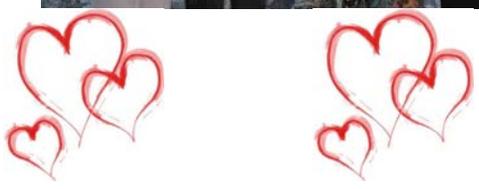
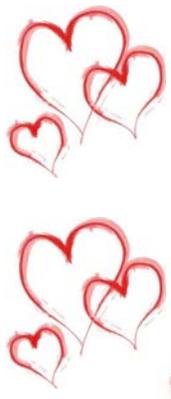
Most of you know that psychotropics work to rebalance neurotransmitters like dopamine, serotonin, and norepinephrine. Here are some of the mnemonic devices to help you remember what the neurotransmitters do and possible side effects:

DOPAMINE

- D:** Drive (gives us drive)
- O:** PsychOsis (imbalance of dopamine)
- P:** Parkinsonism (possible side effect)
- A:** Attention (improves when balanced)
- M:** Motor (can cause abnormal involuntary movement)
- I:** Inhibition of Prolactin (can cause Prolactin elevation/milk production)
- N:** Narcotics (increase dopamine release)
- E:** Extrapyramidal (possible side effects)

- SERATONIN:** **Head** (can increase h/a’s, sociality, satisfaction and decrease: anxiety, impulsivity, and sex drive);
Red (can increase platelets and bleeding);
Fed (can increase GI motility and nausea)

High concentrations of **NOREPINEPHRINE** are produced in the locus **ceruleus**. **Cerberus** in Greek mythology is a fear-inducing multi-headed dog that guards the gates of the underworld





TRIBUTE TO RUTH GHOLZ



Twenty five years ago, I sat down at the first oncology program I was attending since moving back to Cincinnati, and this very animated nurse sat down next to me. Within hours, she had totally won me over! Thus began a long and lovely friendship with Ruth Gholz. She encouraged me, supported me, and challenged me. During those years, I became oncology certified, re-activated my certificate of authority to become the Oncology CNS at Good Sam, and passed my advanced oncology CNS certification test. No one was a bigger cheerleader than Ruth as I changed jobs and took on a new challenge. She was my go-to person as I struggled in my new role. In addition, she encouraged me as I joined the chapter, and in no time I was on program committee with Deb Heidrich, became program chair and then served as treasurer. Over the years, I have secretly watched Ruth encourage others...to be active in the chapter, attend Congress, present at chapter meetings, create posters, and publish. She always used her own stories of growth to demonstrate that everyone has potential! She is so incredibly passionate about oncology nursing, and so unselfish in encouraging others to shine. I have told her many times, that despite our similar ages, she is who I want to be when I grow up!

But I am not alone in singing the praises of Ruth Gholz. Gigi Robison MSN, RN, AOCN, related the following: "I met Ruth in 1989, when we both joined CTC-ONS. Ruth and I have served on the CTC ONS Board for so many years together in so many capacities – I cannot count them

all. When I attended the ONS Leadership Development Institute in 2001, Ruth was on the Planning Committee and was one of the speakers. When I was President of CTC-ONS in 2004, I was invited to a President's Reception, and Ruth was being honored for being on the national ONS Board. (That is when we had our picture taken with Pearl Moore!!) Ruth and I have attended hundreds of CTC ONS programs together, and she often asks intriguing questions (such as – "How much does it cost?"

□) Ruth and I have attended multiple ONS Congresses together, sometimes as roommates, and have enjoyed visiting different cities and enjoying the locale. I appreciate Ruth's never-ending dedication to our chapter and to oncology nursing. She is a beacon of inspiration and knowledge for all of us. "

Kim Blanton BSN, RN, OCN, remembers: "Ruth has been a strong pillar in our community. The 2 things that make me think of Ruth is where she brought us with pain control and her willingness to ask questions. She has given me the courage over the years to not be afraid to speak up. " Nancy Murrin shared: " I know that Ruth took me under her wing when I was new to the board."

The first time I met Kirubel Tefera, Medical Oncologist at TriHealth, he regaled me with stories of how much Ruth had taught the oncology fellows at the V.A. He wanted these comments shared: " I always remember Ruth for her dedication to cancer patients especially for veterans. She has advocated, counseled and helped to take care of thousands of veterans. She truly took care of those who borne the battle of this nation. Ruth is also a great teacher. She has taught hundreds of nurses, residents and oncology fellows. She has touched thousands of lives. I am one of those and grateful for that. Thanks you, Ruth. Happy retirement! "

In addition to providing some wonderful photos, Barb Henry had this to say about Ruth: "Ruth was the first person to recruit me to leadership in our chapter. She has been editing the KINESIS newsletter for many years. At times she thought no one read it-most of us did! She is responsible for recruiting many of our chapter leaders past and present. In 2016 as a member of the National ONS nominating committee, she will continue practicing her leadership development skills by recruiting national leaders. Ruth has been a Director At Large on the National ONS board and is well known as a leader in her work at the VA, in oncology, and in nursing as a whole. Ruth is an outstanding oncology and advanced practice nurse who was finally recognized with our chapter Excellence award in 2015. She is a mentor who inspires us to seek a seat at the table, realize our own potential, and develop a mission statement and professional nursing practice. I am fortunate to have known Ruth as a colleague and mentor and hope that she continues many more years as a CTC-ONS and National ONS leader."

And finally, Debbie Heidrich captured some of Ruth's most impactful qualities in her character reference written when Ruth ran for ONS Nominating Committee in 2016: "I've know Ruth through the Cincinnati Tri-State Chapter of ONS since 1989. We have worked together on the board, program committee, and many special projects over the years. Ruth is a natural at connecting people to build their networks. She has been active both locally and nationally in ONS, so knows many oncology nursing experts; she is able to provide a resource of an expert for every need I've had over the years and does the same for so many of our chapter members. Ruth asks tough questions of presenters to get at the evidence base of what they are presenting, but does so in a way that does not put them on the defensive. I have always admired her insight and her skill at getting to the key issues at hand. Ruth is a team player. She works well with others. She sets realistic deadlines for committee activities and keeps people accountable. Ruth is recognized throughout the area as an expert in oncology nursing and willingly shares her expertise. As mentioned above, she is skilled at running committee meetings and keeps people accountable. Ruth was an ONS member since 1979. She has been active both locally and nationally within the organization. When I have a question about ONS, I go to Ruth! And, as mentioned above, she is recognized as one of the best oncology nursing experts in the city. She is highly sought after for consultations and presentations. When I had a family member diagnosed with cancer, she is the first person from whom I sought consultation despite the patient not being in the VA system. Ruth has many contacts with oncology nurses throughout the country. She has great insight and is able to discern the key issues in discussions and in decision-making. She is fair and balanced and demands excellence. All of this, and she is one of the most genuine, caring individuals I have ever met. I am proud to call her a friend and colleague. "

So, Ruth, in closing, you are loved by all! Oncology nursing would not be where it is in Cincinnati without your incredible passion, energy, and commitment. You have made all of us better, and we thank you!

Sue Partusch MSN, RN-BC, AOCNS





COMMUNITY OUTREACH UPDATE

The Community Outreach Committee would like to thank CTC-ONS members for the tremendous generosity they have shown to the support organizations who have come to our educational programs. Hope Lodge received multiple donations of primarily toiletries and paper products at our October meeting. Fernside and Dragonfly received total donations of over \$500 in cash, gift cards, and craft supplies. Many also brought in donations for Matthew 25 Ministries. Thank you for the overwhelming response.

The committee is also having fun planning some fun social events for our members. We had great fun at the "Cooking with Cathy" class in January that we are tentatively planning a repeat session in the fall. Thanks to Nancy Murrin for arranging that. We are also hoping to have a Reds outing. Look for more details to follow.

The committee is also involved in a variety of projects. Carol Amfah organized a volunteer evening at Matthew 25 ministries. Thanks to those who donated their time. We may plan another date in the future. We also helped seek out volunteers to help at several events at the Flying Pig Marathon. Those activities benefited the Leukemia and Lymphoma Society and/or were involved in getting bone marrow registry donors.

We are interested in participating at health fairs so if you have an oncology event in your community that needs a booth manned or some other assistance please let us know. Please watch out for your local American Cancer Society Relay for Life programs and volunteer if you can. Judy Houchens needs 2 volunteers to help on Thursday July 28th from 8-10 am to meet at the VA hospital to meet with veterans to share information on cancer screening and prevention. Michelle Ottersbach is working on a project at the Dragon Boat Festival. Look for more details to follow.

We are developing a resource list of volunteer opportunities. If you know of an oncology volunteer opportunity, please share that information with Janet Goeldner at Janet.Goeldner@uc.edu.

Please watch for updates via chapter emails and at meetings. If you have ideas or want to be involved please contact me at awuestefeld@ohcare.com.

Thanks, Arleen Wuestefeld





Stereotactic Body Radiotherapy (SBRT) for the treatment of early stage NSCLC

By: Kim Mullins DNP, APRN-BC, AOCNP

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Lung cancer is the second most frequently diagnosed malignancy for men and women in the United States accounting for 228,190 newly diagnosed cases and 159,480 deaths in 2013 (ACS, 2013). The preferred treatment for early stage NSCLC lung cancers, often defined as a stage I or a stage II, is surgical excision (Ishikura, 2012; Kelsey & Salama, 2013; Potters et al., 2010). The five year overall survival (OS) without treatment is 20%, and OS for total lobectomy is 30% to 50% for stage II NSCLC patients and 60% to 70% for stage I NSCLC patients.

(Guckenberger, 2014; Landreneau et al., 1997; Port, Kent, & Altorki, 2002; Scott, Howington, Feigenberg, Movsas, & Pisters, 2007). It is estimated however, that 20 – 25% of lung cancer patients do not have surgery, either by choice or due to their co-morbidities (Ishikura, 2012). The treatment options then include surveillance, chemotherapy, radiation therapy or an ablative procedure.

From a surgical perspective, once diagnosed, the patient falls into one of three categories: Standard, High risk, or Inoperable (Fernando & Timmerman, 2012). Total lobectomy, if possible, is preferred over a sub-total lobectomy (also called a wedge resection) due to the likelihood of disease recurrence (Fernando & Timmerman, 2012; Kelsey & Salama, 2013). Studies have shown sub-lobar resection has a local recurrence that is three times higher than lobectomy (Senan, Paul, & Lagerwaard, 2013). It is estimated that 20% to 40% of patients diagnosed with an early stage NSCLC do not have surgery either by necessity or choice (Allibhai et al., 2013; Senan et al., 2013). These numbers are expected to rise as low dose CT screening is now advocated and more accessible (Allibhai et al., 2013).

Research on inoperable NSCLC patients has found conventional radiation therapy provides a 5 year overall survival of 6 to 27% (Ishikura, 2012). Within the past two decades, another form of radiation delivery, stereotactic body radiotherapy (SBRT), has become more popular due to the technical ability to deliver very high doses of radiation to smaller, confined areas over short time periods and less local tumor relapse (Guckenberger et al., 2013; Kelsey & Salama, 2013; Potters et al., 2010). Kelsey & Salama (2013) report that conventional radiation treatment of lung cancer has a recurrence rate that is 25% to 50% higher than SBRT. There are studies emerging in which SBRT shows

nearly equivalent rates of local control as surgical lobectomy but without the toxicity or mortality risk as surgery (Grills et al., 2010; Senan et al., 2013; Timmerman et al., 2006).

The most common extra-cranial site of SBRT is the lung (Davis, Medbery, Sharma, Danish, & Mahadevan, 2013; Howington, Blum, Chang, Balekian, & Murthy, 2013; Sahgal et al., 2012). Stereotactic body radiotherapy is defined as a form of external radiation therapy that accurately delivers a high dose of radiation precisely to one or a few extra-cranial body sites (Chan et al., 2012; Guckenberger et al., 2013; Potters et al., 2010). Sahgal (2012) goes on to explain that SBRT is intended to provide long-term control. In order to accomplish this, there are certain technical requirements that must be met. Onishi (2013) states the four conditions for SBRT are 1. Stability and reproducibility of the treatment plan, 2. Measures in place to correct or prevent respiratory movement error, 3. Dose concentration onto the tumor by multidirectional 3-dimensional coverage and 4. A short-treatment period. Other considerations include the size and location of the lung tumor.

There are several benefits to stereotactic body radiotherapy. It does not require any anesthesia, there are no risks associated with the operating room, the treatments can be completed in a series of one to five fractions, there is no recovery time, lung function is minimally impacted and there is less chance of missed margins as in surgery (Howington et al., 2013; Timmerman et al., 2006). The risks associated with SBRT are largely related to where the tumor is located and what normal tissue resides around that space. Potential risks include pulmonary toxicity, chest wall and/or skin toxicity, esophageal fistula, rib fracture, chest wall pain syndrome or brachial plexopathy (Kelsey & Salama, 2013).

There have been many factors evaluated for their effect on the rates of SBRT local control in lung cancer. (Miyakawa, Shibamoto, Kosaki, & Hashizume, 2013) (2013) evaluated whether the histology played a role in tumor control by SBRT. They found that while squamous cell carcinomas initially showed a more rapid radiologic response, by six months post treatment there was no significant difference with those of adenocarcinoma histology. Several authors have found that SBRT is less effective



tive on large tumors (> 4cm) (Allibhai et al., 2013; Chan et al., 2012; Howington et al., 2013). The factor that emerged showing the greatest statistically significant impact on tumor control was radiation dose. However, the biologically effective dose (BED) is the single most predictive factor affecting local control and overall survival; BED is a better indicator of outcome than dose alone (Allibhai et al., 2013; Dahele et al., 2008; Guckenberger et al., 2014). The BED is a measure of the true biologic dose delivered to a particular tissue, which takes into account the dose per fraction, days to complete therapy and the total dose. This formula considers not only the dose the tissue received but also the cellular repair that can occur between treatments. The BED compares treatment regimens to quantify the radiation dose necessary to provide tumor kill. Guckenberger et al. (2014) state that a BED of greater than 106Gy results in local tumor control of 92.5% and overall survival of 62% at 3-years. This may help to explain the increased recurrence rates of conventional lung radiation compared to SBRT.

Lung cancer is the second most common cancer diagnosis for men and women. Many patients diagnosed with an early stage lung cancer are not candidates for surgery. Stereotactic body radiosurgery can effectively be used to treat patients with non small cell lung cancers who do not have surgery with local control rates reported in the realm of 80-100 percent. (Allibhai et al., 2013; Ishikura, 2012; Kelsey & Salama, 2013; Onishi & Araki, 2013).

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