



Letter from the President :

Carol Amtahr, RN MS NP

**From the President’s Desk:
Having just returned from ONS Congress in Orlando, Florida, I am proud to be an oncology nurse and share in the 40-year history of ONS.**

The thought leaders of this organization inspired me and it makes me want to be a change agent for each of my patients. It was great to see many nurses from our chapter at Congress.

Remember, the chapter has scholarships available for nurses to help pay for congress. The ONS Foundation also has scholarships available. I would encourage each of you to consider applying for a scholarship if your place of employment does not cover the cost of congress.

Brenda Burns and Sarah Pelgen will attend Leadership Weekend in Pittsburgh this summer. They will bring back information to make our chapter even better than it is.

September 26,2015 is the date set for a regional leader retreat in Dayton Ohio. I will encourage anyone who is interested in the functions of the board to attend. I hope to see you there. I would love to see more members involved in the board. More information to be posted on the vc when available.

We are coming to a close of our monthly chapter educational meetings. I wish to thank Sharon Sanker for such a great job. The programs and the meeting locations this year have been great. We will be sending out a “needs assessment” to see what programs you would like to have in the next 2 years. Please take the time to complete the survey via paper or computer. We want to provide programs that will be of interest to the chapter members and we cannot do this without your input.

And finally, we are going to re-introduce community outreach in our chapter. Arleen Wuestefeld will spearhead this committee. In the past, we have had a lot of fun in doing several community projects. Please consider joining us.

The program committee and the community outreach committees will meet a couple times in the summer for planning the upcoming year’s events. Times and location will be posted on the vc. I will encourage you to come and help with the planning.

Letter from the Editor

Ruth Gholz RN MS AOCN

I am sure that you have heard a thousand times, it is spring time for new things and new beginnings. Needless to say this newsletter will not have new beginnings but hopefully it will challenge you to learn new things, bring ideas to your place of employment and continue to excite you about oncology nursing.

Everyday there are new e-mails, new therapies and educational opportunities to maximize our care. This provides a challenge to stay abreast of the literature, and continue with life-long learning. In this edition you will see information about journal clubs, educational updates etc. Recently Anne Ireland RN MS AONP a member of the ONS board discussed the value of 40 hour work weeks and work-life balance. I had to smile having known her for 20 years and see her averaging sixty hours per week!

My birthday is in April and I always reflect on the past year and then what my plans are for the new year- quite the challenge because it seems as the years fly and not much has changed in my day to day world. Promises are always made to learn to say NO, delegate and let go of control! This year I will stay truer to my promises and wean off committees and laugh and play more. THUS-please feel free to say YES to supporting the local chapter, newsletter, committees and and other needs. New blood and fresh ideas are very refreshing.

Looking forward to hearing from you

Ruth

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In This Issue

- ◆ Letter from the President
- ◆ Letter from the Editor
- ◆ CTC ONS news
- ◆ Jr Club Process
- ◆ Mucositis
- ◆ Bleomycin
- ◆ Jr. Club Christ
- ◆ Psych Corner
- ◆ Cancer Wellness
- ◆ Articles of Interest
- ◆ News from National



CTC-ONS News

Board Members 2015

President: Carol Amfah
Secretary: Sarah Godfrey
Treasurer: Sue Partusch
Director-at-Large: Brenda Burns

Committee Chairs

Program: Sharon Sanker
Membership: Amy Voris
Nominating/Awards/Elections: Carol Turner
Archives: Gigi Robison
Newsletter: Ruth Gholz



Awards and Achievements

**Excellence in Oncology Nursing:
SHARON SANKER**

**Pearl Moore Award:
MARIA FOLEY**

Member spotlight

Kate (Fessenbecker) Bieniek

by Lynne Brophy, RN-BC, MSN, AOCN



Our chapter was thrilled to welcome a new member at our February meeting, Kate Bienick, RN. Kate moved to Cincinnati from Charlotte about six months with her husband Jerry when he took a position with GE Aerospace. Kate works for Cerner as an Oncology Clinical Delivery Consultant. She helps hospitals implement an electronic health record oncology solution inclusive of physician and nursing documentation, tracking boards and custom chemotherapy order sets. She is currently on a project in Tampa, FL.

In her spare time, Kate and her husband are exploring Cincinnati. At this point, Cincinnati has successfully converted her to being a Skyline Chili and Jungle Jim's fan. She remains a loyal "Vol" or Tennessee Volunteer football fan. She graduated from University of Tennessee with her BSN.

Kate's motivation for joining our chapter are to meet new people and learn about new therapies and nursing interventions. She has been interested in oncology since a rotation on oncology in college and her subsequent staff nurse position on the inpatient oncology unit at University Tennessee Medical Center.

So please welcome Kate and save her a seat at the next meeting!



The Journal Club Process:

By: Sarah Godfrey

I work for TriHealth in the TriHealth Cancer Institute. We became a Magnet hospital in 2012, and in our Magnet journey we started having Journal Clubs on each unit to help improve evidence based practice. In the beginning, nobody understood what this meant or what we were supposed to do. It seemed like a "chore" to find articles or to do a literature search. At TriHealth we have assigned Journal Club **mentors** (who are mostly APN/educators) and Journal Club **leaders** for each department to help guide the nurses in this journey.

Our process in improving evidence-based practice through Journal Clubs:

- The journal club mentor or leader has suggestions for nurses on topics that relate to current practice.
- Or the staff nurse brings an idea or topic to the mentor or leader about a journal club she or he would like to present.
- The journal club leader or mentor helps the nurse do a literature search or goes to the library with her to have a lit search done by the library staff.
- A day is chosen to present the journal club and the articles (usually 2-3 articles), and an email is sent to the staff for them to review.
- A conference call can be set up if there are staff who would like to attend who cannot be physically present at the Journal club.
- The presenter discusses the evidence or research and the staff join in and discuss how they think we can change or improve practice.
- We take the new information and apply it to our current practice by revising treatment plans, updating policies or order sets, starting an EBP, or educating staff on current the evidence.



Evidenced-based Interventions for Cancer

Treatment Related

Mucositis: Journal Club Update

TriHealth Cancer Institute's (TCI) inpatient and outpatient units completed journal clubs on the article "Evidence-Based Interventions for Cancer Treatment-Related Mucositis: Putting Evidence Into Practice". This information was brought to our TCI Shared Leadership Committee and the following changes in practice will be made to support the evidence:

Peridex rinse will be discontinued once mouth sores **develop**. The inpatient Leukemia order sets will be revised with this change.

Continue to educate patients on the use of neutral rinses to prevent mucositis. The patient should rinse with normal saline or salt water, or can add sodium bicarbonate (baking soda), as desired. We provide patients with a "Mouth Care" education sheet in all new patient education folders.

Use of cryotherapy (ice chips, ice water, popsicles, etc) with mucotoxic agents with a short half-life being administered over a relatively short time period. Ex.- 5FU and Methotrexate but **NOT** Oxaliplatin. This will reduce symptoms, incidence, severity and pain.

No evidence to support that the use of Carafate improved any symptoms for mucositis.

Submitted by Barb Johnson RN, OCN

References:

Eilers, J., et al. (2014). Evidence-based interventions for cancer treatment-related mucositis: Putting evidence into practice. *Clinical Journal of Oncology Nursing*, (6)18, 80-89.

Peterson, D.E., et al. (2010). Management of oral and gastrointestinal mucositis: ESMO Clinical practice guidelines. *Annals of Oncology*, 21, v261-v265.



Bleomycin Test Dosing

by Jane Schappacher



Recently at the TriHealth Cancer Institute there was a discussion between nursing and physicians as to whether Bleomycin test dosing was needed. Research was done for a Journal Club, which took place February 11th among nurses from each TCI infusion site. It was noted that there is very little current information available on this subject.

We used the article, "The Need for Routine Bleomycin Test Dosing in the 21st Century" by Marsha Lam. The research and discussion concluded that the risk of reaction is the same with every dose given. Test dosing did not change the chance of reaction, and best practice would be to monitor the patient closely during every infusion, but no test dose is necessary.

This conclusion was presented to the Beacon Plan Advisory Board and approval was granted by Dr. James Maher, Medical Director of the TCI. No test dose is given, and a new note is included in Beacon plans stating to monitor the patient closely for reactions with every Bleomycin infusion. This was a significant change in practice.





Journal Club for Oncology Nurses at The Christ Hospital

By: Andrea Cline, BSN, RN, OCN; Maria Foley, BSN, RN, OCN, and Gigi Robison, MSN, RN, AOCN

In 2012, the oncology educators and oncology CNS at The Christ Hospital (TCH) collaborated to develop an Oncology Journal Club. Our purpose in doing this was to help nurses stay abreast of current clinical research, and to improve nurses' ability to evaluate published research critically. Nurses need to be prepared to employ evidenced based practice (EBP) in making decisions about the clinical care of patients.

There have been multiple benefits of Journal Clubs, including:

- Helping to keep nurses up to date on the latest EBP;
- Engaging staff in process of reviewing literature and discussing results;
- Promoting team building and collaboration with oncology nurses;
- Providing nurses with clinical ladder points for their attendance at either the online or live presentation of the Journal Club; and
- Encouraging and empowering nurses to initiate practice changes based on EBP. (Patel, DeNigris, Chabot, 2011)

Our Journal Club development has been a process. We started our Journal Clubs in the Cancer Center in 2011, and these were groups of nurses who met and discussed nursing articles of interest and/or significance. In 2012, we developed an online Journal Club, that we call "Cancer Chat". This included the inpatient and outpatient oncology nurses, and was a nice bridge between the 2 clinical settings. We continued the online Journal Club monthly throughout 2013.

In 2014, we collaborated to develop monthly 30 minute Journal Clubs, based on nurses' request for CE credits. Our nurses earned 0.5 CEU each month that they attended. Also, nurses who attend our Journal Clubs also get credit for clinical ladder points. In 2015, we agreed to decrease the frequency of Journal Clubs with CE credit to every other month based on the time consuming process of obtaining CE credit. So our "odd" months (e.g., January, March, etc.) are the CE Journal Clubs. Articles are posted on the online Journal Club on a monthly basis.

Here are the steps that we followed in developing our Journal Club:

- Obtain technical support. The oncology educators met with the librarian, who had technical ability to establish the online journal club.
- Develop an educational plan and timeline to introduce staff to online journal club
- Select articles to review in the Journal Club.
- Communicate! Send flyers to all oncology staff, introducing the Journal Club.
- Engage staff! Have a contest for naming the journal club to stimulate staff interest and excitement! (We had a contest, and staff brainstormed the name "Cancer Chat"!))
- Provide staff education – present inservices on how to access / navigate the online Journal Club

What has led to the Success of our Journal Clubs:

- We use flyers to advertise the date / time / topic of the Journal Club.
- We offer 0.5 CEs for each Journal Club. This is an incentive for nurses to attend.
- Attendance at Journal Clubs gives the nurse points for clinical ladder
- We choose articles for the Journal Club based on feedback that we receive from the nurses re: topics of interest to them, or we choose a topic of significance due to practice changes;
- In our outpatient oncology setting, timing of the Journal Club corresponds to slower clinic times, to ensure that more nurses can attend the Journal Club.
- Nurses prefer the in person Journal Clubs more than the online ones.
- Best case scenario: discussions in the Journal Club have led to changes / improvement in practice.

Challenges that we have experienced when implementing our Journal Clubs:

- On the inpatient oncology unit, it is not possible to "pre-plan" an inservice to be at a down time.
- Difficulty in getting to all the inpatient nurses that work off shifts and or weekends
- There have been limited interactions / blogging on the on-line Journal Club.

References:

Patel, P, DeNigris, J, Chabot, J, et al (2011). Evidenced-Based Practice and a Nursing Journal Club: An Equation for Positive Patient Outcomes and Nursing Empowerment. *Journal for Nurses in Staff Development*, 27(50):277-230,





Psych Corner

ANTIDEPRESSANT UPDATES

By: Barb Henry, MSN, APRN-BC

The latest antidepressants to hit the market are: **Brintellix®** (Vortioxetine) and **Fetzima®** (Levomilnacipran). Brintellix® is a selective serotonin reuptake inhibitor (SSRI) and Fetzima® is a selective norepinephrine reuptake inhibitor (SNRI). Both drugs have been on the market over a year now but may be new to you and other non-psychiatric prescribers. They have been around long enough to have some anecdotal data available as to their efficacy for depression and anxiety in cancer survivors.

Brintellix® as an SSRI is in the same class of antidepressants (SSRIs) as Prozac®/Fluoxetine, Zoloft®/Sertraline, Paxil®/Paroxetine, Celexa®/Citalopram, and Lexapro®/Escitalopram. Why would a prescriber choose Brintellix® over a generic SSRI that may be much cheaper? Perhaps a new SSRI is an option because many patients have been on the older SSRIs with varying effects and side effects. For a patient who's done well on one of the SSRIs but the drug has lost its effect over the years (a "petering out" effect-not uncommon) it may be useful to switch to a newer SSRI like Brintellix®. Psych practitioners are often seeing a faster and better response with Brintellix® that can be dosed at 5 mg, 10 mg, or 20 mg/day. The cost is approximately \$110/month though many insurance companies will cover much of the cost, some may require a prior authorization showing trial of other generic SSRIs. The most common side effect of Brintellix® is nausea, a side effect of many antidepressants that may go away after a few days.

What about Fetzima®? It is in the same class of antidepressants (SNRIs) as Cymbalta®/Duloxetine, Effexor®/Venlafaxine, and Pristiq®/Desvenlafaxine. Fetzima® can be dosed at 40, 80, or 120 mg/day and like Brintellix®, seems to have a quicker and longer lasting response than some of the older SNRIs. Fetzima® can also cause nausea and sometimes gives a patient almost "too much" energy, similar to Wellbutrin®/Bupropion; 40 mg/day seems to be the ideal dose versus higher doses which can have the excitation side effect. It can also cause excess sweating which psych prescribers have seen with Zoloft®/Sertraline. Fetzima® has not triggered as many prior authorization requests from insurance companies and has a similar response but better discount copay programs.

You've probably seen the commercials that say "if your antidepressant stops working, ask your doctor about adding **Abilify®**." Yes, adding 2 or 5 mg of Abilify®/day to antidepressant medications can certainly help depression and anxiety, though Abilify® and other atypical antipsychotics can cause multiple side effects, particularly at higher doses. Abilify® has been helpful to treat bipolar disorder, schizophrenia and as an augmentation to antidepressants. The cost of Abilify® can be over \$700/month! Abilify® will go generic in April and the makers of the drug are offering a \$5 copay card that allows people to get the prescription for the brand drug for only \$5 while the company pays the additional \$695 or more dollars that will actually be applied to the person's deductible. This is almost like a rebate program that encourages prescribers to continue prescribing branded Abilify® rather than generic. There are other new psychotropic medications in the pipeline soon to be on the market that I will write about in the future. Please note that I am not sharing this information to discourage use of older antidepressants, which can be just as effective as and cheaper than newer medications.



Introduction letter for Cancer Wellness Program Participants



Dear Cancer Survivor,

Thank you so much for your interest in the TriHealth Cancer Wellness Program. Our program is designed to help you begin or continue to exercise at a pace that is right for you, while learning more about diet and other measures which will possibly increase your quality of life. I believe this program will make a difference in the way that you feel while you are on your cancer survivorship journey. In 2014, the American Cancer Society published an opinion paper stating that they believe a healthy diet and exercise can improve cancer survival and also decrease the chance of cancer's return (insert citation here).

So, if exercise is important to cancer survivorship, why are insurance companies not paying for cancer rehabilitation and exercise programs? It is simple, we need more proof that these programs help to present to insurance companies, Medicare and Medicaid. The American Cancer Society opinion paper is not quite enough. So our Cancer Wellness Program team is doing a research study creating a confidential database of information about our program. This database contains information about the physical and emotional effects of our program and we hope to use the information one day to convince insurance companies to pay for cancer rehabilitation and exercise programs. When this information is presented, no names of people in the database will be shared, just the information about whether the program will help. So you will consider helping cancer survivors?

I am sending you information about the Cancer Wellness Program and about our study. I would really appreciate it if you could fill your program paperwork and then read the consent forms for our study. When you come in for your assessment before the program, we'd like to discuss the possibility of you allowing us to include you in our study. If, when we discuss it you do not wish to be in the study, we will still welcome you into the program. If you wish to enter the study, you do not need to do anything other than complete at least half of the program classes and the post assessment. I appreciate you considering my request.

Please complete the program forms and bring them to your pre assessment with a member of our team. We look forward to meeting you.

Sincerely,

Lynne Brophy, RN-BC, MSN, AOCN

Principal Investigator - Cancer Wellness Database Study
TriHealth Cancer Institute Oncology Nurse



Items of Interest:

Ruth Gholz

The Community Oncology Alliance has begun piloting an Oncology medical Home Model. Categories of care include: patient engagement, expanded access, evidence based practice, team based care and quality improvement.

Very exciting concept!

- CANCERLINQ- being developed by ASCO to provide information for clinical guidelines and decision support to determine best treatment options on an individual basis.
- The American Nursing Association revised their Position Statement on Nurse Fatigue. Recommending that nurses not exceed 40 hours of professional nursing in a seven day period. Research finding that working more than 40 hours per week affects patient safety and nursing health. (please tell me how this will be implemented?)
- Fish oil may interfere with chemotherapy. Fish oil supplements, and even certain fish, may hinder the effectiveness of chemotherapy, according to new research published online April 2 in *JAMA Oncology*. Taken together, our findings are in line with a growing awareness of the biological activity of various fatty acids and their receptors and raise concern about the simultaneous use of chemotherapy and fish oil," the authors write. "Until further data become available, we advise patients to temporarily avoid fish oil from the day before chemotherapy until the day thereafter"
- Men who use muscle-building supplements (MBSs) that contain creatine or androstenedione may have up to 65% increased risk of developing testicular cancer, according to a case-control study [published online](#) March 31 in the *British Journal of Cancer*.

News From National ONS

Oncology Nursing Month May Is Oncology Nursing Month



As an oncology nurse, you're there for your patients through one of the most challenging times of their lives. You help patients and their loved ones by caring, teaching, listening, and simply being present. This spring, celebrate the hard work you do each and every day during Oncology Nursing Month. You deserve it!

ONS NURSING POSITION STATEMENTS

Cancer Pain Management

Outlines expectations for clinicians and institutions in the care of patients experiencing pain from cancer or its treatment

Ensuring Healthcare Worker Safety When Handling Hazardous Drugs

A joint position statement from ONS, the American Society of Clinical Oncology, and the Hematology/Oncology Pharmacy Association that addresses strategies for protecting healthcare workers from hazardous drugs

Palliative Care for People With Cancer

Differentiates between palliative care and hospice care, defining palliative care as a service provided at the time of diagnosis and continuing through bereavement

Rehabilitation of People With Cancer (Endorsed Position Statement, Association of Rehabilitation Nurses)

Outlines best practices for cancer rehabilitation and puts forth that cancer rehabilitation care is a right for all people with cancer.

