

# KINESIS

TriState Chapter of the Oncology Nursing Society



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## President's Message

Hopefully you were able to hear Congress highlights at the 5/29 CTC-ONS chapter meeting. Thanks to Ronda Bowman, Lynne Brophy, Martha Roth, and Nancy Whitehill for sharing. You can also see photos from Congress 2008 on our chapter virtual community website under "scrapbooks" [www.cincinnati.vc.ons.org](http://www.cincinnati.vc.ons.org)

This year over 5,600 oncology nurses attended Congress, 50% were first time attendees, hopefully an indication that we are attracting new members and nurses to ONS and oncology. ONS now has over 37,000 members. Though Philadelphia may not have had the glitz and glamour of the 32<sup>nd</sup> Congress in Las Vegas; the history of the city and quality of speakers at the 33<sup>rd</sup> Congress was impressive.

We were inspired to flawlessly execute the plans of our chapter by two "Top Gun" fighter pilots at opening ceremonies. Afterwards, I enjoyed a "Rejuvenation Session," with Yoga instruction, seated chair massage, and Reiki to set a relaxed pace for the next few days. At the Complementary Integrative Therapies SIG meeting we did a "speed dating" activity to get to know members and share future ideas.

The clinical lecture on "Pain Management," presented by Jeri Ashley from Memphis TN, was outstanding and inspirational. "Psychosocial Symptom Management," was also excellent with 4 abstract presentations on spirituality, the anxiety PEP card, and neuropsychiatry.

The "Presidential Candidates Positions on Health Care," session showed video from each of the 3 main candidates-Senators Clinton, McCain, and Obama. National ONS maintains a non-partisan position but members shared their sentiments; one helpful comment was that we need to be positive with each other after such divisive campaigns.

Nancy Whitehill and I enjoyed the ONS Foundation 5K walk Saturday morning by the art museum and Schuylkill River. The Animal Assisted Therapy workshop reminded me of our beloved Rita Stober and her work with pet therapy. At the Town Hall meeting, ONS President Georgia Decker passed the gavel to our new President, Brenda Nevidjon. I too will be passing the gavel to President-Elect Amy Voris at the January 22, 2009 annual meeting. I am looking forward to my final months as chapter President and will carry the inspiration from Congress through that time.

Thanks to chapter members and leaders for making the 2007-2008 program year a success. The program committee has set tentative dates, topics, and speakers for 2008-2009 which can also be found on our virtual community website. If you are a current chapter member, please continue to come out to meetings, you are always welcome no matter how long it's been. I would also like to encourage recruitment of new members; our next chapter meeting will be Tuesday, September 16, 2008. Mark your calendars now for another fun and informative program year, and enjoy the summer!

Barb Henry, APRN-BC, MSN  
President



# Greetings From the Editor

Amy Voris, MS, AOCN, CNS

Well, just when we thought that we were free from the political ads, they have started again. We thought that when the primaries were over, we would have silence before the presidential ads started. Even so, I have recently seen ads for one of the presidential candidates on television. For those of you that were at Congress this year, they had a session called “Meet the Candidates”. In this session members of ONS had researched the health policies and views of the presidential candidates and presented them in an open forum.

No matter what you thought about this session it did bring a couple of points to mind. When thinking about for whom to vote, do you just vote party lines or are you informed on the issues? How well do you know the candidates for whom you vote and their views on issues such as health care? I am sorry to say that I would fail any test that I had to take on this matter. My son who is a political science major (what do you do with a degree in political science anyway?) is forever getting on me because I am ignorant on the issues and candidates for whom I vote. I just vote for the one that I like the most or think is the most honest.

Do we know the important issues that affect our healthcare and the care of our patients? We as nurses are called to be advocates for our patients. We usually take that to mean advocates in their care and decision making, but it should also mean to be their political voice as well. ONS has always been the champion of the oncology nurse providing us a collective voice on political issues and helping to provide information about issues important to our patients. One such aid is ONSTAT. ONSTAT is a grass root response network whose goal is to inform you when your elected officials in Washington are to vote on legislative issues that ONS wants to influence in some way. One such issue is HR 5585 “Assuring and Improving Cancer Treatment Education and Symptom Management Act of 2008”. On the ONS website is information about the bill and how important it is to oncology nurses. This bill will make cancer education reimbursable by Medicare. Paula Rieger, ONS CEO, states “Oncology nurses spend a great deal of time coordinating treatment plans and continually seek to contain costs while maintaining the highest standards of care. Having a registered nurse providing education on treatment plans will improve the delivery of quality cancer care.” This bill acknowledges that oncology nurses

are the best persons to education cancer patients about treatments and symptom management and, thus, deserve to have such services covered by insurance. Therefore it is important that we make our Senators and Representatives know how important this bill is to our patients and that we feel their support of the bill is vital.

Our chapter healthcare liaison, Janet Goeldner, also provides wonderful information concerning bills in our local government as well state and federal legislation. Nurses have a strong voice in local and federal government...but we need to use it. I, for one, never wanted to get involved in politics for many reasons but I believe we owe it to our patients. I strongly believe that we should always exercise our right to vote since it was bought at such a high price. I question...would you buy a car without researching the gas mileage, standard options, or warranty? I don't think so. Should our vote be cast in any less manner? I found a quote from Plato that sums up why we should be more informed in our political arena: “One of the penalties for refusing to participate in politics is that you end up being governed by your inferiors.”

## References:

<http://www.ons.org/lac/HR5585/shtml> Retrieved May 26, 2008.

<http://www.hillwatch.com/PPRC/Quotes/Government.aspx> Retrieved May 26, 2008





# THE “PSYCH” CORNER

Barb Henry, APRN-BC, MSN  
Mhap65@ucmail.uc.edu

**Provigil or Modanafil**, is a Schedule IV psycho-stimulant, (not prescribed by APN’s), that was approved by the FDA in 1998 to improve wakefulness in those who have: excessive daytime sleepiness associated with narcolepsy, stopped breathing while sleeping or have difficulty breathing while sleeping (obstructive sleep apnea/hypopnea syndrome), and shift work sleep disorder.\*

Provigil has been prescribed for cancer fatigue; some studies show that Ritalin (also a stimulant) is effective in improving cancer fatigue and depression in oncology patients. **Possible side effects:** There have been reports of psychotic episodes in patients taking Provigil. Side effects, are listed in both the FDA and Provigil websites.\*\* Provigil can decrease the effectiveness of certain contraceptives including birth control pills and implantable contraceptives. Doses of your other medications may need to be adjusted or you may have to be monitored more closely. Do not drive or operate other complex machinery until you know how Provigil affects your ability to function. Avoid alcohol. Call your health care provider if you develop skin rash, hives, or any other allergic reactions, headache, infection, nausea, nervousness, feeling anxious, trouble sleeping. Patients should be advised to contact their physician if they experience chest pain, rash, depression, anxi-

ety, or signs of psychosis or mania.

I have not prescribed or observed others prescribing Provigil in my practice. Stimulants are infrequently prescribed for adults, but prescribed quite often for Attention Deficit Hyperactivity Disorder (ADHD) in children and adolescents. There are troublesome side effects with stimulants. Oncology patients often already have side effects from other medications.

Are you seeing Provigil or stimulants prescribed in your practice for cancer fatigue or depression? If so, how is it working? Have you seen side effects like those described above? Please send your answers and any other psycho-oncology related questions or future topic suggestions to the author at the email address above.

\*<http://www.fda.gov/cder/consumerinfo/druginfo/provigil.htm>

\*\*[http://www.provigil.com/Media/PDFs/prescribing\\_info.pdf](http://www.provigil.com/Media/PDFs/prescribing_info.pdf)

## Membership Moment

CTC-ONS has had another good membership year. We had a grand total of 191 members for 2007-2008 including 22 new members. Anyone interested in getting involved with the membership committee next year, let me know. We will plan on our first of 2 meetings sometime in early September. Renewal letters will be sent out in August for the 2008-2009 membership year reminder. In order to be included in next year’s Membership Directory “& group E-mail”, we must get your renewal by the end of October. Have a great summer, see you in September.

Ann Wantuck  
Chair Membership Committee

# News From National ONS

## New Myeloma Newspaper and Podcast Series for APNs

Are you a NP, CNS, or other ONS member interested in myeloma? Well, you are in for a treat! We invite you to view the newest edition of *The Myeloma Messenger* and listen to the companion podcasts. This unique coupling of newspapers and podcasts share the kind of information you need to care for this patient population. <http://www.ons.org/ceCentral/types/hematological/myeloma.shtml>

## Oncology Nursing Forum Podcast Series Debuts!

Take some time today to listen to the first in a series of podcasts highlighting select articles from the *Oncology Nursing Forum (ONF)*. The first podcast features *ONF* Editor Rose Mary Carroll-Johnson, MN, RN, interviewing Betty Ferrell, RN, PhD, FAAN, and Nessa Coyle, PhD, RN, FAAN, about their March 2008 *ONF* article "The Nature of Suffering and the Goals of Nursing." <http://www.ons.org/publications/journals/ONF/podcasts.shtml>

## Free Member Benefit - Connect With Nurses in Your Subspecialty

Cancer care encompasses many subspecialties. ONS special interest groups put you in touch with other members practicing in the same area as you so you can share ideas and knowledge with each other. All members can join one SIG for free. <http://sig.vc.ons.org/>

## ONS Offers Ways to Get Involved

ONS offers many volunteer opportunities to cultivate professional development through forums to network and enhance expertise, clinical knowledge, and leadership skills. The ONS Web Site is your gateway to volunteer opportunities in the Society. Check out the Membership area for ways to get involved. <http://www.ons.org/membership/>

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## Skin Cancer Awareness Fairs at TriHealth

By Amy Davis, RN, Clinical Ladder Nurse II  
Bethesda North Hospital Medical Surgical Oncology Unit

On Wednesday, May 7<sup>th</sup> and Thursday May 8<sup>th</sup>, to celebrate Skin Cancer Awareness week, TriHealth Oncology Service Line sponsored a skin cancer awareness booth outside the Bethesda North Hospital cafeteria. TriHealth Oncology Nurses and retired CTC-ONS members staffed the booth, which offered information regarding identification of different types of Melanoma as well as skin cancer prevention and screening information. Mark Lohmueller (Schering Plough representative) kindly rented a Dermascan machine and donated educational materials and sunblock samples for the booth. At the booth, people were able to place their faces in the Dermascan to see if they had sun damage. Sunless tanning lotions were donated by local business and sampled by visitors. A large number of door prizes and lotions were donated by local business through the efforts of Nancy Carter, RN, Team Coordinator, Bethesda North Hospital Medical Surgical Oncology Unit.

TriHealth Oncology nurses offered pamphlets about skin cancer from the American Cancer Society to visitors. On Thursday, Dr. Susan Kindel, board member from *Melanoma No More* and local Dermatopathologist came to help at the booth. *Melanoma No More* is a local group working on in-

creasing melanoma awareness and skin cancer screening in our community. *Melanoma No More* provided teaching materials for the booth as well including information about sun protection clothing.

It was fascinating to see visitor responses to their Dermascans. It was shocking to hear some visitors had never before used sunscreen. We were saddened to meet multiple young people who had been using a tanning bed for years. Dr. Kindel role modeled a calm but direct approach to asking these folks to consider behavior change. We were thankful that we had education materials from the American Academy of Dermatology ([www.aad.org](http://www.aad.org)) about the danger of tanning beds to offer visitors.

These skin cancer awareness fairs were repeated throughout May at Good Samaritan Hospital and the TriHealth Pavilion. These booths would not be possible without the support of Sue Weber, Director, Oncology Services for TriHealth, Mark Lohmueller (Schering Plough), Coppertone, multiple local businesses, Nancy Carter, Susan Kindel (*Melanoma No More*) and the terrific retired and active TriHealth Oncology Nurses!

# Kudos

**Congratulations** to our members that presented posters at this year's ONS Congress!

*THE IMPACT OF AN EDUCATIONAL PROGRAM ON SMOKING PROVIDED TO ELEMENTARY CHILDREN*, authors: Kyra Whitmer, PhD, RN, University of Cincinnati, Cincinnati, OH, USA; and Robin Blau, BSN, RN, Barrett Center, University Hospital, Cincinnati, OH, USA

*MANAGEMENT OF HYPOMAGNESIA IN PATIENTS TREATED WITH ANTI-EPIDERMAL GROWTH FACTOR RECEPTOR THERAPIES*, Andrew Guinigundo, MSN, APRN-BC, CNP

**Congratulations** to those who had part in the Women's Breast Health Lunch and Learn. As a result of receiving a grant from ONS Foundation, Joy Dienger, Gail Johnson, Barb Henry and others put on a Saturday affair for women to learn about breast cancer. They had speakers that presented on mammography, nutrition and exercise. It was a well-attended event and thought to be wonderful by all who attended.

**Thanks** to our chapter for their generosity to Fernside Center for Grieving Children and Families. Through your kindness we were able to donate over \$350 in supplies and money to the agency. Enclosed is a picture of Cherie Logan (on right), chapter member/Community Outreach Committee member, presenting the chapter donation to Vicky Ott.



# What is Paroxysmal Nocturnal Hemoglobinuria?

Maureen Buckner, MSN, RN, CNP, AOCN

Paroxysmal Nocturnal Hemoglobinuria (PNH) is a rare, acquired hematologic stem cell disorder, caused by mutations of the *pigA* gene on the X chromosome, responsible for synthesizing glycosylphosphatidyl inositol (GPI), which anchors several cell-surface proteins to the cell plasma membrane. Normal red blood cells are capable of anchoring cell-surface proteins such as CD55 and CD59, which block complement activation on the cell surface. Red blood cells with the PNH phenotype are susceptible to complement-mediated lysis, resulting in rupture of the cell membrane.

Classic PNH presents as hemolytic anemia with hemosiderinuria and often associated with hemoglobinuria. The severity of hemolysis and its resultant anemia is highly variable, with hematocrits ranging from normal to less than 20%. Additionally, approximately 40% of patients experience venous thrombosis the mechanism of which is unclear. Thrombosis primarily involves the intra-abdominal veins (hepatic, portal, splenic, and mesenteric veins) resulting in Budd-Chiari syndrome, congestive splenomegaly and abdominal pain. Cerebral venous sinus thrombosis can lead to strokes and is a common cause of death. Bone marrow failure is a common finding in PNH, resulting in an aplastic process. PNH should be suspected in patients presenting with unexplained hemolytic anemia and pancytopenia (with or without thrombocytopenia), as about 50% of patients with aplastic anemia will be found to have PNH. PNH is diagnosed via flow cytometry of peripheral blood, allowing for analysis of GPI-linked proteins on the cell membranes.

Traditionally, treatment of the intravascular hemolysis seen in PNH has included red blood cell transfusions of non-mutated red blood cells, which are less sensitive to complement-mediated cell lysis; correction of the anemia transiently suppresses marrow production of abnormal red blood cells. Patients receive iron and folate supplementation. About 50% of patients respond to glucocorticoids. Management of acute thrombosis requires anticoagulation therapy which in most cases is long-term. Immunosuppressive therapy with Antithymocyte globulin (ATG) and cyclosporine is typically required to treat aplastic anemia in patients with PNH that present with aplastic anemia. Allogeneic bone marrow transplant from a matched donor is the only cure for PNH, and is generally

reserved for patients with multiple complications of PNH (thrombosis, aplastic anemia and dependence upon red cell transfusions).

The newest therapy for PNH is eculizumab (Solaris), a monoclonal antibody directed against CD5, which reduces hemolysis, but does not reduce the size of the PNH cell population. Benefits may include a decrease in the frequency of thrombotic events and increased quality of life. Risks of eculizumab include meningococcal meningitis, thus meningococcal vaccination two weeks prior to administration is recommended. The most common adverse events include headache (44%), nasopharyngitis (23%), URI (14%), back pain (19%), nausea (16%), cough (12%), and fatigue (12%). The FDA-approved dose is 600 mg, given as an IV infusion over 30 minutes every 7 days for the first 4 weeks, followed by 900 mg for the fifth dose and then 900 mg every 2 weeks.

## References:

Bunn, H.F., and Rosse, W. Hemolytic anemias and acute blood loss. In: Kasper DL, Braunwald E, Fauci AS, Hauser SL, Longo DL, Jameson JL, eds. *Harrison's Principles of Internal Medicine*. 16<sup>th</sup> ed. New York, NY: McGraw-Hill;2005;614.

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Fischbach F. *A Manual of Laboratory & Diagnostic Tests*. 5<sup>th</sup> ed. Philadelphia: Lippincott;1996;98-99.

A special thank you to Spero Cataland, M.D., hematology specialist at the Arthur G. James Cancer Hospital & Richard J. Solove Research Institute, for his thoughtful review of this article.



# Save The Date

## 2008 Light The Night Walk Thursday, September 18,<sup>th</sup> at Sawyer Point

In the last couple of years, our local chapter has been taking part in the Light the Night Walk for The Leukemia & Lymphoma Society. We only had a handful of people each year, but we have had a lot of fun.

This year we would like to have a really nice turnout for our team, “Oncology Nursing Society”. I have set our team goal at \$3000! Please help us meet our goal. Just think – all it takes is 30 walkers raising only \$100 each. You don’t have to be an “athlete” to participate. The walk is about 2-3 miles, but the pace is relaxed. It’s a great family event.

Go to [www.lightthenight.org/soh](http://www.lightthenight.org/soh) and register to walk under our team “Oncology Nursing Society”. You can search by Team Name or my name for the Team Captain Name (Mary Suhre). Encourage friends and family to sign up as well. You don’t have to be a member of ONS to walk with our team.

If there are any questions, please feel free to call me at (513) 295-8932 or email me at [msuhre@suhrelaw.com](mailto:msuhre@suhrelaw.com).

Mary Suhre  
Team Captain

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TriState Chapter  
of the  
Oncology Nursing Society  
P.O. Box 42791  
Cincinnati, Ohio 45242-0791



## In this Issue....

	<i>page</i>
➤ President's Message . . . . .	1
➤ From the Editor . . . . .	2
➤ The "Psych" Corner . . . . .	3
➤ Membership Moment. . . . .	3
➤ News from National . . . . .	4
➤ Skin Cancer Awareness Fairs at TriHealth . . . . .	4
➤ KUDOS. . . . .	5
➤ What is Paroxysmal Nocturnal Hemoglobinuria? . . . . .	6
➤ Save the Date - Light the Night Walk . . . . .	7

## NEWSLETTER

### Co-Editors

Adrienne Lane EdD RN C  
Amy Voris MS RN AOCN

### **Deadline for Contributions to the next issue of Kinesis**

PLEASE remember to have any articles you would like to have included or regular information to Amy or Adrienne, co-editors of **Kinesis, by Sept. 15, 2008.**