Metropolitan Detroit MDONS Oncology Nursing Society

CHAPTER CAPSULE

Celebrating 32 Years

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Providing optimal care through promotion of professional standard, networking and development

WHEN IT COMES TO PREVENTING CANCER, KNOWLEDGE IS POWER

NATALIE RAYMOND, REGISTERED DIETITIAN

Unfortunately, almost everyone knows someone that has had cancer. Coming in a very close second to heart disease, each year cancer ranks among the highest causes of death in the United States. With all of the environmental, genetic and behavioral risk factors out there, it is important to know what you can do to help lower your risk of getting such a dreadful disease.

So what is cancer? By definition, cancer is a disease caused by an uncontrolled division of abnormal cells. There are more than 100 different types of cancer that occur in various parts of the body. Ranging from the most common such as lung, breast, and melanoma to the rarest like angiosarcoma of the breast or heart. Everyday factors can affect an individual's chance of developing cancer. Smoking, a poor diet, physical inactivity or simply being overweight are just a few significant risk factors. The American Institute for Cancer Research estimates that approximately one third of the most common cancers are preventable through diet, physical activity and body weight, which accounts for over 374,000 cases every year.

Approximately seven out of every ten Americans are currently overweight or obese. According to scientific literature, excess body fat increases risk for cancers such as esophageal, pancreatic, endometrial, kidney, post-menopausal breast, gallbladder, ovarian, and colorectal. The American Institute for Cancer Research estimated that excess body fat is a cause of approximately 120,400 U.S. cancer cases every year. However, less than half of Americans are even aware of the obesity-cancer link. With body weight playing such a crucial role, it is often left out of the cancer prevention conversation. So what can we do to change this? Nutrition education is the answer.

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The first step in education is building a strong foundation. In the U.S., almost everyone has learned about the food pyramid. However, they may not know that it has been replaced. Ending 19 years of the USDA food pyramid guide, on June 2nd, 2011 MyPlate was introduced depicting a place setting with a plate and a glass divided into five food groups. The new MyPlate icon emphasizes the fruit, vegetable, grains, protein, and dairy groups. Balancing and incorporating the MyPlate method into each meal and keeping an active lifestyle, are essential for cancer prevention. The key to a long term and sustainable healthy diet is balance, moderation and sticking with the key food groups. A balanced diet is the foundation of weight control and cancer risks can be greatly reduced by eating specific foods within the five food groups of MyPlate.

Cancer risk can be reduced with whole grains which provide fiber, vitamins, minerals, antioxidants, phenols, resistant starch, and lignans. Not only do whole grains reduce cancer risk, but they are hearty, flavorful and filling. Studies show whole grains may reduce inflammation which is important because chronic inflammation appears to play a role in the development of cancer. Eating six ounces of whole grains daily links to a 21 percent decreased risk in colorectal cancer. However, you must be careful with the whole grains you choose, as there are many new whole grain food products that are actually really low in fiber. Foods such as breakfast cereals and sweets like cookies may say they have whole grains in them, but they can still be low in fiber. When choosing from food items such as brown rice, oatmeal, whole-wheat bread, and barley, be sure to look for "100% whole grain" on the package. Words like multi-grain or wheat do not necessarily mean the product contains whole grain. Be sure to check out the ingredient list and look for the term "whole" or a specific grain, such as oats, listed as the first ingredient.

Fruits and vegetables play an important role in cancer prevention and can assist getting to and maintaining a healthy weight. One apple provides at least ten percent of the recommended daily amount of vitamin C and fiber. Apples also contain a variety of phytochemicals that scientists are studying for their anti-cancer effects. Make sure to keep the skin on, as the skin of an apple contains

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WHAT'S INSIDE...

FROM THE EDITOR
DENISE WEISS

I would like to take this opportunity to introduce myself as your new co-editor of the newsletter. My name is Denise Weiss and I am a nurse practitioner at Karmanos Cancer Institute in the department of experimental therapeutics-a fancy name for Phase I clinical trials. As you recall from your pharmacology days, there are phases of clinical research before a drug is approved for medical treatment. Prior to Phase I there are pre-clinical studies testing investigational drugs conducted in vitro (test tube) and in vivo (animal) to assess for scientific merit. Phase I studies assess the safety and tolerability of the drug and the maximum tolerated dose in human volunteers. Phase II studies investigate drug efficacy. Phase III trials utilize randomized controlled multicenter large patient groups to determine the definitive effectiveness of the drug compared with the current gold standards of treatment. Phase IV studies utilize post-marketing surveillance to assess safety on a large patient population over a long period of time. Harmful side effects noted in Phase IV trials may result in the discontinuation of the drug, for example rofecoxib-Vioxx.

A relatively recent (February 22, 2013) FDA approved drug that I had the privilege to work with was ado-trastuzumab emtansine-Kadcyla. Currently in Phase IV, this antibody drug conjugate was approved to treat Her2-positive metastatic breast cancer. It has been a pleasure to work with this compound through all Phases of investigation. Another impact on my appreciation of the importance of clinical research was from viewing the HBO documentary on our second president of the United States, John Adams. In the 1700s smallpox was the plague of the Colonies, half of Boston's population was affected with nearly 17% mortality. In the year 1776, Abigail Adams had her family immunized against smallpox, at a time when inoculation was controversial-and with good reason. The village physician would remove a smallpox lesion from an infected individual and apply this virus to an open wound on the healthy host. Can you imagine that? There was no dose; the inoculation itself could lead to fulminant disease, death, and place families and communities at risk. This leads to the recommendation of a must read-The Immortal Life of Henrietta Lacks, by Rebecca Skloot. Please read or listen (available on CD to enjoy on your travel to work) to this account of a patient and the ethical issues of medical research conducted 63 years ago.

Well, we have come a long way sister in the conduction of clinical trials. By virtue of research, science will continue to make strides toward improvement in health and welfare. An example are recent Phase I studies, and those in the pipeline, that use the application of personalized medicine. Personalized medicine is using an individual's genomic and biologic information to make clinical decisions about treatment. Examining tumors for specific mutations or targets, such as non-small cell lung cancer (NSCLC) tumors with the echinoderm microtubule-associated protein-like 4 (EML4) gene fused to anaplastic lymphoma kinase (ALK), is a subset of NSCLC that has demonstrated response to the experimental agent from Pfizer PF-02341066. Despite the scientific advances, cancer is the second leading cause of death in the United States. Improvements in survival have been due in part to improved cancer treatment. For that reason, new drug development is a national priority. Oncology nurses are in a prime position to facilitate patient's enrollment in clinical trials, assist in symptom management, help families cope while enhancing quality of life.

WHEN IT COMES TO PREVENTING CANCER, KNOWLEDGE IS POWER

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a third or more of its phytochemical compounds. Another great fruit option is cherries. Did you know that Michigan produces most of our tart cherries and northwestern states produce 60 percent of sweet cherries? Some studies show that both sweet and tart cherries are a good source of fiber, vitamin C, and potassium. They also contain a variety of phytochemicals contributing to both the color and antioxidant activity. Remember, fresh is best.

Broccoli and other cruciferous vegetables are good sources of vitamin C, folate, potassium, fiber, magnesium, carotenoids, and various polyphenols. Probably the most popular of the cruciferous vegetables is broccoli, but don't limit yourself to just this. Choose from brussel sprouts, rapini, cabbage, and cauliflower. Other dark leafy green vegetables like spinach, kale, romaine lettuce, leaf lettuce, mustard green, collard greens, chicory, and Swiss chard are also excellent sources of fiber, folate and a wide range of carotenoids and flavonoids. Some laboratory research has found that the growth of certain types of skin cancer cells, breast cancer cells, stomach cancer, and lung cancer can be inhibited by the carotenoids in dark green leafy vegetables.

With all these fruit and vegetable recommendations a very popular question is, "Should I buy organic?" According to the Environmental Working Group (an organization of scientists, researchers and policymakers) certain types of organic produce can reduce the amount of toxins you consume on a daily basis by as much as 80 percent. The group came up with two lists "The Dirty Dozen" and "The Clean Fifteen" to help consumers know when they should buy organic. The "Dirty Dozen" includes apples, strawberries, grapes, celery, peaches, spinach, sweet bell peppers, imported nectarines, cucumbers, cherry tomatoes, imported snap peas, and potatoes. Hot peppers, kale and other collard greens were just recently added to this group as the "Dirty Dozen Plus." The "Clean Fifteen" includes avocados, sweet corn, pineapples, cabbage, frozen sweet peas, onions, asparagus, mangoes, papayas, kiwi, eggplant, grapefruit, cantaloupe, cauliflower, and sweet potatoes. Organic produce can be pricey, so keep in mind that the health benefits of a diet rich in fruits and vegetables outweigh the risk of pesticide exposure.

Within the protein food group, meat may be the most widely consumed, so try to choose the leanest meats possible. Limit red meats such as beef, pork, lamb, and avoid processed meats such as ham, bacon, pastrami, salami, hotdogs, and sausages. There is convincing evidence that both red meat and processed meats are linked to colon cancer. Studies also show that people who eat a

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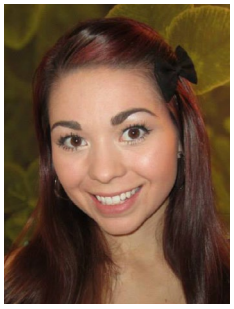
HIGHLIGHTING A MEMBER
KRISTEN MOEBS



It is a pleasure to introduce you to Kristen Moebs, a relatively new oncology nurse who is already in love with oncology. It was refreshing to experience Kristen's excitement and learn from her. Kristen attended Oakland University and received her BSN. She plans on going back this Fall to pursue her MSN and become a nurse practitioner specializing in oncology. Kristen currently works as a staff nurse at Troy Beaumont Hospital on the Oncology/Hospice unit. She works the midnight shift and loves it! She is also active at work; involved in the Professional Nurse Council at Troy Beaumont and the chair of the Unit Practice Council.

Kristen Moebs became a nurse in May 2011. She wanted to be a nurse since grade school because she loved science and learning about how the body worked. While she was in college, her grandfather passed away after battling metastatic prostate cancer for 5 years, so she focused on oncology as her passion. Kristen was amazed when her grandfather discussed the experimental treatments he was receiving at Karmanos. Even when he went home for hospice care, the nurses were so caring and patient. That is when Kristen knew she wanted to help others during the toughest times of their life.

Kristen admits that the highlight of her career are the long-term relationships she has developed with patients, even after the completion of treatment. "It's so wonderful to touch the lives of others when they are going through the worse thing imaginable." Kristen says, "it puts a smile on my face to see them thrive after cancer."

Kristen lives at home with her parents in Sterling Heights. She has a younger brother in the Navy based in Seattle, Washington. When Kristen is off from work, she is an adrenaline junkie. She goes up north or out west to ski. She likes spending time outdoors riding mountain bikes, rollerblading, or cruising on her new motorcycle. Traveling in general is her addiction; she usually go on a vacation every other month or so.

Kristen views certification in nursing as an amazing accomplishment. She made the decision of achieving this goal after working with certified nurses. Kristen received her certification in December 2013 and enjoys being a resource for fellow staff and patients. She says "It forces you to learn outside of the box of staff nursing on your specific unit." She has learned so much more about oral chemo and outpatient care; all information she would never get from working on an inpatient unit. She recommends that you start studying early, form a study group, and do a lot of practice questions to prepare for the test whether you are a new nurse or seasoned.

Kristen had an opportunity to attend ONS Congress this year in Anahiem, California. She was swept away by the experience describing it as "enlightening". She thought it was fantastic to get thousands of oncology nurses together to discuss issues and advancements that we all see as important. The speakers were excellent. She was able to bring home a lot of new information and resources to share with her colleagues. She feels that she is a better oncology nurse after going. She would love to go again next year!

Her advice for the new oncology nurse includes soaking up the knowledge with every experience and patient. "There is so much to learn and so much that it constantly changing in oncology care, but the thing that stays the same is just being a listener and supporter of whatever choices your patient makes." She also advises; never be afraid to ask for help. She states "I've been an oncology nurse for 3 years and have my OCN and I still ask questions every day. The day you stop learning as a nurse is the day when you should quit nursing."

Angela Maynard, RN, MSN, OCN, CBCN

MEETING SUMMARIES

April

APRIL NATIONAL CONFERENCE

SUMMARIZED BY ALICIA L. DECARIA, RN, BSN, NE-BC

ONS 39TH ANNUAL Congress

The Oncology Nursing Society Congress is an annual meeting where nurses gather to refresh, renew, re-energize and to network with kindred spirits. This year I had the honor and privilege of attending the 39th Annual Oncology Nursing Society Congress in Anaheim, CA--the City of Kindness, Mickey Mouse and the Anaheim Ducks. The theme of this year's Congress was, "Oncology Nurses: First in Hope, First in Care." The Opening Ceremony was similar to the opening ceremony of the Olympics and I was filled with pride--I had a sense of belonging...I found my nursing niche. The Mickey Mouse theme song playing in the background also sparked a sense of nostalgia and I found myself ruminating over the reasons why I went into nursing in the first place.

My favorite speaker was Devon Harris, original member of the 1988 Jamaican bobsled team and captain of the 1992 and 1998 team that inspired the Disney blockbuster movie "Cool Runnings", who shared his story and excellent pearls of wisdom. He said all nurses are leaders and that we need to positively influence. He urged us not to develop destination disease and to not rest on our laurels... keep pushing. We need to be green and growing not arrived and rotting!!! He stated that vision without action is a daydream and that action without vision is a nightmare. He urged all of the nurses in the audience to instill a strong sense of purpose in their lives because complacency breeds failure. The heart of Devon's message were the lessons he learned of the power of persistence and how everyone can keep on pushing and working for their dreams every day of their

MEETING SUMMARIES

April *Continued from previous page*

personal and professional life. When you think of it... really? A bobsled team in Jamaica???

At one of the sessions, the speaker asked all of those in attendance to stand if they had attended more than 30 Congresses at which time the woman sitting next to me stood. She was an inaugural member and we struck up a wonderful conversation. Ironically, she was from Billings, MO and her current boss was my first nurse manager and mentor!!!

Every oncology nurse needs to attend at least one Congress in their lifetime and I have been fortunate enough to have attended three in my career--the first being in Anaheim when I was fresh out of nursing school. This years' Congress had numerous opportunities for learning and networking and I am so grateful to the Metro Detroit Chapter of the Oncology Nursing Society for the opportunity.

In the words of Devon Harris, the pain of change is temporary... the pain of regret is eternal. Don't rest on your laurels... find your nursing niche... Keep pushing!!!

May

PRESIDENTS MEETING

PRESENTED BY DEBRA MATTISON, LMSW, OSW-C, ACSW, BCD
SUMMARIZED BY MELISSA JAMES, BSN, RN, BMTCN

Spirituality Matters was the focus of the presentation given by Debra Mattison, LMSW, OSW-C, ACSW, BCD in Royal Oak this past May. The presentation provided the audience with an articulate and creative insight into the meaning of spirituality to our patients and what does it mean to us.

What differentiates spirituality from religion? Religion is a set of beliefs, creeds, and codes. It is an outward expression, a moral community. Spirituality on the other hand is a part of life's narrative. It is the story one tells about life embedded in a certain way of looking at, directing, finding and giving meaning to life. Spirituality is an inner, individual experience. As Debra would say, "My spirituality is my own." It has meaning and purpose. Spirituality has the capacity and potential for growth, even during difficult instances. It is transcendent and linear. Spirituality is the "inner force" that fuels the way we think, act, and live.

What differentiates spirituality from religion?

Before you can begin to understand another's spirituality, it is important to affirm your own. Assess and explore your spirituality. Might you neglect to see your patient's spiritual needs because you neglect your own spirit? Do you honor and value your own needs? Do you give and receive out of choice and respect for self and others? Do you devote some part of your day for fun, pleasure, worthiness and self-love? Do you model what you believe and what is consistent with you values? Would you treat your patient like you treat yourself? Would you want the oncology nurse taking care of your loved one to be like you?

Cancer presents numerous spiritual challenges. As a healthcare provider, it is crucial to understand the whole person. Ask the individual what it means to them to be sick or well. Get an understanding of the patient's worldviews. It is important to not just know the disease, but to understand the disease and healthcare lifetime processes of the individual.

So how might healthcare providers integrate spiritual questions into our assessments? Debra provided the group with tools that could facilitate this crucial conversation.

FICA (CHRISTINA PULCHALSKI, MD)

F: Faith and beliefs
I: Importance and influence
C: Community
A: Address

HOPE SCALE

H: Source of hope, meaning, peace, love, connection, comfort, strength
O: Organized religion
P: Personal spirituality and practices
E: Effects on medical care and end of life issues

Individuals during these vulnerable moments may feel a sense of powerlessness and fear. They may feel like they are no longer able to impact their own destiny. They may feel the loss of control. The world can get a little smaller. Spirituality can speak to empowerment. Here are some questions that healthcare providers can explore.

What can you still do, experience, feel?
What attitude can you choose for yourself?
Where might you get power to accomplish this?
How can you get around, through, above?
Let's explore your choices!

Spirituality promotes connecting with you. How do you matter? Who do you make a difference to? What have you done that only you could do? What is life still expecting of you? Spirituality speaks to connectedness. When do you feel most nurtured? Where or with whom do you feel connected? What comforts and encourages you now? What are you a part of in life? Spirituality mines for hope and meaning. What is your greatest hope? What might you hope for today? What meaning have you given? How has your cancer mattered? Has it mattered to anyone or changed you in anyway?

Spirituality is the heart of helping. Be present to another person's pain. Honor their spirit and listen with your heart. Bear witness to the struggles of others and walk alongside them. Discover the gifts of silence and being still. Learn from others and curiosity.

There are times when nothing can be done. There are times when nothing should be done. We will remain as a faithful witness.

If we nurtured our spirit, "The spirit would be recognized as an essential part of who and what we are about and would be reflected in all we do. We would spend more time in creative, transformative living than in seeking to be ever more productive. We would revel in not what we have done, but in who we have been. And the mystery would smile and be glad.

MEETING SUMMARIES

June

RECOGNITION, PREVENTION, AND MANAGEMENT OF MUCOSITIS: THE NURSE'S ROLE

PRESENTED BY JUNE EILERS, PHD, APRN–CNS, BC
SUMMARIZED BY SABRINA RICHER, MSN, RN

In June, we were treated to dinner at a restaurant while being educated on enhancing our competencies in the treatment of oral mucositis (OM). Who else but oncology nurses could listen to a lecture on mucositis while viewing pictures of inflamed oral cavities and just continue to eat without a problem?

Our very energetic speaker began the presentation with some results of the 2007 ONS oral mucositis survey. This survey showed that pain and pain upon swallowing were both rated very high when looking at issues related to OM. In terms of interventions, magic mouthwash was rated as most high as a first line treatment (77%) except magic mouthwash is not necessarily magic. Mucositis is a systemic inflammatory process that starts at the beginning of the gastrointestinal (GI) tract, the oral cavity, and continues all the way down to the end of the GI tract. A little swish and swallow doesn't go very far. Mucositis was also ranked very high as a symptom that was difficult to manage and caused distress to patients.

How do we treat mucositis? There are very few evidence-based practices to treat OM even though it has been a long standing complication.

The pathobiology of OM is a very complex process which is recognized as an inflammatory complication. It begins with the activation of macrophages, dendritic cells, histiocytes, and mastocytes residing in epithelium and through multiple mechanisms, ends with an ulcerative inflammation. What we are all doing is "chasing the injury after the fact". It has already occurred before you actually see the ulcer.

Chemo-induced OM is more acute, developing within 1 week of chemotherapy and reaching peak within 2 weeks. OM from radiation has a more chronic course, typically beginning at cumulative doses of around 15 Gy and full blown at 30 Gy. Targeted therapy-induced mucosal changes are distinct from OM caused by cytotoxic agents. There are apthous-like lesions, distinct oval ulcers; gray with erythematous outer bands. Grades 1 and 2 are common. The onset and resolution are usually more rapid than cytotoxic chemotherapy, mTOR (mammalian target of rapamycin) inhibitors are the most studied, ie. everolimus, sirolimus, temsirolimus. Kinase inhibitors also appear to cause OM differently than cytotoxic agents and may accentuate OM when given in combination with cytotoxic agents, ie. erlotinib, lapatinib, sorafenib, sunitinib.

Mucositis affects 25-40% of all patients receiving cytotoxic therapy. Risk factors for OM include: neutropenia, poor nutrition, children and elderly, genetic factors, poor oral hygiene, impaired salivary function, use of alcohol and tobacco, specific chemotherapy, dose of chemotherapy, radiation together with chemotherapy, concomitant medication and abnormal renal functioning.

Extensive examination of the oral cavity is imperative. Adequate lighting is needed as well as a tongue blade. Many times tongue blades evoke gagging and excess saliva production. Inspect the lips, buccal mucosa, dorsal and ventral surface of the tongue, floor of the mouth, and gingivobuccal sulci. Next evaluate the teeth and alveolar areas. After the hard plate is visualized, the tongue is inspected for mobility and deviations. When you touch an ulcerative lesion on mucosal surfaces, it typically bleeds. When performing your assessment, the use of a grading scale is particularly helpful. There are numerous scales you can use: oral exam guide (OEG) and oral mucosa rating scale (OMRS) are just a couple of examples.

How do we treat mucositis? There are very few evidence based practices to treat OM even though it has been a long standing complication. The first protocols for oral care begin BEFORE THERAPY. These include: dental cleaning, bland rinses, dental work to eliminate gum disease or dental caries, correct fitting for dentures or partial plates, fluoride trays, and patient education regarding the importance of oral care and daily dental hygiene. Normal saline (NS) and baking soda are the best evidence for preventive care. Oral protocols DURING THERAPY include: cleaning teeth and gums after meals and before going to sleep, rinsing mouth regularly, remove any dentures and clean daily, avoid hot foods, spicy foods, alcohol, and smoking. Assess mouth daily and report pain, redness, or sores in mouth or on lips. Keep lips lubricated and maintain an adequate oral intake of fluids. Universal treatment recommendations for OM are not available. The objective is to provide comfort measures and good oral care.

MASCC/ISOO Evidence-Based Interventions for Mucositis:

- Recommend patient-controlled analgesia with morphine
- Recommendations for practice- oral care protocols, ie. (using a soft toothbrush) that include education for patients and staff, regular assessments, inclusion of dental professionals
- Expert opinion-brush all tooth surface at least 90 seconds twice daily, floss daily, avoid tobacco, alcohol, and irritating foods
- Use of cryotherapy (ice chips) to prevent oral mucositis in patients receiving high-dose melphalan or bolus 5FU chemotherapy
- Systemic zinc supplements administered orally may be of benefit in preventing OM in oral cancer patient receiving radiation or chemo-radiation
- Benzydamine for prevention of radiation induced mucositis in patient with head and neck cancer receiving moderate dose radiation (up to 50 Gy) without concomitant chemotherapy

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MEETING SUMMARIES

June *Continued from previous page*

- Patients with heme malignancies who are receiving high-dose chemotherapy and total body irradiation with autologous stem cell transplant, use keratinocyte growth factor-1 (Palifermin) in a dose of 60ug/kg per day for 3 days prior to conditioning treatment and for 3 days post transplantation for the prevention of oral mucositis

- Low level light therapy (LLLT) to reduce the incidence of oral mucositis and its associated pain in patients receiving high-dose chemotherapy or chemoradiotherapy before hematopoietic stem cell transplant (HSCT)

ONS also has mucositis guidelines which will be coming out in December. Pain is a major symptom for patients. As soon as OM is identified, pain management should be a primary concern. Start interventions early. Topical anesthetics have limited duration. Topical management includes: Caphosol R, Episil R, Gelclair R, GelX R, MuGard TM, Mucotrol TM, Orabase R. Not recommended for use in OM: Acyclovir and its analogues, antimicrobial lozenges, antimicrobial topical solutions, including iseganon, Chlorhexidene*, compounded mouthwashes, glutamine IV, pentoxifylline, pilocarpine, and sucralfate.

*as prophylactic by ONS

Low Level Laser Therapy (LLLT) for OM
Radiation at certain wavelengths can be beneficial to cells. LLLT is absorbed by intracellular photoreceptors in the membrane of the mitochondria. This helps to reduce pain due to increased endorphins and reduce the inflammation.

Patient education is a priority. The nurse can help reduce the risk of systemic infection through recommended interventions and help maintain optimal nutritional status as well as quality of life (QOL). Patients need to be educated on oral care, pain management, and adequate nutritional intake. Motivating patients to follow these instructions is also key. Frequent oral assessment and documentation is very important. An interdisciplinary approach for the management of OM is needed. Coordination may be needed with other disciplines ie. dental, psychosocial, audiology, nutrition, speech pathology, smoking cessation, integrative medicine, social services, palliative and symptom management.

In conclusion, OM is a debilitating condition with possible serious consequences. Nurses must provide the best patient care and education during this condition. Mucositis assessment, planning, implementation and evaluation needs to occur at baseline, with the initiation of cytotoxic therapy, during therapy, and at recovery. Effective pain management is essential and should be started immediately, have a rapid onset, and give prolonged relief to the patient. Remember, nurses are key to the recovery process.

FROM THE PRESIDENT

GAYLE GROSHKO, RN, BSN, OCN

THE GIFT OF LEADERSHIP/THE CHALLENGE OF LEADERSHIP.

I had the great pleasure of attending the 2014 Oncology Nursing Society Leadership Weekend in July. What a marvelous opportunity to rekindle your enthusiasm for oncology nursing.

ONS makes a sincere effort to know, understand, support and nurture its membership and to mentor those in new leadership roles. Whether you are a new SIG Coordinator on the national level or new board member of a local chapter, ONS strives to give you every tool to succeed. Our keynote address was given by Mark Levin, CAE, CSP. WOW! What a dynamic speaker. He spoke on The Gift of Leadership. The title itself offered me a new perspective. I have often felt leadership could be seen to be more "curse" than "gift". And when you rely on an entirely volunteer "work" force, how do you get your members to step up? Why does anyone give up their precious time and get involved? What does it take to make your chapter successful?

THE CHALLENGE OF LEADERSHIP.

The great challenge of your board leadership is to identify the chapter's needs and to maximize the chapter's resources. Leaders need to match the group's skills and strengths to its identified needs. Everyone, whether in the work-place, or in a volunteer role, wants and needs to feel appreciated and to be recognized for a job well done. We all need to feel we are making the best use of our abilities and are doing work that is worthwhile and rewarding. We need to feel we belong. We need to feel valued.

Steps to Building Your Team

- Recruit the proper people! Match the skill or personality trait to the need.

- Orientation. Mentor new members to the job/task at hand.

- Organize. Have a structure in place so that all know what is expected and when.

- Recognize. Have a way to salute those who have stepped up.

MDONS, as one of the first local chapters of the Oncology Nursing Society, has a long tradition of excellence. We have a robust and well received annual conference. We have monthly educational programs. We have community service projects. We have a voice politically. Because of these strengths, we have been asked by ONS to mentor a "sister" Chapter in Progress in the United Arab Emerates. Our strength is a direct result of our member's efforts. We got here as a chapter because individuals stepped up. There is a place for everyone. You can become involved for a single event, an active committee member or serve on the board. The opportunities are as broad or as narrow as you want or need. Visit the web site to look at what opportunities exist, call a board member or send us an email. We would welcome you with open arms and a heart-felt "thank you"!

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lot of red meat tend to eat less plant-based foods, so they benefit less from their cancer-protective properties. For a healthy protein option choose from lean meats, poultry, fish, eggs, tofu, nuts, seeds, legumes, and beans. When cooking, it is best to use relatively low temperature methods and limiting your intake of char-grilled meats and foods. The recommended low temperature cooking methods include steaming, boiling, poaching, stewing, casseroling, braising, baking, or roasting. The last food group to be discussed is dairy. When choosing dairy make sure it is low in fat or fat free. One standard dairy serving is one cup of milk or yogurt, or 1 ½ ounces of cheese. If you are unable to consume dairy or want an alternate choice, you can get this amount of calcium in 1 cup of calcium-fortified soymilk or soy yogurt. Soy has been very controversial because it contains estrogen-like compounds and there was fear that soy may raise the risk of hormone-related cancers. However, so far evidence shows that this is not true. Soy's possible effect on health is an active area of ongoing research. Adequate calcium intake from diet and supplements is associated with lower incidence of colorectal cancer. However, too much calcium from diet and supplements is associated with increased risk for prostate cancer. Therefore, a healthy balance is necessary for bone health and cancer prevention.

Along with the five main food groups, there are also two very popular beverages we drink daily. Coffee and green tea have been on the radar for cancer fighting activity for many years. Coffee is a good source of the B vitamin riboflavin, and is also a concentrated source of antioxidant phytochemicals. Early in the research, some studies implied that coffee might increase cancer risk. Recently, larger and more, well designed studies now suggest the opposite, and that it may even be protective for some cancers. Classes of flavonoids called catechins have recently become the focus of widespread study for their anticancer potential. Catechins are found in teas, with green tea containing about three times the quantity of catechins found in black tea.

Everyday choices affect your risk of getting cancer, choices which we are able to control daily. These small and simple choices add up to thousands of factors that can drastically affect your chances of getting cancer. Be sure to talk to your healthcare team, including a Registered Dietitian before trying a new cancer fighting approach. Some of the key factors for cancer prevention are simply being physically active, maintaining a healthy weight, and consuming a healthy balance of the five food groups. Remember, when it comes to cancer prevention, knowledge is power.

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THE LATEST FROM MDONS

Exemestane Improves Outcomes for Premenopausal Breast Cancer

A trial compared tamoxifen plus ovarian function suppression (OFS) to the aromatase inhibitor exemestane plus OFS in 4,690 premenopausal women with hormone receptor-positive early breast cancer. The researchers found that the five-year disease-free survival was significantly better with exemestane than with tamoxifen. **Read More >>**

Get a Cheat Sheet on Personalized Medicine, Genomics, and Pharmacogenomics in Oncology

The fields of genomics, pharmacogenomics, and personalized medicine are helping scientists and healthcare providers better study and treat genetic diseases such as cancer. In his article in the August 2014 issue of the Clinical Journal of Oncology Nursing, Andrew Blix gave an overview of personalized medicine, genomics, and pharmacogenomics and how they relate to oncology. He also explained key considerations for oncology nurses and why they need a basic understanding of this area to provide the best care to today's patients with cancer. **Read More >>**

When Things Aren't Quite What They Seem

Oncology nurses have the opportunity to interact with a unique variety of people. Cancer does not pick on just the feeble; healthy people, young and old, can be plunged into a dark and scary place by hearing the word: cancer. **Read More >>**

THE CHAPTER CAPSULE

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