



Northwest / Alaska Oncology Nurses

Vol. 3, No. 2 — Summer 1980

President's Message

. . Woods are lovely, dark and deep.
But I have promises to keep
and miles to go before I sleep . .

While thinking about the wide variation of topics and issues discussed at the Annual Congress of the Oncology Nursing Society, and reflecting on the feelings engendered by discussion of controversial subjects, my thoughts turned to the above poem by Robert Frost. As nurses we have a future with much promise open to us. To realize this future, we need to actively step out and reach for the challenges that the future holds. To meet these challenges effectively and creatively we need to determine our role in health care and work voraciously in establishing ourselves in that role. The road is long and hard. How much is it worth to you? I encourage you to read this newsletter and think about where you are as a nurse, what impact you hope to have as an individual and as a member of a greater whole, and how you will make this impact. Finally, step out and communicate your thoughts, and be a determinant in your own professional future.

NURSE-TO-NURSE NETWORK

The NURSE-TO-NURSE NETWORK is in the process of expanding the list of nurse consultants available to other nurses with questions about cancer management. One goal of the coming year is to expand the list to include nurses from all over the Northwest/Alaska region.

If you would like to be considered as a consultant, please complete the form on Page 6a stating your area of expertise and credentials.

MEETING NOTICE

REGIONAL ONCOLOGY NURSES MEETING

JULY 18, 1980

British Columbia Cancer
Foundation Building
601 W. 10th Avenue
Vancouver, British Columbia

Dinner

6:00-7:00 p.m. - \$3.00 per person

Reservations must be sent by July 8, 1980,
to:

Barb Warren, R.N.
Cancer Control Agency of British Columbia
2656 Heather Street
Vancouver, B.C., Canada

QUARTERLY MEETING

7:15 p.m.

Agenda

Committee Reports
Report on ONS Congress/San Diego
New Business

PROGRAM

8:00 p.m.

"Special Challenges for Nursing
in Chemotherapy and Radiation"

Directions

Map included in newsletter on Page 6

REMINDER

MEMBERSHIP RENEWALS are due for all members for the coming fiscal year - July 1, 1980 to June 30, 1981. Please fill out the renewal application and mail to RON's, c/o Fred Hutchinson Cancer Research Center.

LETTER TO THE MEMBERSHIP

The recent Oncology Nursing Society Congress served as a forum for the exploration and discussion of several controversial issues meaningful to nurses - prime among them, the issue of the ERA.

During the business meeting a motion was made that ONS assume a stance against supporting states that have not ratified the ERA. Specifically, it was suggested that the 1982 conference not be held in the unratified state of Missouri. A prolific response of opposing views ensued. In light of the serious implications of this issue for the nursing profession, we find it necessary to voice our concerns.

The ERA is a political and philosophical issue concerning equality and the rights of all individuals as human beings irrespective of gender, ethnic background or individual belief systems. The crux of the matter is power and authority commensurate with responsibility.

These issues are a reflection of the continuing inequality for women which is pervasive in contemporary society. We feel that the time has come to address these matters from the perspective of all people, recognizing that the political implications of stigmatization against women also gravely impact all social groups.

Connie Henke Yarbro's presidential message in the Winter 1980 issue of Oncology Nursing Forum urged nurses to accept responsibility for correcting inequities against cancer patients in our present health delivery system. She posed a cogent question:

"There are questions and issues which confront us in the 80's . . . How can we (nurses) attain the representation necessary to ensure that our voice and our unique contribution to the cancer problem is integrated on an equal basis with other professionals addressing these issues?"

Perhaps, in response to Ms. Yarbro's question, we need to establish credibility as nurses within the health care system.

Letter (continued)

Credibility for what? Credibility and acceptance for our unique contributions relating to knowledge, clinical practice and research. This credibility will only be attained at such a time as we gain an understanding of power and its relationship to self-esteem and autonomy, both personally and as a group. We must assume a professional stance that both defines and substantiates our worth.

The substantiation of our worth and credibility as equal contributors in health care is based on the body of knowledge we possess. Our professional worth as nurses cannot be realized until our personal worth as women is recognized. As a major force in society, it is time we acknowledge our potential professional power and influence which stems from knowledge and one's ability to be effective in the utilization of that knowledge.

We offer this challenge: We must correct inequities within ourselves before we can correct inequities faced by others. The keynote address for the 5th Annual Congress of the Oncology Nursing Society by Margarèta Styles, R.N., Ed.D., F.A.A.N., offered a paradigm of a dream for a future of nursing influence in health care. How can we have the audacity to envision our future when we cannot confront contemporary issues? We urge support of this issue and invite the membership to respond to our challenge.

Patricia Mulhern
Holly Ann Williams

THANK YOU

A SPECIAL THANKS to all of you who contributed to this newsletter. Your support and contributions are very much appreciated.

MARY JO HUNT
Editor

REPORT OF THE
ONCOLOGY NURSING SOCIETY CONGRESS

The 5th Annual Congress of the Oncology Nursing Society was convened in San Diego, California, May 27-30, 1980. 1,200 nurses attended. 1,000 of these were ONS members. The Pacific Northwest was well represented with RONS members acting as presentors as well as participants.

Margaretta Styles, R.N., Ed.D., delivered the keynote address and encouraged those present to be visionaries. Nurses should not only look to the science, technology and humanism that comprises nursing today but should "incite a revolution of rising expectation" in order to move forward for tomorrow.

The presentations were divided into three major categories: clinical practice, education and research. The annual ONS business meeting was also held at this time.

Clinical

The clinically-oriented sessions at the ONS 5th Annual Congress covered nursing care delivered in the range of sites of clinical practice, including hospital, outpatient clinic, and home. Through abstract sessions, instructional sessions, open forums and round table discussions, various aspects of patient care, family care, staff care, ethical issues, and some political issues were presented and explored. With a comprehensive emphasis on the delivery of nursing care and an assessment of the process and outcome of that care delivery, many presentations were of work done within the framework of ONS standards. The close link between nursing research to explore better ways of providing care to patients, and the implementation of those new approaches, was evident in many of the clinical abstracts. The importance of education for nurses as a vehicle for learning new techniques as well as an antidote for burnout was a recurrent theme.

The clinical sessions provided much new information regarding the delivery of nursing care; however, the close integration of care delivery, research and educa-

ONS Report (continued)

tion was a pervasive theme. The threefold emphasis in oncology nursing continues to be our challenge.

Education

The second category of presentations centered on education. Several abstracts, open forums, exhibits and round table discussions focused on the area of education. The topic was subdivided into professional education, entry into practice and patient education. The education forums were varied and enlightening. Topics ranged from how to pick a graduate program in oncology nursing to entry into practice.

A heated open forum was held on the issue of entry into practice. It was concluded that a 4-year education is necessary for entry into practice.

All in all, the educational presentations of the convention were well worth attending and hold promise to be thought-provoking in the future.

Research

Many nurses were given the opportunity to disseminate their research projects and findings during the course of the Congress. The topics varied widely in subject matter and sophistication. Individual nurses relayed the findings of studies done on individual patient units, as did primary investigators of federally-funded grants.

Instructional sessions on research were presented at varying levels of complexity. An introductory session was available for the newcomers to the research arena. The importance of collaborative research for the present and future was addressed in another session. A call for increased rigor in the conceptual development, methodology and analysis was made to nurse researchers at all levels. Responses from the audiences indicated support for collaboration and a request that ONS continue to assist researchers in clarifying their ideas, refining their methodologies, sharing their subjects and disseminating their findings.

(Continued on Page 9)

RESEARCH HIGHLIGHTS

A NEW-OLD APPROACH TO CANCER THERAPY

Hyperthermia as a Treatment Modality and Implications for Nurses

Hyperthermia, or elevated body temperature, has been studied extensively for its potential usefulness in cancer therapy. Based on the theory that tumor cells are more heat-sensitive than normal cells, a variety of treatment forms and combinations have been developed and tested, including the following:¹ High fevers from accidental or deliberate infections; hot baths; hollow organ instillation with hyperthermic irrigating solutions; limb and organ perfusion with hyperthermic blood, alone, or in combination with surgery or chemotherapy; diathermy combined with x-ray irradiation; induced fever combined with roentgen therapy; hot air jets and microwave diathermy before or during x-ray irradiation. Luk, et al, recently studied the use of microwave diathermy, alone, and in combination with radiation therapy, on superficial tumors.¹

The rationale behind the use of hyperthermia as a treatment modality rests on its proposed effects on cell kinetics.¹ Several cell structures and processes have been implicated in the mechanism of thermal cell killing:

- 1) Hyperthermia causes irreversible inhibition of oxidative metabolism (the energy production system) in cancer cells, independent of normal cells.
- 2) The response to hyperthermia is manifested by tumor cell lysis. This may result from the stimulation of lysosomal activity (lysosomes are cellular structures that contain digestive enzymes).
- 3) Hyperthermia may stimulate the body's anti-tumor immune response, through lymphocytic activation by thermal antigens.

Hyperthermia (continued)

Exploration of the use of hyperthermia in combination with radiotherapy was prompted by observations of the radiosensitizing properties of hyperthermia.¹ Conventional radiotherapy is often limited by such factors as normal tissue tolerance and the development of hypoxic cell populations in tumors (hypoxia magnifies radioresistance). Hypoxia has been found to sensitize cells to thermal damage, while hyperthermia sensitizes hypoxic cells and S phase (DNA doubling phase of the cell cycle) cells to radiation. As a result, when radiotherapy is combined with hyperthermia, a smaller radiation dose is necessary to yield an effect, thus decreasing normal tissue damage. Selective, differential heating of tumor cells relative to surrounding normal tissue is made possible by the relatively decreased blood flow to tumors, limiting heat dissipation from tumors treated with hyperthermia.

Over a 2-year period, Luk, et al,¹ administered local tumor hyperthermia (using microwave diathermy) to 49 superficial lesions (primarily recurrent or metastatic adenocarcinomas or squamous cell carcinomas) refractory to other forms of therapy. 11 of the lesions received hyperthermia treatment alone, while 38 of the lesions received a combination of radiotherapy and hyperthermia (with the hyperthermia administered immediately after ionizing radiation treatment). Hyperthermia was administered in 6 or 9 one-hour fractions delivered on alternate days; thus a course of hyperthermia was delivered over a 2 or 3 week period. Radiation was administered in low doses due to past radiation treatment histories.

Effectiveness of treatment was judged by local tumor regression. The results suggested that a superior anti-tumor effect was achieved with the use of radiation combined with hyperthermia in the treatment of superficial squamous cell and adenocarcinomas:

- 1) 18.2% of the tumors treated with hyperthermia alone showed complete tumor regression, compared with

Hyperthermia (continued)

42.1% in the group treated with both radiation and hyperthermia.

- 2) Less than complete, but greater than 50% tumor regression was produced in 36.4% of the tumors treated with hyperthermia alone, compared with 78.9% in the combined treatment group.
- 3) In the group receiving both hyperthermia and radiation therapy:
 - a) 76.7% of the adenocarcinomas showed greater than 50% tumor regression.
 - b) 75% of the squamous cell carcinomas showed complete tumor regression.

The nurse involved in caring for patients receiving hyperthermia treatment such as this is confronted with a number of nursing problems related to:

- 1) Physiological needs of patients resulting from the actual treatment effects.
- 2) Patients' needs resulting from the impact and connotation of the treatment.
- 3) Implications for nursing research.

Hyperthermia treatment using microwave diathermy is, itself, painless but, as administered in this study, requires patient immobilization for one hour periods. Comfortable positioning of the patient is necessary, as is prior attention to basic physiological needs.

Microwave diathermy may occasionally result in complications, including: erythema, blistering, and rapid tumor necrosis and regression leaving an open sore (infrequent). If this occurs, affected areas should be kept clean and dry. Special wound care of open sores that are located in radiation treatment fields may have to be deferred until radiotherapy has been completed. Patients should understand that healing of these sites may be prolonged, as tissues are likely to be in poor condition due to previous radiation treatment (which may have approached

maximum tolerated tissue dose). Prevention of infection is important, as is nutrition (in order to facilitate tissue repair). If tissue damage causes pain, analgesics may be required

The use of hyperthermia described in this study is, at present, being used palliatively (and possibly as a last resort), for patients whose disease is refractory to all other forms of therapy, implying a poor prognosis for these patients, since the investigational treatment affects only superficial lesions. However, this therapy, if effective, does offer the possibility of favorable cosmetic effects (i.e., tumor reduction), which, to an individual whose body image has been compromised by a devastating illness, may offer a significant element of hope. (This seems especially promising, since so many superficial squamous cell and adenocarcinomas are tumors of the head and neck.

As the use of different forms of hyperthermia becomes more widespread, nurses can take the initiative in research related to: skin care and tissue healing of treatment sites; effects on the patient of different schemes of treatment timing; self-administration of hyperthermia (if this ever becomes available); management of effects of rapid tumor necrosis in treated areas (e.g., fever or infection); methods of preparing patients for hyperthermia treatment and followup (especially if hyperthermia is eventually used earlier in the course of the disease process).

Suzanne H. Kaempfer, R.N.
Graduate Student
Physiological Nursing
University of Washington

¹ Luk, K. H., R. M. Huise, and T. L. Phillips. "Hyperthermia in Cancer Therapy," The Western Journal of Medicine, 132:179-185, March 1980.

OOPS! CORRECTION:

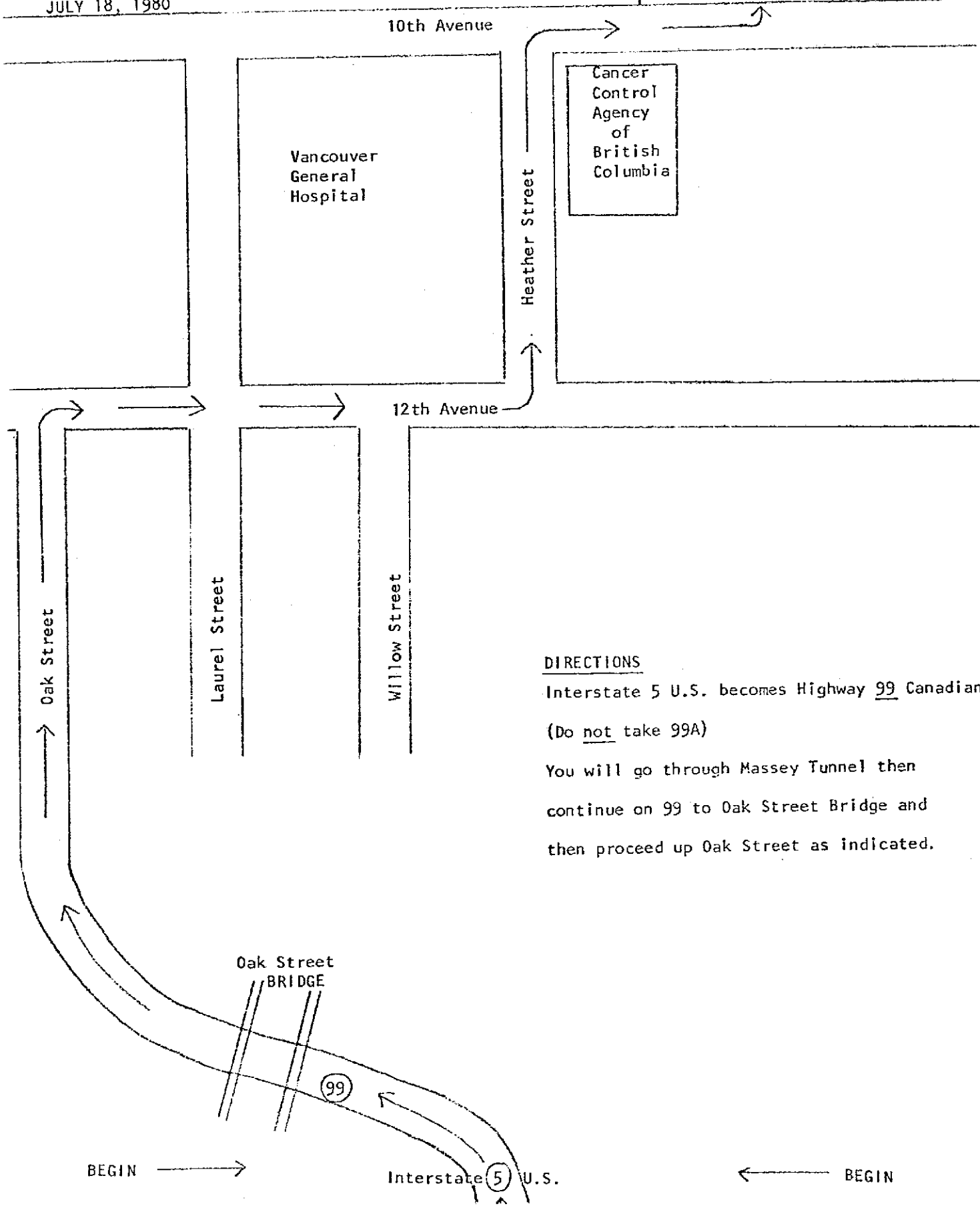
In the Spring 1980 issue of this newsletter the names of the past and present officers should have read from right to left.

REGIONAL ONCOLOGY NURSES MEETING
VANCOUVER, BRITISH COLUMBIA
JULY 18, 1980

-6-

* B.C. Cancer Foundation Bldg.
601 West 10th

5th St



DIRECTIONS

Interstate 5 U.S. becomes Highway 99 Canadian
(Do not take 99A)
You will go through Massey Tunnel then
continue on 99 to Oak Street Bridge and
then proceed up Oak Street as indicated.

BEGIN →

Interstate 5 U.S.

← BEGIN

REGIONAL MEETING MINUTES

Minutes (continued)

The 8th meeting of the Regional Oncology Nurses was held in Vancouver, Washington, on April 18, 1980. The meeting was called to order at 7:15 p.m. by the president, Karen Landenburger. As only 18 members attended this meeting no quorum was established.

President's Report

Due to manpower shortage the membership directory will not be available at the end of May.

Treasurer's Report

Judy Kornell reported that RONS membership at the end of March 1980 was 209 nurses. Dues were received from 65 members in March. The balance in the treasury is \$1,320.00. It is anticipated annual dues will have to be increased from \$5 to \$10 in July to cover the cost of the newsletter. At present each edition of the newsletter costs about \$190, including typing, printing and posting. Membership directory will cost approximately \$2 per copy, which will be covered by dues.

Secretary's Report

No report.

Committee Reports

- A. Newsletter - report submitted for Mary Jo Hunt by Karen Landenburger.
1. Deadline for article submission. All articles for the newsletter must be submitted 4 weeks prior to printing deadline in order to post the newsletter 30 days in advance of quarterly RONS meetings.

DEADLINE FOR NEXT NEWSLETTER IS SEPTEMBER 1, 1980.

2. Local representatives are required for southern Washington, Alaska, Idaho, Oregon and Montana. Local representatives are responsible for obtaining and submitting articles from members in their areas. Names of persons interested should be submitted to Mary Jo Hunt.

- B. Planning Committee - Meredith Boldt
1. Place of meeting Friday, July 18, 1980, had not yet been determined. Places "by the water" were being investigated by the Committee.
 2. Lack of attendance was discussed in relation to placement of meetings. As bulk membership is from Seattle, and Vancouver, B.C. areas, it was suggested meetings be alternated between these areas. It was suggested the membership be polled through the newsletter to determine member preference of meeting places. There being no quorum this problem will be placed on the agenda for the next meeting.
 3. The Planning Committee will send out a notice to ask members for their suggestions for topics of interest for quarterly meetings.
 4. It was suggested that meeting dates be in conjunction with major oncology functions; e.g., in June prior to the Northwest Oncology Conference to be held in Rosario on June 13.
- C. Nurse-to-Nurse Network - submitted for Pat Gonzales by Karen Landenburger.
1. A new consultant list is being prepared. Present consultants are being re-confirmed and new consultants are being sought.
 2. An increased number of calls have been recorded.

Old Business

None

New Business

ONS Local Chapter Affiliation - Speaker Jean House, R.N., distributed a handout outlining advantages of affiliation. To affiliate RONS would require revisions to the bylaws, including change of title, change of membership requirement and

(Continued on Page 9)

LOCAL CHAPTER AFFILIATION

Listed below are some advantages of participation as a local chapter of the Oncology Nursing Society as presented to the members by Jean House at the April 1980 meeting. Please read carefully. Discussion of this issue in terms of RONS will take place at the Fall quarterly meeting.

Advantages Of
ONS Chapter Affiliation

Education - Communication

- A. Provides an opportunity to exchange ideas and knowledge on a local and national basis through conferences, committees, correspondence and publications.
- B. Provides an opportunity for peer support and group consciousness.
- C. Assistance in planning educational activities. Resources include: speakers via the ONS directory, ONS special project funding for new groups when available; consultation from the ONS Education Committee and/or other members.
- D. Provides a vehicle for peer review.
- E. Cooperation with other professional associations, hospitals, universities, industries, technical societies, research organizations, and governmental agencies in issues affecting the quality of cancer care.
- F. Provides a vehicle for coordinated research activities. The ONS research committee is a resource for such activities.
- G. Access to the ONS mailing list to promote attendance and participation at local programs.
- H. Unity of purpose in furthering the objectives of the local and national society.

Affiliation (continued)

Organizational Structure

- A. Assistance in establishing and/or maintaining chapters through committee resources; by consultation with regional liaison; chapter manual.
- B. Chapters provide a collective voice for individuals to express opinions and influence decisions on a national level.
- C. Promotes structure and opportunity for leadership development with ONS.
- D. Recognition of the membership of the ONS in the Federation of Specialty Nursing Organizations.

Finances

- A. Eliminates the need for individual incorporation involving legal fees.
- B. Guidance in establishment and maintenance of chapter finances.
- C. Opportunity to apply for special project funding.

Requirements

- A. All members of the local chapter would have to belong to the national Oncology Nursing Society.
- B. Every group will assume ONS name.

ADDRESS CHANGE?

All address changes must be submitted in writing, with old and new address, to:

Outreach Program
RONS
Fred Hutchinson Cancer Research
Center
1124 Columbia Street
Seattle, Washington 98104

CNOP

As this newsletter goes to press, the Cancer Nursing Outreach Continuing Education Program is being conducted in Spokane. Most of the participants are from the Spokane area, and two nurses from the Lester Cox Medical Center in Springfield, Missouri, are also enrolled in the Spokane program.

CNOP programs scheduled for the remainder of 1980 are:

- Boise, Idaho
July 28 - August 8
- Missoula, Montana
September 15 - September 26
- Yakima, Washington
October 27 - November 7
- Tacoma, Washington
December 1 - December 12

For 1981, CNOP programs scheduled thus far are:

- Seattle, Washinton
January 19 - January 30
- Bellingham, Washington
March 2 - March 13

If you would like a prospectus describing the program, please address your request to the Cancer Nursing Outreach Program, Fred Hutchinson Cancer Research Center.

The program has been awarded 42 CERP credits, and consists of workshops and group discussions, clinical experience in a variety of settings, lecture presentations complimented by a professionally developed slide series, and supervised clinical assessment of patient care problems related to:

- Treatment
- Nutrition
- Pain
- Coping
- Community Resources

Minutes (continued)

change in number of standing committees to include membership and program committees. The advantage of avoiding the need for individual incorporation was stressed.

Program

CARE OF THE PATIENT AND FAMILY INVOLVED IN BONE MARROW TRANSPLANTATION. Speakers were Janet Gabbert, Judy Campbell and Kay McClain. An informative slide presentation based on care given at the Fred Hutchinson Cancer Research Center's Medical Oncology Unit was shown.

Respectfully submitted,
Sharon Burke

ONS Report (continued from page 3)

Business Meeting

A few changes were made in the ONS bylaws during the business meeting. Most were editorial in nature. A Resolutions Committee was added to the list of standing committees.

As at last year's meeting, a lively debate surrounded the issue of holding the 1982 Congress in Missouri, a non-ERA state. Ultimately the issue died because the motion became entangled in parliamentary procedure.

Many of the proponents of women's rights also supported a resolution to create a standing committee to investigate political issues (federal funding for nursing research). Later it was voted that this committee become part of the Resolutions Committee.

Debbie Buck
Peggy Lamb
Elizabeth White

If we all did the things we are capable of doing, we would literally astound ourselves. --- Edison

PROGRAM COMMITTEE REPORT

RONs spring meeting was held April 18, 1980, in Vancouver, Washington. The membership in attendance discussed two items that need to be considered by the group at large.

First, we discussed our preference that the membership seriously consider holding all future meetings in the Puget Sound area, based on the following:

1. The high cost of fuel,
2. Poorer attendance at the meetings held outside the Seattle area. Several times there have not been enough members to comprise a quorum.
3. The majority of members (approximately 75%) reside in the Seattle area.

Secondly, to help plan interesting programs, we would like you to complete the bottom section of this page, listing the topics of your choice in order of preference. These topics can be something you would be interested in having presented, or they can be topics you would personally like to present. Please return this form to us by July 18, 1980, or bring it to the RONs meeting in Vancouver, B. C.

Your input is essential in the successful planning of meetings of interest. Thank you for your continued interest and support!

Meredith Boldt
 Julie Roszel
 Co-chairpersons, Planning Committee

Karen Landenburger
 Outreach Program
 Fred Hutchinson Cancer Research Center
 1124 Columbia Street
 Seattle, Washington 98104

Program topics I would like to have presented are:

1. _____
2. _____
3. _____

Program topics I would like to present are:

1. _____
2. _____
3. _____

Name _____

Address _____

Telephone () _____

CAREER OPPORTUNITIES

PROGRAM FACULTY - Regional comprehensive cancer center is sponsoring a community-based cancer nursing continuing education program and is recruiting program faculty members. B.S. required, M.S. preferred; clinical cancer nursing experience and teaching skills required. Contact:

Duane Crosier
Personnel Director
Fred Hutchinson Cancer Research Center
1124 Columbia Street
Seattle, Washington 98104

HEALTH PLANNER-EVALUATOR - Full time position, to develop a regional outreach program at the Fred Hutchinson Cancer Research Center. Requires Ph.D. in health planning administration or related field, or M.S. and 5 years experience. Position available immediately. Salary negotiable. Send resume and 3 references to:

Duane Crosier
Personnel Director
Fred Hutchinson Cancer Research Center

STAFF NURSE - for Hospice of Snohomish County. Position opening in next few months. B.S. with experience in Hospice care preferred. Send resume to:

Sister Georgette Bayless
1019 Pacific
Everett, Washington 98201
(206) 258-7123

YOUR HELP IS NEEDED

Volunteers are needed to share the work and objectives of RONS. Your help is needed on the newsletter, program committee and bylaws committee. Please contact RONS through out Outreach Program of the Fred Hutchinson Cancer Research Center.

CONFERENCES

July 9, 1980 - "Cancer Pain: Assessment and Intervention in Nursing Practice," with Margo McCaffery, to be presented at the FHCRC.

July 10, 1980 - Cancer Pain conference with Margo McCaffery will be repeated in Walla Walla.

September 19, 1980 - Radiation conference. Contact person is Marilyn Hawk, ACS (King County) 283-1152.

October 15, 1980 - KCNA/ACS Oncology Special Interest Group. 3rd Wednesday of every month beginning October. Time 7:00-9:00 p.m. Location, ACS, 2120 1st Ave. North, Seattle.

Topics for the coming year include: trophoblastic disease, mycosis fungoides, stress and cancer, and self management of stress.

Contact person is Marilyn Hawk, ACS (King County) 283-1152.

The RONS Newsletter is published quarterly.

Editor: MARY JO HUNT, R. N.

Associate Editor: NORENE LEITZELL

Items for inclusion in the newsletter are requested from all areas in the Northwest region.

Submit material for publication to Mary Jo Hunt, Editor, RONS, c/o Outreach Program, Fred Hutchinson Cancer Research Center, 1124 Columbia Street, Seattle, WA 98104.

Please send all changes of address to RONS c/o Outreach Program at above address.

Lives of great men all remind us we can make our lives sublime, and departing, leave behind us footprints on the sands of time. - - - Longfellow