

REGIONAL ONCOLOGY NURSES

QUARTERLY

VOLUME 7 NUMBER 4 WINTER 1985

RONs Seventh Annual Cancer Nursing Symposium

DRGs and Other Oncologic Emergencies
Clinical and Administrative Perspectives
RONs 7th Annual Cancer Nursing Symposium
* * *

The two-day conference will be held at the Four Seasons Olympic Hotel in Seattle on February 8th and 9th, 1985. Similar to previous symposia, there will be well known speakers and roundtables on a variety of oncology and nursing issues. Thomas Bice, Ph.D., and Joyce Yasko, Ph.D., are the featured speakers. Dr. Bice is a professor in the Department of Health Services at the University of Washington; he is an expert resource person on health care economics. Dr. Yasko has written numerous articles and books on cancer nursing. She is an associate professor-Graduate Program at the University of Pittsburgh School of Nursing. Dr. Yasko is also on the Board of the Oncology Nursing Society.

The registration fee will be \$80 for RONs members, \$90 for non-RONs members; one day and student admission is \$55. The fee will cover the two-day program, two lunches, breaks, refreshments, and a reception on February 8th.

In addition to the main addresses, roundtable exchanges and exhibits, there will be two instructional sessions. One session will focus on variable billing for nursing

services; the second session dealing with oncologic emergencies and nursing interventions. Another feature of the symposium will be a panel of nurses from urban and suburban settings, discussing problems faced by hospitals and home care agencies as a result of DRGs. Eleven Continuing Education Units are available upon completion of a post test.

Hotel rooms are available at the Olympic at a conference rate of \$85 per room. The Planning Committee has developed a program that we hope will be both thought-provoking and informative. We hope to see you at the Olympic on February 8th.

Ann McElroy, Chair-Planning Committee.

REGIONAL ONCOLOGY NURSES
Seventh Annual Cancer Nursing Symposium
"DRGs and Other Oncologic Emergencies
Clinical and Administrative Perspectives"
February 8-9, 1985

Annual Continental Breakfast Meeting
February 9, 1985 8:00 a.m.-10: a.m.
Spanish Ballroom

Four Seasons Olympic Hotel
Seattle, Washington

PRESIDENT'S LETTER

Dear Colleagues:

It was exciting to see so many of us at the last quarterly meeting. We have outgrown the conference rooms available to us at Swedish Hospital, so look for a new meeting site.

With the Annual Meeting coming up in February, I would ask each of you to be sure your staff, colleagues and administrators are aware of the program. We are hoping for a large turnout for the lectures, instructional sessions, roundtables and the business meeting. With all of us doing a little PR, we can't lose.

As you know, we are waiting to hear from ONS on our petition to become a chapter of our national organization. I am interested to know your thoughts on how to smooth our transition to a new name (PS-ONS), how you think our affiliation will affect us, and how we can take a leadership role within the ONS as a chapter.

Happy Holidays. A peaceful and healthy New Year to you all. See you at the Olympic on February 8th and 9th.

Janet Schwarz-Appelbaum
President, RONS

REVIEW

Perez, C.A., Nussbaum, G., Emami, B., & VonGerichten, D. (1983). Clinical results of irradiation combined with local hyperthermia. Cancer, 52, 1597-1603.

The use of hyperthermia as a cancer treatment modality is increasing. Techniques and equipment for hyperthermia are still in a developmental phase, as microwaves, ultrasound, and radiofrequency are all used to produce heat. Phase I-II dose-seeking clinical studies are presently being conducted, often in conjunction with irradiation.

Perez, et al., treated 101 lesions with hyperthermia (915 MHz microwave, 41°-43°C) within 30 minutes after radiation treatment. The radiation (400 rads per tumor dose) was delivered twice weekly with hyperthermia. Some tumors were superficial so that adequate heating was possible for all tumors of 0-2 cm depth

and about 70% for those of 2-4 cm depth. Melanomas were found to be most responsive, with up to 75% showing complete remission. Epidermoid cancers, such as head and neck tumors, had 62% complete remissions and adenocarcinomas of the breast had 40-55% complete remissions. Six percent of patients experienced tumor necrosis with ulceration and 5% had thermal burns, both healing after 2-3 months. Subcutaneous fibrosis and some skin atrophy, erythema, and dry or moist desquamation also occurred in about one-third of the patients.

To deduce the nursing implications for this new mode of therapy, an understanding of the effects of heat on body processes is needed. Thermoreceptors located in the skin and in the hypothalamus regulate temperature so that 37° C is maintained in the body's core (Ganong, 1983). Local responses to heat in normal tissue include dilation of blood vessels, increased blood and lymph flow, and increased tissue metabolism to that area. Blood flow has been known to decrease after prolonged heat application due to vasoconstriction, to prevent excess heat spread to the core. If the heat is great enough to stimulate central thermoreceptors, sympathetic effectors will stimulate sweat glands to secrete and skin arterioles to dilate. Metabolism will increase from increased local intracellular processes as well as from central hypothalamic stimulation of thyroxin and epinephrine (Vander, 1975). Cardiac workload will subsequently increase. In contrast, blood flow in tumors initially increases from heat, but decreases after 30 minutes due to the elongated and distorted capillaries of tumors (Song, 1982). Lactic acid production increases, metabolic acidosis ensues, and respiratory workload subsequently increases.

During hyperthermia, a nurse can expect that the local effects of heat for prolonged periods of time will cause a variety of responses in the tumor and surrounding tissues. Edema from congestion in tumor tissues may compress nerves and cause pain. Edema may also constrict local passages such as arteries and airways and cause cardio-pulmonary deficits. The potential cardiac and respiratory demands of hyperthermia could lead to cardiac and/or respiratory failure in the elderly and patients with cardiovascular

and/or respiratory disease. Assessing pain and monitoring vital signs frequently during hyperthermia may prevent these difficulties from blood flow variations. Emergency equipment and drugs must be close at hand. Monitoring patients with head and neck tumors is especially important as increased blood flow to the carotid sinuses during hyperthermia could also stimulate the baroreceptors, and hypotension could ensue.

Increases in metabolism of the tumor and surrounding tissue may deplete body energy stores, increase lactic acid, and lead to fatigue. Nutritional assessment, support, and teaching may help patients consume proper diets to resupply metabolites between treatments and possibly increase tolerance to treatment. Teaching methods to conserve energy during daily activities may also help patients decrease lactic acid production and cope with their fatigue. If sweating occurs from hyperthermia, problems in fluid balance may also affect metabolism. The patient's fluid and electrolyte balance should be assessed each session and imbalances corrected before treatment. Prevention of imbalances may be best done by providing patients with a good supply of fluids during treatment and encouraging fluids at home.

Hyperthermia may cause breaks in the skin and dry or moist desquamation (especially if radiation is also given). Assessing the skin for early signs of these reactions and providing good skin care may prevent their occurrence. When present, using sterile technique may help prevent infection. If draining wounds and odors are a problem consulting an enterostomal therapist may be necessary. Increasingly, catheters for heat-monitoring probes are left in tumors between treatments. Therefore, a sterile dressing technique must be utilized and taught to patients and families. An assessment for infection should be done during each treatment session.

Coping with hyperthermia may be difficult for patients. Discomfort from the placement of catheters for probes, the confinement of movement to one position during treatment, and the sensations of heat and possible nerve compression may require administration of pain medications. Due to the microwave and radiowaves, electronic equipment for entertainment is limited or cannot be used, and patients must re-

main alone in the treatment rooms. Long sessions of therapy may lead to sensory deprivation. Methods to avoid this become a challenge to nurses.

As hyperthermia therapy develops and methods change in its application and use, nursing must be involved to adapt patient care. Assisting with the clinical trials and the care of patients receiving hyperthermia therapy will help nurses keep to the forefront of this treatment modality. Communication among nurses in this field will further help develop expertise and improve patient care.

Denice Kretchman, R.N., B.S.N.

References

- Ganong, W.F. (1983). Review of Medical Physiology (11th ed.). Los Altos, California: Lange Medical Publications.
- Vander, A.J., Sherman, J.H., & Luciano, D.S. (1975). Human Physiology: The Mechanisms of Body Function (2nd ed.). N.Y., N.Y.: McGraw-Hill Book Company.
- Song, C.W. (1982). Physiological factors in hyperthermia. In Third international symposium: cancer therapy by hyperthermia, drugs, and radiation. National Cancer Institute Monograph 61, 169-176.



Second Annual Pharmacy Symposium: Current Concepts in Cancer Care

January 25-26, 1985
Swedish Hospital Medical Center
Contact: John Zarek, RPh. 292-2174

The goal of the symposium is to convey useful, practical information on various topics in oncology and to encourage communication between local practitioners. The first day will emphasize financial, personal and psychological aspects of caring for the patient at home. The focus of the second day will be on the providers of care with an emphasis on current concepts in cancer treatment. Judy Kornell and Patty Mulhern are among the guest speakers.

IMPLANTABLE PUMPS AND PORT-A-CATHS

Patra Grezstad, RN
Tumor Institute
Swedish Hospital Medical Center
Seattle, Washington

As technology is increasing in the field of oncology, there are two new advances which make the administration of parenteral fluids, chemotherapy, blood products, and the process of blood withdrawal, an easier and more comfortable procedure for the patient.

The Infusaid pump is an implantable system used for the delivery of drug infusions; delivering the drug at an increased concentration to the selected site. In the case of the hepatic-arterial chemotherapy used for metastatic liver cancer, low dose drug flow to the liver can increase the drug concentration up to 400 times that which is possible with systemic intravenous therapy.

As well as providing a precise and continuous drug flow, the pump has several other advantages. The patient may be treated as an outpatient and require less hospitalizations, there is no care of the pump required by the patient, and bolus injections may be administered through the sideport, completely bypassing the pump mechanism.

The Port-a-Cath is also a totally implantable system used for the administration of all fluids including chemotherapy and blood products and the withdrawal of blood. It may be used for intravenous, intra-arterial, or intraperitoneal fluids.

Since the Port-a-Cath is implanted under the skin, one of its greatest advantages is that it reduces the risk of infectious complications. It also reduces the amount of peripheral venipunctures, allows targeted drug infusion, and facilitates ambulatory treatment for the patient, not interfering with his/her normal daily activities. It requires no care by the patient and minimal care by the nurse or physician.

INTRAPERITONEAL CHEMOTHERAPY

Terri Risso, RN, BSN
Virginia Mason Hospital
Seattle, Washington

Intraperitoneal chemotherapy (IPC) is a relatively new treatment for intraabdominal tumors. This treatment allows delivery of high concentrations of antineoplastic drugs directly into the peritoneum, achieving direct exposure of the tumor with the drugs. Systemic delivery of antineoplastic agents requires a delivery of significantly higher levels of drugs in order to cross the peritoneal membrane and achieve the same effects as IPC. Direct tumor exposure of antitumor drugs is suggested to be a more adequate means of eradicating intraabdominal tumor cells while lessening toxic side effects. Most intraperitoneal chemotherapeutic agents are detoxified in the liver via the portal circulation. Delivering these drugs in this manner provides less exposure to normal tissues and consequently less systemic side effects. Presently, Virginia Mason Medical Center (VMMC) is using a PSOC protocol to study the effects of Cis-Platinum and 5-FU delivered into the peritoneum in the second phase of treatment for women who have stage III or IV ovarian cancer.

With the initial development of this procedure, the Tenckhoff catheter was utilized to deliver intraperitoneal chemotherapy. This catheter is used for dialysis patients receiving peritoneal dialysis, and provides an access for the delivery of IPC in women with ovarian cancer. The indwelling rubber tube is surgically implanted in the patient's abdomen and held in place by a Dacron cuff. This tube is left in place until the end of the IPC treatments, approximately 2-3 months. The patient is taught the side effects of the treatment as well as the care of the catheter. Frequently, learning this care is stressful for the patient and family. Visiting nurses are helpful in assisting these patients care for their catheters at home. With the development of the intraperitoneal ports such as the implanted Port-A-Cath or MediPort, the Tenckhoff catheter is now less used.

Presently at VMMC, IPC is delivered through a Port-A-Cath or MediPort by staff oncology

nurses who have completed an educational program on IPC. Both the Port-A-Cath and MediPort systems are made up of a steel port and a radiopaque Tenckhoff catheter. The differences in the systems are noted in the size of the port (the Port-A-Cath has a larger diameter port as compared to the volcano-like port on the MediPort) and in the attachment of the catheter to the port (the Port-A-Cath is detachable in comparison to the MediPort's permanently attached catheter). Both systems are surgically implanted and placed over a bony prominence, usually the 12th rib or the ilium, and the Tenckhoff catheter is implanted into the peritoneal space. The decision of which port and where it is placed is related to the availability of the systems and to the surgeon's and patient's preferences. The Port-A-Cath and the MediPort allow the patient more freedom, less discomfort, and less care in comparison to having the external Tenckhoff catheter. These ports require minimal care by the nurse and once the correct accessing technique is learned, the nurses have reported that the delivery of IPC is relatively simple.

The sample of women with ovarian cancer receiving intraperitoneal chemotherapy is still rather small. However, from the few patients that have been treated with IPC, the side effects have been minimal compared to the side effects seen with systemic chemotherapy. The main side effect seen has been a mild to moderate abdominal cramping during the administration of fluids into the peritoneum. These cramps usually diminish by decreasing the rate of administration of the fluids into the peritoneum. Nausea and mild vomiting are also experienced despite the normal antiemetic regimen of Valium, Compazine, Reglan, Benadryl and Decadron. However, the frequency and intensity of this nausea and vomiting is less severe than that seen with systemic chemotherapy. Diarrhea and mouth sores are usually seen after the initial dose, and seem to be intensified with subsequent and/or increased dosages of 5-FU. Chemical peritonitis caused by the antineoplastic agents usually causes mild cramping a week to two after the treatment and is usually relieved with a mild analgesic such as Tylenol #3. Finally, Davis, 1980, and Jenkins, 1982, report that the patient may experience acute peritonitis (as

distinguished from chemical peritonitis) by the rapid onset of acute abdominal pain that may or may not be initially associated with a fever.

The advances in treatment of intraabdominal tumors and the advanced technology in the development of systems to deliver IPC have greatly enhanced the care delivered to persons with cancer. Further research and refinement of the treatment and ways the treatment is given will help improve the survival and quality of life for these persons.

Davis, V. and Lavandero, R. (1980). Caring for the catheter carefully...before during and after peritoneal dialysis. Nursing 80, Dec. pp. 67-71.

Gyves, J.W. et al. (1984). A totally implanted injection port system for blood sampling and chemotherapy administration. JAMA, 251(19) 2538-2541.

Jenkins, J.F., Hubbard, S.M., and Howser, D.M. (1982). Managing intraperitoneal chemotherapy a new assault on ovarian cancer. Nursing 82, May pp. 76-83.

CALL FOR POLICIES AND PROCEDURES

In an effort to facilitate information sharing, the American Cancer Society (ACS) Washington Division Nurses' Subcommittee, in collaboration with RONS, is currently receiving policies and procedures related to oncology nursing from organizations throughout Washington State. These policies and procedures will be kept at the ACS Washington Division office. The information will be available by phone or mail upon request.

Please submit policies and procedures from your organization to:

Annie Sakaguchi, M.N., R.N.
American Cancer Society
Washington Division
2120 1st Avenue North
Seattle, Washington 98109.

If you have any questions, please call Ryan Iwamoto: (206) 223-6801, or Annie Sakaguchi: (206) 283-1152.

RON's QUARTERLY MEETING MINUTES

November 15, 1984

- I. Call to Order
The meeting was called to order by Janet Schwarz-Appelbaum at 7:15 p.m.
- II. Program
Fran Lewis, RN, Ph.D. from the University of Washington, presented "The Nurse as Counselor for the Patient and Family." This program emphasized the interventions of nursing staff in the area of family level services.
- III. Establishment of Quorum
Quorum was established and proposed agenda approved.
- IV. Meeting Minutes of September 6, 1984, approved.
- V. President's Report
Janet reported that 24 new and old members paid their 1984 dues after a letter was sent to regional ONS members inviting them to rejoin or join RONS. Also Janet found several letters requesting information about RONS.
- VI. Vice President's Report
Ann Reported:
 - 1) The ONS tapes are here and will be stored with Teresa Coluccio. #522-3833. Titles of tapes will be published in next RONS newsletter.
 - 2) No smoking pins are a great success. 400 pins have been sold and RONS has ordered 400 more. Profit plans to be used for scholarship to ONS convention in Houston. Profit from pins to date \$298.00.
- VII. Treasurer's Report
\$6,865.23 in treasury as of November 15, 1984. RONS has received a \$1,000 grant from ACS for symposium. RONS hopes to receive a grant for symposium from Adria Lab.
- VIII. Report on RONS activities
 - A. Symposium - Title DRG's and Other Oncologic Emergencies - Clinical and Administrative perspectives.
Speakers: Joyce Yasko
Tom Bice - School of Health Services UW.
Will include instructional sessions

on A). Variable billing; B). Oncologic emergencies.

Cost: \$80.00 RONS member

\$90.00 Non-RONS member

- B. Program Committee
Thank you to Johanna Surla and Ann Hughes.
- C. Newsletter
Ryan asked members present to check mailing list at meeting for errors in their addresses. Next quarterly newsletter will contain a renewal of membership form which members should fill out and bring to Annual meeting. Next newsletter - end of December.
- D. Membership Committee
In analyzing the demographic and professional characteristics of the membership, Sam Miller and Patty Mulhern found:
 - 1. 26 RNs practiced 5 years in onc.
 - 2. Majority RN's were bachelor prepared
15 had masters degrees
3 - Ph.D.'s
 - 3. Majority 60 worked with adults.

Plans call for updating current membership form and collecting info at annual meeting.

- E. Membership Committee 2 RONS members have filed a consent to serve form for the office of Treasurer. Ann McElroy is running unopposed for Vice President. Ann Oakley will assist to send ballot and biography of candidates before annual meeting.
- IX. Old Business
Janet reported that the Board has decided to hold on publishing a brochure with goals etc. until we have resolved status with ONS.
- X. New Business
 - A. Patty Mulhern is active in legislative committee of ONS in the Northwest region. She would like to hear from anyone who is interested in getting involved - phone No. 365-6321; Work - 382-9700.
 - B. ACS, Wash. Division is interested in setting up a state-wide policy and procedure network.
Interested? call Ryan Iwamoto.
 - C. Chemotherapy Task Force
Teresa Coluccio shared that the

task force has met once to share concerns. No resolutions were reached, however; committee will try to meet again and possibly publish article in newsletter. Recommendation to call William Wilkinson, Ph.D. at U.W. Dept. of Occupational Health.

- D. Recognition for RN's contributing at ONS. Ann McElroy, Mona Epp, Janet Appelbaum, Ann Reiner.
- E. Attention re: article in upcoming New England Journal of Medicine by Dr. Mack, Swedish Medical Center, Title - "Learning to Live with Cancer."

Motion to adjourn - 9:15 p.m.

Respectfully submitted,
Teresa Coluccio.

LETTER TO THE EDITOR:

Dear Ryan,

I would like to let the adult oncology nursing community know that the national Association of Pediatric Oncology Nurses (APON) national conference was hosted here in Seattle in October. Our local APON group has become quite active and was approved as an official APON chapter at that meeting.

We have regular business and education meetings throughout the year, and would enjoy having some interaction with RONS members about issues of mutual interest. We certainly could benefit from your experience and expertise.

We would also be interested in working on some joint activities with RONS (educational presentations, fundraising events, protocol development, publications, etc.) if we could get our timing and energy levels to match.

Please feel free to contact us anytime with ideas, questions or suggestions.

Sincerely,
Kit Bakke
Head Nurse, Hematology/Oncology Clinic,
COHMC
President, Seattle Area APON Chapter
(W) 526-2096

RONs NEWSLETTER

Published quarterly by the Regional Oncology Nurses with the support of the American Cancer Society.

Editor: Ryan Iwamoto

Letters, articles and announcements are requested from all RONS members and other readers on topics of interest.

Submit materials for publication to Ryan Iwamoto, RONS Editor, P.O. Box 85058, Seattle, Washington 98145-1058.

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POSITIONS AVAILABLE

Hospice RN - part-time and on-call
Community Home Health Care - Hospice
Qual: 2 years oncology or med-surg.
hospice experience
Opportunity to work with interdisciplinary team.
Call: Candace: 282-5048.

Oncology Nursing Society
Annual Congress

May 16 - 18
Albert Thomas Convention Center
Houston, TX
call: (412) 344-3899

UPCOMING LECTURES, WORKSHOPS AND CLASSES

Resource Applications, Inc.

1. Setting Standards of Patient Care
Carolyn Smith-Marker, MSN, RN, CNA
Jan. 24-25, 1985
\$177.00 call: (206) 244-4800.
2. Adult Physical Assessment
Patricia A. Stull, RN, MS.
Feb. 19, 1985
\$88.00 call: (206) 241-2000.
3. Coping with Fewer Resources
Leann Strasen, RN, MBA, CNA
Mar. 1, 1985
\$89.00 call: (206) 244-4800
4. Assessing Lower G.I. Problems
Phyllis Tavares, BA, RN
Feb. 14, 1985
\$87.00 call: (206) 226-7700

Pain Relief During the Last Phases of Life
Dr. D. Bresler, Sr. Karen DeFault, RN, PhD.
Dr. Wm. Langers, A. Lipman, Pharm D.
Jan. 18-19, 1985
\$90.00 call: (503) 281-6111

Tumors of the Central Nervous System
Sponsored by: Barrow Neurological Institute, St. Joseph's Hospital and Medical Center.
Feb. 11-13, 1985
La Posada Resort
Scottsdale, AZ
\$150 call: (602) 952-0420.

Fourth Winter Symposium on Hematologic Malignancies
Sponsored by: University of Arizona Cancer Center and Adria Laboratories.
Mar. 9-16, 1985
Cottonwood Conference Center
Snowbird, Utah
\$350 call: (602) 626-6372.

Soviet-American Clinical Study Guidelines For Cancer Care (in Moscow, Tbilisi, Baku, Erevan, Leningrad)
J.M. Yasko and E. Parker DePastino
Sponsored by: Professional Seminar Consultants
Mar. 27-Apr. 10, 1985
Call: (505) 881-4229.

2nd Annual Advances in Cancer Treatment Research

Sponsored by: Montefiore Medical Center
Feb. 28 - Mar 1, 1985
The Grand Hyatt
New York City
\$150 call: (212) 920-6674

First National Symposium: Advances in Leukemia and Lymphomas

Sponsored by: Leukemia Society of America.
Mar. 14-16, 1985
MGM Grand Hotel
Reno, Nevada
\$125
Write: LSA Medical Conference
c/o Bostrom Corp.
435 North Michigan Ave.
Suite 1717
Chicago, Illinois 60611

American Cancer Society Fourth Annual Conference on Cancer Nursing Research

Sponsored by: American Cancer Society, Western Area.
June 18-20, 1985
Hawaiian Regent Hotel
Honolulu, Hawaii
Write: Mrs. Gwen Heliker
GTU, Inc.
P.O. Box 2198
Honolulu, Hawaii 96805

The Fifth Hospice Study Seminar in Britain

Chair: M.J.M. Galazka
June 23 - July 5, 1985
\$1465.00 call: (206) 767-1620.

Fourth International Conference on Cancer Nursing

Sponsored by: International Society of Nurses in Cancer Care and Memorial Sloan-Kettering Cancer Center
Sept. 7-12, 1986
New York Hilton
New York City
Write: Secretariat
4th International Conference on Cancer Nursing
404 Park Ave. S.
9th Floor
New York, NY 10016

REGIONAL ONCOLOGY NURSES MEMBERSHIP APPLICATION AND ANNUAL RENEWAL FORM

Return to: REGIONAL ONCOLOGY NURSES
 P.O. Box 85058
 Seattle, Washington 98145-1058

(Please type or print clearly)

Name _____
 (Last) (First) (M.I.) (Cred., e.g., BS, MS, PhD).

Professional Position _____

Business Address _____
 Bldg., Dept., Suite, School _____
 Univ., Group, Co. _____

Street _____ Phone No. () _____

City _____ Province/State _____ Zip _____ Country _____

Home Address Street _____ Home Phone No. () _____

City _____ Province/State _____ Zip _____ Country _____

Preferred Mailing Address: Business _____ Home _____

Application: Renewal _____ First Time _____

If renewal: (1) Has your name changed since last renewal (indicate previous name)

(2) Previous address _____

Membership information:

Are you a member of the Oncology Nursing Society? Yes _____ No _____

Total years in nursing _____ In oncology _____ In RONS _____

Employment: Full time _____ Part time _____ Unemployed _____

Highest Degree: Diploma _____ Associate _____ Bachelors _____

Masters _____ Doctorate _____

Functional Area: Adm. _____ Educ. _____ Research _____ Patient Care _____

Sub-specialty: Chemo. _____ Radia. _____ Surg. _____ Immuno. _____

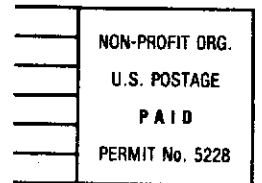
Home Care _____ Other _____

Patient Population: Adult _____ Pediatrics _____

Annual dues are \$10.00 and must accompany this application. The dues you submit now are applicable for the present fiscal year which extends from January 1, 1985 to January 1, 1986. No partial payments are accepted during the year. Send your check or money order payable to the REGIONAL ONCOLOGY NURSES to the above address. Payment must be \$10.00 U.S. dollars or equivalent.

Signature _____

American Cancer Society
Washington Division, Inc.
2120 - First Avenue North
Seattle, Wa 98109



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