Nominate a Colleague!

Every year, the McCorkle lectureship is awarded to a PSONS member (past or present) in recognition of his or her significant contribution to cancer nursing, high standards of practice, and holistic approach to patients and families across various settings.

Who of Your Colleagues Deserves to be Recognized for Their Contributions?

Please submit an essay explaining why this person should receive the McCorkle Lectureship and a CV or biosketch of the individual to psonssymposium@gmail.com or mail them to PSONS c/o Symposium committee, PO Box 472, Mountlake Terrace, WA 98043.

Submissions are due October 31st
**President’s Message**

*The Times Are A Changin’*

_Cherie Tofthagen_
_NPSNS President_

It is the week before my boys return to school. I am always amazed at how fast the summer flies by, how quickly the blast of the sunshine (although brief and scattered as it may be!) changes to the crispness of fall air. So as summer ends, and we begin a new season, I have reflected on what PSONS has already accomplished this year and what we have to look forward to in the coming months. I’d like to share some of that with you.

As an organization we’ve accomplished so many great things already in 2010. We’ve completed monthly educational meetings on a wide range of topics suggested by our membership, the majority with CE credits attached. We’ve completed a two-day Oncology Nursing Symposium, in a new location, with great attendance and feedback. PSONS has completed our first ever e-survey of our membership which asked a variety of questions. Results will be shared with the membership in the near future. Three of our members, Juanita Madison, Nancy Thompson and Lenise Taylor have organized an OCN review class, which will start in September. The chapter received a grant from ONS to support this event. We should be proud of PSONS’s dedication to offering valuable education at a local level. We should also be proud of PSONS recognition of the importance of our membership and the desire to create meaningful value to our membership.

With the coming of fall comes Fundamentals of Oncology, a four-day class targeted towards newer oncology nurses but has been deemed a valuable program to the most well seasoned nurses. This class is a one of a kind class that is planned, organized and executed by 22 nursing cooperative members in the greater Puget Sound area offering CE credits. PSONS has again collected school supplies and backpacks for our community service project. Thanks to all who have donated! The children we collect these supplies for would not know the smell of a fresh box of crayons if not for PSONS! PSONS will be holding annual elections in November. Please contact Lois Williams, our Nomination Committee Chair for information on our upcoming elections. You can reach Lois at williamslois@msn.com and the phone is 206-963-2186. At the November educational meeting PSONS will host our ONS President, Carlton Brown. You will NOT want to miss this! We are also close to launching our new and improved web site!

On a national front, we will be keeping a close eye on the elections this November and what the results might mean to the implementation of Health Care Reform. It is estimated that in 2025, there will be a shortage of 260,000 registered nurses in the United States. With cutbacks in funding to higher education nation wide, the ability to enroll in nursing programs has been effected due to many factors. On the front lines, our current economic situation lends to a list equal to a school supply list, of the numerous ways in which our workplace and our patients are affected. All the more reason why, as an organization, our priority is to create value to our membership and in turn, __Continued on page 8__

**Editor’s Notes**

*Focus on New Drug Overview and Health Care Reform*

_Judy Petersen RN, MN, AOCN_

It’s fall again. The summer (did we have a summer?) came and went and was busy for many of us. As a volunteer editor I struggled along with you to find time to volunteer and gather the articles from member authors that you would find of interest for this issue. Several of you are budding authors but it is a struggle to ‘get it done’. So, I feel somewhat apologetic for the few articles in this issue (hence the reprinting of an article by me) but we are not short on news to report on for our busy chapter.

The lead article by Sharon Rockwell provides us with an excellent overview of a new drug, Provenge (Sipuleucel-T). In results of our recent membership survey many of you indicated interest in articles on emerging therapies, so thank you Sharon.

Georgia Decker’s article on Health Care Reform is a recap of the information she presented at this year’s symposium. I hope this will stimulate you to think about the candidates you will be voting for in this fall’s election and their positions on health care legislation. I don’t think any of us believe we are finished debating or reforming health care. I hope you will enjoy this issue. I welcome any feedback and of course, contributions! You can contact me at judyp_73@msn.com.
**Provenge: Chills, Pyrexia and Headache the Most Common Side Effects**

Continued from page 1

The product is then re-infused into the patient to mount an immune response against cancer cells carrying the PAP antigen (Dendreon, 2010). In addition to the initial therapy response, there is thought to be a durable effect over time, eliciting a “memory” response for the immune system (Urdal, 2010). “Booster” therapy is currently under research.

**What are the Indications for Treatment with Sipuleucel-T?**

They include:
- Metastatic, hormone refractory prostate cancer
- Bone scan or CT scan with evidence of disease spread to lymph nodes or bone
- No disease involvement to lung, liver or brain
- Little or no cancer-related pain (no need for narcotic pain medications for cancer pain)
- Adequate organ function (liver, kidney, bone marrow)
- No history of autoimmune disease or significant heart/lung disease
- Life expectancy of > 6 months

**Side Effects**

The IMPACT (Immunotherapy for Prostate AdenoCarcinoma Treatment) study was a double-blind, placebo-controlled, multicenter Phase 3 trial that reported incidence of side effects as noted in chart below (Dendreon, 2010). Fatigue, asthenia, dyspnea, hypoxia, bronchospasm, dizziness, muscle ache, nausea and vomiting.

**Cost/Reimbursement/Availability**

Estimated costs for Provenge therapy is $31,000 per infusion event, $93,000 for a treatment course.

The Center for Medicare and Medicaid Services (CMS) is reviewing Provenge and will make a national policy decision on reimbursement by March 30, 2011 with a final ruling by June, 2011. The administration of Medicare is divided into 15 different regions known as Medicare Administrative Contractors (MACs). Each MAC is responsible for deciding what treatments and drugs are to be reimbursed by Medicare. Initially, decisions are made at the MAC level, so it is possible that some MACs will approve a drug treatment while others will not (Nowak, 2010). Dendreon sponsors a patient assistance program “Dendreon On Call” and can be contacted at 877-336-3736. There are 2 local facilities of the 50 U.S. facilities that offer this therapy, Seattle Cancer Care Alliance and Virginia Mason Medical Center.

**References**


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**UPCOMING PSONS Education Meetings**

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<tr>
<td>October 20</td>
<td>Tumor Lysis Syndrome</td>
<td>Rita Secola, RN,MSN,CPON</td>
<td>Swedish Medical Center-Glaser Aud.</td>
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<tr>
<td>November 16</td>
<td>Oncology Nursing Society: Update Come and meet and interact with the President of ONS</td>
<td>Carlton Brown President Oncology Nursing Society</td>
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<td>December 15</td>
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<td>Swedish-First Hill Glaser Auditorium</td>
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**Community Partners**

Cancer Lifeline is a local non-profit which provides free non-medical support services in 16 Western Washington counties to cancer patients, survivors, caregivers including family members, friends and co-workers. Cancer Lifeline’s mission is to **optimize the quality of life for all people living with cancer**.

Cancer Lifeline was founded in 1973 by a cancer survivor who saw the need for a telephone lifeline for those living with cancer. The “lifeline” allows cancer patients, survivors, family members and friends to call for information and support, state-wide, 24-hours a day, 7 days a week.

Today, Cancer Lifeline carries on that vision which was based on the understanding that cancer patients, survivors, families, friends, co-workers and caregivers are all “people living with cancer.” Their free programs and services are evidence-based, and have evolved from listening to clients express what they need to navigate their cancer experience. Cancer Lifeline’s goal is to address what cancer takes away: health, hope, independence, community, joy, and often, the sense of balance and inner harmony.

The program focuses on four principles that people living with cancer deserve:
- choice and control
- information
- opportunities to express feelings without judgment
- inclusion not isolation

Cancer Lifeline is headquartered at the Dorothy O’Brien Center in a residential neighborhood near Green Lake. Additionally, Cancer Lifeline partners with three community hospitals: Evergreen Medical Center, Valley Medical Center and Northwest Hospital.

Cancer Lifeline is 100% privately funded and all classes are free. Support programs and classes include:
- 24-Hour Lifeline
- Patient Financial Navigation
- Patient and Family Emotional Support
- Artistic Expression
- Exercise and Movement
- Nutrition
- Changing the Story for American Indian and Alaska Native Cancer Survivors

My patient is struggling financially to pay their rent, let alone afford treatment. Can Cancer Lifeline help?

Yes. Cancer Lifeline is the principle administrator of the Susan G. Komen for the Cure Patient Assistance Fund for low-income women who are within three months of treatment for breast cancer and are living or being treated in Clallam, Grays Harbor, Island, Jefferson, King, Kitsap, Lewis, Mason, Pacific, Pierce, San Juan, Skagit, Snohomish, Thurston, Whatcom or Whatcom counties.

That means if you have a breast cancer patient who is struggling to pay for basic needs (rent, groceries, utilities) Cancer Lifeline’s financial navigators can help. Breast cancer patients may be eligible for a one-time grant of $500 to help with basic needs. Individuals must apply through a social worker or other health care professional.

If you have a patient with cancer, other than breast, Cancer Lifeline can still help. Cancer Lifeline’s financial navigators work one-on-one with patients to connect and refer them to other organizations that provide financial support services.

“I am a cancer survivor. It’s been a year and a half since my initial diagnosis, and I am now free of cancer. Cancer Lifeline is just what it implies; a lifeline for cancer patients and their families. I feel very fortunate to know Cancer Lifeline is there for me when I need it and for everyone whose life has been touched by cancer.”

“I am a stage IV breast to bone cancer patient of 19 years. All I have been through has been very hard emotionally, physically, mentally and financially. Cancer Lifeline came into my life a few years ago, and all of that changed. Cancer Lifeline has changed my quality of life.”

I have a patient whose family and friends want to help support them, but don’t really know what to do. Can Cancer Lifeline help?

Continued on page 6
Health Care Reform and The Oncology Nurse

Georgia Decker
APRN, ANP-BC, CN, AOCN

Editor’s note: Georgia presented this information at our annual symposium in April. We were unable to include it in our summer symposium issue. The topic and information is still timely in anticipation of fall elections.

The House version focused on provision for a public option while the Senate version focused on a state-based exchange option. The White House/current administration advocated the Senate approach. March 23, 2010 - The Patient Protection and Affordable Health Care Act was signed into law. March 30, 2010 - The Health Care and Education Reconciliation Act of 2010 contained the “fixes” to the health care bill. The final version contains more than 2,400 pages of changes to the nation’s healthcare system including new programs, policies, funding and practices. The goals for Health Care Reform (HCR) were/are lofty and included (but were not limited to) cost containment, expanded access, reform the health insurance industry, disease prevention and health promotion and workforce growth. The question remains- how do we pay for this? Medicare and Medicaid “savings” is actually code for cuts; new taxes (an example is tanning salons); and new fees (examples include the pharmaceutical industry and so-called “cadillac” health insurance programs).

Provisions include individual mandates, employer implications (no mandates-yet). But those employers with more than 50 employees must offer a “qualified” health coverage by 2014 or pay a fine, state-based exchanges will be created to provide affordable options. The Medicare changes are notable and include preventive care without a co-pay or deductibles; closes in the “donut” hole beginning in 2010 and predicted to culminate by 2020, does not permanently “fix” the physician payment formula, cuts payments for diagnostic imaging, decreases payments for clinical laboratory services and reduces payments to hospitals with high readmissions. Medicaid eligibility will be expanded.

What about people with cancer? There is to be an immediate creation of high-risk pools for those with pre-existing conditions who are uninsured, portability and continuity of coverage for people with cancer or history of cancer, eligibility based on health status is prohibited and improved access to early detection, prevention, treatment and follow-up care for those who previously lacked coverage. Insurance plans are required to cover routine costs associated with clinical trials. There are provisions for those with pain including the development of training programs to educate healthcare professionals about pain assessment and treatment.

The bill seeks to support the nursing workforce through (to name a few) nursing student loan programs, ad-

Continued on page 6
Continued from page 4

Yes. Cancer Lifeline’s Patient and Family Support program includes ongoing support groups, one-on-one meetings and the much-admired Share the Care program. Many patients don’t want to be a burden on their friends and family members by asking them to help cook, mow the yard or even drive them to treatment.

Exercise is beneficial in the fight against cancer.

How Can My Patient Access Cancer Lifeline’s Free Services?
Toll free lifeline: (800) 255-5505
Financial Navigation: (206) 832-1282
Website: www.cancerlifeline.org

At the same time, friends and family members want to help - they just don’t know what to do. Cancer Lifeline facilitates a Share the Care meeting with friends, family members and caregivers of a patient to coordinate their support needs. Cancer Lifeline also does Workplace Meetings, similar to Share the Care, but facilitates a discussion about supporting a co-worker with cancer in the workplace.

My patient is newly diagnosed and scared, what can Cancer Lifeline do?
Cancer Lifeline was founded based on the need for emotional support 24-hours a day. Cancer Lifeline’s toll-free lifeline provides emotional support and resources to cancer patients, friends, family members and caregivers. Pre-doctoral psychology interns staff the lifeline, actively listen and provide support through phone conversations or one-on-one in person meetings.

Does one have to have cancer to participate in Cancer Lifeline Programs?
Cancer Lifeline serves everyone affected by cancer. You are welcome to participate if you are recently diagnosed, in treatment, or a survivor. Cancer Lifeline also welcomes those supporting individuals with cancer; friends, family members, co-workers and caregivers.

Continued from page 5

Health Care Reform: It Will Impact Oncology Care in Many Areas

Advanced nursing education grants, nurse education, practice and retention grants, loan repayment programs, nurse faculty loan programs, and workforce diversity grants.

There will be an impact on oncology care in a number of arenas including an increased patient volume and increased demand on an already burdened system of care coupled with insufficient reimbursement under the Medicare and Medicaid programs resulting in a threat to access and delivery. This could exacerbate the current physician and nursing shortage.

All of this said — things will change. Because the implementation process is long and complex there will be technical “fixes” and corrections, repeal efforts and state law suits. It is important to watch closely some of these efforts.

Clearly this is not an exhaustive review of HCR. For that reason there is a list of reliable online resources on page 5. Thank you to Ilisa Halpern Paul for this resource list.

Our voice is essential. We are experts in patient care with a working knowledge of the challenges in healthcare because we understand the needs of patients, families and caregivers. Nurses represent the largest group of healthcare professionals in the United States and are recognized as the “most trusted profession”. If you are not a member of ONStat- join. Visit the Legislative Action Center (LAC) on the ONS website: http://www.ons.org/lac/. There are tips for calling on your representative, writing a letter to the editor and more.

“Cancer Lifeline has spent countless hours on the phone with me. As a cancer patient, currently in remission, I’m still dealing with chemotherapy side effects, and trying to navigate my way through the daunting state, city and social services. Cancer Lifeline has been invaluable and I am so grateful.”

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As we begin this last week of summer (Did we really have a summer?) many of our kids are returning to school and I am once again AMAZED at the generosity of my PSONS colleagues! Since July we have been collecting school supplies for needy kids at a school in Lakewood, WA. I have to admit that as July was coming to a close I found myself a little panicked that we would not reach our goal of 25 backpacks filled with grade appropriate supplies. Silly me! We didn’t just meet our goal; we far exceeded it with 36 backpacks stuffed to the zippers with everything these kids need to start the school year off right! Additionally we have fully outfitted the art teacher with markers, crayons, colored pencils, rulers and enough glue sticks to build a skyscraper. I cannot tell you how this warms my heart. I know how happy this makes the teachers, who work each year with less, higher student to teacher ratios and budgets that are dwindling.

I am particularly tickled by the number of art supplies we received this year as these programs are regularly cut in favor of the “3 R’s” and teachers and kids are making due with less. In a year where the economy was still painfully sluggish you still reached deep down and gave so generously. I am so proud to be a part of this organization. We helped jumpstart the school year for kids who have little, maybe only 1 parent, maybe only grandparents and at the age where it matters most. Who knows any one of these kids could be the next, general, pilot, firefighter, President of the United States or with a little luck, oncology nurse of tomorrow!

Thank you so much!

PSONS Supports the 1811 Eastlake Residence Center

Nancy Thompson, RN, MSN, PSONS Community Service Chair

PSONS will once again be assembling holiday packages for the residents of the 1811 Eastlake Residence Center which is part of the Downtown Emergency Services Center. This organization works to end homelessness and to get the most vulnerable people off the street and into housing. Most of these residents are largely forgotten by their families and by society. The packages we donate are the only Christmas most of them will receive.

We will be assembling packages on Wednesday, December 15th at Swedish Medical Center in the Glaser Auditorium starting at 6 p.m. We are seeking donations of any of the following for the packages:

- White T-shirts (undershirts), sports socks, gloves
- Individually wrapped chocolates, granola bars, instant soups, oatmeal or cocoa
- Cash or $5 gift certificates to McDonalds or Starbucks
- Purse size Kleenex, chap stick, small sized toiletries, razors, shaving cream, toothpaste
- Plastic, dishwasher safe plates and bowls

Contact Nancy Thompson for more information at 206-386-2733 or nancy.thompson@swedish.org

Blankets in July

Nancy Thompson, RN, MSN  PSONS Community Service Chair

To start planning for the holiday care packages for the Eastlake Residence, I contacted the Sorrento Hotel to ask them for a toiletries donation. They offered me blankets instead. When I went to pick them up they rolled out a big cart FULL of washed and packaged blankets - 40 - 50 of them!

My husband wasn’t thrilled with storing so many blankets until Christmas - they filled my car completely (including the backseat), so I called the Eastlake Residence and sort of laughingly asked if they needed any blankets in July..... I was told that they were down to their absolute last blanket and were wondering what they were going to do for their new residents because they had nothing else to put on their beds. Most of the new residents come with only the shirt on their back and the residence has to supply the basic items. I dropped them off the next day.

PSONS is making a difference in our community. Thanks for your support!
Home Schooled: The Internet and the Oncology Nurse’s Role in Patient Education

Judy Petersen RN MN AOCN

Author and Editor’s note: Despite the 2008 publication date I believe you will find this article has some helpful and relevant information. I did not update the statistics however and those numbers have only grown.

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Published Online: Tuesday, April 15th, 2008
at http://www.bcplive.com/publications/onc/g-OncologyNursing/2008/ONCourse_April_2008/ONN_Home_Schooled

The Internet’s influence on the oncology nurse’s role as patient educator is continually changing, with more and more patients using the Internet to search for health-related information (1,2). A recent Harris Interactive poll found that the percentage of people who have performed online searches for health or medical information increased from 53% in 2005 to 71% in 2007(3). Referred to by Harris Interactive as “cyberchondriacs,” there are now more than 160 million of them in the US. A Pew Internet survey (4) reported that half of all adults with a chronic condition use the Internet to research their conditions. A significant number of these individuals (86%) are looking for specific disease or treatment information.

Patients’ growing use of the Internet as an educational medium does not relieve nurses of their patient education responsibilities. Instead, these numbers tell us that consumers need nurse educators to be involved in developing the information available on the Internet as well as evaluating what is currently online. Are we prepared to advise and support those choosing online self-education?

But nurse, I read it on the Internet!

As more and more information is available on the Web, how do patients faced with the challenge of learning about cancer identify credible information? A Google search using the words “breast cancer” turns up more than 40,000,000 hits! Are the top hits listed providing the best information? How do patients decide where and what to read about their cancer? Although the Internet can be a useful tool to help patients learn about their cancer and treatments, it can also overwhelm patients who look in the wrong places or at information that is not relevant to their unique situation.

Traditionally, information about an individual’s health (eg, test results, treatment choices, recommendations, etc) came from their healthcare professional. Now, consumers have more choices and can bypass the professional to find this information on their own via the Internet. They also increasingly have access to their own electronic health records (5). Most healthcare providers believe enhanced information access for patients is a good thing, but consumer health literacy is an issue of concern. Will patients misinterpret information? Can patients identify poor quality information? Studies affirm the value of the Internet (6) for patients seeking health information, but they also raise concerns about the accuracy of the information found at some health education websites (7,8,9). Informing patients about website quality issues and educating them to evaluate information for reliability is an ongoing challenge, due to the nature of the Internet, constantly changing science, and lack of consistent standards applied to website development. There is an opportunity for oncology nurses to offer patients advice to help them as they search for information. Informed patients can advocate more easily for themselves and participate fully in decision making. A vital part of this participation is access to good, quality information.

Assessing Quality

Efforts have been made over the last 10 years to address concerns regarding the quality of health information on the Internet. Some countries have sponsored government initiatives; in others, the initiatives come through professional societies or other grassroots organizations, including the American Health Information Management Association. Some initiatives, including eff orts by the World Health Organization (WHO), span international boundaries. Created in 1995, the Health on the Net Foundation (HON) http://www.hon.ch/ is the most recognized model. This international, not-for-profit, non-government organization’s mission is to guide Internet users “by highlighting reliable, understandable, relevant and trustworthy sources of online health and medical information.” HON established a code of conduct and a set of principles to help Internet users achieve this goal and overcome...
Local Girl Makes Mom Proud. That might have been the headline on the Shoreline Reporter if there was such a publication. Karen Brandstrom was born in Shoreline, WA to a mom who was a nurse at Northwest Hospital. So the role modeling started early. While a student at Shoreline High School, Karen remembers one particular health fair that featured nursing as a career. Karen decided to try her hand at candy stripping for Northwest Hospital and realized that nursing was right for her.

Graduating from Shoreline Community College in 1979 with a 2 year nursing degree, Karen took her first nursing job at, where else, Northwest Hospital on the medical unit. It was during this first year that oncologists from Swedish Hospital began admitting oncology patients on the unit where Karen worked. And so began her history with cancer care.

Like many nurses who are young and single, Karen had a desire to travel, and took advantage of a traveling nursing program. Off she went to Palm Springs for two years, loving the weather and change of scenery. But sometimes home and family calls you back and Karen returned to Seattle in 1983 to attend Seattle Pacific University and complete her BSN.

With an MSN under her belt, Karen switched roles at NW hospital and took on a care manager role for both surgical and oncology patients. When she began this role Northwest had an inpatient hospice unit. It was Karen’s role to help evaluate patients for hospice services. The inpatient hospice unit was eventually eliminated and Karen’s role evolved. Her primary focuses today are: 1) Medicare criteria to be an in-patient, 2) Medicare quality initiatives, 3) Working with payors to get protocols authorized, 4) Home care arrangements, discharge plans including hospice planning and care.

When asked about her area of interest, Karen quickly answers, “Hospice!” Why, I ask, “Because I like to help people deal with difficult decisions surrounding end of life and I want them to know there are different options”. What are your biggest challenges? “Patients without insurance coverage who have a new diagnosis of cancer, getting them treatment and follow-up care, and getting them through the Medicaid process.” What are you most proud of? “The fact that we still have a strong commitment to facilitate hospice and transition care in spite of the fact that our inpatient hospice unit has closed.”

Karen has been a long time member of PSONS joining in 1983. She is on her second tour of being Membership Chair (she was also Membership Chair ten years ago). Last year Karen attended ONS Leadership Weekend in Pittsburg as our Chapter representative. When asked about advice for new oncology nurses, Karen says “Seattle has such a great support network for nurses and so many opportunities - it’s a wonderful place to work!”

I asked Karen what her goals were, work or personal, and she says with a chuckle, “to stay employed”. We share a laugh because that is such a common goal. Then I mention, “Don’t you have something like 30 years of service with Northwest? And that’s not counting your candy stripping days!”

Karen spends her free time with her parents and sibling who are all still in the Seattle area. She loves gardening and dining out with friends, and the occasional antiquing excursion to Victoria, BC. Something you might not know about Karen is that her tennis game in high school was so good she pondered becoming a tennis pro but realized that nursing would be better at paying the bills. Tennis anyone?
Home Schooled

Continued from page 8

the barriers related to the overwhelming quantity and uneven quality of health information online. The HONcode set of rules defines basic ethical standards regarding information presented. Websites can formally submit an application for HON certification, which commits them to strictly observing all HONcode principles. Verification of adherence to the HONcode is assessed by the HON team. Certification allows the website to display the HONcode badge. HON has teamed up with Google to make available a HONcode toolbar. Once downloaded, it connects in real-time to the HON server to verify accreditation status of health websites visited.

Other resources for quality checking include DISCERN http://www.discern.org.uk/, a tool designed to help consumers judge the quality of written information about treatment choices online or via other written mediums.(10). This tool covers bias in the material, a clear statement of aims, references and additional sources of support and information, uncertainty, risks and benefits (including those of opting for no treatment), and treatment options. Concepts such as shared decision making and quality of life are also incorporated. Although it is unlikely that most patients and providers would take the time to respond to all these questions when surfing the Web for information, the concepts DISCERN...
Continued from page 10
lays out are important for both groups to understand as they study treatment options—especially important in oncology, as treatment choices often have a major impact on quality of life.

So, how can oncology nurses help patients find quality cancer-specific information online? First, it’s important to help patients clarify what they are looking for and advise them on how to focus their search. Are they in the midst of a staging workup, treatment option decisions, or treatment related symptom management? Writing down keywords and the correct spellings of treatments and medical terminology can be a big help. Is an Internet search the place to find the answers to their questions? It is imperative for the oncology nurse to assess what the patient is seeking and understand their cancer, treatment options, hope, connection with other patients and validation of prognosis. Patients are individuals, all with their own unique set of circumstances, learning habits, and abilities. The choice to use the Internet for education purposes deserves a nurse’s advice and support.

Advice and tools provided to patients need to be simple. A brief questionnaire or checklist to assist patients in assessing website quality follows, including principles from the HONcode, as well as other concepts specific to the oncology population.

Can I Easily Find:
• The purpose or mission of this site? Does it clearly tell me that I can find what I’m looking for on the first page?
• An author list with credentials? Are they experts on the topic?
• Date of the last modification of pages?
• Endorsement by non-profit organizations or checklist to assist patients in assessing website quality follows, including principles from the HONcode, as well as other concepts specific to the oncology population.

• Policy on confidentiality of data?
• Source of data and references?
• Funding and advertising policy? Is this a pharmaceutical website with limited and focused treatment information?
• A glossary that explains cancer terms?
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Nominate a Colleague!

Every year, the McCorkle Lectureship is awarded to a PSONS member (past or present) in recognition of his or her significant contribution to cancer nursing, high standards of practice, and holistic approach to patients and families across various settings.

Who of Your Colleagues Deserves to be Recognized for Their Contributions?

Please submit an essay explaining why this person should receive the McCorkle Lectureship and a CV or biosketch of the individual to psonssymposium@gmail.com or mail them to PSONS c/o Symposium committee, PO Box 472, Mountlake terrace, WA 98043.

Submissions are due October 31st

Provenge (Sipuleucel-T): A Primer for Nurses

Sharon Rockwell RN, BSN, OCN, CRNI

Prostate cancer is the second leading cause of cancer death among men, behind only lung cancer. It accounts for about 11% of cancer-related deaths in men. In 6% of men will be diagnosed with cancer during his lifetime. About 217,750 new cases of prostate cancer will be diagnosed and 32,050 men will die of prostate cancer this year as estimated by the American Cancer Society. (American Cancer Society, 2010)

Standard therapy options for prostate cancer include watchful waiting, radical prostatectomy, radiation therapy, and hormonal therapy. Radical prostatectomy and radiation therapy can potentially cure prostate cancer when the disease is detected in the early stages. Hormone therapy is intended to slow the progression of disease once it has metastasized to other sites; chemotherapy, also used for advanced prostate cancer, is less successful.

A new therapeutic class of treatment is called active cellular immunotherapy (ACI), also known as active specific immunotherapy, further classified as a targeted therapy. The ACI is designed to stimulate a T cell response to cancer cells.

In review, there are 2 types of immunotherapy; active and passive. Active immunotherapy stimulates the body’s own immune system to fight disease.

Passive immunotherapies are comprised of antibodies or other immune system components that are made outside of the body (in the laboratory) and are administered to provide immunity against a disease, or assist in fighting infection.

Provenge: Patient-Specific Therapy

Passive immunotherapy does not stimulate the immune system to ‘actively’ respond to a disease the way a vaccine does. An example of passive immunotherapy is monoclonal antibody therapy (Cel-Sci, 2010). Currently Sipuleucel-T (Provenge®) is the only approved immunotherapy drug used to treat prostate cancer. Other immunotherapy drugs are being investigated in clinical trials for use in prostate cancer.

Administration of Sipuleucel-T (Provenge®)

A course of Sipuleucel-T consists of 3 basic steps repeated over 3 courses over a span of a month with two weeks between successive courses (see chart, Dendreon, 2010 by permission).

Patients undergo leukapheresis that extract primarily antigen-presenting cells (APCs) from the patient’s own white blood cells. This pheresis product is then sent to the Dendreon facility and treated with a fusion protein consisting of 1) antigen prostatic acid phosphatase (PAP) and 2) granulocyte-macrophage colony stimulating factor (GM-CSF) that helps the APCs to mature. This activated:...