

## PRESIDENT'S REPORT

The annual meeting of the Regional Oncology Nurses will be held in January 1981 as the third annual Cancer Nursing Symposium sponsored by the Fred Hutchinson Cancer Research Center. Issues which may affect the direct and focus of RONs will be discussed.

These issues include 1) RONs forming a local chapter of the Oncology Nursing Society; 2) location of quarterly meetings; 3) RONs involvement with UICC (Union Internationale Contre Le Cancer/ International Union Against Cancer); and 4) RONs support for Regional American Cancer Society Symposium on Cancer Nursing Research.

At the quarterly meeting in April 1980 at Vancouver, Washington, Jean House presented the pros and cons of local chapter affiliation with the Oncology Nursing Society. Further discussion took place at the fall meeting in Vancouver, B.C. A decision was postponed until the annual meeting. According to Jean, the changes in our organizational structure would be minimal and the advantages numerous. All voting members of RONs would have to be members of the Oncology Nursing Society. Please review the information in Vol. 3, No. 2, Summer 1980 of the RONs newsletter and be prepared for discussion.

The purposes of RONs as stated in the bylaws are: a) to disseminate, to nurses involved in the care of cancer patients and their families, knowledge and information related to cancer nursing; b) to encourage outreach and mutual support activities among nurses caring for cancer patients and their families; c) to encourage nurses to seek further training or specialization in the care of cancer patients.

Some of the purpose is fulfilled through the newsletter and the consultation offered by the "nurse-to-nurse" network. It is questionable whether holding quarterly

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## MEETING NOTICE

### REGIONAL ONCOLOGY NURSES

### ANNUAL MEETING

Seattle, Washington  
Friday, January 16, 1981  
Sea-Tac Red Lion Inn

In conjunction with the 3rd Annual  
Cancer Nursing Symposium, FHCRC

### Agenda

1. Call to order--Karen Landenburger.
2. Approval of minutes of October 1980 quarterly meeting.
3. Report of treasurer--Judy Kornell.
4. Report of the newsletter--Mary Jo Tornberg, Editor.
5. Report of the Nurse-to-Nurse Network--Pat Gonzales.
6. Report of the Program Committee--Meredith Boldt/ Julie Bucher.
7. Report of Nominations Committee--Ruth McCorkle.

### Induction of new officers.

8. Old Business.
  - A. Local chapter formation.
  - B. Meeting locations, 1981.
9. New Business.
  - A. Support of UICC and ACS conferences.

Anyone wishing to be placed on the agenda, please so request in writing to: Karen Landenburger, RN, MN  
Outreach Program  
FHCRC  
1124 Columbia St.  
Seattle, WA 98104.

RONS QUARTERLY MEETING:  
PROGRAM REPORT

" A miracle is an event in which you learn more about reality." Darrell Ford, a man with prostate cancer, spoke with the nurses at the October quarterly meeting in Wenatchee. He and his wife, his physician and nurse all attended the meeting and shared their approach to his diagnosis of three months.

Mr. Ford, a school teacher, and his wife have opted for hormone therapy, prayer and visual imagery as a total treatment. Initial response has been good, with significant return of energy, shrinkage of the tumor, and return to near-normal of lab values such as alkaline phosphatase. Mr. Ford learned about visual imagery from the Simontons' book, Getting Well Again.

Mr. and Ms. Ford explained that they had asked their physician, Dave Notter, never to give them an expected length of life prediction. Whatever the odds may be statistically, for any individual, it's an all-or-none proposition. Mr. Ford's family wanted to exercise their faith on that presumption. In addition, Mr. and Ms. Ford were impressively sincere when they explained that the length of Mr. Ford's life is not the main issue; rather it is the quality of that life.

BetsyTontini, Mr. Ford's nurse, asked the couple if they would be interested in ~~being part of a cancer patients' support group~~. She felt that their articulate understanding and supportive communications would make them a natural for such an activity. However, they both felt very strongly that they had enough to deal with without becoming involved in other families' difficulties as well.

The Fords left those at the meeting with an important piece of advice, something they had learned from their contacts with their family and friends:

"If you can't think of anything to say to a person with cancer, just hold on to them for a while until you do think of something."

Kit Bakke, RN

REGIONAL MEETING MINUTES

The quarterly meeting of the Regional Oncology Nurses was held in Wenatchee, Washington on Friday, October 17, 1980. The meeting was called to order at 6:30 pm by the president, Karen Landenburger. A quorum was not present, therefore no motions were voted on.

President's Report

As of October 1980, we have 153 members who have joined or renewed membership since January 1980. Membership dues had been set as renewable by July 1 of each year. This decision was made so that the payment of dues would not be a burden during the holidays. Since approximately 60% of the members renew dues at the annual meeting in January, I suggest the fiscal year be changed to February 1-January 31, with dues payable by the first of February. All those members who have renewed dues for the previous fiscal year July 1-June 30 will be considered as paid in full.

Treasurer's Report

\$1,827.00 balance.

Secretary's Report

No report.

Committee Reports

- A. Newsletter--Mary Jo Tornberg
  - 1. Decision was made to have Kit Bakke type up next issue of newsletter due to constraints on secretary's time at FHCRC.
  - 2. Request was made for articles.
  - 3. Deadline for submission for next newsletter Dec. 1, 1980.
- B. Program Committee
  - 1. Next meeting to be held in Seattle in conjunction with FHCRC Cancer Nursing Symposium.
  - 2. A request for program topics was made in Vol. 3, No. 2, Summer 1980

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GRIEF SYMPOSIUM PLANNED

"Grief, Loss and Support in Cancer Care" will be the focus of the Third Annual Cancer Nursing Symposium sponsored by the Fred Hutchinson Cancer Research Center.

The symposium will be held January 16 and 17, 1981 in Seattle.

Mary Vachon, RN, Ph.D., research scientist and assistant professor from Toronto will address staff stress and support.

Alice Demi, MSN, DNS, associate professor at the University of Colorado will address "Grief as a Growth Process."

Ruth McCorkle, RN, Ph.D., associate professor at the University of Washington will address the "Grief Process for the Cancer Patients Themselves."

Roundtable discussions will include nutrition, symptom and toxicity management, the Hickman catheter, bone marrow transplantation, pediatric oncology and other cancer-related topics.

Registration for the symposium is \$40. To register, and for additional information, contact Sue Porter at 1-800-522-7410 or 206-292-2468.

REGIONAL MEETING

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issue of RONS newsletter. There were three returns. The organization can only help you meet your needs if you make them known.

C. Nurse-to-Nurse Network

1. Committee is formalizing procedure for reviewing applications for consultant status on the network.
2. Pat Gonzales is tabulating 1980 calls and will present data at the annual meeting.

D. Nominations Committee

1. Ruth McCorkle has a number of individuals for treasurer and vice-president. She requests more applicants.
2. Ballots will be sent out around the second week of December.

Business meeting adjourned 7:00 pm.

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meetings in areas outside of Seattle or Vancouver, B.C. offers support or knowledge to nurses in these other geographical locations. Generally 99% of those attending the quarterly meetings is from these two cities. Is there a better way to meet the needs of the membership, and limit the travel to meetings?

In August 1981 a conference on Cancer Nursing Research will be held in Seattle. The conference is sponsored by chapters of the American Cancer Society. In September 1982, UICC will be sponsoring an international symposium in Seattle. Does RONS want to become involved in these conferences in any way? Do we wish to host a reception for nurses coming from other areas of the country, or from outside the United States? Do we wish to sponsor an exhibit or the like which pictures future trends in cancer nursing?

Think about these topics. Come prepared to discuss and present your ideas and views. Elections will be held by mail ballot in December. Come to the symposium and meet your new officers.

Karen Landenburger,  
President

RESEARCH HIGHLIGHTS

The newsletter is soliciting contributions for its "Research Highlights" column. This column consists of abstracts of current research studies from nursing and non-nursing literature. Nursing implications, design features and the study's limitations should be included in the discussion. Each abstract should be between 200-500 words.

Submit a typed copy of your contribution to:

Editor, RONS Newsletter  
Outreach Program  
Fred Hutchinson Cancer  
Research Center  
1124 Columbia St.  
Seattle, WA 98104

THANKS!

## RESEARCH HIGHLIGHTS

Siris, et al., "Effects of Dichloromethylene Diphosphonate (Cl<sub>2</sub>MDP) on Skeletal Mobilization of Calcium in Multiple Myeloma," New England Journal of Medicine, 302:310-315, 1980.

Severe bone pain, pathological fractures and hypercalcemia pose major complications to many multiple myeloma patients. Radiotherapy, the treatment of choice for palliation of local bone lesions, has limited efficacy when lesions are widespread. Acute hypercalcemia is treated with hydration and mithramycin, however, chronic control remains difficult. Current treatment has been directed towards alleviating the symptoms associated with bone lesions and hypercalcemia but has been unable to alter the underlying cause. Recent research evaluating inhibitors of osteoclast activity in multiple myeloma patients may provide a new approach.

Evidence suggesting that skeletal destruction in myeloma is a consequence of osteoclast-mediated bone resorption prompted investigation of the diphosphonate derivatives as reported in this article. These derivatives belong to a class of compounds found to suppress bone resorption and mineralization. Oral Cl<sub>2</sub>MDP was chosen for this research because of its ability to impair bone resorption with minimal effect on new bone formation.

Ten patients were studied in a double blind, placebo controlled, crossover designed study. Five patients of the ten received eight weeks of Cl<sub>2</sub>MDP followed by eight weeks of placebo or vice versa. Five died before completion of the study from progressive myeloma.

Urinary calcium excretion decreased in seven patients while on the drug. Five of the ten reported a decrease in skeletal pain while receiving Cl<sub>2</sub>MDP. No problems of hypocalcemia developed. Mild diarrhea was reported as the old side effect with a daily dose of 3200 mg.

Although the sample is small, authors conclude that Cl<sub>2</sub>MDP offers a safe new approach to the hypercalcemia and bone destruction associated with myeloma. This drug is currently investigational.

## Discussion

Pain management constitutes a major problem for many patients with metastatic bone lesions. The compounds described in this research may provide an alternative to narcotics for treatment of this type of pain by relieving the underlying cause. Familiarity with their mechanism of action will enable nurses to evaluate efficacy, anticipate side effects, and acquaint patients with the rationale for their use.

Decreased bone destruction resulting in fewer pathological fractures would enhance mobility for patients prone to this problem. Time spent in the hospital could be reduced for patients whose hypercalcemia could be controlled with an oral agent. This could also provide patients with more control over this stage of their lives.

Joan H. Martin, RN

PAIN IN THE CHILD  
WITH ADVANCED CANCER

When faced with a child (6-10 years old) dying of a leukemia or a solid tumor, it is important to the well-being of the entire family that the child remain as comfortable as possible throughout the entire dying process. There is very little literature on the child's experience with pain; what does exist is almost entirely oriented to the acute, rather than chronic, pain experience.

Pain is experienced and expressed in a variety of ways. For the purposes of this short discussion, pain management includes assessing and intervening as necessary in a physiological, psychological and socio-environmental context.

Assessment

When assessing a child with cancer for pain, it is useful to remember 1) the assessment itself, simply paying attention to a person, is a therapeutic intervention; and 2) the child's entire family must be considered. A child is generally more susceptible to a family member's cues and behaviors than an adult might be. Verbal complaints and descriptions of

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## PEDIATRIC PAIN

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pain should, of course, be elicited; but they may not be as major a source of information as they are for adults. A cross-cultural sensitivity to communication is required when talking with children--a child's language may be more symbolic and idiosyncratic than an adult's.

The child's behavior should be carefully observed. Members of the household should be questioned about the child's daily activity patterns. The nurse should arrange to spend time with the child without the parents being present. Can the nurse engage the child in a game or conversation, or not? This can give some indication of the degree of pain the child might be experiencing. Or it may indicate that distraction is or is not a promising pain relief measure with this child.

Any standard pain analysis format, e.g. when? how long? where? quality? alleviating or aggravating factors?, should be followed, with both the child and the parents as informants. The child's activity level can be a good indicator of discomfort, either physical or mental. Is the child guarding a particular part of his or her body? Is he just trying to move as little as possible? Paradoxically, a child in pain may be more, rather than less active particularly a toddler. Physical activity is one means some children use to cope with anxiety and uncertainty. For these children, becoming too debilitated to engage in physical activity may make the experience of pain even more difficult to bear. It is important then, to learn the child's usual coping mechanism and previously used methods of managing difficult or painful situations.

How is the child sleeping? How does the child's environment affect his or her emotional state? Does the child appear to be suffering more around certain people than around others? A child may also regress in the face of suffering, e.g. thumb-sucking, bedwetting, or fear of the dark may reappear in an older child.

### Interventions

Children are frequently suspicious of medications. They often do not like taking

pills and do not trust the nurses and doctors who are the source of the drugs. Especially in children with advanced cancer, the level of mistrust and anger against the clinic or hospital staff (built up by a year or so of painful treatments) may be so great as to make it impossible to get the child to take so much as a Tylenol.

If the child has no expectations that the analgesic or anti-anxiety agent will help, its actual effectiveness is reduced. However, if medications are acceptable, pediatric doses of the usual adult agents are appropriate, e.g. methadone, morphine, Vistaril, Benadryl, Tylenol, Thorazine. Doses should be scheduled in an effort to break the pain-relief-anxiety-pain cycle.

At times the nurse will suspect that the pain is greatly aggravated or entirely caused by situational factors. Pains in the stomach, for instance, often have a psychological etiology and may suggest that the parents need treatment as much as the child. In addition, the child with advanced cancer may be suffering from school anxieties or other normal growth and developmental problems. Not all symptoms should be attributed to the cancer. Other sources of difficulty should be considered as well.

Lying to children is an excellent way to lose their confidence and destroy one's therapeutic presence. Conversely, enlisting the child's cooperation in a non-patronizing manner can be a very successful entre into a variety of pain relieving measures.

The use of distraction in the form of play, story-telling, relaxation and hypnosis has been found to have useful analgesic effects in children with advanced cancer. A child's suggestibility and willingness to try things which are presented by a loving and trusted adult contribute to a child's openness to such techniques. Another factor which can enhance the effectiveness of these measures is the child's ability to concentrate on the present, as opposed to the past or future.

### Summary

The chronic pains of childhood cancers have not been studied adequately. Nurses taking care of children with advanced cancer should use the usual pain assessment and intervention strategies

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PEDIATRIC PAIN

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CALL FOR ABSTRACTS

appropriate for adults. In addition, the following three points should be considered:

- 1) The psychosocial environment may carry relatively more weight in both aggravating and alleviating pediatric than adult pain.
- 2) Non-pharmacological measures may be more promising in some children than in many adults.
- 3) Normal growth and developmental processes continue to unfold in the child suffering from advanced cancer.

Additional Reading

Burton, L, (ed) Care of the Child Facing Death, London: Routledge and Kegan Paul, 1974.

Gardner, Gail, "Childhood, Death and Human Dignity: Hypnotherapy for David," International Journal of Clinical and Experimental Hypnosis, XXIV(2):122-139, 1976.

Jacox, Ada, Pain: A Source Book for Nurses and Other Health Professionals, Boston: Little Brown, 1977.

Koocher, Gerald, "Talking with Children about Death," American Journal of Orthopsychiatry, 44(3):404-411, April 1974.

Kit Bakke, RN

The planning committee for the second conference on Cancer Nursing Research is soliciting papers. The focus of the conference will be the cycle of research from generation to application to re-generation.

The conference will be held August 17-19 1981 in Seattle. It is sponsored by the American Cancer Society (Western area office and California, Oregon and Washington divisions) in cooperation with the University of Washington, the University of California at Los Angeles, the University of California at San Francisco, the University of Oregon and the Intercollegiate Center for Nursing Education in Spokane.

Two categories of papers are being solicited: 1) issues in cancer nursing research; and 2) research that has long range or immediate relevance for nursing practice in assessment, methodology, intervention or evaluation. Abstracts should not exceed two (2) pages in length (single-spaced) and should include purpose of the research, methodology for data collection and analysis, findings and conclusions. If study is not completed, indicate completion date.

Submit abstract by January 15, 1981 to Ruby Rutherford, RN, MA  
 American Cancer Society  
 5660 South Syracuse Circle  
 Suite 101  
 Englewood, Colorado, 80111.

Final selections will be made through a blind peer review and all applicants will be notified of the committee's decisions by April 1, 1981.

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The RONS Newsletter is published quarterly.

Editors: Mary Jo Tornberg and Kit Bakke

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

Submit material for publication to 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.

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UPCOMING  
CONFERENCE and MEETING  
NOTICES

January 16, 17, 1981

FHCRC 3rd Annual Cancer Nursing  
Symposium: "Loss, Grief and Sup-  
port in Cancer Care,"

Location: Sea-Tac Red Lion Inn  
Seattle, WA

Contact Sue Porter for information:  
1-800-522-7410 (within Washington)  
206-292-2522.



January 21, 1981

"Stress" sponsored by Oncology  
Special Interest Group

Location: American Cancer Society  
2120 1st Ave N.  
Seattle, WA

Time: 7:00 pm.



February 6, 7, 1981

"Writing for Nursing Publication"

Location: University of Washington  
Contact June Niemiller for infor-  
mation: 206-543-1047



February 17, 24; March 3, 10, 1980

"Maximizing Rewards in Nursing"

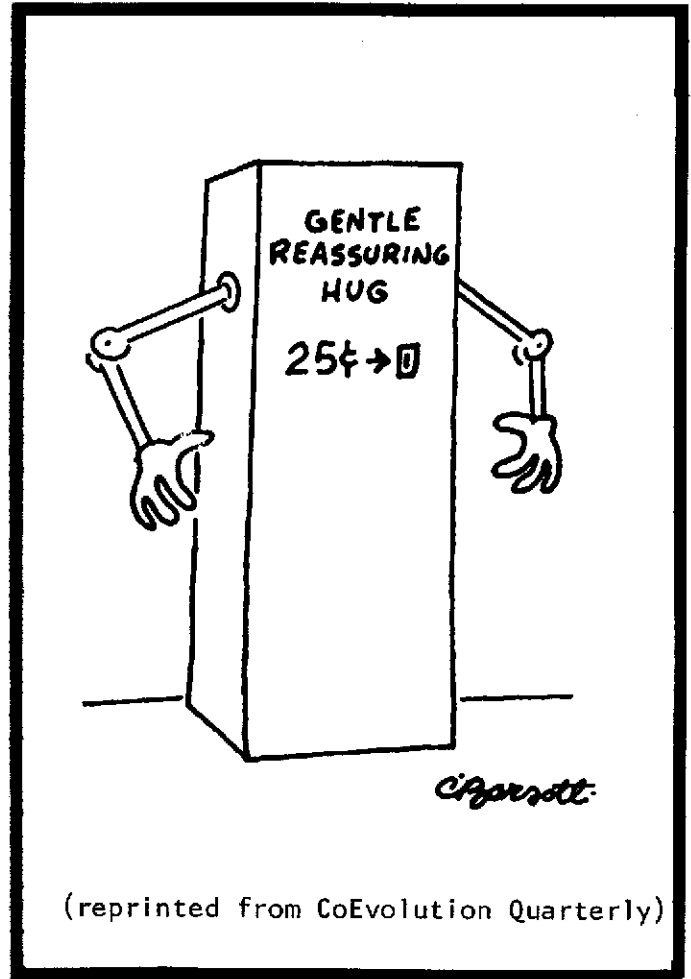
Location: University of Washington  
Contact June Niemiller for infor-  
mation: 206-543-1047



March 2-13, 1981

Cancer Nursing Outreach Program  
Location: Bellingham, WA.

Contact Karen Landenburger for in-  
formation: 1-800-552-7410 (within  
WA.)  
206-292-2522.



(reprinted from CoEvolution Quarterly)

HAPPY HOLIDAYS TO YOU ALL!!

from the newsletter  
staff...