



PRESIDENT'S REPORT

Often while teaching the Cancer Nursing Outreach Program, I am asked about my experiences and how I would solve certain problem situations. My experiences have been varied and there have been a number of situations which have been helpful in assisting me to determine my philosophy of, and goals in nursing practice. Rather than relate my solutions to the following cases, I encourage members to respond with how you might react in these or similar situations. One of the purposes of RONS is to offer opportunities which encourage nurses to share knowledge and experiences related to cancer nursing. Read the case studies and write your contribution for the next RONS newsletter. Thank you.

Karen Landenburger, RN
President, RONS

Paul, 79 years old, lived at home with his wife, Harriet. Paul had been diagnosed with lung cancer and after a short period of treatment refused to continue therapy. Paul said he was old and tired and felt as if he had lived the best life he could, and "enough was enough." Harriet supported him in his refusal for treatment and was Paul's main care giver as his physical condition deteriorated. The local home care agency was called with a request for nursing services. At the first visit, the nurse found Paul in pain and Harriet exhausted from lack of sleep. Two of Paul and Harriet's children, Tom and Joan, were present. Tom claimed that his father wouldn't be having so much difficulty if he had continued treatment. Joan was angry at her mother's support of Paul's wishes. The outcome was Harriet feeling guilty that perhaps she had pushed her husband toward death. If you were the nurse on this visit how would you work with this family?

Denise, a nurse, works in an extended

care facility. Admitted to her care was a 37 year old woman, Marie, with metastatic cancer. The referral stated the reason for admission was for terminal care. Marie constantly spoke of her return home and her desire that her physical status improve so that she could enjoy the upcoming holidays with her family. She refused to see her children saying she wished to wait until she was stronger. The husband, Roy, said that Marie was not to be told about the extensiveness of her disease. The physician was in agreement with Roy's decision stating that any information about the seriousness of her disease would only hurt Marie more. Both Roy and the physician were concerned over Marie's ability to handle the truth. As a nurse what responsibility, if any, do you have in assisting Marie to be informed of her situation? How would you handle the issue of disclosure versus non-disclosure?

MEETING NOTICE REGIONAL ONCOLOGY NURSES AUTUMN MEETING

Date: October 22, 1981 Thursday
Place: United General Hospital
Cafeteria, Sedro Woolley
Time: 6:30 Business Meeting
8:00 Program

Program: "Nursing Management of Side Effects Experienced by Persons with Cancer Receiving Combined Treatment of Radiation and Chemotherapy."

Follow I-5, go East off of Mount Vernon exit (Hwy 20). Hospital on left. Fast food restaurants nearby.

TO: Professional Nurses Interested in Oncology
FROM: Regional (Northwest/Alaska) Oncology Nurses (RONs)

I am writing to introduce you to a group of colleagues in the Northwest region. We are an organization of registered nurses engaged in or interested in cancer nursing.

Rons meetings are held quarterly and allow opportunities for sharing information, support and continuing education credits. Many members of RONs are also members of Oncology Nursing Society (ONS); one goal this year is to apply for local chapter status with ONS.

RONs publishes a quarterly newsletter. It contains information on RONs activities, articles pertinent to oncology nursing, available jobs and upcoming lectures and conferences in the Northwest area. Through the Fred Hutchinson Cancer Research Center, the newsletter is published and mailed to RONs Members.

At this time, RONs wishes to extend the newsletter mailing to colleagues across the country. Please look at this issue of the newsletter. If you wish to receive it regularly please send your name and mailing address to:

RONs Editors
Fred Hutchinson Cancer Research Center
1124 Columbia Street
Seattle, WA 98104

or call

206-292-2521

We wish you the best of luck in your future endeavors and hope to hear from you.

Sincerely,

Ann M. McElroy, R.N.

Ann M. McElroy, R.N.

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.

CHANGE OF ADDRESS

PLEASE LET US KNOW IF YOU HAVE MOVED.

Send your old and new address to:

RONs Newsletter
Nursing Outreach Program
Fred Hutchinson Cancer Research Center
1124 Columbia Street
Seattle, WA 98104

Thank you very much.

NINE READERS

Nine of you, clearly the most competent and responsible of all, answered the Newsletter's plea for feedback about our editorial content and coverage of oncology nursing issues. Here is a summary of those replies.

Five of the respondents live in Seattle, three are from other Washington cities and one is from outside the state. Job titles ranged from director of nursing to clinical specialist to faculty. More suggestions and compliments were offered than criticisms --those who don't like the newsletter either just don't read it or were unwilling to invest the time and the 18¢ to tell us why.

Question number 4 was a checklist of article categories. Respondents were asked if they would like to see more or less of each particular item. That listing broke down like this:

	More	Less
Program announcements	5	0
Research articles	4	2
Conference reports	2	2
Patient care articles	7	0
Job announcements	4	0
Discussion of oncology nursing issues	8	0
RONs business news	1	1

Additional suggestions included asking for a periodic bibliography of oncology nursing articles, with short reviews or annotations.

In general, the nine nurses wanted more articles specifically on patient care, information that would be usable in their practices, as well as more coverage of oncology nursing issues. A "Practice Hints" column was suggested. Anybody want to write one?

A specific suggestion was made to look into the occupational hazards of mixing chemotherapeutic agents. Anybody want to look into it?

One person liked the Robert's Rules of Order article. One person found the layout hard to follow.

Thanks from the editors to the RONs Nine.

Kit Bakke, RN

RESEARCH HIGHLIGHTS: CANCER AND COFFEE

MacMahon, B., et al., "Coffee and Cancer of the Pancreas," N. Engl. J. Med. 304 (11):630-633, March 12, 1981.

Summary

This case-controlled study was initially designed to re-evaluate the relationship of pancreatic cancer to smoking and alcohol use. It demonstrated a strong positive association between coffee consumption and pancreatic cancer, and a weak positive association between cigarette smoking and pancreatic cancer. Three hundred sixty-nine patients with cancer of the pancreas and 644 control patients were interviewed about their use of tobacco, alcohol, tea, and coffee consumption in a normal day prior to illness. The increased risk associated with drinking up to two cups of coffee per day was 1.8 and that with three or more cups per day was 2.7. If future studies verify this association, these researchers suggest that 50% of pancreatic cancer may be attributable to coffee consumption.

Nursing Implications

This research report was well publicized by the mass media and caused new fears for the healthy layman as well as for the cancer patient who drinks coffee. Phrases such as, "Everything you eat or drink causes cancer, so why worry," or "I drink coffee so that means I'll get cancer of the pancreas," were commonly heard after release of this article. Assisting the cancer patient and the general public to interpret this type of research finding correctly is part of our role as oncology nurses.

Lay people know very little about why and how cancer research is conducted; so their ability to correctly interpret research findings is much impaired. Research has not yet established the exact mechanism involved in turning a normal cell into a cancerous one. However, much has been learned about the nature of cancer in recent years. Through comparisons of different populations having high and low rates of cancer as well as laboratory studies, some causes of cancer have been established and other suspected factors eliminated. For example, research scientists have correlated cigarette

(cont. on p. 7)

THE ERA ISSUE

The following letter was sent to Karen Landenburger, President of RONS:

I read with interest the latest edition of the RONS Newsletter (Vol. 4, No. 2 - Summer 1981) and commend you and the RONS members for your spirit and enthusiasm. Each issue reflects the commitment of RONS to oncology nursing and improvement of patient care. It is also very encouraging to see that ONS activities are brought to the attention of your readers.

There are two points I would like to clarify, the first of which concerns the summary report of the Sixth Annual Business Meeting. I did, indeed, have an opponent for the office of Secretary. Faye McNaull received 404 votes to my 832, which is a very significant number for a candidate running against an incumbent.

The second clarification concerns the statement on page 3 by Patty Mulhern regarding a standing vote on the ERA issue. In May 1979, at the Fourth Annual Meeting a vote was taken which gave the Board of Directors authority to select the site for the 1982 Congress. This vote occurred as a result of the ERA discussion and following defeat of a motion which sought to prohibit the ONS from meeting in non-ERA ratified states. Although the minutes do not reflect the method of voting, my recollection and that of others is that a standing vote was required for accuracy.

Again, in 1980 at the Fifth Annual Meeting a standing vote approved a motion to establish a Legislative Committee to address (among other things) the ERA. Based on these two events, as recorded in the ONS minutes, it is incorrect to state that "the issue (ERA) was put to a stand-up vote for the first time in three years," at the Sixth Annual Business Meeting in 1981.

I would appreciate it if you would bring these corrections to the attention of the RONS membership and other readers of your newsletter.

Sincerely,
s/Laura Hilderley, R.N., M.S.
Secretary
Oncology Nursing Society

Response:

It is true that the ERA issue has been discussed and voted on in one manner or another for the past three ONS conferences; in that I stand corrected. However, I would like to make the point that the 1981 Congress was the first time that the ERA and related boycott issue was clearly outlined, proposed via single motion, and voted upon, unencumbered by rhetoric, inappropriately stated motions, and generally unresolved parliamentary confusion. In that light, the 1981 Congress provided the first opportunity for members to cast a conscious and knowledgeable vote about a clear issue in a correct parliamentary manner. I believe this is a significant accomplishment.

Patty Mulhern, RN

RONs QUARTERLY BUSINESS MEETING

The 13th meeting of the Regional Oncology Nurses was held in the auditorium of FHCRC on Friday, July 17, 1981. K. Landenberger called the meeting to order at 6:45 pm.

The minutes of the April RONS meeting were distributed for review by the members present. The April minutes were adopted without correction or addition.

The agenda for this evening's business meeting was distributed and then adopted without correction or addition.

Summer Business Meeting

Secretary's Report

It was announced that it was necessary for Sharon Burke to resign her post as Secretary of RONS for personal reasons. A volunteer was solicited to fill this position for the remainder of the term (until January 1982). Mary Beth Marjedtko offered to be interim secretary. (See update, p. 6)

Treasurer's Report - A. Reiner

Balance 6/29/81: \$ 2,098.20

a. Suggestions for interest accounts are still being sought.

(cont. on p. 6)

THOUGHTS FROM "AFAR"

Often, oncology nurses have asked me - "What's it like working in Wenatchee?" I thought an open letter might be enlightening.

Wenatchee is located in the central area of Washington State, east of the Cascades, and west of the wheatfields that edge Spokane. We have a blanket of snow in the winter and warm sun in the summer. There is the aroma of apples in the fall and the succulent smell of blossoms in the spring. The greater Wenatchee area boasts a population of 40,000 people, although many more persons from outlying areas such as Omak and Ephrata seek their medical care in our community.

The medical community is comprised of general practitioners in private practice, eye, ear, nose and throat specialists in one clinic and 56 specialists in multi-disciplines at the Wenatchee Valley Clinic. Among the physicians employed, there is one hematologist and one oncologist. Each of these specialists have one nurse. There are three nursing homes, a hospital for eye and ear cases, and a 140-bed general hospital. A home health team, one full-time and two half-time nurses, visit patients in their homes. A Hospice group consisting of volunteers has been in existence for one year. The hospital oncology unit opened five months ago, with six beds. Five nurses work three shifts to care for patients.

The Wenatchee Valley Clinic provides most of the diagnostic x-ray services by Ultrasound, CAT Scanner and Muga Scanner. Unfortunately, if a hospital patient needs any of those tests, he usually must come to the clinic by ambulance as the clinic and hospital are separated by 2 1/2 miles. The Linear Accelerator is also housed in the clinic in an area called the "Tumor Institute." We have four diagnostic radiologists but no radiotherapist (although we've been looking - if you hear of anyone interested!), so the radiologists rotate through the department. No radium breast implants are done here so the patient must be sent to Seattle for those treatments.

Most patients receive chemotherapy as outpatients. (Yes, we've heard of 5FU and Adriamycin). Since I'm the only R.N. and we have limited space (two exam rooms - including Drs. office), we do not give Platinum on an outpatient basis, but give it over 6-12 hours in the hospital.

Besides giving the chemotherapy, I assist in procedures and do the patient teaching. I also make rounds each morning on our hospitalized patients to give them a greater sense of continuity as well as to share relevant information with the staff nurses. Most of our patients are on Standard Protocol but occasionally we have some patients on experimental protocols; they are sent to Seattle to be started, and then we follow them here, giving them their treatments closer to home. We have about five patients currently with Hickman catheters. Nancy Mills (a clinical specialist, formerly of Swedish Hospital, now at Central Washington Hospital) and I started an "I Can Cope" program this spring. We have had such an overwhelming response, we held two classes concurrently. Our fall session began September 10th.

Unfortunately, we do not have any formalized support group in this community - either for the patients or for the caregivers.

Working in Wenatchee has the advantage of being intimate and friendly but the disadvantage of feeling isolated from the mainstream. I feel that we give good, comprehensive patient care here, but on a smaller scale. For the most part, a patient need not feel that he must go to a larger cancer center to get the latest treatment (unless, of course, he is talking about experimental protocols). We are familiar with Hickman catheters and their care as well as platelet transfusions. Because of our location, we are at times inconvenienced by the delay of waiting for consultations from those at the "U" or special blood products from the Puget Sound Blood Bank, but for the most part, all goes smoothly and without difficulty.

Betsy Tontini, RN

(cont. next column)

(cont. from p. 4)

b. Membership dues are outstanding for some members.

Committee Reports

Newsletter - M.J. Tornberg and K. Bakke, co-editors

Response to the needs assessment in the last RONS newsletter has so far been disappointing. Members are encouraged to express their views on ways to improve the content of the newsletter. (See article p.)

Program Committee - M. Boldt and J. Bucher

a. The next RONS meeting will be Thursday, October 22, 1981 in Sedro Woolley.

b. The summer program on touch qualified for CERP credit. Member feedback is desired in order to evaluate the effectiveness of having CERP incentives.

c. Inquiry was made regarding the topic for the next RONS Annual Meeting (January 15 and 16, 1982). K. Landenberger announced the first planning committee meeting for this will be held on July 29, 1981.

Political Task Force Report - P. Mulhern

a. P. Mulhern summarized RONS participation in the ONS business meeting in May.

b. The boycott of the 1982 ONS meeting in St. Louis is being organized:

(1) Several RONS members will be writing position papers for publication.

(2) A letter writing campaign is being instituted to gain support for the boycott.

(3) Volunteers are needed to help compile a mailing list to be used for disseminating information for support of the boycott. Help is also needed with technical aspects of the mail out. A sign-up sheet was distributed during the meeting.

(4) Suggestions for implementing the boycott were proposed, e.g. picketing the St. Louis ONS meeting, writing to ONS to express reasons for non-attendance. (See article p.)

Nurse-to-Nurse Network - P. Gonzales.

Consultants are still needed. The list of current consultants is being revised and updated.

(cont. on next column)

Call for Committee Chairpersons and Members - K. Landenberger

Nominations Committee - Chairperson and members are needed since elections for several offices are upcoming.

Local Chapter Formation Committee - RONS will be applying for ONS local chapter status; chairperson and members are needed to implement this process.

UICC Hospitality Committee - R. McCorkle suggested:

a. That RONS action on the Hospitality Committee be settled before the January business meeting.

b. The American Association of Cancer Educators is interested in co-sponsoring hospitality functions with RONS (Denise Oleske is the contact person for this organization).

c. That UICC conference registration not be a requirement for nurse participation in hospitality committee activities.

ONS Nominations Committee Report - A. McElroy

a. ONS offices to be filled in 1982 are: Vice president, treasurer, 1 director at large, 2 nominating committee members.

b. The nominating committee is sending letters to potential leaders who might be willing to run for office. A. McElroy has letters available for distribution.

Old Business

Some interest has been expressed for offering reduced RONS dues to students. The RONS executive board decided that this is not financially feasible at this time. The subject may be reconsidered after RONS becomes an ONS local chapter.

Announcements

a. Suggestions are still needed for names of other organizations in the country that would be interested in receiving a copy of the RONS newsletter. A. McElroy is compiling this list.

b. R. McCorkle highlighted results of the 1981 ONS Congress evaluation:

(1) Few respondents also attend

(cont. on p. 7)

(cont. from p. 3)

smoking with nearly 40% of all cancers in American men and with an increasing percentage of cancers in women.

Research is the only method through which carcinogens can be identified. Findings of preliminary studies such as "Coffee and Cancer of the Pancreas" should be viewed skeptically and interpreted cautiously by health professionals. The oncology nurse should look for results of repeated studies, and inform patients and families of new information as it becomes available.

Typically, health professionals hear about a "new" carcinogen from the radio or newspaper, as does the general public. Information needed for accurate evaluation and interpretation is not always available. A nurse concerned about cancer prevention and cure should seek out complete data to help public interpretation.

Not only is complete data regarding a research report necessary, but frequently additional health education is needed by the layman. The layman hearing about the report "Coffee and Cancer of the Pancreas" would need further information about pancreatic cancer. For example, the 1981 projected incidence of pancreatic cancer is 3% of all cancers, i.e. 24,200 cases.

The nurse should also provide information on where to obtain reliable facts on different types of cancers, their causes and treatments. The American Cancer Society, and the National Institutes of Health have a wealth of educational material for the layman. Write National Cancer Institute, Office of Cancer Communications, Building 31, Room 10A18, Bethesda, MD 20205, for a catalog of patient educational materials (NIH Pub. #81-2249). The nationwide Cancer Information Service also provides answers about cancer.

The information provided by these organizations is available to nurses as well as the public. This literature should be provided in addition to the cancer related articles found among reading materials in medical clinics waiting rooms and hospital lounges.

Through this informal teaching the oncology nurse can channel the patients'

inaccurate thinking about cancer research into positive action. The many known benefits to health of decreasing coffee intake should be discussed along with coffee's potential as a carcinogen. Further preventive health teaching should encourage efforts to reduce or eliminate exposure to known or potential carcinogens. These suggestions should be offered as a reasonable and workable approach to cancer prevention.

Educated interpretation and realistic application of cancer research will prove to the public that it is not true that everything causes cancer, or that the problem is hopeless. It is our role to speak up and let it be known.

Judith Petersen, RN

PEDIATRIC CANCER UPDATE

The sixteenth annual San Francisco Cancer Symposium convened in mid March 1981 on the topic "Childhood Cancer: Triumph over Tragedy." Presentations covered research in the field from centers in this country, Canada and England.

Major areas covered included advances in treatments, long-term effects of chemotherapy and radiation, effect of nutritional status on prognosis, organization of pediatric in-patient units, ethical issues in delivering care to the infant or child with cancer, a review of the so-called unproven methods of cancer treatment, and a discussion of research design for pediatric treatment protocols.

Following are some of the highlights

(cont. on p. 8)

SUMMER BUSINESS...

(cont. from p. 6)

ASCO.

(2) Most respondents would attend ONS even if it were not scheduled with ASCO.

Suzanne Kaempfer, RN

EDITORS' NOTE:

Sharon Burke will be able to continue as secretary with RONS. We are pleased to have her with us again.

PEDIATRICS...

(cont. from p. 7)

of the meetings:

1) Treatment for childhood cancer has proven highly successful over the past 10 years. The ability to prognosticate and stage has also much improved. Researchers are thus turning their attention to the side effects of the treatments, and to the possibility that some over-treating is taking place. Refinements in dosages and protocols are being instituted with the aim of reducing side-effects, both short and long-term.

2) Norman Jaffe, MD at M.D. Anderson in Houston reported on their studies using high-dose Methotrexate and/or intraarterial cis-platinum instead of amputation in osteosarcomas. Partial bone resections are being done in several centers now, with insertion of prosthesis, avoiding total amputations.

3) John Spinetta, Ph.D. reported on some of the results of his Childhood Adaptation Project at San Diego State. His research gets beyond simply anecdotal material in studying the coping styles and outcomes of families with children with cancer. He reported that siblings may have even more unmet needs than do patients with cancer. The common factors in the families who are coping well with a cancer diagnosis include having significant support from outside the nuclear family, open communication within the family and a philosophy of life that makes room for the existence of grief and difficulty. His book Living with Childhood Cancer is expected out shortly.

Kit Bakke, RN

AMERICAN CANCER SOCIETY
NURSING RESEARCH SYMPOSIUM

One hundred sixty nurse researchers and clinicians attended the Second Conference on Cancer Nursing Research, August 17-19, at the University of Washington. Sponsored by the American Cancer Society and five schools of nursing in the western region, the meetings brought together nurses of diverse educational backgrounds from all regions of the U.S. as well as participants from Canada, Great Britain, and Norway.

(cont. next column)

After a welcoming address by Dean Rheba de Tornay (UW School of Nursing) an introductory workshop on nursing research, including research critiques, was conducted. The remainder of the conference consisted of five sessions covering a range of research topics: the family, psychosocial factors, breast cancer, quality of life, and physiological factors. The papers presented dealt with either actual nursing research studies or with issues related to nursing research findings. Following each session there were round table discussions with each presenter.

Jennifer Hunt, Director of Nursing Research at the Royal Marsden Hospital, presented a paper, "Translating Nursing Research Findings into Nursing Practice: Is It a Problem?" In a provocative exploration of the historical development of nursing research and the current status of research-based clinical practice, Ms. Hunt suggested that nursing research findings may fail to be translated into practice for a number of reasons: clinicians may not know about them, may not understand them, or may not believe them (preferring to rely on personal experience for intuitive knowledge). In addition, clinicians may lack the ability to translate research findings into practice, or may even be prevented from doing so. She admonished clinicians to challenge established practice by providing better evidence upon which to base changes through exploration and sharing of research findings.

Connie Henke Yarbrow, president of Oncology Nursing Society, spoke briefly on research-related activities of ONS. Hazel Chapman, who was speaking in place of Jo Eleanor Elliott (Dept. of Health and Human Services) discussed the current status of federal funding for nursing education and research. Trish Greene, National Nursing Consultant for the American Cancer Society provided information on sources of research funding available to nurses through the American Cancer Society. (see box, page 9).

The success of this and the previous conference on Cancer Nursing Research assures that this will continue to be a biennial event. Portland is being considered as the site for the 1983 conference.

Suzanne H. Kaempfer, RN

TOUCH THERAPIES

The summer RONS meeting was held in Seattle and featured a presentation by Jan Westwater on current touch therapies. Jan is a licensed massage therapist who works jointly with a physical therapist in treatment of back problems. She also has a private counseling service focusing on holistic lifestyle. She has studied and practices different methods of touch therapy and most recently attended a workshop with Dolores Krieger, RN, Ph.D.

Jan outlined the basic principles of three touch therapies, compared and contrasted their use and purposes, and shared written annotated references on area schools offering touch therapy classes as well as recommended practitioners in the area.

Massage therapy includes deep muscle work and corrective musculo-skeletal work. An average fee for a studio visit is \$25. Touch for Health (TFH) is most often used by chiropractors or massage therapists. The fee for services is the same as massage. TFH includes methods of acupuncture, reflexology, and applied kinesiology.

Therapeutic Touch remains a "free" therapy and involves assessment of and intervention with a person's energy fields. Therapeutic Touch stimulates the recuperative powers of the sick person and recaptures an ancient mode of healing.

Jan clearly stated the need for persons practicing touch therapies to be professionally trained and skilled in their specialities due to the intensities of the treatments. After leading a short experimental exercise in touching another's energy field, exchanged through the hands, Jan emphasized a fact for those planning to study and use these techniques. "Be prepared to have your life changed."

Your frameworks of health care may change through your experience with these therapeutic modes. Jan is available to discuss your questions regarding these practices and encourages RONS members to contact her at 522-5967.

Julie Bucher, RN

FUNDING SOURCES:

For the following brochures "Policies Governing Grants in support of Personnel for Research" or "American Cancer Society Policies on Research and Clinical Investigation Grants" write:

American Cancer Society
777 Third Ave
New York NY 10017

CANCER INFORMATION SERVICE

State Phone Numbers

WASHINGTON 1-800-552-7212

ALASKA 1-800-638-6070

IDAHO, MONTANA, OREGON
1-800-426-7826

**Of
all the things
you know
about cancer
this may be
the most
important.**

**1-800-
552-
7212**

(within WA state)

**Fred Hutchinson
Cancer Information
Service**

Free.

NURSE-TO-NURSE TELEPHONE NETWORK

The Nurse-to-Nurse Telephone Network is based at the Fred Hutchinson Cancer Research Center. When a call comes into the Network, it is referred initially to one of the Cancer Nursing Outreach Program (CNOP) faculty. Karen Landenburger, RN, MN; Kit Bakke, RN, MN; or Ann McElroy, RN, MSN; will either answer the questions being asked, or, using the Nurse to Nurse consultation list, refer the caller to the oncology nurse with the appropriate experience.

There have been calls from cancer patients as well as calls from persons who have a family member with cancer; however, most of the calls are from nurses. The information requested has been varied. This article will summarize some of the recent calls.

A nurse from Boston, Massachusetts, called for any information on the Hickman II or double lumen catheter. Through the instructional sheets of the FHCRC Bone Marrow Transplant Unit, details on where to buy, how to use, and how to care for the Hickman II were quickly mailed to Sidney Farber Cancer Center. Another call last week came in for teaching tools for care of the Hickman catheter. The FHCRC oncology self-learning facility has tapes and slides available to be sent to hospitals and clinics for teaching care of the Hickman catheter. These tapes and slides are free of cost.

In July a nurse from Palm Springs, California, called the Nurse-to-Nurse Network. She had been referred to us by the Bone Marrow Transplant Unit. This RN was starting an oncology unit in Palm Springs and was requesting information on setting up an inpatient unit, guidelines and standards for nursing care; as well as staff development programs. I directed her to write for standards of care to the Oncology Nursing Society's main office. There is also a local chapter of ONS in Los Angeles which this RN might be able to plug into for resources and support. I sent a copy of Ruth McCorkle's excellent article on the start of University of Washington's oncology unit for a conceptual basis as well as a factual, detailed account of opening a multi-disciplinary unit. (McCorkle, et al. A New Beginning: the

(cont. next column)

Opening of a Multidisciplinary Cancer Unit. Part 1 and 2. Cancer Nursing Vol. 2, No. 3 and 4. June and August 1979). Since this RN was in Palm Springs, I thought it would be more useful to inform her of California resources in Los Angeles, Stanford, and San Francisco than have her continue to call up to Seattle.

Through the CNOP, nurses in smaller communities are becoming aware of materials they can use in their own classes and in-services. Requests for films has been numerous particularly the films on Breast Self-Exam and Testicular Self-Exam, "How Can I Not Be Among You," Tumor Immunology, and "Both Ends of the Stethoscope." These are available through the Oncology Self-Learning Facility as well as the slides and tapes on the Hickman catheter.

Information on sperm banking has been requested. In the Pacific Northwest, the only facility for sperm banking is at the University of Oregon Infertility Clinic in Portland. Recently I heard of another sperm bank in Tacoma, but I have no details on it. If anyone knows more about the Tacoma sperm bank, please let me know the details and these will be circulated.

There are many other questions that the Nurse-to-Nurse Network receives, but not enough space to go into here. The Network thrives on being used, communication will bring the oncology nurses throughout the Northwest closer, sharing information and supporting each other. Keep up the good work.

Ann M. McElroy, RN, MSN

NURSE-TO-NURSE NETWORK IS READY TO RECEIVE YOUR CALLS!!

Call us during daytime working hours:

1-800-552-7410 (within WA)--toll free
206-292-2522 (outside WA)--call collect

ONCOLOGY NURSES FORM A CORPORATION

About four years ago a group of nurses from the greater Seattle area began to deliver intermittent and hourly home nursing care to cancer patients. Collegial relationships developed among us as we shared our mutual interests and concerns regarding the patients and families in our care. In January of 1980 we began meeting on a regular basis to discuss the feasibility of establishing a nursing business specializing in oncology care. By late summer the group had narrowed to nine nurses who were committed to form a corporation. At that time we elected officers and formed a board of directors.

The next step was to visit attorneys to solicit bids for forming a corporation. At the same time, insurance companies were surveyed regarding fees for corporate and malpractice coverage. All nine of us invested equally to start the corporation. This initial investment was used to pay attorney, insurance and filing fees.

It was a new experience for all of us to start a small business. We sought information from the Small Business Administration (SBA) as well as state and federal tax offices. There were times when the beauracracy seemed immense. None of the business counselors through the SBA were familiar with our type of service or with a non-profit corporation set up. Our treasurer attended a tax workshop sponsored by the IRS for small businesses. It was interesting and overwhelming to learn about all the regulations, taxes and reports to be filed with local, state and federal offices. We were also assisted by a CPA in setting up a record and bookkeeping system. To date we are doing our own billing and bookkeeping.

During this time of information gathering and initial forming of the corporation, we were frequently asked why we had decided to file for tax exempt non-profit status. The decision was based on our previous experiences that some cancer patients have no resources to pay for home nursing care. Being tax exempt allows the corporation to accept tax deductible donations which can then be utilized to extend care to those without insurance coverage and to those

(cont. next column)

who have "fallen between the cracks" in the health care system.

The first nine months of our corporation have been busy and exciting. It has been challenging to start a business, something that is new for nurses and for many women. Group process among the nine of us has been stimulating, sometimes stressful, yet rewarding. It has been a growing experience with invaluable learnings for future use.

Judy Kornell, RN
Mary Jo Tornberg, RN

JOB OPPORTUNITIES

RN with oncology specialty for full-time position in hospice-oncology unit. Excellent management skills and dedication to hospice-oncology. CONTACT: Joan McGuire, Northwest Hospital, 206-364-0500, ext. 1800

ONCOLOGY-rehab nurse specialist, fulltime to establish small unit and act as consultant within hospital. CONTACT: Charlotte Varner, nursing office, St. Luke's Hospital, Bellingham, WA 98225; 206-734-8300.

EDITOR: fabulous opportunity for oncology nurse to learn writing, graphics, printing skills on famous quarterly oncology nursing newsletter. CONTACT: Mary Jo Tornberg, 206-382-9700 or Kit Bakke, 206-634-5323 or 206-292-2521.

ONCOLOGY nurse specialist. Master's in oncology preferred, BS in nursing with experience considered. CONTACT: Don Bourland, Personnel Manager, St. Joseph Hospital, 3201 Ellis St, Bellingham WA 98225.

NURSE ONCOLOGIST, Master's level, to design and coordinate training program for community nurses in oncology nursing with emphasis on chemotherapy. Faculty appointment at University of Kentucky included. CONTACT: Carol Golden, Project Director, McDowell Cancer Network, 915 S. Lime-stone St., Lexington KY 40536, 606-233-6541.

UPCOMING CONFERENCES



& MEETINGS



THROUGH NOV. 4, 1981

Biology of Cancer Lecture Series

Location: Seattle, Fred Hutchinson Cancer Research Center

Contact: Sue Porter
206-292-2468

OCTOBER 15, 1981

Cancer Pain: Assessment and Intervention in Nursing Care,

Margo McCaffrey, RN, MN

Location: Seattle, Fred Hutchinson Cancer Research Center

Contact: Sue Porter
206-292-2468

OCTOBER 21-22, 1981

Cancer Nursing Outreach Program Selected Topics

Location: Everett, WA

Contact: Karen Landenburger
1-800-552-7410 (within WA)
206-292-2522 (outside WA)

NOMINATIONS NEEDED

RONs is now seeking nominations for the 1982-84 terms for secretary and president. Please submit names of interested persons to:

Karen Landenburger, RN
Fred Hutchinson Cancer Research Center
Seattle WA 98104

OCTOBER 22-24, 1981

Caring for the Family with Loss

Location: Seattle, Swedish Hospital

Contact: Carol Poole

206-292-2100

206-292-2766

(program to be repeated Nov. 12-14)

OCTOBER 29-30, 1981

Current Issues in Pediatric Oncology: Legal and Ethical Aspects of Treatment

Association of Pediatric Oncology Nurses' National Meetings

Location: San Francisco

Contact: Margaret Stewart

APON

Illinois Cancer Council

36 Wabash Ave, Suite 700

Chicago, Illinois 60603

NOVEMBER 2-12, 1981

Cancer Nursing Outreach Program

Location: Pt. Townsend, WA

Contact: Karen Landenburger

1-800-552-7410 (within WA)

206-292-2522 (outside WA)

NOVEMBER 17-18, 1981

Cancer Nursing Outreach Program

Selected Topics

Location: Wenatchee, WA

Contact: Karen Landenburger

1-800-552-7410 (within WA)

206-292-2522 (outside WA)

RONs

Fred Hutchinson

Cancer Research Center

1124 Columbia Street

Seattle, WA 98104

Non-Profit
Organization
U.S. Postage
PAID
Seattle, WA
Permit #1147

