



PRESIDENT'S REPORT

This past year has been one of choices for RONs. At the annual business meeting in January, we will discuss issues and choices affecting the future directions of the organization.

A never-ending issue, the time and geographic location of the quarterly meetings will be discussed. One of the purposes of RONs is the dissemination of knowledge to nurses involved in the care of cancer patients. A vehicle for this distribution of knowledge has been to hold meetings in a variety of geographic locations, seeking involvement of nurses in that area as well as the presence of nurses from outside the area. This leads usually to a traveling contingent making up about 75% of the program participants. Questions which arise are: Whose needs are we meeting? Is it best to have meetings in the Seattle area where the largest number of members can be involved? Is there another way to encourage continuing education and mutual support among nurses in our region?

In April 1981, RONs membership voted to affiliate with ONS as a local chapter, to support the ERA and to initiate formal action with ONS membership in support of a boycott of the 1982 ONS Congress in Missouri.

The application for local chapter status is almost complete. New Bylaws according to the ONS standards will be voted upon in the January meeting. The chapter application is from RONs. That means we are applying

for local chapter affiliation to ONS as a four state and the province of British Columbia area. Is this reasonable? Should we apply as smaller areas?

Support of the ERA is an individual choice. Some members of RONs have submitted a resolution pertaining to future ONS conferences in non-ERA ratified states. Discussion at the January business meeting will center around the resolution and various ways an individual can support the ERA in the ONS.

Discussion of these issues is important. How we carry out the choices we make involves all of us. Please be present at the annual meeting and let us know about your ideas, questions and support.

Karen Landenburger, RN, MN

MEETING NOTICE
REGIONAL ONCOLOGY NURSES
WINTER MEETING

Date: January 15, 1982 Friday

Place: Red Lion Inn
near Sea-Tac airport

Time: 6:00-7:30 p.m.

(See proposed agenda, p. 8)

SEE YOU THERE!!

Most newspapers include editorial columns. Editors are in their business partly because they love linear communication. They tend to have opinions about everything. They find it difficult to hold their tongues. They believe that much of what they think is Interesting Enough to Demand Public Distribution.

Even here at the RONS Newsletter, editors are not exempt from these peccadillos. So here we go: our first editorial column.

Mainly, I wanted to let you know how well the last Newsletter was received. As an experiment, we sent it out to a sample of nurses in hospitals, universities and cancer centers around the country. We got letters asking for future issues from all over, including Boston, New York, Houston, Indianapolis, Winston-Salem, and Columbia Missouri.

Our current plan is to add these names, gratis, to the Newsletter mailing list. Our bulk mailing permit requires 200 addresses and RONS membership falls some 70 short of that. So it costs us nothing extra to send a few out of the region. Actually, I think it is to our advantage. It may help us improve the quality of our articles, our services to our readers and the size of everyone's network.

Welcome, then, to all readers, new and old. Your articles, letters and comments will be gratefully accepted. Give it a try--after all, there is probably a bit of an editor in all of us.

Kit Bakke, RN

CORRECTION

A limited number of Hickman catheter instructional films and slides are available from FHCRC for borrowing for continuing education for nurses within the region. They are not simply free for the asking, as was apparently implied in the Newsletter, Vol. 4, No. 3, p. 10. --ed.

To the Editors;

The Political Issues Committee has drafted a resolution to deny economic support to states which have not ratified the Equal Rights Amendment (ERA) by not having future Oncology Nursing Society meetings in those states. The article in the ONS Forum (Fall 1981) explained the steps to be taken to submit a resolution. Discussions have been held in the Committee about how to best present a resolution at the April St. Louis ONS congress.

It seems that our main goal is to support the ERA through ONS by encouraging the organization to take a political stand. In order to convince the membership of the validity of such a resolution, it is imperative that there be membership present who can defend and explain the resolution. The most qualified to do so, obviously, would be its writers--the members of RONS. And in order to ensure passage, we need all the "yes" votes we can get.

Thus, even though RONS voted last spring to boycott the St. Louis ONS meetings, I think it is right to suggest two options and to support both:

- 1) boycott, if philosophically you cannot support non-ratified states;
- 2) attend for the purpose of helping to pass the resolution. Although contrary to our vote of last spring, it still supports our main goal: support of equal rights through ERA!

Judith G. Fihn, RN BSN
member, Political Issues Comm.

POLITICAL ISSUES COMM.
REPORTS ON ERA PROJECT

In spring of 1981, RONS membership voted to support a boycott of the 1982 Oncology Nursing Society (ONS) congress in St. Louis, because Missouri has not ratified the ERA. The task of organizing that boycott, and related activities was undertaken by the RONS Political Issues Committee. That committee has devoted considerable time and energy to that issue, and is continuing to plan

(cont. on p. 4)

CASE CONSULTATION

The following is a response to the case presented in the "President's Report" in the last Newsletter (Vol. 4, No. 3). The cast of characters is as follows:
Paul, 79 years old, lung cancer, has decided to discontinue therapy, is deteriorating, is in pain.
Harriet, his wife, supportive of his decision, is main caregiver for him in their home, is exhausted.
Tom, his son, thinks father should have continued treatment.
Joan, his daughter, angry at mother's support of Paul's decision, has contributed to Harriet's growing guilt.

Enter the home health nurse:

In this particular situation, a situation not unusual in Home Health Care nursing, there are two physical problems that must be addressed and corrected before any of the very obvious other problems are tackled. Paul is in pain; Harriet is in a state of exhaustion.

Paul's pain is likely partially responsible for Harriet's exhaustion. Amelioration of Paul's pain, in this case getting adequate pain control with medication, will eventually solve both problems. Any other work with the family will be more effective if it is delayed until the problems of Paul's pain and Harriet's exhaustion are solved.

The next step in care for this family would be a realistic assessment of the situation of home care; the family must decide if it is realistic to continue to care for Paul at home. Paul and Harriet will be the main decision-makers in this, but help and assistance for Harriet is a very real concern. The family members and friends available for assistance and support for Harriet must be considered; are there enough resources available for Harriet to provide the necessary care for Paul? If the decision is made to continue with home care, the other problems with the children must be addressed.

Two meetings with the nurse and family members would be useful here. The first meeting would be with Paul and Harriet. The primary responsibility of the RN is to be a patient advocate, in this case, Paul's advocate. Paul has made a definite decision about his illness and the way he wishes to die. Under no circumstances is it the position of the RN to judge the patient's decision;

rather it is to provide support and realistic encouragement. The session with Paul and Harriet would be to support Paul's decision, reaffirm that decision in Harriet's presence, in an attempt to alleviate some of the guilt that her children have caused. Support for Harriet's support of her husband is crucial. When both Harriet and Paul feel comfortable with the decision, they can be assisted in making realistic plans for the future. The RN will then meet with other family members.

The approach of the meeting with Tom and Joan would be to explain the RN's position as advocate for the patient. The nature of the very personal decision regarding terminal illness would be revealed, and the children assisted in understanding it. After all, they too will someday have a similar decision to make for themselves. Hopefully, through such realizations, they will come to support their father's decision, and to support their mother in her commitment to provide home care for him.

Then the session could proceed to discuss the introduction of unnecessary guilt into the grieving process. Perhaps the RN could give some examples of how unnecessary guilt can prolong the grieving process and make it harder on all involved. The children could be helped to realize that their guilt is having a detrimental effect on their mother, and therefore a negative effect as well on their father.

If the children and the parents now seem to be all on the same "wavelength"

(cont. on p. 4)

POLITICAL ISSUES...

(cont. from p. 2)

and implement activities that can best represent the RONS' support of human rights.

Two options for action are being suggested: 1) active boycott of the 1982 ONS Congress; and 2) attendance at the Congress for the purpose of addressing the ERA issue within ONS. The committee is urging members to choose the option which best supports their own personal values, and then to take an active part in its implementation.

The Political Issues Committee has met frequently throughout the year. Recent accomplishments include publication of a four-part article in the Fall 1981 ONS Forum, and drafting a resolution in support of the ERA which was submitted to ONS in December.

There is much work remaining, however, as the committee looks ahead to 1982. The committee wants to establish a national network of ERA supporters for action at the St. Louis Congress in April. This requires support by the RONS membership now. People are needed to continue planning, coordinate mailings, and assist in decision-making.

Finances are needed for postage and mailings. In you are interested in donating time, expertise or funds, please contact any of the following committee members in Seattle: Liz White (258-2355); Patty Mulhern (382-9700); Judy Fihn (782-5030); or Judy Moore (323-5418).

Judy Moore, RN

CASE CONSULTATION...

(cont. from p. 3)

at this point, a meeting with the entire family to discuss the particulars of the support system could be arranged. The ultimate goal would be to have all family members (and possibly close friends) working with the RN to be advocates for Paul. The RN works rather like a facilitator to this group to make Paul's last days as comfortable and pleasant as possible.

Peggy Hanson, RN
St. Elizabeth Hospital
Yakima, WA 98902

FOURTH ANNUAL
HUTCHINSON CANCER
NURSING SYMPOSIUM

"Ethics in Cancer Nursing" will be the focus of the Fourth Annual Cancer Nursing Symposium sponsored by the Fred Hutchinson Cancer Research Center. The purpose of this year's symposium is to stimulate reflection and discussion on some of the ethical dilemmas nurses are confronted with in cancer care. The symposium will be held on January 15 and 16, 1982 at the Red Lion Inn near the Seattle-Tacoma airport.

Sally Gadow, RN, PhD, Assistant Professor in the Department of Community Health and Family Medicine from the University of Florida will discuss the philosophical foundation of ethics in relation to advocacy and paternalism.

Jeanne Benoliel, RN, D.N.Sc., Professor in the Community Health Care Systems Department at the University of Washington will focus on communication involving disclosure vs. non-disclosure and the responsibilities and rights of nurses working in various health care settings.

Richard S. Scott, MD, JD, an attorney in Beverley Hills who specializes in bioethical and life support issues will address "Patients' Rights and the Nurse's Role in Cancer Care."

Some twenty-five roundtables have also been scheduled. Topics will include pediatric oncology, grief and bereavement, radiation implants, bone marrow transplantation, sexuality and staff stress and support.

Registration is \$50, which includes lunch, continental breakfast, handouts and published proceedings. To register, call 1-800-552-7212 or Sue Porter at 206-292-6301.

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CALL FOR ABSTRACTS

WSNA invites abstracts for the 1982 Potlatch.

Deadline: January 8, 1982.

For more info, contact WSNA,
2615 4th Ave, Suite 380, Seattle WA
98121; phone 206-622-3613.

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NAUSEA AND VOMITING MANAGEMENT

Janet Schwarz-Applebaum lectured on the nursing management of side effects of chemotherapy and radiation for the program segment of the October RONS meeting in Mt. Vernon.

The topic was introduced with an explanation for the rationale behind using both chemotherapy and radiation. Sixty percent of all patients diagnosed with cancer need systemic treatment. Radiation and surgery provide only local control, and usually are done prior to systemic therapy. Radiation and chemotherapy potentiate each other's tumorcidal activity.

For example, Flagyl makes hypoxic cells more sensitive to radiation, and Actinomycin inhibits the cell's ability to recover from radiation. The basic problems unique to combined modality treatment include earlier and possibly more severe marrow suppression, more frequent occurrence of nausea and vomiting, additional skin toxicity from radiation and increased risk of infection.

The major nursing management problems outlined included fatigue, mucositis, nausea/vomiting, skin breakdown, diarrhea, immunosuppression and psychosocial problems.

The discussion centered on nausea/vomiting. It was emphasized that the need for studying the effectiveness of antiemetics is extremely important. With more use of agents such as cisplatin, patients who are potentially curable are at risk for non-compliance with therapy secondary to uncontrolled and severe nausea and vomiting.

Janet reviewed the physiology of nausea and vomiting and then related data from several antiemetic studies:

1. Phenothiazines are chemoreceptor trigger zone (CTZ) inhibitors. Their major adverse reactions include sedation, hypotension and extra-pyramidal side effects (EPSE).

2. Haldol and Droperidol also inhibit the CTZ. Sedation and restlessness are potential problems, although EPSE are less frequent than with the phenothiazines.

3. Reglan has few cardiac or respiratory side effects. Studies show significant differences in dosages given IV, ranging from 0.15mg to 3mg every 2 hours. The drug is effective in reducing nausea/vomiting associated with cisplatin.

4. The five-drug antiemetic regimen (Compazine, Reglan, Benadryl, Decadron and Valium) developed at Sloan Kettering in New York was also reviewed. This protocol is now being compared to Reglan alone.

5. Studies including THC capsules (now available from NCI) found THC to be more effective in younger patients than in older patients. The antiemetic effect is associated with the subjective "high." Other effects include sedation, dysphoria and hallucinations. The GI absorption is unpredictable.

6. Other antiemetic protocols include Decadron with or without Compazine. The mechanism of action of Decadron is the inhibition of prostaglandin synthesis, which is associated with nausea and vomiting. Usual dosage is 10-20 mg IV or IM, 20-30 minutes before and 10-15 minutes after chemotherapy administration.

In conclusion, the nursing implications presented include keeping up with current studies, scheduling antiemetics on a regular basis, using the placebo effect to advantage, determining each patient's individual patterns, pre-medicating, switching meds if necessary, assessing dose response and documenting what is occurring with each antiemetic used. The main thing is never to give up...there is always one more therapy to try.

(see p. 8 for references)

Mary Jo Tornberg, RN

JOB OPPORTUNITIES

Oncology nurse coordinator, St. Lukes Hospital, Bellingham WA. Direct inquiries to Charlotte Varner, Ass't. Director of Nursing, St. Lukes General Hosp., 809 E. Chestnut, Bellingham WA 98225. Phone 206-734-8300.

PEDIATRIC GROUP

An interest group has been formed for nurses working in or wanting to learn more about pediatric oncology. We are meeting monthly, and have discussed such topics as philosophy of care, writing projects and nutrition.

The next meeting will be January 18, Monday evening at 6 p.m. The topic will be "Ethical Dilemmas in Practice." Location is 6010 38th Ave NE, Seattle. Potluck dinner precedes the discussion. Everyone is invited.

Marshall Clarke, RN

ACS THIRD NATIONAL
CANCER NURSING
CONFERENCE

In October, I attended the 3rd National Conference on Cancer Nursing in Atlanta, Georgia. I had great expectations of the meetings and I was not disappointed.

It is becoming increasingly more difficult to offer national conferences that will appeal to all nurses working with cancer patients and their families. These programs need to be both general and specific, basic and advanced. In my opinion, the Atlanta conference accomplished all of this.

The program was busy, diversified and well-organized. The planning committee selected professional nurses who were articulate, enthusiastic and well-qualified to present their abstracts. The focus of all sessions was on the nurse's responsibilities to the patient with the chronic disease of cancer as he or she moves along the wellness-illness continuum.

My only regret was that I had to choose four out of six sessions to attend. A comforting thought is that all of the proceedings will be published and available through the American Cancer Society's local chapters. So then I can read the sessions I had to miss.

The proceedings will be available in late spring, 1982. The next ACS National Conference on Cancer Nursing will be in fall, 1983 in Anaheim, California.

Ann M. McElroy, RN, MSN

Drugline:

NEW ANTIFUNGAL AVAILABLE

Nizoral (ketoconazole) is a synthetic broad spectrum antifungal agent available from Janssen Pharmaceutica in 200 mg. tablets.

Nizoral is indicated for candidiasis, chronic mucocutaneous candidiasis, oral thrush, candiduria and other fungal infections. The recommended starting dose is a single daily administration of 200 mg. The minimum treatment period is one to two weeks. Patients with chronic mucocutaneous candidiasis usually require maintenance therapy.

Minimum treatment for systemic mycoses is six months. In very serious infections, or if clinical responsiveness is insufficient within the expected time, the dose may be increased to 400 mg. qd.

Adverse reactions have been mild and transient. The most frequent is nausea and/or vomiting, which occurred in approximately 3% of patients. Abdominal pain occurred in about 1.2% of patients; pruritis in about 1.5%.

Nizoral offers distinct advantages over Nystatin in treating oral thrush. It is a simply once a day oral regimen, and its systemic action can reach hidden asymptomatic esophageal and GI candida lesions. The one disadvantage is its price. In Seattle, Nizoral is \$1.00 per tablet.

Mary Jo Tornberg, RN

.....COMING UP.....

"Psychosocial Components in Home Care"
American Cancer Society and
King Co. Nurses' Association.
February 17, 1982
Contact Marilyn Hawk for more
info: 206-283-1152

"Cancer Nursing Outreach Program"
Fred Hutchinson Cancer
Research Center
January 18-29, 1982.
Contact Karen Landenburger
for more info:
206-292-2522 or
1-800-552-7410

"Oncology Nursing Support Group"
January 20, 1982, 6:30 PM
7716 Dayton Ave N
Potluck dinner.

Abstracted from the minutes of the October 22, 1981 quarterly RONS business meeting in Mt. Vernon WA:

The meeting was called to order at 6:50 pm in Mt. Vernon by president K. Landenburger.

PRESIDENT'S REPORT:

President K. Landenburger reported that the organization has 173 members. A number of applications are being held pending an upcoming Board meeting to discuss the future of the organization. No nominations for President (election due 1/82) have been received. What does this mean for RONS? Might there be another way to serve oncology nurses in the northwest region?

TREASURER'S REPORT:

Treasurer Ann Reiner reported a balance of \$2070.70, with a number of membership dues outstanding.

NURSE-TO-NURSE NETWORK:

K. Landenburger reported that the network is continuing to update its list of consultants, and is looking for people outside the Seattle area to volunteer. She explained that consultants do not necessarily have to have the answer, but just must be willing and interested in problem-solve with the caller. B. Hunter asked what will happen with the network when the CNOP grant is finished (winter 1982). K. Landenburger reported that the secretaries at the Hutchinson Center will be asked to field the calls to the listed consultants.

POLITICAL ISSUES:

A general discussion was convened on the matter of the boycott of the St. Louis ONS congress; on RONS support of the ERA; and on the difficulty of initiating political action in this area. K. Landenburger encouraged everyone to read the current (autumn) issue of the ONS Forum about the organization's approach to the ERA topic. The political issues committee is feeling a distinct lack of support from RONS members, and is asking the membership for more input, feedback and help. Questions of concern: What is (or was) our goal in spearheading a boycott? Should someone submit a resolution instead? Is our major goal to support the ERA, or to express a political or philosophical opinion, or to educate ONS members??? We cannot unite on a plan of action unless our goals are clearly agreed upon.

UICC:

The American Association of Cancer Educators has indicated an interest in co-sponsoring a social gathering with RONS for the people who attend the UICC meeting here next year. Some 10,000 are expected to register for that meeting. The social will probably not be held at the meeting site, so that interested persons who are not registered will also be able to attend (registration fee is \$225). B. Hunter suggested that a note about the event be put into the registrant's packets. K. Landenburger noted that abstracts for the meeting are due January 1; she has abstract forms at the Hutchinson Center.

ANNOUNCEMENTS:

J. Schwarz announced that there are two nursing protocols that are being piloted at the Mason Clinic. They were drawn up by the Cancer and Acute Leukemia Group B at a recent Philadelphia meeting. They are oriented towards adult patient care: one involves a descriptive study of Adriamycin extravasation, and the other is a specific nursing teaching protocol. Nurses interested in participating in the Adria study should contact Janet.

PROPOSED AGENDA

RONs Annual Business Meeting
January 15, 1982

(Send all requests for additions or changes to the following agenda to Karen Landenburger no later than January 8, 1982.)

- I. Call to order.
- II. Welcome and introductions
- III. Establishment of a quorum.
- IV. Secretary's report.
 - A. Approval of 1981 annual business meeting minutes.
 - B. Report on current membership.
- V. Adopt proposed agenda.

- VI. Vote on standing rules.
- VII. President's report.
- VIII. Vice-President's report.
- IX. Treasurer's report.
- X. Reports on RONs activities.
 - A. Nominating committee.
 - B. Program committee.
 - C. Nurse-to-nurse network.
 - D. Newsletter.
 - E. Political issues--ERA.
 - F. Local chapter--ONS.
 - G. Bylaws.
- XI. Requests for chairpersons for committees.
- XII. Introduction of new officers.
- XIII. Announcements.
- XIV. Adjournment.

NAUSEA/VOMITING REFERENCES:

Gralla, RJ, "Antiemetic efficacy of high-dose metoclopramide: randomized trials with placebo and prochlorperazine in patients with chemotherapy induced nausea and vomiting," N Engl J Med, 305:905-909.

Seigel, L, "The control of chemotherapy induced emesis," Ann Intern Med, 95: 352-359, 1981.

Smith, DS, "Nursing care of patients undergoing combination chemotherapy and radiotherapy," Cancer Nursing, 1: 129-134, 1978.

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.

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

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