



LINK



The Official
Newsletter of the
Columbus Chapter of
the Oncology Nursing
Society

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COLUMBUS CHAPTER ONCOLOGY NURSING SOCIETY

www.columbus.vc.ons.org/

VOL 30 ISSUE 1



PRESIDENT'S MESSAGE

Kris Mathey

It's officially Spring-now if only the weather will warm up and catch up to the calendar. Spring is my favorite time of the year for CCONS. We have our annual spring conference which grows by leaps and bounds every year and once again is going to be a great day and a half of oncology nursing education. Following Spring Conference we have ONS' Congress in Washington D.C this year. This is another reinvigorating weekend. While after these conferences my brain is fried, my excitement and passion for oncology nursing is rejuvenated. If you have never attended our Spring Conference or ONS Congress I highly recommend you to mark your calendars next year. There's nothing like being in a room with hundreds of other oncology professionals with the same goals and passion as you.

Words cannot explain the excitement of it and there's nothing quite like it.

May is the halfway point of our year and my absolute favorite month-Oncology Nursing Month! This month is all about you- oncology nurses and celebrating all we do for our patients. Mark your calendars for May 9th which is our annual dinner program. We are going to have a great speaker on nursing humor and it's going to be another great celebration. With all this oncology nursing buzz in the air this spring I once again encourage you to think about getting involved in a CCONS committee or running for one of your board positions. Director at Large and Secretary are up for election this year and voting will occur in October. CCONS is what you put into it and while I know time is precious not every committee takes a lot of time. If you are interested please talk to me or another board member. Please take time to read the rest of the LINK to be updated on all the going ons of CCONS and thank you and welcome to our new LINK editor Barb Paxson!

As always thank you for all you do for our oncology patients and their families. I hope you all have a great spring. Please feel free to contact me with any questions or concerns and I hope to see you soon!

ONS 38TH ANNUAL
Congress
April 25-28 • Washington, DC

<http://congress.ons.org/>

COMMUNITY CORNER



Next meeting:

April 6, 2013 9am-1pm
St. Ann's Boardroom @ Mt Carmel
500 S. Cleveland Ave
(1st floor west side of building)

CCONS members are welcome and encouraged to attend.

OUTREACH OHIO APRIL AGENDA

Keynote Presentation: **Mary Gullatte, PhD, RN, ANP-BC, AOCN[®], FAAN**
President, Oncology Nursing Society

How full is your Bucket: **Alicia Defrancesco, RN, BSN, OCN**

Columbus Chapter Oncology Nursing Society

Chapter Highlights/Concerns

Future Meetings/Conferences

CALENDAR OF EVENTS

April 4th and 5th 24th Annual Spring Conference,
Bridgewater Banquet Center

April 6 Outreach Ohio Meeting, Mt Carmel

April 9, Tuesday CCONS Chapter Meeting,
Protecting your License, Protecting your
Practice, Location: Columbus Cancer Clinic

April 25-28 38th Annual ONS Congress, Washington
DC

MAY NATIONAL ONCOLOGY NURSING MONTH

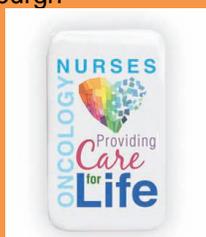
May 6-12 NURSES WEEK

May 9 CCONS Chapter Meeting The Art of Caring,
Location: TBD

May 12 FLORENCE NIGHTINGALE'S BIRTHDAY

May 23 CCONS Board Meeting

July 26-28 ONS Chapter Leadership Workshop
Weekend, Pittsburgh



SUPPORT CCONS



Scrip Program Fundraiser

When you purchase scrip, you are purchasing negotiable gift certificates and prepaid cards that are used just like cash. You can use scrip to purchase everyday expenses like food, clothing, and other essentials, and with every purchase, CCONS earns revenue!

Go to the CCONS Virtual Community www.columbus.vc.ons.org for an order form or go to www.glscrip.com or www.shopwithscrip.com and start buying gift cards for every-day purchases or gifts and benefit CCONS at the same time.

OR you can contact Maureen Buckner (mbuckner@amgen.com) to order or obtain information.

**Columbus Chapter of the Oncology Nursing Society
24th Annual
SPRING CONFERENCE**

KALEIDOSCOPE OF ONCOLOGY CARE



**April 4th, 12p – 4:30 pm &
April 5th, 8a – 4:30 pm**

Bridgewater Banquet & Conference Center

Program Description Now more than ever, oncology care is multidisciplinary care. Our patients are more complex, the health care system demands more efficient care, and health care providers are more collaborative and sophisticated. Kaleidoscope of Oncology Care has been designed to showcase a multidisciplinary palette of oncology education. This year's fantastic speakers and professional presentations will provide you with in-creased knowledge and spirit to do what you do best for all oncology patients.

Who Should Attend? Kaleidoscope of Oncology Care is designed to meet the needs of all levels of nurses and health care providers that care for oncology patients.

Cost Same as last year!

www.columbus.vc.ons.org/SpringConference.

COMMUNITY OUTREACH:

Columbus Cancer Clinic Holiday donations:

From the Nov/Dec meetings/Holiday party we raised \$1982.00
Over \$500 came from James employees who donated their holiday gift cards....Thank you Beth Stevens for the challenge!

Faith Mission Christmas Dinner:

A very successful event, 225 were served. Thanks to those who donated food and your time on Christmas day.

Columbus Cancer Clinic donations

March/April- dry/canned goods



CONGRATULATIONS TO CCONS MEMBER...

Available at: ons.metapress.com

Joanne Lester, PhD, CRNP, AOCN®

CJON Vol 16 No 6

Safe Handling and Administration Considerations of Oral Anticancer Agents
in the Clinical and Home Setting
Online Exclusive CNE article/CJONPlu Podcast/Journal Club

NATIONAL/LEGISLATIVE NEWS



HELP PREVENT CANCER: PARTICIPATE IN CANCER PREVENTION STUDY-3

Kherry DeLorenzo, Candi Rotolo, ACS Health Initiatives Representatives,
Jennifer L. Guy, BS, RN, OCN®, ACS Volunteer

Did you know that American Cancer Society's cancer prevention studies determined the links between cigarette smoking and lung cancer, diabetes and pancreatic and colon cancers, and aspirin to reduce the risk of colon cancer, among other discoveries in cancer? (You can learn more at: cancer.org/cps3)

Now **you** can help make the next discoveries by participating in the Society's Cancer Prevention Study-3 (CPS-3). Men and women between the ages of 30 and 65 years of age who have no personal history of cancer are being recruited to join CPS-3. The Society seeks to enroll at least 300,000 adults from various racial/ethnic backgrounds from across the U.S. CPS-3 is designed to better understand the lifestyle, behavioral, environmental, and genetic factors that cause or prevent cancer and to ultimately eliminate cancer as a major health problem for this and future generations.

Beginning in April you can enroll across Ohio at any one of several convenient locations:

April 11th: Riffe State Office Tower, 77 S High Street, Columbus

April 16th: various locations in Toledo

June 7th: Austintown Fitch High School, 4560 Falcon Drive, Austintown

June 14th: Strobel Field, 2118 Camp Street, Sandusky

October 3rd & 4th: various locations in Defiance

There will be additional enrollment sites across the state and country. To see details about all other opportunities please visit: www.cancer.org/cps3.

Join the 140,000 men and women who have already enrolled! Schedule an appointment online now at www.cancer.org/cps3. You will receive a confidential survey online. At your appointment, in just 20-30 minutes, you will sign a consent form, complete a short survey, provide a waist circumference

measurement, and a blood specimen. Thereafter, the Society will periodically e-mail/mail surveys to you every few years over the next two to three decades and provides newsletters updating you on the current findings of CPS-3 study. All information is kept strictly confidential. Consider enrolling with your family, friends, and colleagues to advance our ability to prevent and eliminate cancer. Additional information is also available at: 1-888-604-5888.



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CLINICAL PRACTICE CORNER

-DE NOVO DIFFUSE LARGE B-CELL LYMPHOMA

Gretchen McNally, PhD, RN, CNP

Diffuse large B-cell lymphoma (DLBCL) comprises 30-40% of all non-Hodgkin's lymphoma. DLBCL occurs in older adults (median age in the seventh decade) and in slightly more males (de Leval & Hasserjian, 2009; Hunt & Reichard, 2008; Stein et al., 2008). DLBCL can be nodal or extranodal, with extranodal locations including bone, skin, CNS, breast, testis, and spleen (Gutiérrez-García et al., 2010; López-Guillermo et al., 2005; Stein et al., 2008). Patients may be asymptomatic, as symptoms vary by the site of involvement (Stein et al., 2008). "B" symptoms (fever, night sweats, and weight loss) may occur (Gutiérrez-García et al., 2010; López-Guillermo et al., 2005; Stein et al., 2008).

DLBCL is heterogeneous with an increasing number of subtypes identified due to recognition of biologic, immunohistochemical, and cytogenetic features (de Leval & Hasserjian, 2009; Hunt & Reichard, 2008; Stein et al., 2008). The DLBCL cells usually express pan B-cell immunohistochemical markers, including CD19, CD20, CD22, CD79a, PAX5, and CD45 (de Leval & Hasserjian, 2009; Gurbaxani et al., 2009; Stein et al., 2008). The proliferation index, measured by Ki-67 expression, is usually >40%. Complex karyotypes, defined as those with five or more genetic abnormalities, frequently involve *BCL-6*, *BCL2*, *t*(14; 18), and *MYC* gene rearrangement (de Leval & Hasserjian, 2009; Hunt & Reichard, 2008, Stein et al., 2008).

Diagnostic Workup and Staging

The Ann Arbor staging system is used for DLBCL. Please refer to table 1. The diagnostic workup includes history and physical examination; excisional lymph node biopsy (when possible); radiologic evaluation with PET-CT; and laboratory assessments including CBC with differential, chemistry, lactate dehydrogenase (LDH), serum beta 2 microglobulin level, uric acid level, HIV and hepatitis B testing (NCCN, 2012). Bone marrow biopsy is necessary (NCCN, 2012). Lumbar puncture with evaluation of the CSF by cytology and flow cytometry may be indicated in high risk patients (NCCN, 2012). Please refer to Table 2 for a list of high risk features.

Prognosis

The International Prognostic Index (IPI) is based on five pretreatment adverse factors. Please refer to Table 3. . The IPI more accurately predicted long-term survival than the Ann Arbor staging, and stratified patients into four risk groups. This was prior to the rituximab era, and rituximab has significantly improved outcomes (Coiffier et al., 2010; Pfreundschuh et al., 2011; Ziepert et al., 2010).

Treatment

Initial Therapy

DLBCL is potentially curable with anthracycline-based chemotherapy (Flowers et al., 2010). CHOP (cyclophosphamide, doxorubicin, vincristine and prednisone) was superior to more aggressive regimens as demonstrated by a randomized phase III clinical trial by the Southwest Oncology Group (SWOG) and ECOG (Fisher et al., 1993).

Rituximab was the first monoclonal antibody approved for use by the Food and Drug Administration (FDA) in 1997; the initial indication for follicular lymphoma has been expanded to include all CD20-positive lymphomas (Flowers et al., 2010). Rituximab is an antibody that binds to CD20, an antigen normally expressed on most normal B cells, possibly causing cell death via complement and antibody mediated cytotoxicity and direct signaling. Rituximab has a synergistic effect when combined with chemotherapy agents and the addition of rituximab to CHOP-like regimens was more effective than CHOP-like chemotherapy alone (Coiffier et al., 2002, 2010; Habermann et al., 2006; Pfreundschuh et al., 2006, 2008, 2011). The standard first-line therapy is now R-CHOP, administered every 21 days for 6 cycles (Coiffier et al., 2010; Habermann et al., 2006; Pfreundschuh et al., 2006, 2008, 2011).

Radiation therapy continues to be part of a multimodality approach, and is incorporated into first line treatment, salvage therapy and palliative care. The NCCN guidelines™ recommend consideration of IFRT to bulky sites (≥ 10 cm) following chemotherapy for DLBCL in select cases (NCCN, 2012). In testicular lymphoma, scrotal RT should be given at the completion of chemotherapy (NCCN, 2012).

Restaging of all previously involved sites should occur at 6-8 weeks after the completion of treatment (NCCN, 2012). PET-CT has replaced CT scans for initial staging and response assessment after Therapy completion (Cheson, 2011; NCCN, 2012). PET-CT scans mid-therapy may have false-positive results and a biopsy is needed to confirm diagnosis prior to changing treatment (NCCN, 2012). In addition, PET/CT scans have not shown a clear benefit for surveillance or use in indolent histology (Cheson, 2011).

Toxicity Management

Nursing management should focus on the prevention and treatment of chemotherapy induced nausea and vomiting (CINV), utilizing both pharmacologic and nonpharmacologic interventions. Mucositis and esophagitis may occur. Nurses should advise patients to use a sponge brush and to rinse the mouth with water after eating or drinking. Patients may require treatment with analgesics (Middleton & Lennan, 2011). Vincristine may cause both peripheral neuropathies (numbness and tingling) and/or autonomic effects (constipation or obstruction) (McEvoy, 2012). Vincristine dose reduction or elimination is recommended for severe neuropathies or bowel obstruction.

Anthracyclines (i.e. doxorubicin), the mainstay of DLBCL therapy, are known to cause irreversible, dose-related cardiac toxicity. Patients should not receive more than 450mg/m² of doxorubicin cumulatively (Aapro et al., 2011). Patients considered high risk for cardiac complications include those older than age 65, history of prior radiation or anthracycline exposure, and known pre-existing cardiovascular disease (Aapro et al., 2011). Doxorubicin continuous infusion greater than 6 hours significantly decreases the risk of heart failure.

Myelosuppression is a frequent complication of chemotherapy for DLBCL (Habermann et al., 2006). Neutropenic fevers are potentially fatal, requiring hospitalization. This may contribute to dose reductions and/or delays (Aapro et al., 2011; Lyman & Delgado, 2003; Pettengell et. al, 2008). Guidelines recommend granulocyte-stimulating growth factor (G-CSF) support for chemotherapy regimens with a high risk of febrile neutropenia (< 20%). The febrile neutropenia risk is reportedly 19% with R-CHOP (Aapro et al., 2011). Potential risk factors for febrile neutropenia in DLBCL patients include older age (≥ 65 years), Baseline absolute neutrophil count (ANC) < 1500/mm³, baseline serum albumin level ≤ 3.5g/dL, and the presence of hepatic disease (Lyman & Delgado, 2003). Antimicrobial and antiviral prophylaxis remains controversial secondary to the development of resistance, however *pneumocystis carinii* pneumonia and antiherpes reactivation is reasonable to consider (Lugtenburg & Sonneveld, 2008).

Central nervous system prophylaxis

CNS relapse in DLBCL has an extremely poor prognosis and is associated with a high mortality. Occurrence has been reported between 3% and 5%, with a considerably higher rate in patients with high-risk clinical features (Abramson et al., 2010; Boehme et al., 2007; Hill & Owen, 2006; Kumar et al., 2011; Tai et al., 2011; Yamamoto et al., 2010). Risk factors for CNS relapse are listed in Table 2. Examples of CNS prophylaxis include high dose methotrexate IV, and intrathecal methotrexate with/without cytarabine. (Abramson et al., 2010; Boehme et al., 2007). CNS prophylaxis for DLBCL remains controversial. Prospective studies examining efficacy of the various treatments are necessary.

Elderly Patients

The definition of an elderly patient is not clear, with the cut off age ranging between 60 and 75, (Lugtenburg & Sonneveld, 2008; Pfreundschuh, 2010). Elderly patients should receive potentially curative anthracycline-containing chemotherapy unless a specific contraindication exists (Caimi, Barr, Berger & Lazarus, 2010). Decreasing the dose of chemotherapy decreases efficacy. Chemotherapy is poorly tolerated in persons of increased chronologic age due to several physiologic changes. Increased fat mass, decreased water content, diminished hepatic and renal function, comorbidities and polypharmacy all contribute to the altered pharmacokinetics and increased risk for drug interactions (Caimi et al., 2010; Lugtenburg & Sonneveld, 2008). Supportive care measures include prophylactic growth factors such as filgrastim or Pegfilgrastim (Lugtenburg & Sonneveld, 2008).

Summary

Diffuse large B-cell lymphoma is a potentially curable malignancy. However, a significant number of patients will eventually relapse. Toxicity management is becoming increasingly important as patients are living longer.

Stage I	Involvement in single location
Stage II	Involvement two locations, same side of diaphragm
Stage III	Involvement both sides of diaphragm
Stage IV	Widespread/extensive Involvement
"A"	Asymptomatic
"B"	B symptoms: Fevers, weight loss, night sweats

American Cancer Society, 2013

Table 2. Risk factors for central nervous system involvement.

<p>Elevated LDH High IPI (high intermediate or high) B symptoms Involvement of specific anatomic sites (bone marrow, testes, paranasal sinuses, breast) Involvement of 2+ extranodal sites Age >60</p>
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Abramson et al., 2010; Arkenau et al., 2007; Hill & Owen, 2006; Kumar et al., 2011; Tai et al., 2011; Yamamoto et al., 2010

Table 2. International Prognostic Index (IPI) and Survival

Unfavorable Prognostic Factors (mnemonic "APLES")	Risk groups	5 year OS Pre-rituximab n = 2031
<ul style="list-style-type: none"> • Age > 60 years • Performance Status ECOG ≥ 2 • Elevated serum LDH • Extranodal site ≥ 2 • Ann Arbor stage III or IV <p>1 point for each factor Four risk groups: 0-1, 2, 3, 4-5</p>	Low risk: 0-1 factors	73%
	Low-intermediate risk: 2 factors	51%
	High-intermediate risk: 3 factors	43%
	High risk: 4-5 factors	26%

Note. ECOG - Eastern Oncology Cooperative Group, LDH - lactate dehydrogenase, OS - overall survival. Based on information from The Non-Hodgkin's Lymphoma Classification Project et al., 1993;

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CCONS SCHOLARSHIP NEWS

What a great start to the year so far! We will be awarding four \$1000 scholarships to attend Congress 2013 in Washington, DC this year. **Congratulations to Laurel Courtney, Gail Rhodes, Gretchen McNally, and Toni Shoap.**

Three awards will be presented at the May 2013 Annual Dinner for Mentorship, President, and Rookie of the Year. Winners will be announced at our May meeting.

Unfortunately, there were no applications for the Elizabeth Olsen Award this year. Please consider this in the future. This is a great opportunity for members to obtain a 1000.00 grant that can be used for a project directed toward patient or nursing education.

There is still money available for Degree granting programs/ Professional Development Fund/ONS Regional Conference and Advanced Practice Nursing Conference. As members (in good standing) you are eligible to apply for any of the available monies. All noted are on a first come/first serve basis until monies are all used.

A sincere thank you for all that you do from the Scholarship Committee. We look forward to serving you in the future. Please feel free to contact any of the members with questions/concerns.

2013 Scholarship Committee

Sarah Beatty Sarah.Beatty@osumc.edu Maria Tucker Maria.Tucker@osumc.edu

Phyllis Kaldor PKaldor@columbus.rr.com Leslie Smith Josevski@hotmail.com

Julie Roth jaharr@zancenter.com Holly Vonderwell Holly.Stone@osumc.edu

Denise Furtick, Chair DAFurtick@aol.com

CCONS SCHOLARSHIP/AWARD OPPORTUNITIES

- ❖ **ONS Congress**, 5-\$1000 available, deadline January 31.
- ❖ **Elizabeth Olson Memorial Grant**, \$1000, deadline March 1.
- ❖ **Degree Granting Programs** (Academic), 3-\$750, deadline 2 months prior to the start of semester/quarter funds are requested.
- ❖ **Professional Development Fund** (Continuing Education Fund), 3 in amount of request- maximum \$250, no deadline-funds granted as available
- ❖ **ONS Regional Conference**, 4 in amount of request- maximum \$250, no deadline-funds granted per application
- ❖ **Advanced Practice Nursing Conference**, 2-\$1000, no deadline-funds granted per application
- ❖ **President's Award**, 1-\$50, plus \$100.00 monetary award for education, + memento gift, deadline March 15
- ❖ **Mentorship Award**, 1-\$200 plus plaque, deadline February 5
- ❖ **Rookie of the Year**, 1-\$100 plus plaque, deadline March 15

Note to CCONS Membership regarding 2013 Scholarship Funds:

1. **Degree Granting Programs** are defined as those in which "degrees" are granted after completion of program. Include undergraduate programs and graduate programs.
2. **Professional Development Fund** is defined as those in which funds are used to "improve" one regarding their professional role in nursing. Includes, but is not limited to, utilization of money for books to enhance learning and continuing education programs (CE granting).
3. **ONS Regional Conference** are those conferences offered by National ONS which will be defined by National as Regional Conference (or terminology to that effect) Please refer to ONS website for conference dates and more information.
4. **Advance Practice Nursing Conference** are those which are stated as conferences for Advance Nursing Practice.
5. Except in the case of **ONS National Conferences**, once approval of application by the CCONS Scholarship Committee, monies will be distributed after submission of appropriate forms to the CCONS Treasurer.
6. **Individuals are eligible for one Scholarship Program per year.**
7. **All applications are due on the due date by 5:00 PM**

Note to CCONS Membership regarding **2013** Awards: All Applications are due on the due date by 5:00PM

ONA ANNOUNCEMENT

Need Law & Rules contact hours?

License renewal will be here before you know it! If you still need Category A contact hours, don't worry. We've got you covered. Several law and rule independent studies are available on CE4Nurses.org. Additionally, ONA is hosting the [Spring CE Seminar](#) (May 22nd) and the [Summer CE Seminar](#) (June 18th). Both seminars offer Category A sessions.

<http://www.ohnurses.org/events/ona-spring-ce-seminar-may-22-2013?id=71c4977f-6550-448c-bdb9-dd81a08fd82b>

CCONS Board and Committee Leaders

President.....	Kris Mathey
Past President.....	Alicia DeFrancesco
Treasurer.....	Gail Rhodes
Secretary.....	Gretchen McNally
Director at Large.....	Lisa Francisco and Colleen O'Leary
Community Outreach.....	Ilene Lattimer
Historian.....	Lisa Fransisco
Spring Conference.....	Cheryl Huang and Ilene Lattimer
Membership.....	Nancy Merriman and Maureen Buckner
Nominating.....	Alicia DeFrancesco, Beth Stevens, Shirley Blanton
Program.....	Angie Edwards and Lisa Radebaugh
Scholarship.....	Denise Furtick
Legislation.....	Jennifer Guy
Newsletter and VC.....	Barbara Paxson
Student SIG.....	Danette Birkhimer

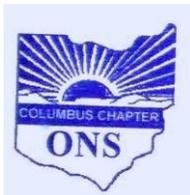


LINK SUBMISSION DEADLINES:

February 15
May 15
August 15
November 15

PUBLISH DATES:

March 1
June 1
September 1
December 1



Log on to our CCONS
website at

www.columbus.vc.ons.org/



Log on to our national
website at

www.ons.org

FROM THE EDITOR

I am thrilled to be able to be a part of The CCONS. As I begin this new role of CCONS newsletter editor VC administrator, I realize more and more just how dynamic this chapter and its members are and I must say that I am a bit nervous about being able to catch everything. I would like to thank Karin Elkins for going above and beyond in helping me with this transition and her continued assistance with the VC especially during our busy spring conference season. Please feel free to contact me regarding any misinformation, missed information, or with anything that you would like to see in our newsletter or on our VC. I originally gave membership an email address which seems to have been hacked into; please email me at the address noted below which I set up exclusively for my CCONS use. I would also like to avoid emails to my work address if possible. As you all attend upcoming events, please forward any pictures or information to me to add to our next newsletter edition or VC. Thank you for this exciting opportunity and for your patience during this transition.

Sincerely, Barb Paxson

LINK is the official newsletter of the Columbus Chapter of the Oncology Nursing Society. It is published quarterly. Submissions are encouraged and will be published, subject to editing. Please submit your information, ideas, and accomplishments to:

barbpaxson1063@gmail.com