

PRESIDENT'S MESSAGE **CINDY KANESHIRO, RN, BSN, OCN**



**Cindy Kaneshiro,
RN, OCN
Hawaii
ONS President**

Hi everyone! I cannot believe we are already half way through 2012; the year is just flying by. May was a busy month for our chapter.

Oncology Nurse's Month was celebrated in the month of May. I hope you took some time to acknowledge all the wonderful work you do with your patients, families and colleagues. Mayor Carlisle proclaimed the month of May as Oncology Nurse's Month "to honor these dedicated nursing professional who work in the demanding field of oncology and commend them for making a difference in thousands of lives by providing quality care and excellence to patients and their families". Go to our virtual community to see the proclamation in its entirety.

I was very excited to attend the ONS 37th Annual Congress in New Orleans this year. The annual congress is held in May to kick off Oncology Nurse's Month. This year's conference offered attendees the opportunity to earn approximately 20 contact hours in a wide variety of topics. The conference was geared to impact

excellence in oncology nursing and quality cancer care through interactive learning experiences and networking opportunities. Our chapter supported 5 of our nurse's attendance to the conference with \$1000 education grants. Over 3000 nurses were in attendance from around the states and internationally. It was a great networking opportunity with strategies to support and sustain the profession of oncology nursing. Our chapter members had a great time together!

The Annual Oncology on Canvas also took place during this time. Four of our local hospitals participated: Kaiser, Kapiolani, Tripler and Queens. Our chapter supported this activity with \$700 grants for each hospital, to assist with costs of their programs. You can see some of the artwork created at the following art exhibits:

August 6-18, 2012
Kahala Mall

October 8-18, 2012
Honolulu Hale
(Reception 5-7pm on
October 9, 2012)

It was a great month for our chapter. Look for

our upcoming activities:

- ◆ Monthly Dinner Programs
- ◆ Annual Conference on Friday, August 17 at Hilton Hawaiian Village Don't forget to bring your checkbooks for the Silent Auction—funds raised from the auction go to support our education grants!
- ◆ Mana'Olana Presentation at the Annual conference
- ◆ October 21 Susan G. Komen Hawaii Race for the Cure. Our chapter will be a Pua Melia Sponsor this year, assisting our work toward greater visibility and collaboration with organizations in the community.

I am looking for nurses to volunteer with "I Am the Cure", the education component of the race (see attached flyer). Contact me if you are interested.

I would like to continue to encourage our members to bring up areas of interest, service projects, or activities you would like for the chapter. Please see any of our board members with your ideas and concerns. We are here for you.....it is your chapter....give us your ideas!

37TH ANNUAL CONGRESS ALISON MATSUO, RN, BSN, OCN



I have been an ONS member since 1985, and I believe I have attended about 12 ONS Congresses, and approximately 5 Fall Institutes. Being an ONS member has been one of the highlights of my career. ONS has provided me with many professional opportunities such as certification, continuing education, and local chapter involvement and community activities.

This year at Congress, I attended some outstanding educational sessions. The format this year had a smaller selection to choose from but I found the quality of the presentations to be superior. The one session that I really enjoyed was on the “End of Life Journey”. The lecture focused on EOL, palliative care,

request for hastened death, and ethical implications. To tie all of these factors together, the speaker did the presentation using a real case scenario. The presentation was very powerful and helped me better understand the role of nursing in advocating for the patient in end of life care.

The issue of “hastened death” or better known as assisted suicide is officially opposed by AMA, ANA, ONS, HPNA as well as other professional organizations. The ANA: Code of Ethics, 2001, Provision 1.3: *The nurse should provide interventions to relieve pain and other symptoms in the dying patient even when those*

interventions entail risks of hastened death. However, nurse may not act with the sole intent of ending a patient’s life even though such action may be motivated by compassion, respect for autonomy or quality of life considerations.

After I attended this session, I began reflecting on my nursing practice and the importance of keeping up with current practice issues and knowing what are some of the implications. The role of the professional nurse is constantly changing and we have an obligation as professionals to stay current and to keep growing. Our patients deserve that!

MY FIRST ONS CONGRESS ANNA ZIMMERMAN, RN, BSN



This past May, I was able to attend my first ONS Congress, held in New Orleans. Arriving before Congress started, I had the opportunity to explore. The French Quarter, with its rich history, unique architecture, great food, jazz music, cultural influence, and interesting shops was an experience in itself.

I had heard from other nurses who attended previous conferences about the learning experiences and networking opportunities, but I was not prepared for all that was available. Sessions

covered topics from A to Z, sometimes it was difficult to choose between two scheduled for the same time!

Our first day at Congress ended with a special award ceremony hosted by [Cure](#) magazine. The honorary mistress of ceremonies was Golden Globe and Tony award-winning actress and breast cancer survivor, Diahann Carroll. Not only was Diahann Carroll the first black actress in television history to star in her own series, but in that series, her portrayal of a nurse [*Julia*] earned her an Emmy nomination.

She spoke about her experience in the television series, how many boundaries were broken as a result of the show. She went on to share about her breast cancer diagnosis in 1997, which was found after a routine mammogram screening. She thanked all the oncology nurses in attendance for all that they do on behalf of their patients. Two random attendees were winners of *Julia* memorabilia: an original *Julia* doll and a *Julia* metal lunchbox, complete with the thermos!

At the conclusion of
(cont on page 4)

ONS CONGRESS IN NEW ORLEANS CHERIE UEHARA, RN, MSN



The excitement grew as we prepared to land in New Orleans, I got a quick peek of this vastly rich green covered Marshland interwoven in water, reminiscing about the last time I had contemplated attending ONS Congress back in 2005. It brought back memories of how this city had suffered a Category 5 storm that drove a wall of water blowing out its city's levees leaving it underwater, only 7 years ago. I can also recall the disappointment I felt when I decided not to attend ONS congress that year. In addition, I thought about what new and interesting information I would gain from attending this year's conference. I also desired to embrace the

culture and people of this colorful city. Among other things, I craved eating alligator meat, oyster boboy and crawfish, hearing and moving to all that Jazz, and seeing whatever this place had to offer.

As our plane made its descent, I couldn't help but to think about the possibility of having live alligators in those waters hoping that our plane were somehow equipped with some sort of water skis for its landing gear, just in case we missed the runway. I was fortunate enough to reach our destination a day early and meet up with my sister, also a nurse, who drove in from Mississippi. We were able to partake in some delicious café au lait (chicory roasted coffee

mixed with heated milk) and a tasty bite of beignets (French donuts: square pieces of dough fried in oil and dusted with powdered sugar) at the famous Café Du Monde located in the French Market at Jackson Square... ahh so yummy!

Our hotel also next to the Mississippi had the distinct smell of stagnant water when compared to the salty scent of ocean that I have become so accustomed to. This city; after all it is "The Big Easy", so big that my shoes broke from all that walking.

You could have also called it "The Convention of the Managers", for those of you who may know Christine Radcliff, Alison Matsuo, and Bernie Millbury.

(cont on page 5)

GET JAZZED: 37TH ONCOLOGY CONFERENCE GAIL SMITH, RN



Get Jazzed! On May 3-6, nurses from all over the country got together for the 37th annual oncology conference in New Orleans. What an opportunity for nurses to learn the latest advances in cancer treatment, survivorship, and management of symptoms related to treatments.

Our day would start as early as 6:00am with a breakfast lecture sponsored by the many drug companies that supported the conference. Break out sessions were scheduled throughout the day. Topic

tracks ranged from clinical practice, education, administration, safe practice, general, research, types of cancer and treatments, and survivorship. One could pick sessions of interest as well as level of experience.

One lecture was on renal cell carcinoma. Over the last 10 years, significant advances have been made in renal cell carcinoma. For many years interleukin-2 was the only FDA approved treatment for renal cell carcinoma. Since 2005,

seven targeted therapies have been approved in treating this disease. This presentation gave an overview of the disease, surgical management with focus on the targeted therapies and the nursing management of patients receiving these agents.

Neuro-oncology has always been an area of challenge. "A Working Neurologic Exam: Assessment to Diagnosis" was an excellent presentation. Alixis Van Horn RN from Tufts Medical Center in Boston MA and Cynthia

(cont on page 5)



Attending the ONS 37th Annual Congress was a great opportunity to earn CE credits and experience the wonderful city of New Orleans. The keynote speaker Brenda Elsagher and her opening ceremonies message: Laughter with a Message: A Patient's perspective on humor and healing was a great way to start the conference. She reminded me of our own Hob Osterlund and her research about humor in health care.

Being a nurse on an inpatient oncology unit I find that many of my patients are trying new things or ask me about non-medical treatments, i.e. CAM (Complementary and Alternative Medicine). I couldn't always answer their questions

and this is why I went to this breakout session. I am also a frequent user of CAM therapies and wondered if I am being a smart user. Both a U.S. nurse and a Canadian nurse presented this session. Credible CAM websites recommended were

www.bcccancer.bc.ca/cam_eo and www.cano-acio.ca.

Assessment, Evaluation and Outcomes of CAM use among oncology patients and survivors. CAM is "...a group of diverse medical and health care systems, practices, and products that are not presently considered to be part of conventional medicine...", as defined by the National Center for Complementary and Alterna-

tive Medicine (NCCAM). Examples given were chiropractors, acupuncturist, homeopathic doctor, ayurvedic physician, massage therapist, energy healer, yoga, meditation, tai chi, qigong, vegetarian, macrobiotic and special diets, vitamins, herbs, essential oils and more.

In this breakout session, the speakers made a great point that we as nurses "are uniquely positioned to open the dialogue about CAM with patients and families and we should wisely use this opportunity". We need to add questions about CAM into our initial assessments of the patient and possibly work on and identify our
(cont on page 6)

MY FIRST ONS CONGRESS CONT

the ceremony, Diahann Carroll treated many of the attendees to one-on-one pictures and autographs.

The "Extraordinary Healer Award for Oncology Nursing" is now in its sixth year and made possible with financial support from Amgen Oncology and *Breakaway from Cancer*. The award was presented to one of three nurses who were finalists in an essay contest. The essays were nominations from cancer patients, survivors and caregivers from across the country, nominating oncology nurses who demonstrate

exceptional compassion, expertise and commitment in their patients' fight against cancer.

The three finalists' essays were read aloud by the writer, joined on stage by the nominated nurse. By the way, the sponsors were thoughtful enough to provide everyone in attendance, a small package of tissue. The award was presented to Sheila Dropcho, RN, BSN, CCRP, from Indianapolis, IN. Dropcho's extraordinary nursing ability was highlighted in an essay written by her patient, Greg Schilling. In his essay, Greg outlined a

variety of ways that Sheila went above and beyond her duties when caring for him, but ultimately according to Greg, the most impactful thing she did was "give him hope".

This serves as a reminder that although we work with and are surrounded by the effects of cancer, we, as oncology nurses need to recognize the profound role that we play in a patient's journey.

In closing, I would like to thank our local chapter for providing me with the education grant.

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ONS CONGRESS IN NEW ORLEANS CONT

The next day we hit the pavement, running with the largest cup of coffee in hand. Some Oncology nurses may be familiar with the Opening Ceremonies presentation, 'Laughter with a Message: A Patient's Perspective on Humor and Healing'. Especially those of you who work at The Queens Medical Center, with our well known Hob Osterlund and her work on the chuckle channel.

A session titled 'Advances in Renal Cell Carcinoma', introduced seven different targeted therapies encompassing patient education, safety profiles, and side effects, including the already well-known IL-2.

Additionally, did you know that it is estimated that up to 80% of cancer patients and long-term

survivors use CAM therapies, as well as biological products, body mind practices, and manipulative body based therapies.

Among other lectures, 'Food for Thought: The Role of Nutrition in Oncology Nursing Care', discussed the role of nutrition across the cancer care continuum. It also called for exploring collaborative relationships between dietitians and nurses in the assessment and treatment of malnutrition. So of course, I had to purchase the book from the ONS bookstore. 'Nutrition and Cancer: Practical Tips and Tasty Recipes for Survivors', by Sandra L. Luthringer & Valerie J. Kogut.

That evening after finishing our delicious alligator dinner at

Oceana Grill in the French Quarters, we were able to walk the streets. I could see, feel, hear, and smell the city's mustiness and history full of enchanting visual sensations, for the young and old alike. The streets were full of sounds from the *Blues* to *Rock and Roll*. We had fun in a place with a mechanical bull. In fact, one of our own nurses jumped on for a bucking-bull's ride. It could have been an incontinent moment for some of those who were watching!

On behalf of those who are like me, who are unfamiliar with what it means to have someone throw a beaded necklace at you, no it does NOT mean that they want to give you a lei! What it really means...is they

want to see the "girls" under your shirt! We didn't know that at the time, as Gail and I picked up the necklaces and placed them around our necks.

On my last day, I attended a breakout session titled 'The Affordable Care Act and the Supreme Court Decision That will Change America'. What I got out of it was that the jury is still out and we still don't know what the outcome of their decision will be.

What a city this was, ONS by day and New Orleans by night. Overall, it was a fantastic 2012 ONS Congress in New Orleans. I would rate this experience as invaluable rich and more than what I could have expected.

GET JAZZED: 37TH ONCOLOGY CONFERENCE CONT

exam. Demonstration of techniques made this a very interactive session.

The ONS Foundation Mara Morgensen Flaherty Memorial Lecture award went to Laurel Northouse, PhD, RN, FAAN. She is a professor at the University of Michigan. Her lecture titled "Helping Patients and Their Family Caregivers Cope With Cancer", talked about the increase demands we place on caregivers in caring for

their loved ones. Caring for cancer patients at home can be very complex. Families are expected to care for their loved ones with little preparation and support. We as healthcare professional work closely with patients and their families. We have the perfect opportunity to provide the caregivers with information, support, and collaborate with them in providing the best possible care.

The exhibit hall had representatives from over 200 organizations. They were very knowledgeable about their products and did not hesitate to share information on their new treatments drugs and equipments.

New Orleans was a fun city. It was a place where people could meet, party, and most importantly...attend the #1 Cancer Nursing Conference!

Families are expected to care for their loved ones with little preparation and/or support

*We should
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organization's C A M policies. In this arena, since many of us are not aware of these practitioners or practices, we need to approach this subject in an unbiased and non-judgmental fashion. Then encourage our patients to do thorough research of their own and check on the education and credentialing of the person providing them with information or recommending changes to their medication regimen. We should always strive to protect our patient's right to make informed choices from a rational autonomy perspective, to do no harm, and that what they are trying is evidenced-based. Patients' use of CAM should be clearly documented in their chart: CAM type, dose, frequency, goals, outcomes, side effects, and CAM practitioner, if applicable. If not in the patient's chart, to encourage patients to write a CAM diary,

especially to evaluate if such therapy is helping or hindering their progress toward their goals. As always, it is exciting to see what new medications are available to our patients. Congress did not disappoint-they provided a session dedicated to pharmacological updates. Many of the new pharmacologic agents are given in the out-patient setting. Although there were many more discussed, I thought these were the most interesting during the presentation. There are more forms of fentanyl available: Fentanyl sublingual spray (Subsys) and Fentanyl Pectin Nasal spray (Lazanda). Similar to Actiq, there is no easy conversion from IV Fentanyl to these new forms, just trial with lowest dose and increase as needed. It should be given only to patients that have had experience with opioids. Although not presented in the pharmacological

update lecture, the makers of Actiq have added a buccal Fentanyl tab (Fentora) to their formulary. Information brochures were provided in the exhibit hall. In response to a critical shortage of Doxil (Centocor Ortho Biotech Products, LP) the FDA is allowing the immediate temporary importation and distribution of Sun Pharma Global's Lipodox. In response to a critical shortage of preservative-free Methotrexate, due to the manufacture facility closing in Ohio on 11/19/2011, the FDA completed a prioritized review of and approved a preservative-free generic Methotrexate manufactured by APP Pharmaceuticals. Hopefully, we will see fewer shortages because of these changes. There is so much more to share. I hope to talk to many of my co-workers about the new things I've learned and experienced at Congress.



NEXT ONS DINNER LECTURE

May 10th

Location: NOBU's Waikiki
Topic: Multiple Myeloma
TIME: 6pm registration

Sign up using Alison's Doodle poll.

<http://www.doodle.com/qwe4c87ue6vrt496>

**NOTE: \$15.00 fee for non-members [must have National and Local membership]



The 2012 Mana`Olana award assisted me to attend the 17th Annual National Comprehensive Cancer Network Conference in Hollywood, Florida. One day of the conference was dedicated to nursing and focused on advancing oncology nursing. There were several topics discussed throughout the day, which included optimizing oral therapy, cancer pain, advanced lung cancer, colorectal cancer, dermatologic toxicities, genetic testing, and cancer survivorship. I found the lecture on optimizing oral therapy the most interesting.

In medical oncology today, there is a plethora of new oral agents. Some oral agents are traditional chemotherapies, while others are more targeted therapies such as hormonal therapies, small molecule inhibitors, mTOR inhibitors and BRAF inhibitors. Managing patients on these oral agents is quite challenging. Studies on compliance rates have non-compliance of oral agents to be between 16-100%! There are issues with under and over-adherence, fill errors on prescriptions, patients as well as staff underestimating the seriousness of these medications because "It's just a pill".

Not only are there issues with patients and staff, but a lot of times providers too, are minimizing the potential

toxicities of these agents. Many of these agents have serious side effects such as HTN, hyperglycemia, mucositis, diarrhea, and hand foot syndrome. I recently contacted a patient who had started small molecule inhibitor two weeks prior, when I asked how she was doing she said, "I feel ok, but I had a headache for a week". Knowing that this agent could cause HTN, I instructed her to hold the drug and come into the clinic the following day. The patient's headache had resolved at the time of clinic visit, but her blood pressure was 168/86. She was started on an anti-hypertensive and the oral cancer agent was resumed. The patient's blood pressure has been running 120s/70s, with no additional reports of a headache. Looking at the package insert, it is recommended that the patient's blood pressure be monitored weekly for the first six weeks due to the possibility of HTN. Of note, the provider had not scheduled a follow up visit for a month.

The expense of these agents is another huge barrier to adherence to these medications. With so many different insurance carriers and different types of plans, it is impossible for the provider to know what the patient's co-pay will be. Many patients may be embarrassed to admit

they cannot afford the co-pay. There are co-pay assistance programs through the pharmaceutical companies & foundations; however, patients will need assistance with contacting these organizations. It takes knowledgeable staff to assure these patients get all the assistance that is available for them.

In the future, oral therapies will continue to play a major role in the armamentarium of anti-neoplastic agents. Currently, twenty-five percent of agents in the pipeline are oral agents. Future cancer treatment will continue to be customized for individuals, taking into account specific genetic alterations, metabolic factors and unique histologic features. Treatment will continue to be more complex to due the aging of the oncology population, chronic toxicities and presence of comorbidities. Strategies to improve care include increase frequency of office visits, telephone and texting support, mandatory no refill policy on prescriptions, patient diaries, and increased patient education!

Finally, I would like to thank our chapter, Mana`Olana committee, and my employer, Oncare Hawaii, for giving me the opportunity to attend the NCCN conference.

Komen Hawaii Race for the Cure®

Breast Health Ambassador Fact Sheet

Saturday, October 21, 2012



I AM THE CURE.® Program

I AM THE CURE.® motivates people to take action steps that may reduce their risk of breast cancer. This important mission program takes place at more than 130 Susan G. Komen Race for the Cure® events worldwide each year. I AM THE CURE.® is a rallying cry that is emotional, memorable and motivational. It speaks to the importance of early detection, since early detection is the best defense, and provides simple, action-oriented messages that Race participants can take home and put into action.

Chants and Rallying Cries

On Race day we'll build the following chants and rallying cries into scripting, announcements, signage and any other relevant communications to teach the lifesaving messages of early detection and engage participants to take an active role in their own breast health.

Chants: Rallying Cries:

Who's the cure? I am!
What's the cure? We are!
Where's the cure? Right here!
When's the cure? Starts now!

See your doctor, learn your risk! I AM THE CURE.®
Get mammograms and breast exams! I AM THE CURE.®
Notice changes to your breasts! I AM THE CURE.®
Start the fight by living right! I AM THE CURE.®

What Are Breast Health Ambassadors?

Breast Health Ambassadors are friendly and engaging volunteers for the I AM THE CURE.® program with a health education background who are constantly on the go at the Race spreading the program's messages of positive breast health. They can be healthcare professionals, survivors, co-survivors, Komen grantees or other individuals with a demonstrated knowledge of breast cancer and an interest in sharing the lifesaving messages of early detection.

If you would like to volunteer as a Breast Health Ambassador on race day contact me at ctkaneshiro@gmail.com

HAWAII (OAHU) CHAPTER ONCOLOGY NURSING SOCIETY CONFERENCE

RED, WHITE, & BRUISES:

Caring for Patients with Hematological Malignancies



Registration Early registration fee for registrations received/postmarked before or on July 25th.
Late registration fee - applies for walk-ins and registrations received/postmarked on or after July 26th.

Brochure and Registration form can be found on our local chapter website
<http://hawaii.vc.ons.org/>

For questions, please contact Leilani Grippin Karasaki, RN, BSN
lkarasakiRN@gmail.com or call 808-224-1185.

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MESSAGE FROM THE EDITOR ANNA ZIMMERMAN, RN, BSN

Aloha, looking for courageous oncology nurses that want to share stories, experiences, and laughter with their fellow oncology nurses. Please feel free to submit articles, information to pass on, and suggestions for future newsletters. Submit to adzimmerman@hawaii.rr.com. Mahalo

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