President’s Message - A Word from Deanna and Carrie

Who’s Representing You??

In this SWONS statement we thought we would take the time to share with you who your board is…we are passionate oncology nurses driven to ensuring our organization lives up to its mission and meets our members needs. We are oncology nurses just like you, working within the Southeastern Wisconsin area in a number of oncology specialties, for many local organizations. We come from diverse specialties and employers, but our core is Oncology Nursing. We as a board, represent over 180 oncology nurses throughout Southeastern Wisconsin. We are a dynamic organization committed to cancer care and welcome anyone interested in serving on a committee or joining the board to contact either Carrie (385-2630) or DeeDee (329-5932). In this organization, you get out of it what you put in! We have grown professionally, and personally because of SWONS and we hope you have also felt the benefits! Look forward to seeing everyone at our May 30th Program Dinner!

Respectfully, Carrie Bilicki & Dee-Dee Dominiak
SWONS Co-Presidents
NOTE- see insert for a brief bio and contact information for your SWONS board members.

Summary of the Mara Mogenson Flaherty Lecture at ONS’s 32nd Congress

Submitted by: Lisa Bray RN, BSN, OCN

Rebecca Crane-Okada, PhD, RN, AOCN presented the Mara Mogenson Flaherty lecture on April 26th, 2005 at the Oncology Nursing Society’s 32rd Annual Congress. The title of her lecture was “A Compass for the Cancer Journey: Scientific, Spiritual, and Practical Directives”. This outstanding presentation emphasized the importance of integrating and balancing scientific, spiritual and practical knowledge along with experiences and tools when supporting patients and families through their journey with cancer. She stressed that no journey is orderly, neat or linear and that each person’s journey with cancer is similar yet unique. It must be learned and internalized by both patient and family. Rebecca Crane-Okada described how oncology nurses assist patients by displaying these “caring” types of behaviors:

- Giving theoretical information (what is ‘normal’)
- Being present, attentive, and having patience
- Providing physical comfort
- Being honest
- Being responsible
- Showing sensitivity and respect
- Supporting the patient’s power
- Projecting calm and confidence
- Holding the mind, body, spirit connection for them

She added that this journey that we take with our patients is ongoing. As oncology nurses, we assist patients and families by shedding light, pointing out landmarks, and giving direction along the way. We listen by not only hearing the words, but also by understanding the message.

Finally, she encouraged all of us to reflect on these questions as we embark on our cancer journey:

- How have I guided someone on his or her cancer journey?
- How have I been guided on my professional cancer journey?
- Who is the recipient of my care?
- How have I exhibited these behaviors recently?
- How have I illuminated another’s path?
- What tools, maps, and guides have I integrated into my career and life paths.
- What is on my horizon?
“Making a change in practice is never easy whether you work in a small or large clinic, an inpatient area, or multiple clinical settings.”

Where is the PEP in Your Practice?

Mary Pat Johnston, RN, MS, AOCN

While PEP (Putting Evidence into Practice) Resources were widely distributed as PEP Cards, beginning in May 2006, questions have been raised about how oncology nurses are implementing these resources in clinical practice settings and how these resources impact the care of patients. PEP cards are one of the evidence based practice resources, developed by the ONS Outcomes Intervention Project Team, to identify key interventions for common symptoms that our patients experience. The first 4 cards published were: Prevention of Infection, Chemotherapy-Induced Nausea and Vomiting, Fatigue, and Sleep Disturbances. At ONS Congress 2007, six new PEP cards were released, including:

- Caregiver Strain and Burden
- Constipation
- Depression
- Dyspnea
- Mucositis
- Peripheral Neuropathy

Two additional PEP cards, Pain and Bleeding, will be available toward the end of the year, and more symptoms will follow in 2008.

Making a change in practice is never easy whether you work in a small or large clinic, an inpatient area, or multiple clinical settings. Our clinical settings each contain barriers and opportunities. Since getting started may feel daunting, the new PEP resources include a card, entitled “PEP Up Your Practice”, describing how to utilize these tools. A few ideas to put the PEP in your practice are:

- Initiate a journal club to stimulate interest and create enthusiasm for evidence
- Utilize “Show Me the Evidence” CD ROM available through www.ons.org/ceCentral for staff education
- Review CJON articles on the PEP Resources for additional background
- Tap into the expertise of an Advance Practice Nurse
- Start small. Choose one symptom, meaning one PEP card/resource, to integrate into your practice.

Share your experiences in upcoming newsletters. Talk with SWONS chapter members, who have participated in the project teams. Get involved with Evidence-Based Practice and Nursing-Sensitive Patient Outcomes through advisory panels and future project teams. If interested, submit an application from the ONS website. Additional PEP resources are available at the ONS Outcomes Resource Area, including the summaries about each symptom, suggestions for measurement tools, the evidence tables, and much more. To obtain your own set of PEP cards, you can download them form www.ons.org or may order them through ONS e-Source or ONS Customer Service toll free at 1-866-257-4ONS.

Share with your colleagues how you have “PEP’d Up Your Practice”. Send your stories/comments by July 30th in order to be published in the August newsletter to: Julie.dobbs@wfhc.org or teri.vegastromberg@wfhc.org. We look forward to hearing from you!
Carrie Bilicki Co-President & Fundraising Chair: Carrie has recently made a change to specialize in GYN Oncology and is employed by Aurora Health Care at St. Luke’s Medical Center.

Dee Dee Dominiak Co-President: Dee Dee has recently made a change to specialize in GYN Oncology and is employed by Aurora Health Care at the West Allis Women’s Pavilion.

Wendy Pelsis, Community Outreach: Wendy is employed by Columbia St.-Mary’s where she works on the inpatient oncology unit as the daily operations lead.

Patty LeRoy, President Elect: Patty recently changed focus to specialize in Cyber Knife with ProHealth Care, at Waukesha Memorial Hospital.

Cari Giles, Secretary: Cari is employed by Oncology Alliance and works in the infusion center at the Colombia Hospital location.

Patrice McAdams, Treasurer: Patrice is employed by Medical Consultants. She is the nursing supervisor for this private practice.

Denise Portz, Program Chair: Denise is employed by Medical Consultants. Her role is manager of the infusion center inside this private practice.

Program committee members Dana Butterfield and Ann Dentinger are employed by Froedert Memorial Lutheran Hospital assist Denise in implementing our wonderful dinner programs.

Teri Vega-Stromberg – Newsletter: Teri re-joins the board this year in assisting with the newsletter. She is a Clinical Nurse Specialist focusing on palliative care & oncology practicing with St. Joe’s Medical Center.

Julie Dobbs, Newsletter: Julie also joins the board this year working with Teri on our SWONS Statement. Julie is a Nurse Educator with the Wheaton Franciscan Health Care System.

Nancy Delzer, Membership: Nancy re-joins the board after a few years off to promote our membership. Nancy is Director, Cancer Clinical Services, Columbia St. Mary’s.

Julie Knuth, Nominating: Julie joins the board this year! Julie is employed by Wheaton Franciscan Health Care, based out of Elmbrook Hospital. Julie practices in the cancer care center as a staff nurse.

Deanna Birling, Deanna is employed Wheaton Franciscan Health Care, based out of the Reiman Center for cancer care. Her focus is radiation oncology.
Nancy Briggs, Research Chair: Nancy is employed by Aurora Health Care, her focus is research in oncology.

Mary Pat Johnson, co-chair End of Life Care: Mary Pat is employed by ProHealth Care and works within the system as the Clinical Nurse Specialist for oncology services.

Lori Wendt, co chair End of Life Care: Lori is employed by Agnesian Health Care in Fond Du Lac where she works as an Oncology Clinical Nurse Specialist.

Lisa Bray, Historian: Lisa is employed by Aurora Health Care at St. Luke’s Medical Center, working with patients as a Lung Cancer Coordinator.

Julie Fries, OCN Certification review course: Julie Fries is involved in education of staff, patients & professionals breast cancer research and interventions. Also involved in clinical trials. She is employed by ProHealth Care.

Jean Rosiak, Web Page: Jean is employed by Aurora Health Care, practicing as a Nurse Practitioner specializing in breast cancer.

---

**SWONS 2007 Board Member Contact Information**

<table>
<thead>
<tr>
<th>Position</th>
<th>Name</th>
<th>Email Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>President Co-Chair</td>
<td>Carrie Bilicki</td>
<td><a href="mailto:Carrie.bilicki@aurora.org">Carrie.bilicki@aurora.org</a></td>
</tr>
<tr>
<td>Treasurer</td>
<td>Patrice McAdams</td>
<td><a href="mailto:tpmc@wi.rr.com">tpmc@wi.rr.com</a></td>
</tr>
<tr>
<td>Newsletter Co-Chair</td>
<td>Julie Dobbs</td>
<td><a href="mailto:Julie.dobbs@wfhc.org">Julie.dobbs@wfhc.org</a></td>
</tr>
<tr>
<td>OCN Review Chair</td>
<td>Julie Fries</td>
<td><a href="mailto:julie.fries@phci.org">julie.fries@phci.org</a></td>
</tr>
<tr>
<td>Web Page Editor</td>
<td>Jean Rosiak</td>
<td><a href="mailto:jeanie@wi.rr.com">jeanie@wi.rr.com</a></td>
</tr>
<tr>
<td>Research Chair</td>
<td>Nancy Briggs</td>
<td><a href="mailto:nursenancy@elknet.net">nursenancy@elknet.net</a></td>
</tr>
<tr>
<td>Secretary</td>
<td>Cari Giles</td>
<td><a href="mailto:cgiles@wi.rr.com">cgiles@wi.rr.com</a></td>
</tr>
<tr>
<td>Programming</td>
<td>Denise Portz</td>
<td><a href="mailto:dportz@wi.rr.com">dportz@wi.rr.com</a></td>
</tr>
<tr>
<td>Past President</td>
<td>Lori Wendt</td>
<td><a href="mailto:ljwendt@charter.net">ljwendt@charter.net</a></td>
</tr>
<tr>
<td>Newsletter Co-Chair</td>
<td>Teri Vega-Stromberg</td>
<td><a href="mailto:Teri.VegaStromberg@wfhc.org">Teri.VegaStromberg@wfhc.org</a></td>
</tr>
<tr>
<td>Nominating Chair</td>
<td>Julie Knuth</td>
<td><a href="mailto:Julianne.knuth@wfhc.org">Julianne.knuth@wfhc.org</a></td>
</tr>
<tr>
<td>End of Life</td>
<td>Mary Pat Johnston</td>
<td><a href="mailto:Marypat.johnston@phci.org">Marypat.johnston@phci.org</a></td>
</tr>
<tr>
<td>End of Life</td>
<td>Lori Wendt</td>
<td><a href="mailto:ljwendt@charter.net">ljwendt@charter.net</a></td>
</tr>
<tr>
<td>Membership Chair</td>
<td>Nancy Delzer</td>
<td><a href="mailto:ndelzer@columbia-stmarys.org">ndelzer@columbia-stmarys.org</a></td>
</tr>
<tr>
<td>Fundraising</td>
<td>Carrie Bilicki</td>
<td><a href="mailto:Carrie.bilicki@aurora.org">Carrie.bilicki@aurora.org</a></td>
</tr>
<tr>
<td>Government Relations Chair</td>
<td>Deanna Birling</td>
<td><a href="mailto:Deanna.birling@wfhc.org">Deanna.birling@wfhc.org</a></td>
</tr>
<tr>
<td>Historian</td>
<td>Lisa Bray</td>
<td><a href="mailto:Lisa.bray@aurora.org">Lisa.bray@aurora.org</a></td>
</tr>
<tr>
<td>Government Relations Chair</td>
<td>Deanna Birling</td>
<td><a href="mailto:Deanna.birling@wfhc.org">Deanna.birling@wfhc.org</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
In July, I had the opportunity to participate in ONS Common Threads: Weaving the Tapestry of Breast and Prostate Cancer Care. The conference began with keynote speaker Wendy Harpham MD; author, internist, and cancer survivor. You may recognize her as a columnist in Oncology Times: View from the Otherside of the Stethoscope. She brought laughs and tears while weaving her personal story describing surviving cancer, emotional and physical obstacles to happiness, and finding hope. She described decision making and taking action as key to leading to healthy survivorship and happiness. Treatment decision making is a common thread for breast and prostate cancer, as are pharmacologic management with hormonal agents, hot flashes, sexuality, and bone loss.

A topic of interest is bone loss. Normal bone remodeling includes bone formation (osteoblast activity) coupled and balanced with bone resorption (osteoclast activity). Osteoclast and osteoblast activity is influenced by parathyroid hormone, estrogens, and androgens. Cancer Treatment Induced Bone Loss (CTIBL) includes therapies that lead to hypogonadism including chemotherapy induced menopause, aromatase inhibitors, GnRH agonists, androgen deprivation therapy, oophorectomy, and orchiectomy. Loss of estrogens and androgens increases bone turnover leading to severe and rapid bone loss. The consequences are increased risk for fracture, disability, acute and chronic pain, and mortality. Elderly men have a 20% mortality rate within six months of a hip fracture; twice that of women.

Components of bone strength include: bone turnover where resorption > formation = bone loss; bone quality, the architecture and porosity; and bone density, amount of mineral per unit area or volume. Dual-energy x-ray absorptiometry or DEXA is the standard method of measuring bone mass or density (BMD) of the lumbar spine and hip. The density is compared to a healthy young adult female and is reported as a T-score, or to adults of the same age and gender as a Z-score.

An area of discussion is whether or not measuring BMD yearly is sensitive to the rapid loss associated with CTIBL. During initial menopause, women lose bone at about 2% yearly, decreasing to 1% yearly when postmenopausal. Bone loss for aromatase inhibitors: 2.6%; androgen depletion therapy in men: 4.6%; and premature menopause secondary to chemotherapy is 7.7%.

Biochemical markers exist that measure bone turnover (N-telopeptide, collagen cross linked C-telopeptide, and bone specific alkaline phosphatase) however it is unclear how to correlate the results with risk for fracture or defining moderate to severe.

ASCO has guidelines for screening, detecting, and treating CTIBL in breast cancer patients. Depending on patients T-scores, treatment ranges from education on diet and exercise alone to addition of calcium, vitamin D, and biphosphonates.

How can you incorporate routine screening and management of CTIBL in your practice?

The January 2007 Oncology Nursing Forum has a great article to provide direction including a quality score sheet to help monitor your improvements.
Welcome New Members

Cathy Bares
Sara Fuehrer
Karen Haedt
Kathy Ptacin
Kelly Ronayne
Joann Schultz
Karen Sullivan
Lynne Thorin
Paula Van EnkenVoort

Congratulations to the 2007 SWONS Scholarship Recipients.

Deanna Birling
Julianne Knuth

Moving? Change of Address or E-Mail?

Please notify Cari Giles of any need to update your contact information.
cgiles@wi.rr.com

We’re on the Web!
See us at:
http://swons.vc.ons.org

Disclaimer: The organizations of ONS and SWONS do not assume the responsibility for the opinions expressed by the authors. Acceptance of manuscripts does not indicate nor imply endorsement.