

# IN THE NEWS

## Congress 2012 and all that jazz



MORE THAN 3,000 oncology nurses gathered in New Orleans to teach and learn from each other, mingle with colleagues, and celebrate their profession at the Oncology Nursing Society (ONS) Congress 2012. In his welcoming remarks, now Past-President Carlton G. Brown, R.N, PhD, AOCN®, reported to the assembled crowd that nurses were voted the most trusted health care professionals in America for the 12th consecutive year, prompting a well-deserved round of applause.

Brown explained that ONS Congress 2006 was supposed to convene in New Orleans. However, a storm named Katrina changed the plans. But, ONS promised its Congress would come back to New Orleans. And without further ado, chapters from the host city opened ONS Congress 2012 in true New Orleans style. As the music played and poppers exploded into streamers, members led a Mardi

Gras-style parade through Hall J to center stage, tossing beads and candy to the crowd along the way. Other revelers in the opening parade were members of the ONS Board of Directors, this year's award winners, and more than 100 oncology nurses from around the world.

### NURSING AND HUMOR

Brenda Elsagher, a speaker, author, and comedian, delivered the keynote presentation, "Laughter With a Message: A Patient's Perspective on Humor and Healing." Elsagher, a colorectal cancer survivor, admitted feeling a little intimidated about speaking to a group whose members had an impressive array of degrees. She was not a clinician and had no initials after her name, so she decided to create her own. She came up with LRF—Living Rectum Free.

Elsagher asked everyone in the audience who has been practicing in nursing for more than 20

Oncology nurses join in celebrating the opening of ONS Congress 2012

years to stand up, and an impressive group of nurses stood up. She then asked those who were practicing for more than 25 years to remain standing, more than 30 years to remain standing. When Elsagher got to 50 years of practice, no one was standing so she went back to 49 years. Nine nurses returned to their feet! They were invited to join Elsagher on the stage.

Next, Elsagher asked nurses who were practicing for less than 1 year to stand up. Eight nurses stood up and were invited to join the group on the stage. She asked for their thoughts on managing a successful nursing career. Both the experienced and those new to nursing offered similar advice: keep an open mind, seek opportunities to learn new things, and keep your sense of humor.

Recounting her journey from diagnosis to survivorship, Elsagher demonstrated the value of a sense of humor and how humor enhances communication and can make talking about taboo subjects easier. Appropriate humor can help patients and family members relax during difficult situations. Laughing, like aerobic exercise, increases oxygen to the muscles and decreases tension. Laughter helps

**Carlton Brown reported that nurses were voted the most trusted health care professionals in America for the 12th consecutive year.**

Congress 2012

Continued from page 8

kick the immune system into high gear, stabilize blood pressure, and facilitate digestion. It also promotes an overall sense of well-being. Most importantly, laughter can be a powerful distraction from pain.

MEMORIAL LECTURE

Laurel Northouse, RN, PhD, FAAN, delivered the Mara Mogensen Flaherty Lecture: "Helping Patients and Their Family Caregivers Cope With Cancer." Current cancer treatment regimens allow patients to receive much of their clinical care at home. As a result, family caregivers take on a tremendous responsibility.

Northouse discussed the important role nurses play in educating caregivers. She offered practical ways nurses can help provide care such as working as a team with the family caregiver and making sure that person is involved in discussions about the patient's care and progress.

Another important role for nurses is to advocate for the caregiver. They should ask the caregivers how they are coping outside of their caregiver role. Caregivers may need to be reminded of the importance of taking care of themselves such as eating well, maintaining their own health, and most importantly, planning time off from their caregiving responsibilities.

BENEFITS FOR NURSES

Congress 2012 offered more than 40 sessions, almost 290 posters, and up to 20 hours of CNE credit over 4 days. Turn to page 14 to see some of *Oncology Nurse Advisor's* coverage of Congress 2012. ■

# Risk factors can guide screening decisions for younger women

YOUNGER WOMEN at increased risk for breast cancer may benefit from mammography screening performed once every 2 years beginning at age 40 years, according to two studies funded by the National Cancer Institute.

In one project, data synthesized from 66 published studies showed that having extremely dense breasts on mammography or first-degree relatives with breast cancer doubled the risk of breast cancer for a woman aged 40 to 49 years. Risk was even higher among women with two or more first-degree relatives with breast cancer or a first-degree relative with a diagnosis before age 40 years.

Having a prior benign breast biopsy result, second-degree relatives with breast-cancer, or heterogeneously dense breasts was associated with a 1.5-fold to 2-fold increased risk. Women who currently used oral contraceptives, who had never given birth, or who were at least 30 years old at first birth had an increased risk of 1.0-fold to 1.5-fold.

Although most women who develop breast cancer have no known risk factors, information



© THINKSTOCK

Information about risk may be particularly useful when making decisions about screening women in their 40s.

about risk may be particularly useful when making decisions about screening women in their 40s, noted the investigators (*Annals of Internal Medicine*. 2012;156[9]: 635-648).

The second study, published along with the first (pp. 609-617) and conducted by several authors of the first study, revealed that for women aged 40 to 49 years with a 2.0-fold increased risk for breast cancer, the harm-benefit ratio of biennial screening with film mammography was similar to that of biennial screening of average-risk women aged 50 to 74 years. This suggests that for that group of younger women, biennial screening at age 40 years has more benefits than harms. ■

## HIGHEST INCIDENCE OF LUNG CANCER, 2008\*

99.3  
Kentucky

87.9  
West Virginia

84.2  
Mississippi

\*Age-adjusted rate per 100,000 population. Source: United States Cancer Statistics: 1999-2008 Incidence, WONDER Online Database. <http://wonder.cdc.gov/cancer-v2008.html>. Accessed May 24, 2012.

# Weight and inactivity impact cancer rates

OVERALL US cancer death rates have continued to decline since the early 1990s among men, women, and children, but excess weight and lack of sufficient physical activity contribute to the increased incidence of many individual cancers, may worsen prognosis, and adversely affect quality of life for cancer survivors.

Overall cancer mortality has been declining among children since the 1970s and among adults since the 1990s, according to the new *Annual Report to the Nation on the Status of Cancer, 1975-2008, Featuring Cancers Associated With Excess Weight and Lack of Sufficient Physical Activity*, issued by the CDC, the North American Association of Central Cancer Registries, the National Cancer Institute, and the American Cancer Society, and published in the journal *Cancer* (2012;118[9]:2338-2366). Trends in death rates for the most recent 10-year period (1999-2008) show an average decrease of 1.7% per year among men and an average decrease of 1.3% per year among women as well as among children from birth to 19 years.

The overall rate of new cancer diagnoses among men fell by an average of 0.6% per year between 2004 and 2008. For women, incidence rates declined 0.5% per year from 1998 to 2006, and remained level from 2006 through 2008.

The report highlighted the following reductions in mortality and incidence rates of specific cancers:

- Lung cancer mortality among women decreased for the second

consecutive year, and has been decreasing for men since the early 1990s.

- Colorectal cancer incidence rates declined for both men and women from 1999 through 2008.
- Breast cancer incidence rates among women decreased from 1999 through 2004, and remained level from 2004 through 2008.

Conversely, incidence rates for melanoma and pancreatic, kidney, thyroid, and liver cancers increased from 1999 through 2008.

The authors of the report note that the continued declines in mortality from all cancers combined indicate progress in improved treatments, increased screening and early detection, and primary prevention in the form of education about risk factors and promotion of healthy behaviors. However, as indicated by the title of this year's report, the document emphasizes the increased cancer risk associated with excess weight (overweight or obesity) and lack of sufficient physical activity (less than 150 minutes of physical activity per week).

A special section on excess weight, lack of sufficient physical activity, and associated cancers featured in the report states that each increase of 5 kg/m<sup>2</sup> in body mass index (BMI) is associated with an increase of 30% to 60% in risk for endometrial cancer, adenocarcinoma of the esophagus, and kidney cancer, and an increase of 13% to 18% in risk for colorectal, pancreatic, and postmenopausal breast cancers.



Colored renal angiogram showing blood vessels feeding a large tumor of the kidney (at upper right).

Excess weight may also contribute to poorer survival in breast, colorectal, and prostate cancers, and with incidence of late-stage prostate cancer.

Similarly, lack of sufficient physical activity has been associated with a 30% to 40% increased risk of colon cancer, postmenopausal breast cancer, and endometrial cancer. Physical activity after a breast or colon cancer diagnosis is associated with reduced all-cause and cancer-specific mortality.

The authors point out that considerable evidence suggests that excess weight also may be associated with increased risk of gallbladder, liver, thyroid, and hematopoietic cancers, and lack of sufficient physical activity is associated with increased risk of colon, endometrial, and postmenopausal breast cancers, and possibly with premenopausal breast cancer. ■

© ZEPHYR/PHOTO RESEARCHERS, INC.

## Bisphosphonates reduce fractures, pain of multiple myeloma

ADDING bisphosphonates to myeloma treatment decreases fractures of the vertebra and bone pain, affirm the results of a review of 20 trials with a total of 6,692 participants. However, no one drug proved superior.

Bisphosphonates are specific inhibitors of osteoclastic activity and used in the treatment of persons with multiple myeloma to reduce vertebral fractures and pain, explained Ambuj Kumar of the Center for Evidence Based Medicine and Health Outcomes Research at the University of South Florida in Tampa, and colleagues in their update of a

**Reviewers also found that adverse effects of bisphosphonates appear to be rare.**

2010 review for The Cochrane Library. The researchers sought to determine whether adding these agents to standard therapy for multiple myeloma improves overall and progression-free survival and decreases skeletal-related morbidity.

Although pooled results showed no direct effect of bisphosphonates on overall or progression-free survival compared with placebo or no treatment, zoledrate appeared to provide an overall survival benefit compared with etidronate and with placebo. However, zoledrate was not superior to pamidronate or clodronate for improving overall

survival or in any other outcomes. Pooled analysis did show bisphosphonates to be more effective than placebo or no treatment in preventing pathological vertebral fractures and skeletal-related events, and in ameliorating pain.

The reviewers also found that adverse effects of bisphosphonates appear to be rare. For example, osteonecrosis of the jaw was no more common in bisphosphonate users than in those receiving placebos or no treatment. Similarly, no statistically significant increase in GI symptoms or in hypocalcemia was seen in bisphosphonate use compared with placebo use or no treatment. No difference in the incidence of hypocalcemia, renal dysfunction, or GI toxicity was seen among the bisphosphonates used. ■

## USPSTF: 'No' for all PSA screening for prostate cancer

THE UNITED STATES Preventive Services Task Force (USPSTF) has issued a final recommendation against prostate-specific antigen (PSA)-based screening for prostate cancer for all men, regardless of age. The recommendation, published by *Annals of Internal Medicine*, updates the group's 2008 recommendations, in which the Task Force members had concluded that there was no evidence to support PSA screening for men older than 75 years.

The USPSTF based its latest guidance on a review of evidence published since 2008, finding that the harms of PSA testing outweigh the benefits for men of any age. (The task force considers health benefits and harms, but

not costs, when developing its recommendations.) As noted in a statement issued by the American College of Physicians, the organization that publishes *Annals of Internal Medicine*, strong evidence shows that PSA screening is associated with significant harms, such as suffering lifelong urinary incontinence, bowel dysfunction, and erectile dysfunction after undergoing early treatment for PSA-detected prostate cancer, as nearly 90% of men do.

Two major trials of PSA testing in asymptomatic men informed that decision. In one, conducted in the United States, screening did not reduce prostate cancer mortality. In the other study, conducted in seven European countries, approximately one



**Newer evidence suggests harms of PSA-based screening outweigh benefits for all age groups.**

death was prevented for every 1,000 men, aged 55 to 69 years, who were screened, mostly in two countries. Five countries did not find a statistically significant reduction in deaths.

In an accompanying editorial, William J. Catalona, MD, and coauthors charged that the USPSTF underestimated the benefits and overestimated the harms of using PSA-based screening for prostate cancer, and that the recommendation was based on flawed studies with inadequate follow-up time. Catalona is medical director of the Urological Research Foundation in St. Louis, Missouri, and was the developer of the prostate-specific antigen test for prostate cancer screening. ■

# New program to help nurses build their “soft skills”



NURSES SEEKING to hone their leadership, communication, technological, and professional “soft skills” can receive such training and education by means of an interactive program being introduced by ATI Nursing Education (Leawood, Kansas), a division of Assessment Technologies Institute, LLC. As the parent company explains in its February 2012 white paper, *Soft Skills Research: Aligning Nurse’s Touch With Best Practices*, unlike such “hard skills” as knowledge and psychomotor proficiency, soft skills are the less tangible skills possessed by successful nurse professionals, such as the ability to work and communicate effectively with patients, their family members, and other members of the health-care team; prioritize tasks; exercise sound judgment; problem-solve; and be reliable and motivated.

According to a statement issued by ATI Nursing Education, the Nurse’s Touch program is the first education product of its kind to address soft skills content. “While historically not the focus of nursing education programs,

**The program was developed with input from nurse educators, curriculum developers, and psychometricians.**

skills such as communication are critical to improving provider outcomes, lowering healthcare costs, and improving the patient experience,” commented Sheryl Sommer, director of the company’s nursing education and curriculum department, in the statement.

The program, which will become available in August, was developed with input from nurse educators, curriculum developers, and psychometricians. It will cover the following content areas through interactive simulators, tutorials, case studies, and practice and proctored assessment, with direct support from the ATI faculty support team:

- Becoming a professional nurse
- Leadership and management.
- Nursing informatics and technology
- Professional communication
- Wellness and self-care

In addition to providing content, Nurse’s Touch also will allow educators to measure, assess, and track a student’s progress. For more information, visit [www.atiNursesTouch.com](http://www.atiNursesTouch.com). ■

## FDA Update

Use of **lenalidomide (Revlimid)** increases the risk of second primary malignancies in persons with newly diagnosed multiple myeloma, according to a safety review update from the FDA. Clinical trials conducted after the drug was approved in July 2006 showed an increased risk of acute myelogenous leukemia (AML), myelodysplastic syndromes, and Hodgkin lymphoma among these patients.

A pooled analysis demonstrated that 65 second primary malignancies developed among 824 patients (7.9%) with newly diagnosed multiple myeloma who received initial chemotherapy or chemotherapy plus blood stem-cell transplantation followed by treatment with lenalidomide. Only 19 such malignancies developed in the 665 patients (2.8%) taking placebo.

**Pazopanib (Votrient)** has received FDA approval for use as a treatment for persons with advanced soft-tissue sarcoma (STS) who have undergone prior chemotherapy. The oral tyrosine kinase inhibitor was approved for the treatment of advanced renal cell carcinoma in adults in 2009.

The US label of Votrient specifies that the efficacy of the drug for adipocytic STS or gastrointestinal stromal tumors has not been demonstrated.

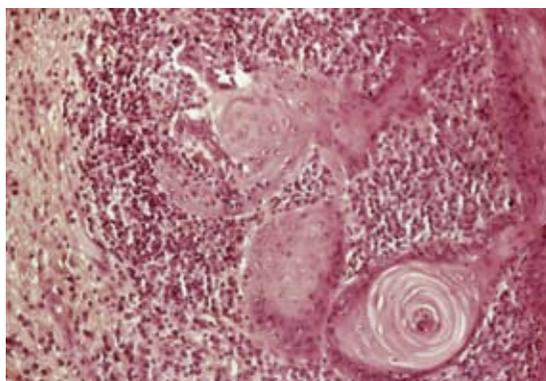
**A SAMPLING** of some of the articles from the *Oncology Nurse Advisor* Live Report coverage of Congress 2012 that you may have missed are presented here. For the full articles plus our complete coverage from New Orleans, visit the ONS Congress 2012 section, listed under the News heading on the navigation bar at [www.OncologyNurseAdvisor.com](http://www.OncologyNurseAdvisor.com).

## Identifying ISPs can predict variations over time in oropharyngeal and laryngeal cancers

IDENTIFYING individual symptom patterns (ISPs) provides new information about symptom variations over the course of treatment in patients with oropharyngeal and laryngeal cancers, according to research presented at the Oncology Nursing Society (ONS) 37th Annual Congress.

Due to the anatomical location of the cancer, patients with oropharyngeal and laryngeal cancer experience difficulty swallowing, dry mouth, and pain. Although electronic medical records are used to collect patients' side effects during treatment, they are usually reported as a sum, statistical mean, or graph. Therefore, they are unable to track ISPs and cannot identify variations in these patterns among patients. An estimated 40,000 men and 11,800 women will receive diagnoses of head and neck cancer in 2012; therefore, the problem has been growing. Identification of ISPs during cancer treatment can provide vital information for the evaluation and delivery of tailored patient care.

At Johns Hopkins University School of Nursing, Baltimore, Maryland, Mary Ellen Haisfield-Wolfe, PhD, RN, OCN,



A section through laryngeal tissue showing cancerous cells that have formed small lobules.

attempted to identify the ISPs of peak intensity and resolution for prevalent symptoms among oropharyngeal and laryngeal cancer patients receiving radiation. Visual graphical analysis (VGA), which is an exploratory technique that codes and graphs individual symptoms to identify symptom patterns or group profiles in secondary data analyses, was utilized.

For the study, VGA was applied to a sample of 21 outpatients at four time points during a 12-week period of radiation treatment: baseline, midtreatment, end of treatment, and at 1-month follow-up. ISPs for difficulty swallowing, dry mouth, and pain were graphed over the time points, grouped by patterns, and then categorized.

A panel of independent experts verified the correctness of each description and individual pattern of ISP using the reported symptoms and commented on the ISP to determine whether they should be combined or merged with other ISPs or categories.

During VGA, an Excel file was created for each symptom from the data. Stringent eligibility criteria were established to prevent unnecessary or limited charts from being included in the VGA analysis.

Mean scores of difficulty swallowing, dry mouth, and pain severity over the four time points followed one pattern in which symptoms increased after baseline and resolved at 1-month follow-up. Using VGA, only a portion of ISP for difficulty swallowing ( $n = 10$ , 48%), dry mouth ( $n = 12$ , 57%), and pain ( $n = 8$ , 38%), had a pattern similar to that of the means. In addition, three different ISPs were identified for difficulty swallowing and dry mouth in which resolution did not occur 1 month after treatment. Three additional ISP categories were identified in which intense and elevated pain levels were present at baseline and resolution did not occur after treatment. ■

---

# P-CAS tool updated for gauging constipation in pediatric patients

A PHASE 1 study has reviewed and updated the content contained in the Pediatric Constipation Assessment Scale (P-CAS) to make it more accurate and relevant overall, according to research presented at the Oncology Nursing Society 37th Annual Congress.

Children receiving active treatment for cancer or palliative care are at risk for constipation. Management requires accurate assessment, but few pediatric measures are available. The P-CAS, a 20-question self-report tool for gauging the severity of constipation in pediatric patients with cancer, was adapted from an adult instrument that addresses this gap.

During the first of several series of evaluations, Myra Woolery, MN, RN, CPON, Nursing and Patient Care Services, National Institutes of Health, Baltimore, Maryland, and Deborah McGuire, PhD, RN, FAAN, Organizational Systems and Adult Health, University of Maryland Baltimore School of Nursing, Baltimore, Maryland, measured psychometric properties of the instrument.

The research team developed and tested the P-CAS with guidance from the Model for Constipation Across the Lifespan, developed by the lead author. During the evaluation, 12 health care professionals (pediatric oncology nurses,

**Most children were able to rate the relevance of the questions and offer suggestions for revisions or deletions.**

oncologists, gastroenterologists) and 12 children with cancer aged 8 to 17 years completed a standardized questionnaire regarding the questions that was accompanied by an appropriately leveled explanation of their role and detailed instructions.

Statistical analyses included descriptive characteristics, content validity index estimated at the item-level (I-CVI) and scale-level (S-CVI), and qualitative analysis. The research was commensurate with the symptom-related research agendas of several organizations.

Health care professionals had no difficulty completing the questionnaire, and most children were able to rate the relevancy of the questions and offer suggestions for revisions or deletions.

This study received funding from the American Cancer Society Doctoral Scholarship. ■

---

# DVD improves understanding of chemotherapy

NURSE-LED education about chemotherapy in combination with a DVD about side effects effectively increases patient understanding of their illness, according to research presented at the Oncology Nursing Society 37th Annual Congress.

Educating patients and their families about the side effects of chemotherapy and how to manage them is standard practice at most cancer centers, but when, where, and how the teaching takes place varies. Providing concise, consistent, and individually relevant information to patients is crucial.

At Mayo Clinic, Rochester, Minnesota, patients could



**Nurse-led education combined with a DVD improved patients' understanding of their chemotherapy treatments.**

potentially be educated about chemotherapy at inpatient units, outpatient units, or the cancer education center. The hospital wanted to make sure that no matter where patients went, no matter who they talked to, they would receive consistent information, said Kelli Fee-Schroeder, RN, BSN, OCN, one of the study authors.

To increase education about chemotherapy and side effect management, Fee-Schroeder and Janine Kokal, RN, MS, OCN, offered a nurse-led chemotherapy class utilizing a DVD and group discussion to patients and families. Class content focused on

self-care strategies for 13 specific side effects. Adult learning theory principles and social cognitive theory were used in the development of the DVD and class curriculum. A total of 81 participants were enrolled in the study.

“Based on the qualitative and quantitative data, a major outcome suggested that the DVD, oncology nurse facilitation, and group discussion was highly valued and provided the ultimate combination of consistent information, content adaptation, and expert knowledge in empowering patients and families through their chemotherapy experience,” the authors concluded. ■

## Discharge coordinator expedites patients' return to home

ASSIGNING the responsibility of following up on patients' discharge needs to one charge nurse can expedite the process and avoid unnecessary disruptions in patient care, and providing a ride home is also helpful, explained Eileen Collins, R.N., BSN, OCN®, Urology/GU Medicine at Memorial Sloan-Kettering Cancer Center in New York, New York, at the Oncology Nursing Society 37th Annual Congress.

Oncology nurses are always looking for ways to improve the care of hospitalized patients and streamline administrative processes, such as discharges. Patients leaving the hospital are often delayed for various reasons, such as supplies are not ready, their home caregivers need to participate in caregiving lessons, prescriptions are being filled, or the doctor wants to see the patient before discharge. The most frequent reason patient discharge is delayed, however, is waiting for a ride. Collins, a discharge coordinator at Memorial Sloan-Kettering Cancer Center, often saw that patients had to wait because their ride could not take time off from work or had other family members in their care.

Collins' goal was to find a way to expedite patient discharge that would keep the workflow of the hospital going and provide the best care in a timely manner. The idea of a charge nurse assuming the role of discharge coordinator addressed this need. This nurse would coordinate the discharge process with a multidisciplinary team of case



**Having a contact person available for questions makes the discharge process easier and prevents disruptions in other patients' care.**

managers, social workers, and clinicians to ensure all the patient's needs are addressed the afternoon before discharge.

The multidisciplinary team meets every morning to review the discharges for the day, and again in the afternoon, to check for any changes in patients' care plans. Collins makes sure orders for supplies are placed and checked for accuracy, visiting nurse services are set up, and medications are ordered the day before discharge. The patient is told he or she will be going home the next day and a ride home is confirmed. This is when Collins found that many patients remained at the hospital until later in the day because they had to wait for a family member to be available.

Memorial Sloan-Kettering contracted with a car service to provide a ride home for patients for whom the only holdup to discharge was a ride. However, they had to accept a strict discharge time of 11 am. This enabled the staff to facilitate the discharge, clean and prepare the bed for a new patient, and keep the workflow going while providing the best cancer care in a timely manner.

The discharge coordinator program significantly decreases discharge time. In addition, having a contact person available for questions makes the discharge process easier and prevents disruptions in other patients' care. The car service provides some peace of mind for the patient and the family. ■

## Double-lock EHR storage can effectively protect donor information

ELECTRONIC medical records (EMRs) that employ a "double lock" technique can be used to safely store matched unrelated donor (MUD) information and search-related paper documents, according to research presented at the Oncology Nursing Society 37th Annual Congress.

When paper records build up and storage space becomes an issue, an alternative method of archiving these records becomes necessary. At City of Hope, an NCI-designated Comprehensive Cancer Center in Duarte, California, the number of transplanted patients reached the milestone of 10,000 and the center realized the need to find an alternative to storing paper charts. They decided to find an EMR solution that could store the valuable patient information digitally in a way that was both private and easily accessible to those who required access to the documents.

City of Hope set up an electronic folder within the EMR that was only visible to those with privileged access, which allowed for double lock storage—in other words, data were stored behind two private-access-only barriers.

"This solution allows for less physical storage of paper documents and it is easily accessible electronically whenever the document is required to be reviewed for patient care, regulatory, or research purpose," the City of Hope staff said. ■