Ft. Worth Regional Chapter

Fort Worth Regional ONCOLOGY NURSING SOCIETY

March 2018

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Fort Worth Leadership 2017

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President's Corner

"Blessed are those who can give without remembering and receive without forgetting"

The happiest news most of us are receiving is that there is a light at the end of the flu season tunnel! Spring is coming and that means it's time for Cowtown! There is still time to register. There are some great topics particularly relating to young adult cancers. As we all know, cancer is not a respecter of age, so education about the unique needs of our young adult patients is invaluable.

We are also asking everyone to find their emails and vote for our "Oncology Nurse of the Year". This person will be announced at the Cowtown Symposium, so please get your votes in as soon as possible. Check your contact emails for information on voting.

Some of the board recently attended a regional meeting with the national organization. National ONS is also committed to our younger graduates and making ONS relevant to their needs. The promised new website and virtual communities should be up and running very soon.

Also, ONS congress is coming up fast. You are still able to get the "early bird" pricing on registration. Please explore the ONS website for information, and don't forget that our local chapter is very generous with scholarships to help offset the costs.

Have a great month, and I will see you in April!!!

~Sheryl

Local Chapter News

Board Member Spotlight

Ashley Reese, Social Media Chair

As long as the Fort Worth Chapter has existed, it has never held a Social Media chair on its' board. With the growing number of members in this chapter and the extreme growth in social media over the years, it was an easy decision to add this position to our FW Chapter. As the member fulfilling this position, I get to capture all the great events we take part of and share them with huge outlets like Facebook, Instagram and through our internet website. It's important to show our community and potential members what the FW ONS chapter contributes to. This role also gives me the opportunity to keep members updated on breaking news, meetings, education and more!

There are always new young nurses looking to join the field of oncology and we want them to be apart of our chapter! One way the board decided to increase our growth in members was to incorporate social media to reach out to new nurses. We have had a Facebook page for a few years but it was not being used to it's potential. I hope to increase the Facebook page activity and start reaching out to other social media resources to boost our presence to a wide range of oncology nurses.

I served as the treasurer for the last two years on the Board and my term was coming to an end. The board had tried to reach fulfill this position before so it became the perfect opportunity to continue to serve my chapter and hopefully start a new great role with our board members. So far it has been a lot of fun capturing the activities of our chapter and sharing it with everyone! I am open to any suggestions and can't wait to see this role flourish!

Ashley Reese

Our chapter has purchased a yearly account with *Survey Monkey.* The board has decided to share this account with members who are actively doing research for work, are enrolled in school and have a project that would benefit from using a survey. There is a nominal one-time fee for access for the entire year. Need more details? Feel free to email a board member.

Safety Tips needed

Do you have a safe tip you would like to share? ONS has issued a chapter safety challenge. You could win a prize for telling us your safety story!! Email Lori Krogman with your latest safety tip or idea: LoriKrogman@texashealth.org

Fort Worth Regional Chapter of ONS Meeting:

April 2nd 2017

Survivorship

Sponsored by TEVA

at

The Center for Cancer and Blood Disorders

Further details coming soon! Watch your email.

Seating is limited; early registration is encouraged. A confirmation email will be sent upon receipt of payment and registration. Room temperature is variable, please bring a sweater for your comfort. Call Cook Children's Organizational and Professional Development department for more information at 682-885-4170, 8:30 a.m.-4 p.m., Mon-Fri.

Mailing address

Cook Children's Organizational and Professional Development

801 7th Ave.

Fort Worth, TX 76104

Conference location

Cook Children's Hochberger Auditorium

801 7th Ave.

Fort Worth, TX 76104

From our Policy Liaison Anna Bowers, MSN, RN, OCN, CNL

We've all seen the ads-

"More people die every year from smoking than from murder, AIDS, suicide, drugs, car crashes, and alcohol, combined."

AP Press (2017)

The Truth Initiative, formally known as the American Legacy Foundation, was created as a public health campaign designed to encourage nicotine cessation and prevention. It was created in 1999 as a result from one of the largest civil litigation settlements in US history against "Big Tobacco". The settlement was a total of $200 billion dollars aimed to help states with the cost of treating smoking related illnesses and $2 billion of the settlement went to fund the public health campaign, now known as the Truth Initiative.

This past Sunday, I was casually watching Sunday Morning CBS News when the cover story caught my attention. The attorney responsible for initially filing and negotiating the "Big Tobacco" settlement, Mike Moore, is now looking to do the same with pharmaceutical companies in dealing with the opioid crisis. According to Moore, drug companies misled physicians in their effectiveness in treating chronic pain and claimed a low addiction chance of less than 1%. Drug company counter-arguments include that opioids are FDA approved (interesting timeline of opioid FDA approvals- http://www.fda.gov/Drugs/DrugSafety/InformationbyDrugClass/ucm338566.htm) and many fatal overdoses involve street opioids as opposed to prescribed opioids.

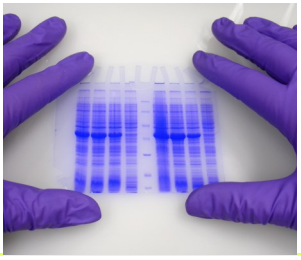
The ease of access to prescribed opioids leads to addiction. As these medications become harder to get from their doctors, people turn to synthetic opioids/street opioids and/or heroin.

In 2016, the CDC reports 42,000 Americans died from opioid overdoses. The estimated cost associated with the opioid crisis in 2015 was $5 billion. In October of 2017, President Trump formally declared the opioid crisis as a public health emergency. And as lawmakers discuss how best to handle the opioid crisis and the momentum behind litigation continues (15 state suits to date), the topic of opioid addiction is not going anywhere anytime soon.

Last year, Texas Attorney General Ken Paxton joined with 40 other states in serving investigative subpoenas to eight companies that manufacture or distribute prescription opioids in attempt to understand their role in the opioid crisis. After Paxton joined the investigation, the Texas House of Representatives formed a select committee on opioids and substance abuse, chaired by Rep. Four Price and vice chaired by Rep. Joe Moody. Rep. Toni Rose of district 110 (Dallas county) is the only North Texas representative to sit on this committee.

As oncology nurses, the discussion around the opioid crisis ought to give you pause. As Alec Stone (ONS Director of Health Policy) points out, the issue isn't clear cut. When lawmakers begin proposing limits on physician prescribing abilities and reducing access to opioids, what will the impact be on our patients who truly need these medications? What will happen to our ability to effectively manage their pain?

I suspect as we approach mid-term elections, we will continue to hear more about the opioid crisis. And I believe it is clear there is a problem with the inappropriate use of opioids in healthcare leading to overdose. But, I also strongly advocate for our patient's ability to access opioids for pain control and quality of life when needed. As these discussions will inevitably continue, I implore you to think through some of these issues. ONS' stance is to continue to educate lawmakers on the role of pain management in successful cancer care and symptom management.



Hereditary Colorectal Cancer: Lynch Syndrome

Alexa Delavega, BS, Genetic Counselor Assistant
John Zimmerman, MS, CGC
UT Southwestern Medical Center

Colorectal cancer (CRC) is the third leading type of cancer in the United States, with 1 in every 21 men and 1 in 23 women being affected in their lifetime. Most CRCs begin as a polyp, which can take a precancerous or benign form. A precancerous polyp that can become a cancer is called an adenomatous polyp, or an adenoma. Risk factors for developing CRC include:

- Being 50 years of age or older
- Leading a sedentary lifestyle
- Having a poor diet
- Using alcohol or tobacco products
- Having a personal or family history of polyps
- Having a personal or family history of colorectal cancer
- Having an inherited genetic syndrome

It is known that approximately 10% of colon cancers are hereditary. People with inherited colon cancers have a DNA abnormality known as a mutation. These mutations are misspellings in the genetic code that prevent one or more of the cell's proteins from carrying out its function correctly.

Lynch syndrome, also known as hereditary nonpolyposis colorectal cancer syndrome, is the most common cause of hereditary CRC. It is an autosomal dominant genetic condition, which means that you only need one copy of the mutated gene to inherit the disease. Lynch syndrome accounts for 1-3% of all colon cancers. Individuals with Lynch syndrome also have increased risks for other types of cancers including endometrial cancer, ovarian, and stomach.

Lynch Syndrome is caused by a mutation in genes involved in DNA mismatch repair (MMR): *MLH1, MSH2, MSH6, PMS2* and *EPCAM*. These mutations prevent the respective gene from providing the cell with the proper instructions to make the associated MMR protein. Consequently, the protein is absent from the cell and cannot repair mismatched base pairs (such as an adenine paired incorrectly with a cytosine). The risk for cancer in Lynch Syndrome patients varies depending on which of the mismatch repair genes has mutated. For example, a mutation in the *MLH1* gene is associated with the greatest lifetime risk for colon cancer at 52-82%, while *PMS2* poses the lowest risk at 15-20%.

In addition to genetic testing to identify mutations in the above genes, there are also tests available that can be performed on tumors to assess the likelihood that the tumor was caused by an MMR defect. MMR immunohistochemistry (IHC) is a test that detects the presence or absence of MMR proteins in a tumor. Absent MMR proteins can be suggestive of an MMR gene mutation, and may be useful in directing testing to a specific gene.

A second method of identifying tumors caused by MMR mutations is through microsatellite instability (MSI) testing. MSI testing looks at regions of repetitive DNA called microsatellites. DNA mismatches are common in microsatellites. If MMR function is impaired, microsatellites

Genetics Corner: continued

are especially susceptible to acquiring errors. This is known as microsatellite instability. Tumor testing can be performed to determine the degree of microsatellite instability. Tumors caused by Lynch syndrome are characterized by a high degree of microsatellite instability (MSI-high). Tests such as IHC and MSI are important not only as diagnostic tools, but in potentially guiding treatment as well.

Genetic counselors play a key role in identifying patients and families with hereditary cancer conditions such as Lynch syndrome. Genetic counselors are trained to look for specific patterns in family histories that may lead them to suspect a particular syndrome. Organizations such as the National Comprehensive Cancer Network (NCCN) have established guidelines and criteria to guide appropriate genetic testing based on a patient's personal and family history, or tumor testing results. Lynch Syndrome, for example, can be evaluated using the Amsterdam II Criteria. This criteria is nicknamed the "3-2-1 rule" because it corresponds to clinically diagnosing Lynch Syndrome in a patient who has a family history of cancer in at least 3 relatives, 2 successive generations, and one member under the age of 50.

When a genetic condition is identified, genetic counselors provide education to patients and their healthcare team regarding associated cancer risks; screening and management options; and implications for family members. For Lynch and other hereditary CRC syndromes, surveillance involves more frequent colonoscopy screening beginning at a younger age. Risk-reduction options such as surgery may also be available. Early detection and prevention is essential for patients with hereditary CRC.

Genetic counselors are available to help determine an individual's cancer risks and discuss genetic testing options. The Cancer Genetics program at UT Southwestern Medical Center is available for questions or referrals. The department may be contacted at 214-645-2563 or email

Contact Information:

Feel free to contact our UTSW Cancer Genetics Department with questions and referrals: 214-645-2563

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LIKE us on Facebook!!

FORT WORTH

https://www.facebook.com/groups/FWONS/
& visit our virtual community

The Oncology Nursing Society (ONS) is a professional association of more than 35,000 members committed to promoting excellence in oncology nursing and the transformation of cancer care. Since 1975, ONS has provided a professional community for oncology nurses, developed evidence-based education programs and treatment information, and advocated for patient care, all in an effort to improve quality of life and outcomes for patients with cancer and their families. Together, ONS and the cancer community seek to reduce the risks, incidence, and burden of cancer by encouraging healthy lifestyles, promoting early detection, and improving the management of cancer symptoms and side effects throughout the disease trajectory.

http://fortworth.vc.ons.org

Find us on: facebook®

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well hello, march

March is…

National Colorectal Cancer Awareness Month
National Noodle Month
National Brain Injury Awareness Month
National Professional Social Work Month
National Caffeine Awareness Month