Well, here it is Spring and we’re just “springing” forward with noteworthy news and events in the healthcare industry – from oncology care to palliative medicine and everything in between – there’s something going on that might interest YOU!

ONS 34th Annual Congress
Registration Now Open!!

Get ready to head to San Antonio, TX, April 30-May 3, to get the best oncology education around at the ONS 34th Annual Congress. Celebrate your profession and the difference you make in the lives of patients and their families. Make your plans now to connect to 5,000 of your colleagues, get the latest cancer-care information, and enhance your career. Visit www.ons.org for registration details!

Leadership Development Institute
Registration Now Open

Whether you have aspirations to be a leader or you’re already in a leadership role and want to hone your skills, the Leadership Development Institute is for you! As a participant, you will learn how to more effectively manage projects and take an active role as a leader, mentor, coach, and role model, both personally and professionally. Apply before the early bird deadline of May 8, 2009!

Awareness and Outreach Spotlight:

April is National Cancer Control Month
This is a great time to encourage everyone you know to take control of their health and get the necessary screenings for early detection based on current health recommendations. Visit www.cancer.org for more details, patient education information, etc

May is American Stroke Month!
Use this time to reach out to your community and provide education and resources to help them learn about the signs and symptoms of strokes, prevention guidelines and screening needs! Visit www.americanheart.org/presenter.jhtml?identifier=3026377 for additional information, tip sheets and more!

June 7th is National Cancer Survivors Day!
Get out there and celebrate survivorship – Relay for Life and other activities will be featured throughout the region!
Tell the ACS Story

Having cancer is hard. Finding help shouldn't be. For cancer survivors and their caregivers, the American Cancer Society has three (3) unique programs. The Cancer Survivors Network (CSN) was created by and for cancer survivors and their families. This online community is a welcoming, safe place for people to find hope and inspiration from others who have "been there". Services include discussion boards, chat rooms, private and secure CSN e-mail, personal web pages, an Expression Gallery and more. You can find the Cancer Survivor’s Network at www.cancer.org.

The "tlc" magazine is the American Cancer Society's catalog and magazine for women. It offers helpful articles and a line of products made for women fighting cancer. Products include wigs, hairpieces, breast forms, bras, hats, turbans, swimwear and accessories. You can order by phone at 1-800-850-9445 or online at www.tlccatalog.org. All proceeds from product sales go back into the American Cancer Society's programs and services for patients and survivors.

When your loved one or friend or co-worker has cancer, caring for that person has its challenges and many times there are questions, but few answers. The American Cancer Society conducts free telephone Workshops for Caregivers. These calls will usually last one hour. On March 31, 10:00 a.m. - 11:15 a.m. and on April 2, 7:00 p.m. - 8:15 p.m., the conversation will be "When Treatment Changes From Cure to Care". On May 12, 10:00 a.m. - 11:15 a.m. and May 14, 7:00 p.m.-8:15 p.m., the conversation will be "Coping with Caregiving and Pain Control". To register, call 1.800.966.3586 or go to www.tinyurl.com/acsregistration.

Do you enjoy reading this newsletter?
If so, then please take an active role in the Athens (GA) Chapter of the Oncology Nursing Society! It is only with your participation, support and continued interest that we can make this membership benefit available to you and your colleagues!

Not a member? Join today and start participating in your profession in a new way!

You can contact any member of the current Board of Directors for questions related to membership or visit our website at www.athensareaons.org for further details!

Special thanks to Susan Nemetz for submitting this!

Interesting Oncology or Hospice News?
Send an email to me at Jennifer_hale@comcast.net and I will publish your article, comments, tidbits or whatnot to share with your colleagues! – Thanks to Susan, Kris and others for submissions to this newsletter!
Discussions About End-of-Life Care Reduce Healthcare Costs in Last Week of Life

(Alexandria, Va) – Patients with advanced cancer who reported talking about their end-of-life wishes with their physicians had significantly lower healthcare costs in the last week of life. Researchers found that these conversations between patients and physicians led to fewer cases of aggressive care, which saved money and resulted in a far more peaceful death for patients.

The study in the March 9 issue of Archives of Internal Medicine suggests a tangible benefit to advance care planning discussions with physicians – lower costs and reduced utilization of aggressive care, including admission to the Intensive Care Unit.

Thirty percent of Medicare’s annual costs are spent on the five percent of beneficiaries who will die in a given year. Additionally, about one-third of those dollars spent in the last year of life are spent in the last month.

“Discussions about care at the end of life result in a higher quality of life for patients – and cost the healthcare system less money, that is something that hospice and palliative care providers have long known” said J. Donald Schumacher, president and CEO of National Hospice and Palliative Care Organization.

A 2007 study out of Duke University found hospice saves Medicare about $2,300 per beneficiary that receives hospice care.

Researchers in this recent survey looking at costs in the last week of life indicate that if 50 percent of people had a discussion with their physician about end-of-life care preferences, the cost difference in a year could be more than $76 million dollars.

Study participants who discussed end-of-life care preferences were more likely to be referred to hospice sooner than those who did not.

“In fact, patients who received less invasive or aggressive treatments lived as long as patients who did not, indicating that attempts to prolong life in end-stage cancer patients might be futile,” noted Schumacher.

Research published in the Journal of Pain and Symptom Management (March 2007) found that Medicare beneficiaries who opted for hospice care at the end of life lived on average 29 days longer than similar patients who did not take advantage of hospice.

NHPCO has been a longtime advocate for people having frank discussions about the care they would want – primarily to ensure that a person’s wishes are honored and that they experience the highest quality of life possible.

“An important time to talk to your doctor about the kind of care you would want at the end of your life is not when you’re days away from death but much earlier in the course of an illness,” said Schumacher.

“In fact, I cannot stress the importance of advance care planning for all people. Taking time, right now, to have these discussions with family and loved ones can be very important in making sure wishes are honored should a medical crisis come along,” added Schumacher.

Last year, more than 1.4 million Americans with life-limiting illness received the quality care from the nation’s 4,700 hospice care providers.

Information on care at the end of life, starting these important conversations with loved ones and care providers, and state specific advance directive forms, are all available free-of-charge on NHPCO’s Caring Connections Web site, caringinfo.org, or from the Helpline at 800-658-8898.

Meet your NEw 2009-2010 Board of Directors!

Kris Tanner – President          Susan Nemetz – President Elect          Amy Davis – Secretary
Kayo Tsuruta – Treasurer          Karen Joyce – Nominating          Lynn Chapman – Membership
Jennifer Hale – Programs/Newsletter

Congratulations and Thank You for Serving!!
Helping People Out


I recently taught a seminar at the Yale School of Nursing. A bumper sticker on another car in the lot always caught my eye. It read: “Midwives Help People Out.” This little slogan came to mind when I started to think about how writing ethics guidelines for professionals who provide end-of-life care involves grappling with “unguidelineable”—rule-resistant, consensus-challenged—topics such as physician-assisted suicide/physician-assisted death. When we launched our Guidelines project in 2006, only one state, Oregon, had legalized this controversial practice. Now Washington has joined it, via referendum, and Montana may be next, via case law.

The backlash in the term hints at one aspect of the debate: what to call it? Different commentators prefer different terms. The cumbersome acronym “PAS/PAD” represents both the practice and the differing opinions about its morality.

Lacking a crystal ball, I can’t yet be certain how our consensus working group will decide to address PAS/PAD, as practice and as debate, in the final version of our guidelines. I can, however, think of four possibilities.

...The fourth alternative is to be clear about what it means to "help people out" during this inevitable stage of life. A hospice physician once told me that the janitor might have more insight into a patient’s suffering than she had if the janitor was the one making time to sit down and talk. Guidelines for end-of-life care may not need to sort out the ethics of PAS/PAD, since the vast majority of deaths will not involve a request for it. However, caregivers should nonetheless confront their beliefs about the end of life, including beliefs about PAS/PAD and about the relief of pain and suffering, as these beliefs will affect how they respond to these morally messy situations. End-of-life care is intimate, tactile, professionally humbling. Our guidelines for it should keep the thoughtful janitor in mind.

Full article at:  http://www.medscape.com/viewarticle/587101_print

Study Suggests Need for Biopsy of Metastatic Breast Cancer

By Charles Bankhead, Staff Writer, MedPage Today  Published: March 18, 2009
Reviewed by Robert Jasmer, MD; Associate Clinical Professor of Medicine, University of California, San Francisco

TORONTO, March 18 -- Biopsies of suspected metastatic breast cancer revealed a different hormone receptor status from the primary tumor in 40% of patients and changed clinical management in 20%, according to data from a small clinical series.

Her2 status differed between primary and metastatic lesions in 8% of cases, and the disease proved to be benign in 10%, Mark J. Clemons, M.D., of Princess Margaret Hospital, and colleagues reported online in Annals of Oncology.

The findings are potentially practice changing, Dr. Clemons said in an interview, because biopsy is not standard practice for metastatic breast cancer.

"In order to allow this to become a standard of care for patients with breast cancer worldwide, we are going to need more studies, but we also need physicians to begin to think about the fact that tumors can indeed change with time," said Dr. Clemons.

Preliminary results from an ongoing confirmatory study have been virtually identical to those of the initial study, he added.

Several retrospective studies have demonstrated discordant hormone-receptor status between primary and metastatic tumors in 15% to 40% of breast cancer patients. Her2 discordance has been reported in 7% to 26% of patients.

The researchers acknowledged that their study was limited by its size, which would have made any subgroup analysis -- for type of adjuvant treatment, location of metastases, or disease-free interval -- unreliable.

However, they concluded, "tissue confirmation should be considered standard of care in patients with clinical and/or radiological suspicion of metastatic recurrence and lesions amenable to biopsy," they concluded.

Full article at:  http://www.medpagetoday.com/HematologyOncology/BreastCancer/13334

UPCOMING ATHENS ONS MEETINGS:

March 31st – General Meeting “Pain Management at the End of Life” – Harry Bissett’s Mitchell Bridge Rd – 5:30pm

May 26th – Topic to be announced, General Meeting, 5:30pm (this date may change based on topic)

September 29th – Topic to be announced, General Meeting, 5:30pm

December 8th – HOLIDAY PARTY and General Meeting, 5:30pm

STAY TUNED for additional meeting notifications including CE webinars and FUN activities for Nurse’s Week in May!
Twenty-three Patient/Family Teaching Sheets have been developed by the HPNA Education Committee and approved by the HPNA Board. Fifteen of these have been translated into Spanish. These free resources are available on topics such as Managing Depression and Managing Spiritual Distress. Located under the 'Education' tab on the HPNA website, this page is updated as new teaching sheets are developed. Link here (www.hpna.org) for the full listing. As with the HPNA Nursing Assistant TIPS Sheets, these sheets are copyrighted by HPNA. The HPNA logo must be retained; however Agency logos may be added to these Patient/Family teaching sheets with permission. For more information, contact the National Office at 412-787-9301 or email the HPNA Education Department at educationdept@hpna.org.

This prompt pay legislation, H.R. 1392, is only the tip of the iceberg in solving the problems facing community oncology.

Ask your Representatives to co-sponsor H.R. 1392.

Engage them in a new dialogue about what it takes to deliver modern-day cancer care because serious healthcare reform is here!

Last night [March 10th], legislation was introduced in the House of Representatives that would eliminate prompt pay discounts from the calculation of Average Sales Price (ASP). These manufacturer-to-distributor discounts artificially reduce both Medicare and private pay cancer drug reimbursement based on ASP. The bill introduced in the House (H.R. 1392) is sponsored by Representatives Gene Green (D-TX), Ed Whitfield (R-KY), Mike Ross (D-AR), Dianna DeGette (D-CO), Ed Towns (D-NY), Mike Rogers (R-MI), Betty Sutton (D-OH), Bart Gordon (D-TN), Lee Terry (R-NE), and Ralph Hall (R-TX). We thank these Members of Congress for their support of community cancer care!

As you know, the Community Oncology Alliance (COA) has aggressively lobbied for the prompt pay solution. Isolating it in a single-issue bill allows many diverse groups, including providers and distributors, to unite to support the legislation. However, for community oncology, this legislation is only the tip of the iceberg. Reimbursement cuts continue and essential cancer care services, such as treatment planning and pharmacy facilities, go unreimbursed. COA is working on several fronts to defend against further reimbursement cuts and to secure additional reimbursement via legislation.

This is a call to action to ask your Representatives to support community oncology by co-sponsoring H.R. 1392!

COA will be providing more information and resources to help you reach out to your Members of Congress. This is very important because we need to get every member of the House of Representatives to co-sponsor H.R. 1392. In addition to fixing the prompt pay solution, engaging your Members of Congress will help call attention to the shortfalls in Medicare reimbursement for essential cancer care services.

Healthcare reform has serious implications for the nation’s cancer care deliver system.