INTRODUCTION

Although massage therapy has been used for its therapeutic value for centuries (Greene, 2000), it is only recently that the modality has begun to be utilized commonly in Western allopathic medicine. As early as 1990, nursing journals began to explore the effect of massage to relieve cancer pain (Weinrich, 1990). The shift from being considered “alternative” in the 1990’s toward being “complimentary” in the early 2000’s was due in no small part to cancer research. The National Center for Complimentary and Alternative Medicine (NCCAM) was founded in 1991 (NCCAM, 2012). The founding was supported by growing interest in the evidence-based application of complimentary medicine. Research in the 1990’s began to address considerable deficits in cancer patient quality of life by exploring the value of more marginalized non-pharmaceutical therapies such as massage. The body of evidence started to build in support of massage therapy as an adjunct to traditional treatment, and many hospitals went on to establish Integrative Medicine departments to provide massage and other complimentary (CAM) therapies to their patients.

Nurses must be able to offer evidence-based practice to help patients navigate the use of massage therapy as supportive care. An increasing number of oncology nurses are working within institutions that promote or offer massage as a treatment modality to patients. Additionally, care providers may give patients a prescription/recommendation for massage without a full understanding of the risks involved. Nurses in the oncology field must fully understand the risks and benefits of therapies that patients may seek, with or without the recommendation of their care provider. The nurse can apply current evidence-based practice regarding massage in order to help patients safely and appropriately integrate massage into their existing care (Russell, et al., 2008).

(CONTINUED ON PAGE 2)
EVIDENCE-BASED PRACTICE FOR ONCOLOGY MASSAGE

Oncology massage is an effective modality that can be utilized for non-pharmacologic palliative treatment to enhance traditional methods of adjunct care. Recommendations by the NCCN support initiating palliative care in tandem with traditional treatment, rather than utilizing it at the end of life similar to hospice care (NCCN, 2012). Many claims have been made about the benefits of massage for cancer patients. These include immune system improvement, pain relief, anxiety relief, sleep improvement, decrease in nausea, increasing range of motion post procedure, improved self esteem, improved appetite, decreased fatigue, and improved quality of life (Jones, 2012).

While it is tempting to embrace these claims, it is important to assess the methodology of the studies used to support them. Many of these studies can be considered less credible due to a lack of description of methodology, type of methodology utilized, and lack of analysis of the shortcoming of methods used. Shortcomings that have been particularly challenging to overcome include the difficulty of performing a truly double-blinded study as well as finding a large enough population to participate over a longer period of time. Despite these issues, research supports the ability of massage to address several of the most pervasive effectors of patient quality of life during cancer treatment (Table 1).

Over a period of three years, Memorial Sloan Kettering Cancer Center conducted one of the largest studies of massage in the oncology population to date (n=1,290). Results of the study revealed that massage reduced symptom scores (see Table 1) by approximately 50% for the 48-hour period following treatment application (Casselith & Vickers, 2004).

Evidence-based benefits of massage for cancer patients include:
- Short term pain relief (Bardia, 2006)
- Decreased anxiety (Campeau et al, 2007; Imanishi, 2013)
- Increased sleep/relaxation (Bell, 2010)
- Increased quality of life (Toth, 2013)
- Decreased nausea (Bihault, Bergborn et al, 2007)

CONSIDERATIONS FOR PATIENT SAFETY

While it has not been proven that the mechanical force of massage will promote increased metastases of cancer cells, the modality is not without risks for the oncology patient. It should be noted that patients might seek massage therapy independently with or without knowledge or approval from their care provider. The greatest risks to the patient are posed by untrained and unqualified massage therapists providing therapy without being aware of the specific contraindications and accommodations that are crucial to patient safety (S4OM, 2011). Due to the side effects of cancer and its treatment, patients with thrombocytopenia are more likely to bruise if an inappropriate amount of pressure is used during massage. Further, massage performed on a patient at risk for bone metastases could also result in a fracture (Yale Medical Group, 2013). Also, a patient can experience parasthesia as a result of cancer treatment that may make it more difficult for them to accurately perceive tissue trauma during deep massage (Posadski & Ernst, 2013). As a logical extension, deep pressure should be strongly discouraged because of the likelihood that it could lead to tissue damage and injury.

It is possible that a vigorous massage shortly before or after chemotherapy may also increase the patient experience of fatigue post treatment (Washam, 2011). Massage therapists operating outside of their scope of practice could increase the

<table>
<thead>
<tr>
<th>SYMPTOM</th>
<th>N</th>
<th>BASELINE</th>
<th>POST-TREATMENT</th>
<th>CHANGE</th>
<th>IMPROVEMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRESENTING*</td>
<td>1131</td>
<td>7.3 (1.9)</td>
<td>3.5 (2.7)</td>
<td>3.7 (2.6)</td>
<td>52.0% (33.0)</td>
</tr>
<tr>
<td>PAIN</td>
<td>625</td>
<td>6.1 (1.8)</td>
<td>3.3 (2.3)</td>
<td>2.9 (2.2)</td>
<td>47.8% (32.2)</td>
</tr>
<tr>
<td>FATIGUE</td>
<td>819</td>
<td>6.6 (1.8)</td>
<td>3.8 (2.6)</td>
<td>2.8 (2.4)</td>
<td>42.9% (35.4)</td>
</tr>
<tr>
<td>ANXIETY</td>
<td>786</td>
<td>6.7 (1.9)</td>
<td>2.7 (2.3)</td>
<td>4.0 (2.4)</td>
<td>59.9% (30.2)</td>
</tr>
<tr>
<td>NAUSEA</td>
<td>222</td>
<td>6.0 (1.9)</td>
<td>3.0 (2.5)</td>
<td>3.1 (2.4)</td>
<td>51.4% (37.4)</td>
</tr>
<tr>
<td>DEPRESSION</td>
<td>378</td>
<td>6.2 (1.9)</td>
<td>3.2 (2.5)</td>
<td>3.0 (2.3)</td>
<td>48.9% (35.7)</td>
</tr>
<tr>
<td>OTHER</td>
<td>94</td>
<td>7.1 (2.0)</td>
<td>3.7 (2.8)</td>
<td>3.4 (2.8)</td>
<td>48.3% (35.5)</td>
</tr>
</tbody>
</table>

Figures are given as mean (standard deviation).

*Defined as the symptom with the highest score at baseline.

Note: Based on information from study conducted by Casselith and Vickers (2004)
risk of lymphedema in patients who are susceptible. In addition, unscrupulous massage practitioners could potentially expose immunocompromised patients to community-acquired infection if proper infection control methods (i.e. hand washing, sanitizing of equipment) are not strictly observed (Niremburg, 2009).

Currently there is no specific licensing examination for oncology massage therapists. Additionally, a massage therapist license from the State of Illinois does not guarantee licensees possess in depth knowledge about oncology, anatomy and physiology, pathology, and microbiology. The Society for Oncology Massage (Figure 1) is the only professional organization in the United States which evaluates its members based on a rigorous set of criteria to ensure patient safety (SAOM, 2011). The nurse must also be aware that oncology massage programs may teach various forms of “lymphatic drainage” and “breast tissue mobilization” which are unregulated by the Lymphology Association of North America and the American Physical Therapy Association.

**FIGURE 1. WEB-BASED PATIENT RESOURCES.**

<table>
<thead>
<tr>
<th>SOCIETY FOR ONCOLOGY MASSAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>LYMPHOLOGY ASSOCIATION OF NORTH AMERICA</td>
</tr>
<tr>
<td>MASSAGE THERAPY FOUNDATION</td>
</tr>
</tbody>
</table>

**NURSING PRACTICE IMPLICATIONS**

It is vital to consistently assess the efficacy of symptom management in order to determine whether patient needs are being met in a way that promotes optimal quality of life. Proper assessment of patient self-care practices and knowledge regarding massage are key components of the adjunct use of massage therapy. The nurse should be aware of whether the patient is receiving massage, details about therapy sessions (frequency, duration, method, response), as well as the qualifications of the practitioner. Patients should be made aware of the positive role massage may play in their oncology care and how to safely utilize it.

Patient education should be performed regarding the risks and benefits of massage as well as the importance of seeking a qualified practitioner (Figure 2). Methods of preventing lymphedema should also be revisited, with specific attention to risks posed by unskilled massage therapists and the need for lymphatic work to be performed by a licensed lymphedema specialist. Refer the patient interested in massage to the Society for Oncology Massage, a professional organization that credentials its members and serves as a resource to those seeking a qualified practitioner.

The nurse can assist the patient in navigating the costs of massage therapy. While there is little assistance offered to uninsured patients, those with private insurance may be covered for massage if their care provider writes a prescription. Patients should be instructed to contact their insurance provider to see if massage is covered by their plan. Private insurance such as Blue Cross and Blue Shield, health savings accounts and employee health plans offered by employers may also include massage as a service with a prescription (Patrick, 2013).

**COLLABORATIVE CARE**

The care of the cancer patient requires a team of health professionals to work together, including practitioners of CAM therapies. Nurses must be aware if massage is offered at their facility, or be cognizant of outside resources for credentialed therapists. If employed at a facility that offers massage to patients, the nurse should note the certifications and credentials of the staff massage therapists. Any massage therapist providing massage to cancer patients should meet the standards of practice approved by The Society for Oncology Massage. It should not be assumed that because a massage therapist has been hired by a health care facility that they are qualified to work with cancer patients. Regardless of location, if the patient is receiving massage, an open line of communication must be created between the therapist and the patient’s allopathic medical team. Well-qualified massage therapists may be aware of unique changes in patient health and can offer valuable insights as a result of hands on practice.

**NEW FRONTIERS**

While the concept of utilizing massage to treat symptoms of cancer treatment is not new, there have been new developments within the past ten years with regard to the use of a specified massage application to address chemotherapy induced peripheral neuropathy (CIPN). CIPN can be a dose limiting adverse effect of cancer treatment yet to be fully addressed by current interventions (stopping chemotherapy, gabapentin etc.). While studies continue to be done, researchers struggle to identify effective ways to prevent CIPN formation without modifying chemotherapy regimens, or how to address it effectively once it has formed.

In 2004, the School of Allied Health, Integrative Medicine at William Beaumont Hospital in Royal Oak, Michigan introduced a manual protocol for CIPN symptom treatment. The premise of the protocol is to use deep digital compression to the ventral surfaces of the hands and feet to stimulate capillary circulation, increasing nerve-ending regeneration to affected areas. While anecdotal evidence has been encouraging (See Figure 3), there has been no published research on the subject at the time of printing.

(CONTINUED ON PAGE 4)
Though still in its infancy, oncology massage displays great potential for improving overall patient quality of life during and after cancer treatment. Substantial research continues to be needed regarding oncology massage. While a large body of research exists on the subject, a vast majority of studies contain significantly limited methodology. It is important to be aware of the research proven benefits to oncology patients as well as the potential risks of receiving massage from a practitioner unqualified to work with the oncology patient population. Patients will receive the most benefit and the least harm from massage therapy if properly educated and guided by nurses in cooperation with a collaborative health care team.

ABOUT THE AUTHOR

Wendy Froman has been a licensed massage therapist for 12 years and is currently a full time nursing student at Chamberlain College of Nursing. Froman received certification in Clinical Oncology Massage from the William Beaumont School of Integrative Medicine. As a staff massage therapist at Central Michigan Community Hospital, she offered massage to outpatients in oncology. Upon completion of her BSN in 2014, Froman plans to be an oncology nurse and blend her knowledge of complimentary medicine with traditional care. She can be reached at WLFroman@gmail.com.

CONCLUSION

Though still in its infancy, oncology massage displays great potential for improving overall patient quality of life during and after cancer treatment. Substantial research continues to be needed regarding oncology massage. While a large body of research exists on the subject, a vast majority of studies contain significantly limited methodology. It is important to be aware of the research proven benefits to oncology patients as well as the potential risks of receiving massage from a practitioner unqualified to work with the oncology patient population. Patients will receive the most benefit and the least harm from massage therapy if properly educated and guided by nurses in cooperation with a collaborative health care team.

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REFERENCES


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REFERENCES CONTINUED


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NET NURSE

COMPLEMENTARY SUPPORTIVE THERAPIES IN CANCER CARE

JOSIE HOWARD-RUBEN, MS, APN-CNS, AOCN®, CHNP

INTRODUCTION

Simple human touch--whether a tension-relieving back rub for the recovering surgical patient, or a gentle hand massage for the person dying in hospice care--holds a place of great esteem in the care of the sick. In this high-tech era, however, the value of touch and other complementary therapies as therapeutic tools may be overlooked, and opportunities to use these soothing therapies may be missed. As complementary or integrative treatments become part of mainstream healthcare, a new avenue for embracing the role of these approaches in cancer care is emerging.

Faced with caring for patients experiencing a high level of anxiety, advanced practice nurse Jackie Murauski, APN, RN, ANP, CNS, CCRN, CPAN, Advocate Christ Medical Center, sought to create a more relaxing, calming environment in the pre-operative area, particularly for women undergoing a breast biopsy.

“Preoperative anxiety is a common finding in patients waiting to have surgery. It can lead to increased physical discomfort, delayed recovery time, the need for additional medications, and interference with healing,” Murauski says. “For patients undergoing breast cancer surgery, anxiety during the preoperative phase has been identified as the most frightening and difficult time they may experience. Nurses are in the unique position to be able to manipulate the preoperative environment to decrease some of this anxiety.”

Complementary therapies, such as aromatherapy or touch, have long been used to ease patient’s symptoms, Murauski explains, noting that Florence Nightingale would use lavender for its relaxing effects by applying it to the foreheads of soldiers. “Now many hospitals are creating more comfortable environments using all the senses to promote healing.”

Toward this end, Murauski has designed a feasibility study using aromatherapy as an intervention to reduce anxiety in this patient population. This study was awarded one of the inaugural Laurel A. Barbour Nursing Research Scholarships, so Murauski and her mentor, Patrice A. Stephens, MSN, APN, AOCN®-BC, will receive funding to support this complementary intervention.

“We are using aromatherapy with the essential oil lavender, which is known for its calming effect, to influence the environment, and to decrease anxiety,” Murauski states. “Patients have responded favorably to use of the lavender inhaler, and have asked to continue to use it after discharge. This is just the first step of many to help put patients at ease. I would like to pipe in relaxing music and possibly provide shoulder and hand
massages.”

TOUCH-BASED THERAPIES

Shoulder and hand massages are an example of touch-based therapies. Touched-based therapies, or those interventions, embracing the use of human touch for therapeutic benefit, have been described as falling into two major categories: those that employ “subtle energy or very light touch” and those that use “direct manipulation of soft tissue” that may need adaptation in technique (Collinge, MacDonald, & Walton, 2012).

Among the methods described as “subtle energy or light touch” are the Bowen Technique, compassionate touch, craniosacral therapy, healing touch, Jin Shin Jyutsu, polarity therapy, reflexology, Reiki, and therapeutic touch. Acupressure, Ayurvedic massage, fascial release techniques, Lomilomi (Hawaiian massage), lymph drainage therapies, neuromuscular therapy, seated chair massage, Shiatsu, Swedish massage, trigger point therapy, and zero balancing comprise the techniques included in the “direct manipulation of soft tissue” category (Collinge, et al., p. 47).

Swedish massage is likely the touch-based therapy most familiar to nurses. The key techniques in Swedish massage are long gliding strokes on the surface of the skin, kneading tissues, circular movements, and cupping, known as effleurage, petrissage, friction, vibration, and percussion. Some nurses have received instruction on basic massage techniques, but most of the other touch-based therapies are not widely known to nurses, although a few are embedded in whole medical systems, such as Ayurveda. As Wendy points out in the lead article, referral to massage therapists identified by the Society for Oncology Massage is recommended to ensure that a qualified practitioner is delivering care (see resources on page 8.)

While there is some evidence to support the use of massage in oncology, studies have yielded inconsistent results, often due to weak research methodologies. For example, a single group design measured the impact of massage on pain, physical discomfort, motional discomfort and fatigue in oncology patients, noting statistically significant improvements on all measures, but there is no comparison or control group, so the impact of the treatment cannot be evaluated (Curtin & Meister, 2008).

A large multi-site trial also could not make strong conclusions. The Reducing End-of-Life Symptoms with Touch (REST) study randomized patients to receive either Swedish massage, consisting of effleurage and petrissage, with trigger point therapy, or a control treatment of simple touch, consisting of light touch for a prescribed time period to prescribed body locations, including the base of the neck, shoulder blades, lower back, calves, heels, clavicles, lower arms, hands, patellae and feet. While both groups experienced statistically, but not clinically, significant changes in pain, quality of life, and physical and emotional symptom distress over time, massage also improved pain and mood immediately after the procedure (Kutner, Smith, Corbin, et al., 2008).

The authors pointed out that massage therapists obtained the immediate post-treatment measures, and this may have biased the results (Kutner, et al., 2008). Nevertheless, the immediate improvements in pain and mood, as well as a lack of any adverse outcome, following massage may warrant further study, with the authors noting that patients with advanced cancer may be touch-deprived and could feel isolated, so massage could be taught to family members or hospice volunteers, they suggest, as a comfort intervention.

A meta-analysis of fourteen studies on massage offered the suggestion that pain, nausea, anxiety, depression, anger, stress and fatigue may be lessened by massage, but the author could not make a compelling case due to the inferior quality of the studies available for analysis (Ernst, 2009). Well-designed studies exploring the benefits of massage as a palliative intervention would be a welcome contribution to oncology nursing science.

Some recent studies have highlighted opportunities to use massage as a strategy to provide symptomatic relief in specific scenarios. One unexpected use entailed massage therapy for anxiety associated with venous access device placement (Rosen, Lawrence, Bouchard, Doros, Gardner & Saper, 2013), while another evaluated the effect of massage on home care patients with metastatic cancer (Toth, Marcantonio, Davis, Walton, Kahn, & Phillips, 2013).

Touch-based therapy is not only the purview of professionals. The loving touch of a caregiver has immense value for patients, so coaching caregivers to use appropriate touch-based techniques therapeutically can have a significant impact on quality of life. Touch, Caring and Cancer is a program that has been developed to educate caregivers about simple techniques for comfort and relaxation, and Collinge, et al. (2013) report on the results of research evaluating this program, citing its value as a strategy to help families feel more competent in helping patients to be more comfortable while reducing their stress.

REFERENCES


(Continued on Page 8)
REFERENCES CONTINUED


BOOKS ON MASSAGE


MASSAGE RESOURCES

**Touch, Caring and Cancer DVD**
Developed with the support of the National Cancer Institute, this instructional video and 66-page manual helps caregivers of patients with cancer learn how to use touch as a form of comforting support. With an emphasis on safety, the manual contains a precautions checklist that should be addressed with health care providers, recommendation for creating a comfortable setting, and specific instructions on how to deliver caring touch to the various areas, such as the head, face, shoulders, back, hands, and feet. [http://partnersinhealing.net/dvd.htm](http://partnersinhealing.net/dvd.htm)

**BOOKS ON MASSAGE**


**YOUTUBE VIDEOS**

*Basic Swedish Massage*
Short video that covers effleurage, petrissage, friction, vibration, and percussion techniques. [http://www.youtube.com/watch?v=DMSXLleEf_0](http://www.youtube.com/watch?v=DMSXLleEf_0)

*Hand Massage in Hospice*
Learn a simple technique for hand massage. [http://www.youtube.com/watch?v=TKZJG135e8Q](http://www.youtube.com/watch?v=TKZJG135e8Q)
FOCUS ON MEMBERS

- MARY ELLYN WITT
- DIANE MCDONNELL
- MARNIE MCHALE
- CAROL KNOP

SPRING—2013

Clinical Research Nurse Mary Ellyn Witt, RN, MS, AOCN®, has been named the winner of the 2013 Oncology Nursing Society’s Excellence in Radiation Therapy Nursing Award, and smiles are in order. Specializing in caring for head and neck cancer patients, Witt has focused on dental preservation for patients and survivors who have undergone radiation, which can cause rampant tooth decay. “I have always felt my strongest asset was being a patient advocate,” said Witt, who first worked at the University of Chicago Medicine from 1976 to 1981, then came back to stay in 1994. “I haven’t done it at the bedside for many years, but it is amazing what you can do by just asking questions and making positive changes with your nursing practice.”

In the last decade, Witt has noted, the increase in the number of head and neck cancer survivors has presented new challenges. Among them: ensuring that patients who have undergone successful radiation therapy maintain a healthy mouth. “Our number of survivors has grown and so have their survivorship needs,” Witt said.

A survey Witt conducted in 2008 revealed that only about one in 10 patients is a regular user of a nighttime fluoride tray — a mouthpiece that helps deliver extra doses of fluoride to preserve teeth. The research led her to conclude that merely providing patients with the written steps necessary to maintain oral health did not guarantee their compliance. Instead, “the relationship between the patient, oncology team, and the dental hygienist should begin immediately following a cancer diagnosis.”

Her findings were published last October in a continuing education article in Registered Dental Hygienist magazine, garnering praise from dentists, as well as hygienists.

Anil Lal, executive administrator of University of Chicago Medicine’s Department of Radiation and Cellular Oncology, lauded Witt’s accomplishments. “Mary Ellyn’s work speaks for the quality and uniqueness of our head and neck program,” Lal said. “The department is honored to have nursing that not only provides good quality care but also develop innovative practices and contributes to research.”

Her work has also gained international recognition, leading her to present last year at the European Oncology Nursing Conference in Geneva, Switzerland. Despite all of the attention, Witt remains humbled. “I never thought this little survey back in 2008 would send me to Switzerland or lead to a publication in a dental hygienist journal,” she said.

Witt received the Excellence in Radiation Therapy Nursing Award on April 25 at the 38th annual ONS Congress conference in Washington, D.C. [WRITTEN BY JEFFREY BISHKU-AJKUL AND MARY STROKA ORIGINALLY FOR THE FOREFRONT NURSING EDITION—WINTER/SPRING 2013, THE UNIVERSITY OF CHICAGO MEDICINE. REPRINTED WITH PERMISSION.]

Congratulations also go out to Diane McDonnell, BSN, RN, OCN®, our CCONS Social Media Co-Chair, and who is a candidate for the Leukemia & Lymphoma Society's Woman of the Year Award. The Leukemia & Lymphoma Society's Man & Woman of the Year (MWOY) campaign is a fundraising competition in communities across the U.S. in which participants vie for the title of Man or Woman of the Year. They raise funds for blood cancer research in honor of local children who are blood cancer survivors. The titles are awarded to the men and women in each community who raise the most funds during the ten week campaign. The top local fundraisers in the country also win the national titles.

Also, Congrats to Marnie McHale, MSN, APN, PMHNP-BC, AOCN®!! She has taken a position as a Nurse Practitioner on the Consultation Liaison Psychiatry Team at Evanston Hospital. She recently completed a post master's NP program in Psychiatric Mental Health Nursing at Rush. Her team responds to patients on med surg units and the women's health hospital who present or develop mental health issues during their hospitalization. She wanted to combine her interest in mental health with people dealing with medical illness. This role is a great fit for Marnie!!

Carol Knop, APN, MS, AOCN®, has recently left Northwestern Medical Faculty Foundation and has joined Boehringer Ingelheim Oncology (BIO). She is the Oncology Nurse Educator for the mid-central region of the United States. This is a great opportunity for her to be on the ground floor as BIO builds it oncology business unit. However, she’ll continue to be actively involve in CCONS.

(CONTINUED ON PAGE 10)
FOCUS ON MEMBERS
THE MULTI-FACETED ONCOLOGY NURSE
ANN CUVALA, RN, MS, OCN®

SPRING 2013 MULTI-FACETED ONCOLOGY NURSE...
Kurt D. Kausch, MS, PhD, APN, AOCNS®, ACRN

TALK ABOUT SOMEONE WHO HAS TOUCHED YOUR HEART AND WHY.

At a Macy's holiday tree lighting last year an elderly woman named Katherine who used a cane stood next to me by a railing above the tree. We struck up a conversation and she shared with me that she had come to Marshall Fields/Macy's every year for the holiday tree lighting since she was a child. I was able to convince management to get her a chair and we watched the tree lighting together above the Walnut Room. Not only did Katherine remind me of my mom, but her sense of tradition and joy with the holiday season profoundly touched me. We made a deal to meet each other at Macy's next holiday tree lighting.

WHO IN THE WORLD IS MOST PROUD OF YOU?

Although she is not currently in "this world," my mother was the person who was most proud of me. Although she was always my most fervent cheerleader in the careers I had before nursing, she really held her head high when I told her I was becoming a registered professional nurse. Moms just know when things "click" for their kids.

WHAT WOULD YOU LIKE TO TELL NURSES WHO ARE INTERESTED IN WORKING IN ONCOLOGY?

If you're looking for an opportunity to make a positive, lasting impact in the lives of people when they are most vulnerable, then oncology nursing could be for you. However, be forewarned, with every human connection you make you too are changed as you gain a deeper perspective of how easily life plans can be derailed in a blink of an eye. Oncology nursing is a way to experience how the human spirit perseveres in the face of extreme adversity.

WHAT IS SOMETHING THAT HELPS YOU RELAX AND UNWIND?

Ok, I'm dating myself here but...Step Aerobics is my key to mental serenity. Ever since Jane Fonda released her first step video in the early '80s, this is the closest thing to dancing that I can do well. Step is still alive Chicago, you just have to seek it out! Hanging out at home with my two Lhasa apsos is another way I unwind each night.

WHAT IS YOUR IDEA OF A PERFECT VACATION?

A spur of the moment getaway destination where one needs a passport, and of course, a first class plane ticket.

IF YOU COULD PICK ANYONE IN THE WORLD TO HAVE DINNER WITH, WHO WOULD YOU SELECT, WHY, AND WHERE WOULD YOU GO?

Hillary Clinton would be my dinner date extraordinaire. To me, Mrs. Clinton is a true pioneer in advancing the role of women in politics as well as being an example of what a true survivor is all about. Although she is a lightning rod for controversy, in her roles as a lawyer, First Lady, Senator, Presidential candidate and Secretary of State she has demonstrated that she isn't afraid to face challenges and relentlessly fight for what she believes in. Actually, I would like to go to my favorite restaurant in my hometown of Buffalo, NY, The Anchor Bar - home of the original Buffalo chicken wing. It's a great place to have great food, experience real people and discuss timely socioeconomic issues.

WHAT IS THE LASTING IMPRESSION YOU HOPE TO MAKE ON OTHERS?

That I care and always try to put my best foot forward.
Happy Spring! Or is it summer? Either way I’m happy for the sun! The first half of 2013 for me was topped off with an April trip to Washington D.C. to attend the Oncology Nursing Society 38th Annual Congress. This year there was a renewed focus on the Four Pillars that make up the strategic plan for the 2012-2016 ONS National Board. They include: Leadership, Knowledge, Quality and Technology. I am proud to say that our CCONS Chapter aligns with their plan in many ways.

LEADERSHIP
Support members to become leaders and effective cancer care advocates in their workplace, community, and the Society. Our Chicago Chapter members have been out walking the walk on this one! For example, Diane McDonnell raised thousands of dollars while participating in the 10 week Man/Woman of the Year event for the Leukemia Lymphoma Society. She has dedicated countless hours raising money for patients with blood cancers and to increase the visibility of this cause. In addition, Maggie Smith and her many volunteers staffed the Lymphoma Research Foundation’s 2nd Annual Kentucky Derby Celebration which raised $37,000.00 toward this foundation locally.

KNOWLEDGE
Be seen as the primary source for education for all nurses providing care to people with cancer, regardless of setting. Mary Ellyn Witt, Clinical Research Nurse in Radiation Oncology at the University of Chicago Medicine, has been awarded the 2013 ONS Excellence in Radiation Therapy Nursing Award! Through this process I learned Mary Ellyn not only holds a leadership role within our chapter but also has co-authored 37 articles in peer reviewed medical journals. Her dental adherence research was a poster presentation at the European Oncology Nursing Society Eighth Spring Convention in Geneva Switzerland, and an e-poster at the 2012 Radiation e-conference sponsored by ONS. In addition, our Programming Committee led by Noreen O’Connor and Josie Howard-Rubén has provided consistently high quality education events for our members. Can’t wait to see what the rest of 2013 brings us!

QUALITY
Develop, disseminate, and evaluate patient-centered interventions and their contribution to high-quality cancer care. Congress this year was filled with high quality patient centered posters. I was very impressed with all of the nursing research being done including a project presented by Rush nurse Carrie Daly titled “Outsmarting Oral Mucositis” Great job Carrie!

TECHNOLOGY
Be recognized as a leader in leveraging technology and help nurses to use it to collaborate and learn. I couldn’t be more proud of the social networking committee led by Tara Gehring and Diane McDonnell. In a short time they have developed the Twitter CCONS site and enhanced the Facebook CCONS site to make them a resource to our nurses for up to the minute Oncology information. If you were at Congress, you saw Tara, phone in hand, live tweeting her way through the sessions allowing our members who couldn’t make it to participate in the moment. Thanks Tara! You’re an emerging leader and we are thankful!

With the first half of 2013 coming to a close, I’m proud of all of our members and their alignment with the ONS national goals. I thank you for all of your efforts toward the oncology patient and community and can’t wait to see what the rest of the year will bring for our chapter!
PODIUM PRESENTATIONS

Joseph D. Tariman
Northwestern University
“New Paradigms in Multiple Myeloma Management: Nurse-Centric Case Studies in Patient Survivorship”
Podium Presentation: Joseph Tariman

Abby Viall, Kristopher Goetz, Barbara Holmes-Gobel, and Yvonne Rucker
Northwestern Memorial Hospital
“Implementing an Innovative Leadership Model to Achieve Strategic Outcomes Related to Performance, Clinical Practice, and Operations in Oncology Services.”
Podium Presentation: Barbara Holmes-Gobel

Abby Viall, Jill Rogers, Barbara Holmes Gobel and Yvonne Rucker
Northwestern Memorial Hospital
“Innovative Transition into Practice Model for New Hires in Oncology Services.”
Podium Presentation: Abby Viall

Vida Vizgirda, Diane Muench, Linda Green, Pam Aitchison, Anna Oalafox, and Peggy Ochoa
NorthShore University HealthSystem, Kellogg Cancer Care Center.
“Simulation Education for Managing Infusion Reactions.”
Podium Presentation: Diane Muench.

Carol White
University of Chicago Medicine
“From Podium to Patient: Translating New Research into Practice.”
Carol presented this topic in collaboration with the ONS CNS SIG.

Mary Ellyn Witt
University of Chicago Medicine
“Keeping Pace with Patient Safety: When A Patient in Radiation Oncology Had a Cardiac Device.”
Instructional Session- Witt presented with Deana Dell from Fox Chase

POSTER PRESENTATIONS

Kendra Calawerts, Stevie Hatakeyama, and Barbara Holmes Gobel
Northwestern Memorial Hospital
‘Make the Cut’: A Hair Cutting Event to Support Women Facing Hair Loss.”

Mary Callaghan, Kathy Neely, and Jeanne Wirpsa
Northwestern Memorial Hospital
“Oncology Unit-Based Conversations in Ethics: A Collaborative Approach.”

Mary Callaghan, Barbara Holmes-Gobel, and Terri Halvorsen
Northwestern Memorial Hospital
“The Critically Ill Oncology Patient: Promoting Timely Transfer to Intensive Care.”

Carrie Daly
Rush University Medical Center.
“Outsmarting Oral Mucositis.”

Socorro (Cory) Gustafson
NorthShore University HealthSystem, Kellogg Cancer Care Centers.
“Identifying Workload in an Ambulatory Oncology Clinic.”

Jill Benedeck- Fox Valley Chapter
Cenegra Health System, McHenry, IL.
“Chemotherapy Competency – More than Just a Card.”

Kathryn Opfer, Caroline Mangan, and Barbara Barhamand-Chicago Western Suburbs Chapter
Hematology Oncology Consultants, Ltd., Naperville, Illinois.
COMMUNITY OUTREACH
MAGGIE A. SMITH, DIRECTOR AT LARGE

It is so hard to believe that the first quarter of this year is already behind us. We are still continuing with our ongoing community outreach activities such as the Beat Breast Cancer Program and have currently kicked-off planning for this year’s, Make the Cut with Northwestern Memorial Hospital. This program will be held on August 11, 2013 (see page 17 for more details). We would love to have new volunteers as well as repeat ones to help make this program another successful one. Hair donors, beauticians and others are needed to help organize the registrants, pass out literature and to direct attendees on where to go, are just a few of the volunteer opportunities for this event. Stay tuned and check your e-mail often, as blasts will be forthcoming with the details surrounding this upcoming event. If you have any ideas related to new community outreach activities, I welcome them, so please feel free to share them with me via e-mail at, smith.maggie@comcast.net.

CCONS MEMBERSHIP AWARDS
PATRICIA FRIEND, DIRECTOR AT LARGE

No new update to report at this time.

2014 CCONS Board of Elections. Have you ever thought it might be fun to be on the CCONS Board as the President, Secretary, Treasurer-Elect, or Director at Large? All of these positions will be open and needed in 2014. It’s never too early to think about running for a position on the CCONS Board of Directors! If you are interested in nominating yourself, contact Dani Gale for more information by calling 630-248-5546 or emailing to dani.gale74@yahoo.com.

VIRTUAL COMMUNITY
BEV CARAHER & JAN GOLICK, CO-CHAIRS

Our Virtual Community has a more streamlined look! Check it out at http://ccons.vc.ons.org. We have recently added a Student Nurse section, and welcome any news/relevant information for our Student Nurse members. We have links to Facebook® and Twitter® at the top of the homepage. Please click on the links, “like” us on Facebook® and/or follow our Twitter®. The Social Media Committee will be posting messages on Twitter® and Facebook® frequently, so be sure to follow CCONS in these formats.

Continue to send us announcements, job postings, etc. If your organization offers ONS Chemotherapy and Biotherapy Courses or Certification Review Courses that are open to attendees from outside your institution, please be sure to send us the details so that we can share with those interested in attending.

THE ARCHIVES COMMITTEE
MARYJO OSOWSKI

No new update to report at this time.

RESEARCH & EVIDENCE-BASED PRACTICE COMMITTEE
BARBARA HOLMES-GOBEL

The committee met in May at Prentice Woman’s Hospital. We are working to complete the project on the management of hot flashes related to cancer treatment. The committee has started to discuss new ideas for the next project. If you have any ideas that you would like CCONS to explore, contact Barb Gobel at bgobel@nhm.org.
MEMBERSHIP COMMITTEE
MARY LAPPE, CHAIR

Membership Committee has been able to sit back and enjoy the fruits of their labor that occurred late last fall. An aggressive campaign by the membership committee to renew and recruit members by January 1, 2013, was extremely successful. The goal of the campaign was to have as many members as possible take full advantage of all that CCONS has to offer starting the very first day of the year. We are proud to say that our current registration is up to 157 members!

All CCONS sponsored meetings in 2013 have been very well attended. The enthusiasm and networking in the crowd has been palpable and each meeting has brought in new members. If you know someone you think may be interested in becoming a member, offer them an invitation to one of our several upcoming meetings, or provide them with the website of our virtual community. Reading any one of our informative newsletters would be reason enough to join!

Should you or someone you know have any questions about becoming a member, please feel free to give them my name or phone number. As always, a sincere thank you to the membership committee: Wendy Froman, Jo Lisowski, Catherine Moran and Jody Palonis.

Have a wonderful spring; it is a yearly reminder of the potential that lies within.

PROGRAM COMMITTEE
NOREEN O’CONNOR, CHAIR
JOSIE HOWARD-RUBEN, DIRECTOR AT LARGE

What You Missed…

March 14, 2013-Dinner Discussion on Prevention of Skeletal Related Events (SREs). Cynthia Campbell-Baird, RN shared her knowledge and expertise on caring for patients with SREs and the superior benefit of XGEVA preventing SREs in patients with solid tumors. It was another packed program, this time held at McCormick & Schmick’s on Wacker, and we gratefully acknowledge ONS Edge and Amgen, Inc. for their sponsorship for this non-CE educational opportunity.

On Thursday, May 16, 2013, CCONS held a meeting at Evanston Hospital titled “Living in the Future: Cancer Survivorship” which was jointly supported by the Leukemia & Lymphoma Society and NorthShore University HealthSystem. Approximately 45 participants learned about cancer survivorship and the nurse’s role in this phase of the cancer journey. Carol A. Rosenberg, MD, FACP, Director, and Carol Flanagan, RN, MSN, OCN®, Clinical Coordinator of the Living in the Future Cancer Survivorship Program of NorthShore University HealthSystem provided information and case studies on the needs of post treatment cancer survivors, the problems that face cancer survivors, establishing a dynamic partnership with these patients and their families to address these needs and problems, and finally designing a wellness plan for cancer survivors. A comprehensive binder was presented to each participant as a resource for developing knowledge and skills related to cancer survivorship in their own practices. In addition, the Leukemia & Lymphoma Society provided a wonderful meal and the setting allowed for networking with old and new professional friends and colleagues.

Coming Up Next…

Thursday, July 18, 2013
5:00 pm*
Rosemont, IL

‘A Journey from Practice to Health Care Policy’
Presented by Janice Philips, PhD, RN, FAAN.
Annual Exhibitor’s Fair and Dinner Program (CE Program). Please sign up early as this program was closed to registration last year as we had over 100 RSVPs.

Tuesday, September 17, 2013
6:30 pm*
Loyola University Campus, Maywood, IL

‘Chemotherapy and Biotherapy Administration for Autoimmune Diseases’ (CE program)
Presented by Erik Zach, DNP, RN

Tuesday, October 15, 2013
6:00 pm
Northwestern University Campus, Chicago, IL

‘Taking Things Personally: A New Age of Medicine’
Molecular Diagnostic Testing (CE Program)
Presenter to be announced

*Please note different start time for program

Please sign up for these programs and others on our website: www.ccons.vc.ons.org

Volunteers…
If you are interested in joining this committee, please email Noreen at nocomo@gmail.com

Program Committee Members: Carol Blendowski, Kathy Bonnefoi, Carol Flanagan, Barb Kinst, Lynn MacMillan, Pam Nosse, Noreen O’Connor, Marge Pierce, Katharine Szubski, Josie Howard Ruben, and Teresa Yang.
Danielle O’Toole
Rush University College of Nursing
Anticipated Graduation: 08/2013

Danielle is the newest student member of CCONS and brings with her inquisitiveness, energy, and passion for advancing the field of oncology nursing. Originally from St. Louis, Missouri, Danielle had a lifelong affinity for science. She graduated from Benedictine University with a Bachelor’s of Science in Nutrition and a Minor in Biology. Danielle realized she wanted more opportunity for hands on patient care and was accepted to the Master’s Entry Nursing Program at Rush University. She summarized her pursuit of nursing by stating, “I genuinely care about every patient and their family and what they are going through. I am determined and always wanting to know more, which is important in a field that is constantly changing and evolving.”

Danielle’s interest in oncology was inspired from the recent loss of her grandmother from a brain tumor. The experience of losing a loved one further motivated her to treat all her patients with sensitivity and give them the best care possible. “I always envisioned myself working with complex patients,” she adds, “but more than that I like the idea that as an oncology nurse you get to know the family and friends that support the patient. Building a professional relationship can make a difference in many lives, no matter the eventual outcome. “

Danielle was also inspired by an experience she had during her medical-surgical clinical rotation: “My patient was a 30 year old vibrant male with cancer. His health started to deteriorate quickly. My instructor and I recognized this and advocated for him during rounds to increase his care. Even though he died shortly after that, it was the first time that I felt I made an impact as a nurse. As a person, he inspired me and left a lasting impression.”

Danielle’s vision post-graduation includes working with cancer patients in an inpatient setting with eventually specializing and becoming an advanced practice nurse. She is also interested in pursuing research in the oncology field as well.

When asked how she felt new grads could benefit their more experienced counterparts, Danielle replied, “I think as a new grad, you bring with you the latest practices and knowledge related to nursing. This can add to current nursing experience, to provide the best patient experience possible. Also, new treatments are leading to patients living longer lives and with that comes optimism and hope.”

“I see my generation of nurses as a generation of professional, determined, knowledgeable, and passionate leaders. We are joining the healthcare field at a time of reform. New nurses will be required to have more education of health care reform and the role of the nurse is changing. We will be leaders in improving care at all levels. I think oncology nursing will be in demand and even more specialized 5 years from now. With an aging population, there will be an increase in chronic conditions that need to be addressed. I see APNs playing a major role in care for this population as well.”

Like many members, Danielle was drawn toward ONS membership by a current member- a fellow student at Rush. Despite being new, she is interested in becoming active in the chapter as well as looking for oncology specific volunteer opportunities. In addition to meeting individuals interested in oncology nursing, Danielle sees the chapter as an excellent source of real world advice from experienced oncology nurses.

When asked what particular advice she would seek from veteran oncology nurses, she had a plethora of questions: “Advice I would look for includes steps they found helpful in finding a job and getting to where they wanted to be, and anything they did during school that they felt was really helpful or things they found that were not. I would ask them how they knew oncology was their place to be, how they got there, what they wish someone told them when they were starting off, and how they deal with the emotional stress.”

If you are interested in answering any of Danielle’s questions, please email her at: Danielle_OToole@rush.edu.
SPRING 2013 CCONS GENERATIONS FEATURE Focuses on...

Christa Lappin, RN, BSN, OCN®

Generations serves to encourage dialogue between experienced and novice nurses. Christa Lappin, current CCONS President, is the first nurse interviewed for this feature.

Christa Lappin has spent 22 years providing patient care in the oncology community and continues to look forward to many more. Growing up in Chicago, she dreamed of becoming a nurse. Her dream came true in 1997 when she graduated from Saint Xavier University with a Bachelor Degree in Nursing.

As a full time student, she worked at Hinsdale Hospital as a nursing assistant on a unit that cared for hematology/oncology and bone marrow transplant patients. At Hinsdale she learned the value of careful assessment, compassion, and above all, the importance of dignified, individualized patient care. Although working with cancer patients was not something that she directly sought, it ultimately became her specialty. “I felt like I made a difference and was consistently challenged with the multi organ involvement of the patient.”

Christa credits the mentorship of both nurses and doctors for shaping her as a nurse, and teaching her valuable lessons about patient care. “The core group on 5N taught me so much! Joan Engel, Sue Baetzel, Sunny Briney-Minx, Janet Leadley, Pat Quast, Nina Kozma, and Thelma Hulka. These ladies tirelessly and proficiently cared for their patients every day and always found the time to teach me, without exception. They cared for the whole patient and showed me what it meant. I have no doubt I would not be the oncology nurse I am today without their lessons-both taught and by example.”

“Another influential person to me as a nurse was the late Sandy Purl. She picked me out at CCONS and brought me in. She not only supported my involvement but also encouraged me and challenged me to give more. She was tough as nails when she needed to be but a heart of gold at all times. At a particularly stressful time in my life she called me out of the blue to check in. She had a way of knowing when you needed her and the call was exactly what I needed. Her ‘Hey kiddo, you always do your best, that’s all anyone can do’. I remind myself of that and remember that in leading our organization. You have to believe people are doing the best they can and work with that. Thinking of her reminds what a difference we can make when we support each other.”

When asked about her most memorable oncology patient, Christa recalled her experience with R.A. “This spunky 24 year old came storming into our Hem BMT unit at Rush angry as can be that she was diagnosed with AML. She was a south side gal that came to us for the expertise. With her long blonde hair and sassy mouth I knew we were in for it with this one! The great part is that it was those very qualities that got her through. She taught me so much about the strength of will and how important it is to not always make patients comply with our terms. She fought her way and is alive today, the mother of three beautiful girls because she did. I am proud to call her friend and grateful for the fate that brought us together.”

To student nurses interested in specializing in oncology, Christa recommends finding a job at a hospital or treatment center while still in school. Although she worked full time during school, Christa advises considering a part time position to find a better school/work balance. Additionally, she emphasized that three years of bedside nursing care are needed before the basics of oncology care are understood.
“If oncology nursing is their passion I would encourage them to go for it but remember, it’s in the trenches on the floor where you will absolutely see the most. That experience will prepare you for an environment with less time with the patient. You may only see them 2 hours in a 2-week period; your assessment skills must be spot on to anticipate what is happening with your patients. There are incredible opportunities for nurses today,” she continues, “reach for each and every one that interests you. Just do your time first! Two years does not make an expert. Learn your patient population then grow into new roles.”

Christa offers new nurses an insight into how they might be viewed by those with more experience. “I get frustrated when I see or hear of a focus on tasks. Most nurses can go through a checklist and get the work done. What differentiates you is your ability to interpret findings and anticipate what may happen with your patient. It also means having the easy talks with them as well as the hard ones. Never avoid talking about their disease and the sequelae of it. Allow yourself to be a forum where they can say anything without worrying how it will be interpreted. New nurses that are old school impress me! They go to work everyday and make a difference in the lives of patients.”

Christa feels that achieving a bachelor’s was an important component of initiating a career in nursing without limitations. She made the decision to achieve her OCN® certification five years ago as a symbol of commitment, respect, and the value she places on being certified. In terms of finding a job in oncology after nursing school, she felt her work experience as a nurses’ assistant gave her an edge. “Having experience as an aid in oncology brought me to the top of the list of new grads. I knew the patients and that is something you learn over time, not in school.”

Christa offers advice for nurses dealing with the emotional stress of working with the oncology population. “I feel you cannot let everyone in on a personal level. Invariably, once or twice a year, a death will hit you hard and it is painful. If it happens with everyone, you lose you objectivity and are less effective to help the patients. I encourage nurses to pay attention and care for themselves so they continue to have something to give their patients.”

When asked for the top five qualities of a good oncology nurse, Christa listed: “Intuitive, Kind, Smart, Resilient, Gentle.”

Christa welcomes new and student nurses to the chapter and makes an effort to show her support. “I see my role as one of encouragement. I am available to assist in any way needed. I have gone out and done talks at nursing schools to review the discipline. I think it is important for student nurses to understand it’s so much more than just sad cancer patients.”

If you are interested in being interviewed for Generations please contact Wendy Froman at WLFroman@gmail.com.

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**CCONS AWESOME VOLUNTEER OPPORTUNITIES**

CAROL KNOP, RN, MS, AOCN®

**Making the Cut 2013**

August 11, 2013
12PM – 4PM
The Robert H. Lurie Comprehensive Cancer Center
303 E. Superior
Chicago, IL

For the second year, CCONS is partnering with Northwestern Memorial Hospital and Beautiful Lengths for human hair donations for women diagnosed with cancer. Beautiful Lengths has a partnership with Pantene and the American Cancer Society for this endeavor. We are oncology nurses care so much about our patients and this is the perfect opportunity to go even one step further to acknowledge their struggles and show our ongoing support of their battles. Non-nurse volunteers are welcome also.

If you are interested in volunteering for Making the Cut 2013 please contact Maggie Smith at smith.maggie@comcast.net. Check out the webpage by visiting [http://nmhmakethecut.wordpress.com/](http://nmhmakethecut.wordpress.com/).

**Sea Blue 9th Annual Chicago Prostate Cancer Walk/Run**

Sunday, September 15, 2013
8AM to 12 Noon
Lincoln Park at Stockton and LaSalle
Chicago, IL

For the 3rd year, CCONS will partner with Us Too®: Prostate Cancer Education and Support Foundation, for their ninth annual walk/run. As a volunteer you will distribute literature to help educate the community about prostate health and awareness. We are seeking your assistance with this event by asking for volunteers to help staff the booths, register walkers/runners, handout T-shirts, etc.

If you are interested, please let us know by emailing Maggie Smith at smith.maggie@comcast.net.

To find out more or to register to join the event to walk/run, checkout their website at [www.seablueprostatewalk.org](http://www.seablueprostatewalk.org).
Way back in 1981, two decisions changed my nursing career.
I became the chemotherapy nurse at Mt. Sinai and joined CCONS.
Andrea Krzysko was the enthusiastic CNS at Mt. Sinai at that time.
It was her support which nudged me to go to the first CCONS meeting. Involvement with CCONS gave me the confidence to look beyond my job description. My involvement with the Chicago Chapter helped shape me into the proud and seasoned nurse that I am today.

This is my first newsletter as your co-editor. My plan is to use this newsletter as a tool to educate and encourage networking amongst the membership. I am hopeful that reading our newsletter will continue to spark enthusiasm for oncology nursing. New ideas for the newsletter are always welcomed. Please feel free to contact Carol Knop or myself with your ideas.

Thanks!

Mary Ellyn
2013 CCONS
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2013 CCONS MEMBERSHIP APPLICATION

ONS# (required for CCONS membership): _____________
Expiration Date (required): _____________

No membership will be processed without the required ONS# and expiration date

Membership Category: _____ New Member _____ Renewal _____ Retired
_____ Student _____ Physically challenged

Recruited by: ____________________________________________________

MAILING ADDRESS

Name (please include all credentials): ______________________________________
Address: ___________________________________________________________
City: ___________________________ State: ______ Zip Code: _________________

Preferred Phone Number: ___________________________

Email: _____________________________

Are you on Facebook? Yes_____ No_____

Place of employment: _________________________________________________

Years in Nursing: ___________ Years in Oncology Nursing: ___________

Specialty area: __________________ Inpatient_____ Outpatient_____:

Initializing here indicates my permission to use a photo with my image for purposes connected to CCONS_____________

Interested in being active in a CCONS committee:
_____ Program _____ Membership
_____ Research _____ Newsletter _____ Nominating

Dues are $25 (student, physically challenged, or retired is $10) payable to CCONS. Mail fees to CCONS, PO BOX 11073, Chicago, IL 60611. Membership is valid January 1 through December 31, 2013. PLEASE COMPLETE ALL FIELDS!!