Cancer therapeutics are constantly evolving, yet many young cancer survivors still face infertility, sterility or early menopause as a result of their treatment. Information about sexuality, fertility and reproductive risk ranked among the top five needs for young adult cancer survivors surveyed during and after treatment (Zebrack et al, 2006). Other studies point to a gap between the informational needs of young female cancer patients regarding fertility and menopause and information offered by their providers (Thewes et al, 2005). In response, the American Society of Clinical Oncology (ASCO) published recommendations in 2006 that offered guidance to oncology professionals about available fertility preservation methods and related issues. ASCO’s resounding message to clinicians was that they have a responsibility to inform patients about the risk that cancer treatment may permanently impair fertility.

As an oncology nurse, you are uniquely positioned to broach this topic and ensure that every adolescent and young adult patient receives the information he or she needs to make an appropriate decision regarding fertility. Fertility preservation methods are time-sensitive and most effective prior to gonadotoxic therapy. Clinician judgment plays an important role in deciding when to raise this issue, yet a discussion of fertility preservation options and appropriate referrals should be completed at the earliest possible opportunity (Lee et al, 2008). The new field of oncofertility is creating an integrated network of clinical resources focused on sparing or restoring reproductive function in patients diagnosed with cancer. The Oncofertility Consortium at Northwestern University was established by Teresa K Woodruff, PhD, to build that network of resources and to push the science of fertility preservation forward so that all cancer patients have access to options.

Fertility preservation options available to male patients include:

**Sperm Banking:** The male ejaculates, often through masturbation or vibratory stimulation, into a specimen container. The
semen is analyzed for viability and cryopreserved for future use with assisted reproductive technology (ART).

**Testicular Sperm Extraction:** A sample of testicular tissue is harvested during an open testicular tissue biopsy. Viable sperm cells present in the tissue are cryopreserved for future use with ART.

**Testicular Tissue Banking:** During a surgical procedure, a tiny portion of a male’s testis is removed and frozen for future use. This method provides young males who do not produce sperm (due to age or previous treatment) with an experimental option for fertility preservation. Researchers are using part of the tissue to investigate ways to help the immature cells in the testes to develop into useable sperm.

Fertility preservation options for female patients include:

**Embryo Banking:** Timed with a female’s menstrual cycle, fertility medications are given to stimulate a large number of follicles in both ovaries. While being closely monitored by a reproductive endocrinologist using ultrasounds and blood hormone levels, the follicles continue to grow and allow for egg maturation. After approximately ten days of medication, an outpatient egg harvest is performed. The mature eggs are combined with sperm in the embryology laboratory to create an embryo. The embryo(s) are then cryopreserved for future use.

**Egg Banking:** The same steps for ovarian stimulation are administered as they are for embryo banking. After the egg harvest, the embryology laboratory cryopreserves the unfertilized egg(s) using a process called vitrification. While this procedure is still considered experimental by the American Society of Reproductive Medicine (ASRM) (Practice Committee 2008), egg banking is appealing to patients who are not yet in a committed relationship or do not wish to choose the biological father of their future offspring.

**Ovarian Tissue Banking:** An ovary is removed during an outpatient, laparoscopic procedure. The outer edge, or cortex, of the ovary is dissected and sliced into strips. These cortical strips are cryopreserved with the hope that this tissue can be used to create biological offspring in the future. To date, more than a dozen documented live births have occurred resulting from the use of cortical tissue that was thawed and transplanted back into a patient (Donnez et al, 2011). For patients with specific blood cancers, the leukocyte-rich ovarian tissue could potentially harbor cancer cells; transplanting this tissue is contraindicated in such cases. At Northwestern University, scientists in the Woodruff lab are actively pursuing in vitro follicle maturation. This method allows for an immature, primordial follicle to be isolated and encapsulated into a 3-dimensional alginate matrix allowing for the egg to mature. Once the egg has reached full maturity, it can be fertilized using in vitro fertilization techniques. The created embryo can then be transferred into the patient’s uterus. This method has proven successful in mouse models.

**Gonadotrophin- Releasing Hormone Analogs:** Use of GnRH analogs is still under investigation as a method of fertility preservation. The hypothesis is that if the patient’s ovaries are in a quiescent state, less damage will be done to the follicular pool during cancer therapy. A medication such as Lupron (Leuprolide acetate) is given to a patient one to two weeks prior to the start of chemotherapy. This medication induces menopause in a female patient. This method is largely investigational with lagging evidence in effectiveness.

**Ovarian Transposition:** The patient’s ovaries are transposed outside of the intended field of radiation in an outpatient, laparoscopic procedure. This method protects against damage from abdominal and pelvic radiation, but not from that caused by chemotherapy.

The good news here is that you don’t have to be an expert. The Oncofertility Consortium hosts a national hotline that patients and providers can call to obtain free, individualized information and referrals for fertility preservation. I serve as the Patient Navigator, a clinical liaison between the worlds of oncology, urology and reproductive endocrinology. I can shepherd patients between these specialty areas and help make a complex topic more understandable and accessible. Educational resources include the national oncofertility hotline (866-
References


Dear CCONS members,

It is hard to believe; but it is the fall already. The kids are back in school, leaves are turning beautiful colors and the days are getting shorter. It is a time for planning; and we are making plans for the upcoming year. We will be using the input we have received from you via survey to better meet your needs. An important part of the information came from four town hall meetings that we held at institutions where we have members who are not very involved. I would like to share the results with you.

The town hall meetings were held at Evanston, University of Chicago, Rush University and Lutheran General Hospital. The age of respondents was 20-29= 36%, 30-39= 24%, 40-49= 22% and only 22% were over 50. The majority were in oncology nursing for less than 10 years with only 20% having over 10 years of experience. Eighty-seven percent were not CCONS members. The vast majority (70%) did not attend any CCONS meetings. The most common reasons cited were family and work commitments, but 30% were not aware of CCONS meetings or our chapter. The majority said having a friend or mentor invite them would increase their interest in attending chapter activities. This was also found in the CCONS member’s survey.

I find this information very encouraging. It shows there are minor steps we can take to affect big changes. First, simply print the flyer of the meetings and post them at work. Second, we need to reach out to our nursing colleagues and invite them to attend a meeting or CCONS activity. We as a chapter need to provide more mentorship programs that will help get our members more involved. We currently have an exciting speaker mentorship program available (see application on page 5). Working together we can keep our chapter the leading, cutting edge chapter it has always been.

-Doni
Are you new to public speaking, or do you want to improve the delivery of your speeches and presentations?

CCONS wants to help with a new CCONS Speaker Mentorship Program!!!

We are looking for oncology nurses who want to begin presenting or improve their speaking skills. We have wonderful mentors who can help you present for the first time or improve on your current skills. Our CCONS mentors are expert presenters in symptom management, end of life care, radiation therapy, chemotherapy, biotherapy, targeted molecular therapies, breast cancer, prostate cancer, GI malignancies, bone marrow transplant and hematologic malignancies.

How does the CCONS Speaker Mentorship Program Work?

1. First, you must complete an application and be accepted into the CCONS Speaker Mentorship Program.
2. Once approved, you will need to complete the ONS Online Speaker Training Course which will be offered in January 2012. This is an interactive self paced web course that is designed to improve your speaking skills. You will have three weeks to complete the course and will be awarded 4.7 CEU’s.
3. CCONS will reimburse you for the course and provide you with a mentor.
4. You will work with your mentor to develop a presentation to be presented at your institution. These presentations must be completed by June 2012.
5. CCONS will provide a modest breakfast or lunch for participants at your first presentation!!!

Registration is limited to 10 nurses, so apply now for this exciting opportunity!!!

The application must be received by January 1, 2012. Send to Dani Gale at dani.gale74@yahoo.com or by fax to 630.559.0863

Name______________________Email__________________________Telephone #________________________
ONS Number____________________Are you a CCONS member yes no (circle one)
Topic you are interested in presenting___________________________________________________
Institution where you work______________________________________________________________
Why you would like to participate in this exciting program? ______________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

This program is funded by a grant provided by the ONS Foundation.
Fertility Preservation: Are we telling patients what they want to know? was the title of a recent American Society of Clinical Oncology (ASCO) abstract submitted by a team at Memorial Sloan-Kettering Cancer Center (MSKCC) in New York. Goldfarb, et al. (2011) surveyed patients between the ages of 18-45 who had initiated treatment at MSKCC. The response rate for the survey was about 45% for both men and women, with respondents indicating that an MSKCC provider had initiated fertility discussions (in other words, the provider brought up the subject) with approximately half of them (48% of women, and 51% of men). According to the abstract, fertility was ultimately discussed with most of them (about 80% overall), but the information provided did not meet the patients’ needs.

The inadequacy of fertility preservation information was more acutely felt by women, who indicated that the options for fertility preservation (77%), the effects of treatment on fertility (55%), and early menopause (53%) were not adequately addressed by providers.

Men seemed to be more satisfied with their fertility preservation discussions, with only 25% reporting inadequate information about the effects of treatment, and 31% stating that they were not well informed about fertility options.

These statistics support the contention that health care professionals are not consistently addressing the question of fertility preservation options with patients. Time constraints, concern about prognoses, interdisciplinary role overlap, ethical concerns, financial issues and lack of knowledge all contribute to the reticence of nurses to discuss fertility preservation. Despite these barriers, adult survivors of child-bearing age report that the effect of treatment on fertility is an important issue for them, so a more systematic approach to these conversations is warranted.

In a qualitative study of oncology nurses exploring their knowledge, attitudes and behaviors related to fertility preservation, most reported knowing about sperm banking and cryopreservation. However, many were not aware of patient education materials on this subject and most were not aware of related guidelines despite the fact that they believed fertility preservation discussions were part of their nursing role (King, Quinn, Vadaparampil, Gwede, Miree, Wilson, Clayton, & Perrin, 2008). Fertility preservation discussions are essential to quality of life and should be integral to holistic patient care. The resources below provide a starting point for learning about this topic.

Professional Resources

The American Society of Clinical Oncology (ASCO)

If you are uncomfortable discussing fertility preservation, review the ASCO Recommendations on Fertility Preservation in Cancer Patients published in 2006. These guidelines discuss available fertility preservation methods and summarize available evidence at the time of publication. The full article, a summary, a brief handout highlighting common fertility preservation techniques (including definition, cost and other considerations), and a PowerPoint slide set for professionals are available at the site below. http://jco.ascopubs.org/content/24/18/2917/suppl/DC4

Fertile Hope

Fertile Hope offers comprehensive patient and professional education information on fertility preservation. Several are highlighted below, but many more are available on the site FertileHope.org.

Cancer & Fertility: Fast Facts for Oncology Professionals

Risk stratification for various therapies, options for fertility preservation treatment, and patient management algorithms are presented in this guide for oncology health care providers.


Referral Guide

Fertile Hope features a searchable database that provides information about fertility preservation and other relevant services offered throughout the United States.

http://www.fertilehope.org/tool-bar/referral-guide.cfm

Risk Calculator

This quick tool can be your go-to guide for researching the effects of specific treatments on fertility. Based on data from compiled work, this risk calculator provides an estimation of the impact of cancer therapies on fertility and the risk of azoospermia in males and amenorrhea in females. Patients can explore the risks by diagnosis and by cancer therapies, and where there is information available, risks are summarized. For example, in women over age 40 who receive CAF x 6 cycles, risk of amenorrhea may be over 80%.

http://www.fertilehope.org/tool-bar/risk-calculator.cfm

(Continued on page 7)
Media/Videos at Oncofertility

Health care professionals can view a variety of educational videos on the site, including archived footage of Virtual Grand Rounds on topics such as Female Fertility Preservation; Survivorship, Advocacy and Identity in the Cancer Community; Family Matters, Preserving the Future (featuring nurses Barbara Lockhart and Karen Kinnan); as well as content from the 2010 and 2011 Oncofertility Symposia. Learn more about Oncofertility at http://oncofertility.northwestern.edu/health-professionals/how-can-i-get-involved

Patient Resources

American Cancer Society

Fertility and Cancer: What are my options?
http://www.cancer.org/Treatment/TreatmentsandSideEffects/PhysicalSideEffects/FertilityandCancerWhatAreMyOptions/index

Fertile Hope

Cancer and Fertility: Patient Education Booklet

Addressing both men and women, this booklet discusses fertility risks, fertility preservation options, possible fertility outcomes, and special considerations for pediatric, gynecologic and breast cancer patients, and those taking tyrosine kinase inhibitors. Additional resources available at Fertile Hope are also highlighted. This booklet is available for download or can be ordered from Fertile Hope, and is supported by an unrestricted grant from Schering-Plough.


MyOncofertility.org

MyOncofertility.org is the patient web site associated with the Oncofertility Consortium, based at Northwestern University, a national program for cancer survivors and fertility preservation supported by the National Institutes of Health.

Offering information for patients, parents and partners of those with cancer, this site offers information about fertility preservation and the impact of cancer treatment across the cancer trajectory.

Animations about normal male and female fertility, egg and embryo banking, and ovarian tissue cryopreservation clearly illustrate these topics using accessible language. Videos featuring survivors discussing various aspects of fertility preservation, as well as their own personal choices, provide a glimpse into how real people are dealing with these issues. Expert videos discuss treatment options.

A National Physicians Cooperative includes about 50 sites of care where patients can be directed in order to receive fertility preservation treatments at centers close to their homes.

http://myoncofertility.org

Follow Oncofertility on Facebook and Twitter.

iSaveFertility Mobile App

Download from the iSaveMyFertility application from iTunes. This free app, developed by the Oncofertility Consortium, the Hormone Foundation, and Northwestern University, is a mobile toolkit featuring professional information about fertility preservation options (pocket guides), and includes several patient teaching handouts that can be emailed directly to patients.

The FIRST Project

Fertility Information Research Study is a registry for the collection of data about the reproductive outcomes associated with cancer and cancer therapies. Women aged 18-44 who are within three years of diagnosis are eligible to participate in this observational study. Patients who are interested in enrolling in the study can call 866-708-FERT (3378) or ayastudy@ucsd.edu. If you would like to order brochures explaining the program for your study, you can call the above number.

Additional Resource on Sexuality and Cancer

Everything Nobody Tells You about Cancer Treatment and Your Sex Life. Review this booklet and give your opinion about it at http://www.nursing.ouhsc.edu/Palliative_Care/documents/AtoZ/A-ZBooklet.pdf

References


Additional Reading


Radiation therapy is used widely in the treatment of cancer and some benign conditions. Proton therapy is a newer form of external beam radiation therapy which utilizes positively charged particle beams (Greco & Wolden, 2007). Protons were discovered in the early part of the 20th century. Robert Wilson was the first researcher to propose the use of protons in the clinical treatment of cancer (Wilson, 1946). The first patients were treated in Berkeley, CA in 1954, in Uppsala, Sweden in 1957 and at the Harvard Cyclotron in Boston in 1961 (Tatter, 2006). For 40 years, proton therapy was limited to the research setting. However, advances in imaging techniques in the 1980’s led to the opening of the first clinical facility in 1990 using proton therapy in a hospital-based setting (Smith, A.R., 2006). There are currently nine proton therapy centers in the United States and several more are under construction and in development. Proton therapy is delivered at a sub-millimeter level of precision. Treatment involves physicists, dosimetrists, radiation oncologists, radiation therapists, machinists, engineers as well as nurses in the day-to-day activities of a proton center. The advantage of proton therapy is the ability to deliver more energy to the tumor while reducing the dose of radiation to critical structures such as the bowel and bladder in prostate cancer and the hypothalamus and cochlea in pediatric brain tumors (Slater, Rossi, and Yonemoto, 2004; Merchant, Hua & Shukla, 2008). (See Figs 1 and 2) Protons offer this advantage because they are charged particles. Protons deliver their energy in a very precise manner when compared with other forms of external beam radiation. The dose of ionizing radiation is greatest at the targeted area and this is called the Bragg peak. There is a lower dose of radiation delivered to the structures proximal and adjacent to the target site and virtually no exit dose (DeLaney and Kooy, 2008).

The main benefit of proton therapy is the ability to deliver a lethal dose to tumors while sparing normal, healthy tissues nearby and limiting late effects.
Because of the reduction of radiation dose to surrounding tissues, proton therapy is used frequently in the treatment of brain and spine tumors in adults and children. Other benefits of proton therapy include fewer short and long term side effects as well as fewer secondary malignancies than standard or photon therapy (Chung, Keating, Yock & Tarbell, 2009; St. Clair, Adams & Bues, 2004). Proton therapy is used in the treatment of ocular melanoma, chordoma, prostate cancer, pediatric cancers, base of skull tumors, head and neck tumors, spinal tumors, lung cancer and arteriovenous malformations (Kuban, Tucker & Dong, et al, 2008; Yock & Tarbell, 2004; Chan & Liebsch, 2008; Caujolle, Mammar, Chamorey, et al, 2010; Chang, Zhang & Wang, et al, 2006; Jones & Price, 2004). Research is ongoing to expand the role of proton therapy in the treatment of these and other cancers and syndromes (Allen, Pawlicki, Bonilla, et al, 2009).

The Role of the Nurse in Proton Therapy

There are many aspects of the nursing role in proton therapy which are similar to photon therapy. Treatments last an average of 30-40 days. Nurses guide patients and families through the process: gathering records, setting up initial appointments and providing navigation through the treatment planning phase. Nurses provide initial and ongoing patient education regarding possible side effects based upon disease site and planned treatment. Nurses monitor patients closely for skin reactions, fatigue, pain, stomatitis, bowel, bladder, sexual and psychosocial effects among others and provide individualized supportive care (Haas, Hogle, Moore-Higgs & Acomb, 2007; Feight, Baney, Bruce & McQuestion, 2011). However, there are additional unique roles for the nurse in proton therapy. Many centers operate two shifts in order to maximize this limited resource and bring the benefits of protons to more patients. Additional patient education is required surrounding the longer, more complex treatment planning process; for example, patient unique apertures and compensators are milled to shape the beam and control the depth of the beam and a significant amount of time is required for the construction and testing of these devices (Lomax, Bortfeld & Goitein et al, 1999). Treatment times also differ in proton therapy and patients can be on the treatment table for 20 minutes to an hour or more depending upon the complexity of patient positioning and the number of fields being treated. Prostate marker placement (ultrasound-guided) is done in some proton therapy centers and nurses are involved in providing education as well as assisting with the procedure. Patients receiving proton therapy often travel great distances from home due to the limited numbers of these facilities. Therefore, nurses assist patients and families with needs for lodging and transportation utilizing organizations that can provide financial support. Social workers and
financial counselors also play an important role in this process. Nurses frequently assess patients for adequate social support throughout treatment. Some proton centers provide activities for out of town patients in order to help them adjust to being away from family and friends and help them build a support system during treatment.

Nurses participate in the clinical research process. Many proton centers participate in registry and treatment clinical trials in order to advance the body of knowledge. Along with physician colleagues, nurses participate in informed consent, determine patient eligibility, collect data, grade and report toxicities, collect quality of life data and orchestrate long term follow-up of patients. Nurses also provide anesthesia care to some pediatric patients.

Nurses play a key role in the management of pediatric patients and work closely with child life specialists, as well as other members of the care team to encourage developmentally appropriate communication and coping strategies. Proton centers work closely with organizations like the Ronald McDonald House, the Treasure Chest Foundation and the Make-A-Wish Foundation in order to meet the unique needs of children. Many children receive concomitant chemotherapy and require frequent communication with other care providers.

All children are assessed individually but many children 6-8 years old or younger require general anesthesia for treatment. These patients have central lines placed since daily IV access is needed.

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renal failure (Rosenberg, Davis, James, Pollock, & Stowall, 2007).
Treatment requires rapid intervention from everyone on the care team.
In conclusion, nurses in proton therapy centers are on the cutting edge of innovations in treatment and are creating exciting, new opportunities for the oncology nurse. The oncology nurse with knowledge of the role of proton therapy in the treatment of cancer is better able to provide education to patients regarding the range of treatment options.

References
We certainly know our members go above and beyond to promote excellent care for our patients! So, in this issue let’s first look at those members who go above and beyond in their own lives….

**Bev Caraher** visited Kauai and Napa! Did anyone get a souvenir? She also welcomed a new grandson in September. I’m sure he got a souvenir! Additionally, her daughter got engaged and is planning a St. Patrick’s Day wedding! Busy times for Bev.

**Carol White** completed the half marathon on 9/11 with her daughter and daughter-in-law. However, she’ll leave her running shoes behind when she travels to Curacao for her youngest son’s wedding in November.

**Karen Daly** checked out China on a trip of her own! I’m jealous…China would be an incredible trip to take. Hmmm….souvenirs?

**Deborah Pach**’s 20 year old college student finally has a job at Macy’s! Her youngest child is a freshman at Nazareth in LaGrange, a new experience as this is a Catholic high school. Congratulations Deb.

So, let’s go back to our other passion…oncology.

**Joseph Tariman** graduated from the University of Washington in June with a PhD in Nursing Sciences. His dissertation title: *Decision Making in Newly Diagnosed Older Adults (60+) with Multiple Myeloma*. He also co-authored the following article published in CJON in August, 2011: *Survivorship Care Plan for Patients Diagnosed with Multiple Myeloma*. Joseph has been a very active member of CCONS and we are lucky to have him.

**Maggie Smith** helped to revise the online OCN review course focusing on QOL. She also reviewed the ONS Online Psychosocial Care Course. Way to go, Maggie!

**Jean Ridgeway** had an article on *Risk Stratification & Management of Acute Myeloid Leukemia* published in the Journal of the Advanced Practitioner in Oncology Sept/Oct 2011, vol 2. suppl 2. Thank goodness for her expertise!

Congrats to **Susan Kelby** and **Andrea Geist**, who both passed their OCN exam! Congratulations on a job well done! Spread the word to your peers!

Congratulations go out to **Jackie Lippe** who is starting a new staff support group at U of C. She is also a newly appointed U of C local practice council chair. Is there a future CCONS Board Member or Committee Chair in the making?

**Keriann Kordas** attended the ANCC National Magnet Conference in Baltimore, MD. Way to represent!

Sadly, it’s time to say good bye to **Carole Martz**. She and her husband are moving to North Carolina to be closer to their grandchildren, who are 4 months and 22 months. Carole is obviously someone who has her priorities straight! She will be looking for employment at either Duke or UNC. Whoever hires her will be lucky! Also, **Carol Flanagan** has agreed to assume her position as Clinical Coordinator of Living in the Future (LIFE) Cancer Survivorship Program for Northshore University. Good luck to you both!

C’mon! It’s time to pat yourself or someone else on the back! Send all your news to Ann Cuvala!! acuvala@gmail.com
COMMUNITY OUTREACH
MAGGIE A. SMITH
DIRECTOR AT LARGE

I want to thank the following CCONS Members, Victoria Frazer-Warmack, Ava Thomas, Georgina Menyah and myself for their ongoing support with continuing to conduct educational programs on breast cancer awareness and encouraging proactive behaviors amongst women through the, *Beating Breast Cancer Program*, which was created by, Dr. Carol Ferrans, RN, PhD, from the University of Illinois at Chicago. These programs are being conducted in four targeted communities: Pullman, West Pullman, Roseland and Riverdale. We recently expanded our outreach to include more African-American communities due to the huge health disparities that exist within the Chicago area amongst women diagnosed with breast cancer. Thanks ladies for volunteering with CCONS for this community outreach program, because of your dedication we have conducted over fifteen sessions since our recent involvement with this program. We still have a few more sessions to conduct this year and I will keep you abreast of the outcomes!

On Sunday, September 18th CCONS partnered with *Us Too®, Prostate Cancer, Education and Support Foundation* for their seventh annual walk/run held at Lincoln Park. We passed out literature on prostate health and awareness, educate participants and registered the walkers/runners for this event. This is the longest running prostate cancer event in the Chicagoland area. It began in 2004, so it was a privilege for CCONS to be part of such a successful event. I would like to thank, Catherine Moran, Toreend Encino, and Amy Schock (nursing student), all from Rush University Medical Center for agreeing to volunteer with me for this event. It was a cold and wet day; however we made it out to show our support. We all know that it was for a good cause and I want to express my sincere gratitude for your dedication.

CCONS also supported, *The Jack Marston's Melanoma Fund* for the third year straight this year during the Chicago Marathon. Despite the last minute request, Catherine Moran once again came through to support and represent for CCONS. She brought along nursing student Liz Martin from Rush University Medical Center to help volunteer for this great cause. Thank you ladies for your flexibility; this is the true spirit of CCONS!!

Last but not least, I want to encourage members to please get involved with our community outreach programs. It is vital to the continued success of our organization. If anyone has any ideas or suggestions for volunteer opportunities please forward them to me; your feedback is welcome and appreciated! smith.maggie@comcast.net

RESEARCH COMMITTEE
BARB GOBEL

CCONS members who are interested in finding the answers to clinical questions are invited to join the research committee. We are currently working on a patient education tool regarding evidence related strategies to manage hot flashes from cancer treatments. Our next meeting is January 11, 2012 at Northwestern Memorial Hospital. Room location TBA.

Please contact Barb Gobel with any questions.
O: 312-472-1605
P: 312-695-3285
bgobel@nmh.org
In September, we met at Maggiano’s in Chicago where we heard Susan Gentry RN, MSN, AOCN, CBCN speak on Patient Navigation. She gave us a brief history about the navigation role and its’ development in rural North Carolina. Susan spoke about saving lives of people in the community by providing outreach and education regarding cancer care and cancer screening. This was especially important to people who are illiterate. Over time she said she has seen a change in individual outcomes by eliminating barriers to care and providing timely delivery of services. In addition to positive outcomes, she also noted how some community services became inundated with referrals for individuals needing support at home. Susan said this allowed patient navigators to look at all available services and make appropriate referrals, as well as develop educational programs. Susan ended the lecture stating that the navigator role is growing and expanding each year.

Our next meeting was our annual Vendor Fair located at Robert H. Lurie Medical Research Center. Dr. Milan Anadkat spoke on Skin Toxicities.

Our last meeting in 2011 will be at the East Bank Club. The topic is “New Therapies in Malignant Melanoma”. Speakers include: Dr. Pedram Gerami, Dr. Sigram Hallmeyer and Jill Titze, APN. Parking is available at the East Bank Club entrance at Kingsbury and Kinzie for a small fee.

We have begun planning for 2012 based on the feedback we received from the needs survey and hope to offer a variety of quality programs next year.

Please keep ideas for future programs coming. You may contact any member of the program committee throughout the year with suggestions. Also, we welcome anyone who is interested in joining the committee to contact any of our members.

In May 2011, the Chicago Fire Department Gold Badge Society named and awarded

The William, Patricia and Sandy Purl High School Scholarship

This award was created in recognition of the Purl family’s generosity throughout the years and Sandy’s passion for education. The scholarship award is $500 annually for four years totaling $2000. The winner was selected by lottery from qualifying applications.

The Gold Badge Society is a volunteer support group for families of fallen firefighter and EMS personnel.

Members include: Carol Blendowski, Kathy Bonnefoi, Barb Kinast, Lynn MacMillan, Pam Nosse, Noreen O’Connor, Marge Pierce, Katharine Szubski, Mary Szyszka, and Teresa Yang.
NOMINATING COMMITTEE
LISA GASTON

We are looking for volunteers for CCONS leadership this year for the following positions. Please think about taking your involvement to the next level and put your talents and gifts to use for your professional organization. CCONS NEEDS YOU!!!

Elected Positions Available 2011
President Elect
Treasurer Elect
Secretary
Director
Director-at-Large

Please contact me if you are interested in throwing your hat into the ring! I can be reached at sctapn@gmail.com

VIRTUAL COMMUNITY
BEV CARAHER AND JAN GOLICK, CO-CHAIRS

Visit our Virtual Community internet site to find news, events, photos and job opportunities. Remember, there is no charge to CCONS members who wish to place a job posting on our site. Jobs posted result in an automatic email blast sent to each chapter member.

Send upcoming events in your workplace/job listings to Bev or Jan.

We will be reviewing the Virtual Community email list before the end of the year in order to remove the email addresses of those who have not renewed their CCONS membership in some time. So don’t forget to renew if you want to continue to receive announcements and job postings!

Take a peek at the new picture on our Virtual Community home page at www.ccons.vc ons.org
To contact us: janetgolick@comcast.net or bcara her@amgen.com

MEMBERSHIP COMMITTEE
CHRISTA LAPPIN AND MARY LAPPE, CO-CHAIRS

We’ve been busy this fall, working hard to inform and entice area nursing students to consider a career in Oncology Nursing. Deans of Chicago area nursing schools were sent informational letters about CCONS, inviting them and their nursing students to the annual Vendor Fair. This campaign will continue in 2012.

The hospital liaisons continue to be valued members of the Membership Committee. They are the great communicators of the goings on of CCONS in the hospital setting. We continue to search for more nurses, so if you would like to become active in CCONS, please contact us.

Believe it or not, it is almost time to renew your membership for 2012. In a continued effort to “Go Green,” renewal letters and application forms will once again be sent via email. The application form will look a little different this year as we will be gathering more demographics from our members. We will use this information to make the chapter work even better for all the members. Remember to renew on time as the membership year begins on January 1, 2012.
CCONS MEMBERSHIP AWARDS
JEAN RIDGEWAY DIRECTOR AT LARGE

This is a reminder that ONS has many scholarships available for you!!!! But you need to apply or nominate a member to benefit from them.

The deadline….December 15, 2011 for all applications seems far away but I would encourage you to apply…to date only a “few” folks have submitted their requests. Winners will be announced at the February meeting.

Follow these simple steps to apply:
1) log on to the CCONS website at: http://ccons.vc.ons.org
2) Read the awards available….there are many to choose from….
3) Either print the application or complete online and email/snail mail it to me or hand deliver it along with the requested additional documentation…i.e. a short essay or proof of recertification or acceptance and/or enrollment in an accredited professional nursing program.

CELEBRATE CERTIFICATION CHRISTA LAPPIN DIRECTOR AT LARGE

My Director at Large term is coming to an end. I have enjoyed this role and the projects I have been able to work on. My final project is to Celebrate Certification! CCONS received a grant from ONS to promote certification within our city. Our chapter is a national leader with percentage of certified members! With that in mind, I want you certified nurses to reach out to those you influence that are not yet certified. Let them know why it’s worth it. You are all invited to a certification celebration on Tuesday, December 6th at 6pm at Café Ba Ba Reeba in Chicago. The plan is for a certified member to bring a non-certified oncology nurse who you would be willing to mentor through the certification process. Our evening will include a brief discussion led by Patti Hooper-Friend, RN, PhD who will talk with us about the importance of certification for the oncology nursing profession. We’ll join together to celebrate the efforts made by each of us daily to assist our patients. I hope you can participate. Please email me at christalappin@comcast.net if you would like to attend. Wishing you a great fall season!

Nurse Clinician Gyn-Onc Infusion
Maggie Daley Center for Women’s Cancer Care - Northwestern Medical Faculty Foundation

The Nurse Clinician will work in a multidisciplinary environment which will require the RN to have exceptional interpersonal skills, patient assessment skills and to think independently. Responsibilities include organizing patient education, triaging phone calls, infusing chemotherapy and managing side effects. Gynecology, surgical or chemotherapy experience preferred.
Full time: Monday – Friday
Contact: Debbie Rimmel
drimmel@nmff.org or apply online at NMFF.org
Thank you to the following vendors for exhibiting at our annual meeting:

**PLATINUM ($2500 and Above)**
Bristol-Myers Squibb
Celgene
Amgen

**GOLD ($1000—$2499)**
Abbot Nutrition
GlaxoSmithKline
AstraZeneca
Centocor Ortho Biotech
Onyx Pharmaceuticals
Novartis
Genentech
Prometheus Labs
Genentech/Avastin
Lilly

**SILVER($500-$999)**
Millennium
AMAG Pharmaceutical
Sanofi Aventis
Amber Pharmaceuticals
Neurowave Medical Technologies
Seattle Genetics
Pfizer
OSI Astellas
Walgreens
Salix Pharmaceuticals
Ferring Pharmaceuticals
Prostraken Pharmaceuticals
Where are you currently working and in what capacity?

Currently, I am the Nurse Navigator at Resurrection Medical Center. I function on a multidisciplinary team as an advocate, interpreter, educator and counselor for oncology patients.

What person(s) or event(s) directed you toward Oncology Nursing?

A friend was diagnosed with Stage IV lymphoma and didn’t know what road to take. It was a whirlwind of questions, worries and troubled feelings. The nurse navigator helped guide him through the process...telling him what tests and appointments were needed, where he had to be and at what time. She also answered questions regarding how to tell his two young children about the diagnosis. I think the support that he felt from his navigator took away some of his worries so that he could concentrate on his family and treatment.

Tell us about an accomplishment you are particularly pleased about:

I am in the process of finishing grad school while working full time and raising two young children. It has been a lot of hard work trying to get in the amount of clinical hours needed for Family Nurse Practitioner while keeping up at home and work. Soon (Summer 2012) I hope to be celebrating passing my boards!

Is there a secret area of interest that you would like to pursue someday?

I would like to transition the role of Nurse Navigator into a nurse practitioner role. I know some hospitals in the nation are utilizing nurse practitioners in this avenue.

Is there one bit of Wisdom that stays with you and directs your course?

“One day at a time”. This is something that I definitely live by in order to keep my inner peace. It is also something that many of my patients have imparted on me.
Talk about someone who has touched your heart and why:

Gosh, it’s so hard to choose just one person. There have been so many patients over my 11 year career that have helped shape me into the nurse that I am today. Close family and friends have been so supportive throughout my life; they are my rock. Each and every one has touched my heart and helped me grow.

Who in your world is most proud of you?

My kids are the most proud of me. I must say though sometimes it is a struggle. They always say that they can’t wait until I “graduate college for the last time”. However, I often over hear them telling friends and family about how I help people and that I am back in school (yet again) to be a nurse practitioner. They then go on to explain what a nurse practitioner is...in case the individual didn’t already know.

What would you like to tell Nurses who are interested in working in Oncology?

I would tell them that it is so rewarding. Many people think that working in oncology is “too sad”. Although at times it is very sad, it also holds hope and promise for the future. Advances in medicine and treatment are constantly coming out. There is always something new to learn so it is never boring.

What is something that helps you to relax and unwind?

Music keeps me sane. In the hectic, hustle and bustle of life I can always turn on my iPod to help me relax and unwind. That being said, it also is the thing that gets me motivated...play lists are a wonderful thing!

What is your idea of a perfect vacation?

My idea of a perfect vacation would be sitting on a white sand beach with my kids playing in the warm salty ocean water (minus the jelly fish). There would be no schedule for the day; just a day of fun and relaxation (plus lots of sunscreen)!

If you could pick anyone in the world to have dinner with, who would you select, why, and where would you go?

I have always wanted to take my kids to a restaurant in Naples, FL called The Dock. The seafood is always fresh and the atmosphere, sitting along the water, is very peaceful. Of course, the company that I’d be with could be replaced by none.

What is the lasting impression you hope to make on others?

I hope to instill the impression of compassion for all regardless of the situation. Also, education is never-ending and takes place every day with every encounter; not only in academic settings. Actually, I feel that true learning takes place in life. In school, we gain the building blocks needed to accept the learning experience in life.

Touchstone Patient Navigator - Breast/Gyne Onc

Northwestern Medical Faculty Foundation- Supportive Care Dept.
Contact: Karen Giammicchio
kgiammic@nmff.org or apply online at NMFF.org
What’s In It For Me???
Carol Knop

What brought oncology nurses to the CCONS meetings in the Fall of 2011?

In September, the role of the nurse navigator was the topic and one that few nurses really understood prior to attending the presentation. Some were even motivated after the discussion to seek a place for a navigator in their work settings. CEUs, topic and location were the most frequently cited reasons for attending the meeting. See the Program Committee report for more information on this presentation.

In October, the annual vendor fair was held once again on the campus of Northwestern University in Chicago. Networking, location and the topic as well as the presence of vendors were the leading attractants to the meeting. Dr. Milan Anadkat was the featured speaker and provided an informative and entertaining presentation on the skin toxicities associated with EGFR inhibitors. Some of the information included:

- onset of rash is 2 weeks; duration is about 4 weeks on average;
- rash is an inflammatory response in this setting and most responsive to topical or oral steroids;
- the mechanism of the tetracycline antibiotics in the lower doses given for this indication is anti-inflammatory;
- sunscreen provides no protection for preventing this toxicity compared to placebo (although sunscreen in general is a good strategy to employ for protection against the harmful rays of the sun);
- appearance is not the #1 disturbing feature of this side effect – how it feels is;
- treatment for paronychia includes soaking or cleansing with a 1:1 solution of white vinegar to water or ¼ cup of bleach in 3 gallons of water.

The most frequently cited intended change in practice based on this presentation was discontinuing topical antibiotics and using oral steroids more frequently.

We look forward to seeing everyone at the November 16th meeting at the East Bank Club for a panel discussion on New Therapies for Malignant Melanoma. See the CCONS Virtual Community http://ccons.vc.ons.org for program specifics and RSVP information.
Leukemia Research Foundation
2011 Nurse of the Year
Ima Garcia, RN, MSN, AOCNP

The Nurse of the Year award was created by the Leukemia Research Foundation 15 years ago to recognize a hematology-oncology nurse or nurses who give their time, compassion, and heart each and every day to those touched by leukemia, lymphoma or myelodysplastic syndromes. This year LRF awarded this prestigious honor to Ima Garcia, nurse practitioner with the transplant team at the University of Chicago. Ima received her award at the 65th annual Medical Awards luncheon, hosted by LRF on October 2nd. Part of her nomination reads as follows: “Ima brings compassion and empathy to her role—not to mention humor and sports talk (especially with her younger patients). A partner in this journey, Ima is there to control symptoms, give encouragement, and celebrate discharges! She is always available to family and significant others—especially when things are not going as expected. With kindness and understanding, she takes the time to explain changes in terms families can understand.” Ima was again honored at a LRF sponsored pizza party at U of C where an overflow of colleagues came to congratulate her. Ima also received a $500 stipend for her unit and $500 to use for a conference or work-related item. CCONS is truly proud of Ima Garcia…..Congratulations!

Oncology Nurse Clinician

Excellent opportunity for an energetic, team-oriented, professional looking for a challenge. We seek an Oncology Nurse Clinician to provide outpatient care to chemotherapy patients. Nurses provide care to a case load of patients through the continuum of treatment including education, administration of chemotherapy, supportive and follow up care. We are a nine physician, research-based private oncology practice located in the NW suburbs of Chicago. BSN, OCN, 3-5 years of oncology experience preferred.

Contact: Mary Beth Mardjetko
mmardjetko@oncmed.net
847-268-8522
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<td>November 16, 2011</td>
<td>“New Therapies for Malignant Melanoma”</td>
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<td>Northern Fox Valley Chapter ONS</td>
<td>November 15, 2011</td>
<td>“Music Therapy”</td>
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<td>Northwest Indiana Chapter ONS</td>
<td>Celebrating 25 years as a chapter!</td>
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Mentorship Weekend  
Pittsburgh, PA  
July 20-22, 2012

2012 Certification Test Information Available Now  
Would you like to see more chapter members become certified in oncology nursing next year? Share information about 2012 test dates and application deadlines at your upcoming chapter meetings. You can request Bulletins to have available at chapter meetings and events. Or link to the ONCC web site from your chapter web site or virtual community. Learn more at http://www.oncc.org/TakeTest/TestInformation

Applications Due November 16 for February 2012 Certification Tests  
The first ONCC certification tests in 2012 will be offered February 1 – March 31. All applications for this testing window are due November 16, 2011. Find additional information about eligibility criteria, references and more at http://www.oncc.org/media/oncc/docs/getcertified/TestBulletin_2012.pdf

Nominate a Colleague or Employer for an ONCC Award  
December 1 is the nomination deadline for ONCC’s 2012 OCN® of the Year, Advanced Oncology Certified Nurse of the Year, Certified Breast Care Nurse of the Year, and Employer Recognition Awards. Too few certified nurses are recognized for their contributions to oncology nursing, oncology nursing service, and promotion of certification – do you know someone who is deserving of an award? If your employer is supportive of certification, be sure to submit a nomination for ONCC’s Employer Recognition Award. Learn more about ONCC Awards at http://www.oncc.org Nominations for the 2012 CPON® or CPHON® of the year are due April 1, 2012.

PEP Field Reviewers Needed  
ONS is currently in the process of updating the PEP resources and within the next few weeks will be ready to have materials in field review. We are actively recruiting field reviewers, who would read the materials developed and complete standardized forms to provide their input and appraisal of those materials. This is a great way to remain well informed of recent evidence in the PEP topic areas, and completing this work can be used for OncPro points. It would be great if chapter leaders could encourage their members to take advantage of this opportunity. Individuals interested should contact me at mirwin@ons.org.
In Memoriam

Laurel Barbour
March 3, 1953– October 14, 2011

We knew her as Laurel, or Laurie, and as a fellow oncology nurse, a co-worker, colleague and most importantly, a friend and a devoted mother to her daughter Alexis. Once again, we in CCONS are faced with the loss of a beloved member who has left us far too soon. And, yet again, we are left with many memories to help comfort us at this sad time, and to make us smile, to remember the good times, and to eventually heal from her loss.

Mom, animal lover, and exercise enthusiast, Laurel was singular in her accomplishments as an oncology nurse. Few nurses anywhere could come close to possessing the depth of knowledge she had about melanoma and biotherapy. Her unassuming manner and humility meant that she never flaunted that expertise, but freely shared it for the good of others. Throughout her career at the University of Illinois Medical Center, Advocate Lutheran General Hospital and Oncology Specialists, and at Advocate Christ Medical Center, she cared for her patients with grace, dedication and compassion. Her soft voice, calm demeanor and reassuring ways helped many patients and their families to cope with challenging diagnoses both in the clinical setting and at the many support groups she facilitated. Most recently she had served as Coordinator of Multidisciplinary Cancer Clinics at Advocate Christ Medical Center’s Cancer Institute, and had been working on a survivorship project to improve the lives of cancer survivors. A breast cancer survivor herself, Laurel brought her passion to yet another mission in her career.

Not only was she an accomplished advance practice nurse, Laurie was also an author, speaker, teacher and researcher. At one time, Laurie was an adjunct professor at the University of Illinois. She was an excellent...
clinical instructor—the kind who nurtured and coached her students, gently encouraging, teaching and mentoring them. They loved her! When she cared for head and neck cancer patients at the University of Illinois, Laurie mastered the anatomy and could cite the correct medical terminology with ease, modeling professional behavior for her colleagues and students. Laurie was a mentor to many who learned by her example, both in the practice arena and in education. 

Back in her University of Illinois Medical Center days, one colleague remembers, she always had a needle and syringe in her pocket at the clinic. You never knew when one of the doctors would need to aspirate a cyst, and Laurie was always prepared.

She was a big part of the “U of I” nurses, a group that regularly went out to dinner before CCONS meetings. Laurie once served as President of CCONS, and contributed to the chapter in many ways along with her U of I colleagues, who were all expected to get involved. But it wasn’t all business. The group enjoyed spending time together outside of work as well, attending Hawks, White Sox and Cubs games, and sharing weddings, baby showers, and birthday milestones. They even participated in a 5K corporate run as a team. The back of the team t-shirt was emblazoned with a caption only oncology nurses could love: "BCNU at the finish line.” Part of the fun with Laurie included food, and she especially enjoyed the Italian subs at Fontano’s, ordering the special with hot peppers, as well as ribs at Rib Fest in Naperville.

Recently, her talks on melanoma and biochemotherapy (“Block the Sun, Not the Fun”) were part of the Advocate Basics of Oncology program offered several times each year, and nurses new to oncology were fortunate to learn from her vast experience. She helped nurses to “model” sunscreens with a Sunless Fashion Show as part of a Nursing Grand Rounds at Advocate Lutheran General Hospital, and her work in melanoma prevention included educational programs for high school coaches and even education for new mothers about the benefits of sunscreen and how to protect their babies from the sun. Her knowledge was also shared with the larger oncology nursing community. She received the Excellence in Biotherapy Nursing Award from the Oncology Nursing Society in 2006, and recently she had participated in a Putting Evidence into Practice (PEP) project, serving as a co-author on the Chemotherapy-Induced Nausea and Vomiting article published in the Clinical Journal of Oncology Nursing.

But of all her accomplishments, the one that she clearly treasured above all was her daughter Alexis. Any conversation with Laurie included an update on Alexis, her education, her activities, and her career achievements as she grew into an accomplished young woman. Laurie was extremely proud of her and so happy for her and her new son-in-law Mike. She always asked about your family as well, remembering where you left off when you last talked.

Those of us who knew and loved her will miss her. Her wry sense of humor, her smile, and that twinkle in her eye that made you feel that you shared a special bond with her…all of those things will be missed. Laurie, you were loved by many and we hope to honor you by emulating you and your life as an oncology nurse. The world is better for having you in it, and may the seeds you have sown with your students and colleagues blossom into a garden of service worthy of your many good works.

Josie Howard-Ruben and Denise Lapka

Gifts in Laural’s memory can be made in support of the Cancer Institute of Advocate Christ Medical Center and sent to Advocate Charitable Foundation. 205 West Touhy Ave, Suite 225 Park Ridge, IL 60068-9757
EDITOR’S MESSAGE

As I reflect on 2011, I am once again impressed by the accomplishments of our chapter. We remain national leaders and continue to promote oncology nursing through education, scholarship and community service.

I am proud to be part of an organization where collegiality and team work are valued and celebrated. We each have unique gifts and talents; and I hope you will make it your New Year’s resolution to become more involved in CCONS in 2012.

I would like to take this opportunity to thank each of the members of the newsletter committee for their continued dedication to the CCONS Update. This year would not have been possible without them. I would especially like to thank Carol Knop. It was her first year serving as co-editor and she has truly become indispensable.

I wish each of you a safe and joyous holiday season.

~Ima
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2012 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: ___________________________________________________________________________________
Place of employment: ____________________________________________________________________
Specialty area: __________________________________________________________________________

Change in any information from previous year: _____ yes _____ no
_____ I do not want to be included in the Chapter Directory

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 January through December.

Persons joining after November 1st will be members as of the following year.