MDONS Newsletter

Greetings! It has been a busy spring/summer. Our newsletter covers the spring mini, Congress 2025, and the annual updates in oncology conference. So get ready and read…….

Our annual Spring Mini was held on March 15th at The Henry in Dearbron, MI. We earned 2.25 contact hours, enjoyed a warm and delicious breakfast, networked with fellow nurses, thanked our supporting drug representatives and had a chance at awesome door prizes. In case you were unable to attend the conference, Susan Daron provided a summary on the dermatology presentation.

MDONS LIVE

Skin and The Cancer Patient (Identifying and Managing Adverse Cutaneous Events of Cancer Therapies) presented by Sharyn Perrone

Sharyn began her presentation by sharing the skin barrier can be disrupted by chemotherapy, radiation, targeted therapy, and immunotherapies.

Some basic guidelines to follow for the care of altered skin includes the use of unscented gentle products, lukewarm showers, moisturizers applied two to three times per day, sun protection containing titanium and zinc oxide, and localized cooling. The cooling can be in the form of ice chips for oral mucositis and/or cooling kits which can include cap, socks, and/or gloves and can help with hand and foot syndrome

Skin changes are graded on a scale of grade 1-grade 5

Grade 1 - minimal symptoms and easily managed without interrupting treatment

Grade 2 - more pronounced symptoms that may require topical treatment or dose adjustment

Grade 3 - severe symptoms needing systemic treatment, treatment interruption, or dose reduction

Grade 4 - life threatening complications requiring hospitalization or urgent medical intervention

Grade 5 - fatal event directly related to skin toxicity

She suggested we consider a referral to Dermatology for any patient who has above a Grade 1 skin change

Chemotherapy agents can cause mucositis, alopecia, nail changes, photosensitivity, and “toxic erythema of chemotherapy”

Sharyn suggested topical minoxidil 5% for hair regrowth as it is a vasodilator however, please inform patients they can see increased hair loss over the first three months of use. Topical minoxidil 5% can also be used to strengthen nails. White vinegar soaks and topical gentamycin can be used to help manage nail changes.

Acute hypersensitivity reactions have the telltale sign of swelling around the eyes and can also cause anaphylaxis. The best way to treat this is through prevention by pre-medicating the patient with Benadryl

Hand and foot syndrome can be caused by agents such as 5- FU and is typically identified by blisters, and ulcerations on hands and feet as well as pain with walking. It often presents 2-4 weeks after therapy initiation. The best way to treat this is through prevention by pre-medicating the patient with a histamine blocker. Patients can also use cooling caps, gloves, and topical and oral pain relief measures. Any changes above a Grade II may need to have therapy held until the patient returns to Grade 1.

Toxic erythema of chemotherapy typically presents one to three weeks after exposure to the offending chemotherapy agent. It tends to occur in areas of high friction and high cell turnover such as the under

arms, the groin, the knees, the palms of the hands, and the soles of the feet. It often presents as blisters with flu-like symptoms.

Radiation induced changes can be acute or chronic as radiation decreases the skin barrier as well as causing thinning of the skin. Classic signs and symptoms include swelling, redness, mucositis, and hyperpigmentation of areas treated. These changes can be treated with non-steroidal medications and cooling caps. Skin barrier disruption can be seen as early as one to two weeks after the initiation of therapy. By two to four weeks the skin changes are more noticeable and by four weeks we can often see the skin peeling in areas of high friction.

Targeted therapies can cause acneform rash (characterized by absence of blackheads and whiteheads with papules and or pustules), alopecia, and paronychia. These symptoms typically show one to two weeks after initiation of therapy. In many cases the severity of the rash indicates the degree of response (the more severe the rash the more likely the patient is responding to the therapy). There is currently no way to prevent the formation of acneform rash however once it occurs it can be treated with topical clindamycin or tetracycline. In severe cases the patient can be started on a short steroid taper (do not use Medrol dose pack).

Immune checkpoint inhibitors cause skin changes through enhancing T cell activation. Skin changes are often seen two to fourteen days after the start of therapy. It is critical to get these patients into dermatology as soon as possible.

Pruritus can be treated with oral antihistamines (grade 1) and for patients with grade 2 changes the provider may want to consider holding treatment and providing patient with either topical or oral steroids. For Grade 3 changes the patient can have systemic symptoms such as fever or malaise and treatment should be held until they return to Grade 1.

Bullous Dermatitis typically appears two to fourteen days after starting therapy. Itching proceeds the development of blisters and treatment can include a prednisone taper, oral doxycycline, anti-inflammatory medicines and a referral to dermatology as soon as possible.

Lichenoid Eruptions are an autoimmune response from T cell attack which causes apoptosis. Typically, the skin of the mouth and genitals is affected, and it can be treated with high potency steroids.

Psoriasis and Atopic Dermatitis can be treated with high potency topical steroids however caution is warranted as steroids can cause a rebound in symptoms. Topical ointments can also be helpful as they are often less irritating than creams and lotions.

Summarized by Susan Daron RN, BSN, OCN

ONS CONGRESS 2025

MDONS had six scholarship recipients.

Let's hear from them.

Rana Allawnha, MN, RN, MEDSURG-BC
Manager, Patient Navigation, Cancer Center Programs
Corewell Health, East Region

I am so grateful to MDONS for awarding me a scholarship to attend the 2025 ONS Congress in Denver, Colorado. This opportunity allowed me to grow professionally while also taking a moment to recharge, with the stunning Rocky Mountains as my backdrop.

ONS Congress was a powerful reminder of why our work matters. One session that especially resonated with me was "From Burnout to Resilience: Strategies for Sustainable Well-Being in Oncology Nursing." As a leader of nurse navigators, it reinforced for me how important it is to prioritize not only the patient experience but also the well-being of the nurses who make that experience possible. In a profession that demands so much heart, it was meaningful to hear real strategies for protecting our own energy while continuing to show up fully for others. The discussion emphasized that resilience isn't about avoiding challenges, it's about building habits, systems, and support that allow us to meet them with strength and sustainability.

A few strategies stood out, like setting clear boundaries and practicing more self-compassion, both of which can help reduce the mental load we carry. The session also gave practical ideas around system-level support, like encouraging peer connection, creating psychologically safe spaces for staff to speak up, and building in moments to pause when things feel morally or emotionally overwhelming. These are small shifts, but they can make a big difference in the day-to-day.

Throughout the week, I also had the chance to review innovative research posters, attend lectures on specialized topics like cardio-oncology and radiation therapy, and celebrate the 50th Anniversary of ONS at the Opening Ceremonies. It was inspiring to be surrounded by oncology nurses from around the world who share the same passion and commitment to advancing cancer care.

Thank you again to MDONS for making this experience possible. I left Congress feeling renewed, proud, and motivated to bring back new ideas and a renewed focus on resilience to my practice and my team.

"ONS Conference 2025, Investigating the Past, Present, Future"
Emily Wise, Nurse Extern, Children's Hospital of Michigan

I have recently been given the incredible opportunity to attend the Oncology Nursing Society's 50th Annual Congress in Denver, Colorado. This conference consisted of over 4,100 oncology nurses, those of which came from more than 20 different countries. I was honored to be the recipient of a congress scholarship through the wonderful Metro Detroit Chapter of ONS. This scholarship makes this my second year in a row attending- an experience that has been nothing short of life-changing. The overarching theme of this year's conference was "Celebrating Today, Transforming Tomorrow". As a nursing student set to graduate this spring of 2025, getting the chance to witness this legacy has been both an inspiration and motivation. During this conference, topics of the past, present and future of oncology care and nursing were discussed and analyzed. It was digesting these topics and allowing myself to become immersed in the riveting story-telling that allowed me to take so much away from this experience.

Putting an emphasis on the past of oncology nursing, storytelling is a topic that has always been my personal favorite to attend at the ONS conferences. From the tear jerking stories of past patients who have left imprints on our hearts, to the personal stories of cancer diagnoses told by survivors. This portion of the conference is one that truly inspires me. Getting the chance to hear, and share, experiences with past nurses who have practiced beyond my years, allows me to reflect on the kind of nurse I wish and aspire to be. This allows me to enhance my passion for oncology nursing and strive to make connections with my patients like the nurses of the past have created. The emphasis on the past goes beyond storytelling, and includes the past of oncology treatments and technology. It is amazing to learn about rare diagnoses that were treated and cured, that otherwise would have been fatal in earlier years. Continuing advances in the science of oncology and surgical systems allow for not only longer lives of those diagnosed, but allows for cures and survival.

While touching on the past, attending this conference has allowed me to not only reflect on the present of oncology nursing, but also my current career. I am currently working at Children's Hospital of Michigan in Detroit as a Student Nurse Extern. I am in the hematology/oncology/BMT unit and I plan to stay in this unit after graduation in the spring. As graduation is soon approaching, I cannot imagine a better place to start my career as a Registered Nurse. Through this year's ONS conference, and through my personal experiences, I have come to learn just how welcoming and intelligent the oncology nursing staff can be. This conference has only further enhanced my belief that I am right where I am meant to be and that the oncology nurses will prepare me as I start my journey. The nurses in attendance at Congress are nothing short of passionate, inspiring, and truly brilliant.

One subject brought up at this year's congress that specifically stood out to me, was the topic of "Implementing Evidence-Based Standards for Healthy Work Environments in Oncology Care". This presentation was discussed by Sarah Delgado, DNP RN ACNP. Currently, my mentor, Dr. Rebecca Boni, and I are studying the Professional Quality of Life (PQOL) in oncology nurses. I believe that our topic of research, and that of the seminar, go hand in hand. This seminar touched on the meaning of a healthy work environment and the components influencing patient care and job satisfaction. These six standards of "Establishing and Sustaining Healthy Work Environments" were listed as follows: skilled communication, true collaboration, effective decision making, appropriate staffing, meaningful recognition, and authentic leadership. These factors not only assist in ensuring a healthy work environment, but they decrease compassion fatigue and increased quality of life in oncology nurses. This seminar stood out to me because I believe that the implementation of these six factors could make tremendous advancements in decreasing the burnout that is seen in healthcare today. The quality of life seen in nursing staff could be monumentally improved through the tactics and topics discussed in this wonderful and impactful presentation of research. This seminar allowed me to better understand the external and internal factors affecting nurses well-being, and has allowed me to go into my future research with more knowledge and awareness.

The future of oncology nursing is ever-changing and is always making new developments. Through the attendance of a multitude of different seminars and lectures, this conference shared just how much advances can be made in the world of oncology as the years go by. For example, learning about a portable

radiation system for brain tumors was a topic that specifically interested me. It is truly amazing what the future of oncology has in store and all the impacts these new developments could have on the oncology population. This enhances my desires to further my opportunities through a higher education in the future. I hope to make a difference in oncology care and the lives of my patients.

It has truly been an honor to attend this year's ONS conference for the 50th anniversary. It has been a once in a lifetime opportunity to not only attend, but to attend while receiving a congress scholarship through the amazing Metro Detroit chapter of ONS. I will carry everything I have learned from these experiences into my future as an oncology nurse. I am grateful for the inspiration it has given me as I embark on a new chapter of becoming a registered nurse.

I deeply value my friendships with MDONS members and miss them greatly since relocating to western Michigan. I'm sincerely thankful to this chapter for supporting my attendance at the 50th Anniversary ONS Congress event and hope to maintain my MDONS membership, even though I live on the west side of the state.

Attending the ONS Congress in Denver, Colorado, reignited my passion for oncology nursing and reminded me how proud I am to be part of this profession. Our patients deserve our unwavering dedication and the specialized expertise we bring—both of which are strengthened by participating in incredible events like this.

The inspiring stories and experiences shared by ONS leaders and members were truly motivating. Learning about the commitment it took to build the ONS over the past 50 years, and witnessing what the organization has accomplished, made me even prouder to be a member.

This year’s Congress brought together more than 4,100 oncology nurses from 20 countries for five days of learning, connection, and inspiration. Today, ONS proudly represents a community of approximately 35,000 members—and I’m honored to be one of them.

Besides the many learning opportunities that were at the conference, one of the more interesting topics was the industry supported event with Dr. Akshata Moghe who presented “Puzzling Diagnosis: Abdominal Pain Can be a Sign of a Rare Genetic Disorder”. Dr. Moghe engaged our group and tested our assessment skills, but made us realize how underdiagnosed this patient population is. Her passion for awareness of this was evident in her discussion and in her mission to bring this to practicing practitioners.

Again, thank you to MDONS for supporting me through the years. I am grateful for the leaders and members of this chapter and organization who have dedicated their time and effort to assist oncology nurses throughout their careers.

Sincerely,

Gemma Whitt BSN, RN, OCN

Unlocking the Code: Integrating Genomics Into Advanced Practice Nursing

A summation of the Congress 2025 presentation by Danielle Fournier, DNP, APRN, AGPCNP-BC, AOCNP

by Rose Ermete, RN, BSN, OCN®, CRN-BCTM, CCRP

Since the completion of the Human Genome Project, which sequenced all three billion base pairs of the human genome, there has been an explosion of knowledge related to cancer. Advances in genomic profiling and biomarker testing have changed our understanding of cancer risk, what drives cancer growth, and how to treat it. Cancer is not a single disease, but a host of diseases with many subtypes. Oncology nurses caring for patients with cancer need to understand how to interpret cytogenetic results in order to educate patients, evaluate clinical implications and help tailor treatment plans to the patient.

Changes in the DNA sequence of a cell is called a variant. Variants can be harmful, beneficial or have no effect at all. The term variant also has a classification of pathogenic, likely pathogenic or variant of uncertain significance. The older term, mutation, has led to confusion and medical errors and should no longer be used.

There are two types of cells that can be tested, somatic and germline. Somatic cells are all the cells in the body other than the sperm and egg cells. These cells contain two sets of chromosomes. DNA variants in somatic cells can affect an individual but are not passed on to the offspring. Germline refers to egg and sperm cells that are used by sexually reproducing organisms to pass on genes from generation to generation.

Genomic testing technology has rapidly evolved over the last 10 years. In the past Immunohistochemistry (IHC) and Fluorescence in Situ Hybridization (FISH) were the mainstay of testing. As technology improved, we have access to highly sensitive testing techniques such as Next Generation Sequencing (NGS) and Polymerase Cain Reaction (PCR).

· IHC uses antibodies linked to dye to detect markers, or antigens on the outside of cancer cells. The process allows the visualization of protein over-expression. The results, however, can be impacted by the quality of the antibodies and processing. Results are reported as +1, +2 or +3. An example of IHC is the identification of the over-expression of HER2.

· FISH is used to detect and locate a specific DNA sequence on a chromosome. The technique exposes chromosomes to a small DNA sequence called a probe that has a fluorescent molecule attached. The probe sequence binds to its corresponding

sequence on the chromosome. This allows visualization of amplified gene alterations. Results are reported as positive or negative. The test is helpful to assess how many genes are present and can be used to confirm PCR and IHC positive tests or validate NGS results. The test is limited to predefined targets and is not comprehensive. An example of a variant that can be assessed is the BCR-ABL gene fusion. When the test is performed on nuclei, the result would be reported with an ISCN description called a nuc ish.

· NGS allows for the sequencing of up to thousands of genes simultaneously. It can be used for both somatic and germline testing. It is more sensitive and cost effective over single gene assays. The results are reported as variants (mutations). If the variants are considered pathological and/or actionable, treatment recommendation will be included in the report, along with any clinical trials available. If there is no current evidence for their therapeutic, prognostic or diagnostic utility the result will be reported as, “Variant of Uncertain Significance” (VUS). NGS can be utilized for the following:

o Comprehensive genomic profiling

o Detection of gene fusions and structural variants

o Assessment of tumor heterogeneity

o Evaluation of tumor mutational burden (TMB) and/or microsatellite instability (MSI)

o Circulating tumor DNA (ctDNA) analysis

o Identification of new biomarkers

· PCR is used to amplify a single piece of DNA by making many copies of a specific genetic sequence. It uses short synthetic DNA fragments called primers to select a segment of the genome to be amplified, then multiple rounds of DNA synthesis amplify that segment. The test is very sensitive to the segment of DNA that is being assessed. Microsatellite instability (MSI) can be assessed with PCR.

Genomic testing plays a significant role in personalizing cancer care. These tests look for biomarkers, or molecules found in the blood, body fluids or tissue that are signs of normal or abnormal processes. Biomarker testing has many purposes across the cancer care spectrum.

· Susceptibility biomarkers can indicate the potential for developing cancer, such as the BRCA1 gene in breast cancer. This type of testing can guide preventive strategies including cancer screening practices and risk reduction interventions.

· Diagnostic biomarkers detect or confirm the presence of cancer. Testing is performed to identify disease sub-types and is done at diagnosis. The ideal test has high sensitivity and specificity. Examples are HER2 expression in breast cancer, JAK2 in leukemia or BCR-ABL in CML, ALL or AML.

· Response/Monitoring biomarkers are measured repeatedly to assess the status of disease. This testing helps to identify disease response, recurrence or progression. The test is done during and after completion of treatment. An example is CEA to monitor colon cancer. Circulating tumor DNA (ctDNA), is emerging as a monitoring biomarker. It measures short DNA fragments in the blood shed by dying cancer cells.

· Prognostic biomarkers are used to identify the likelihood of an increased or decreased clinical event, disease recurrence, progression or overall survival. It is measured at or after diagnosis. This testing may be helpful with risk-stratification when considering treatment options. An example of this testing is Oncotype Dx® or Decipher®.

· Predictive biomarkers are used to predict response or non-response to treatment. These can be used to inform patients about personalized therapy. They are done prior to treatment selection, in first line setting, or after disease progression. An example of this is somatic and germline BRACA pathologic variant patients who would be eligible for treatment with a PARP inhibitor.

· Safety biomarkers are measured before or after treatment to indicate the likelihood, presence or extent of toxicity as an adverse effect. An example is the testing for UGT1A1 genotyping for allele versions that increase risk of irinotecan induced toxicities.

Oncology nurses play a variety of roles in the genetic testing of patients. As we transition away from a one-size-fits all cancer care model toward genomic informed care, nurses must be able to identify patients who require testing and advocate for them. Sometimes this can involve contending with insurance companies, or helping patients find resources. Knowledge of evolving recommendations, such as NCCN guidelines can sometimes assist in getting insurance approval. When test results are received, nurses will be involved in educating patients and collaborating with the multidisciplinary team to incorporate results into patient care. Patients may also require psychosocial support related to the findings, and implications for their family. Genomic testing impacts decision-making at all points of the

cancer care continuum and nurses play a vital role in integrating testing and precision oncology into clinical practice.

Resources:

· National Cancer Institute. (n.d.). NCI Dictionary of Genetics Terms. https://www.cancer.gov/publications/dictionaries/cancer-terms

· ONS Genomics and Precision Oncology Learning Library: https://www.ons.org/genomics-and-precision-oncology-learning-library • ONS Biomarker Database: https://www.ons.org/clinical-tools/biomarkers • ONS Genomics Huddle Cards: https://www.ons.org/clinical-tools/huddle-cards • Clinical Pharmacogenetics Implementation Consortium (CPIC):https://cpicpgx.org/

• National Human Genome Research Institute (NHGRI) – Introduction to • Genomics: https://www.genome.gov/About-Genomics/Introduction-to-Genomics

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*Susan Daron

I was so thankful and honored to represent our chapter at the 50th ONS Congress. I was one of 4100 attendees this year in the mile high city of Denver.

The opening ceremony showcased the history of ONS and 5 nurses (one from each decade of ONS) shared their emotional and touching stories of oncology nursing, with no dry eyes in the room at the end of each story. Brenda Nevidjon MSN, RN,FAAN ONS Chief Executive Officer was presented with a service award by the current ONS President. The ONS Foundation provided 98 ONS scholarship winners this year.

Since we all work in a variety of nursing roles/settings, I choose to share an overview of a presentation I thought would be relevant to all our chapter members.

Tools of the Trade: When you Don't Know What To Say presented by Anne Kolenic DNP, APRN, AOCNS

Communication is a skill we all need but none of us are born with, we need to be taught this. Most importantly we must take time to practice communication skills in a comfortable safe environment (not in the heat of the moment)

Communication and difficult conversations, if done well, can decrease psychological burden, and are associated with fewer resuscitations, ventilation, and death in the ICU

So why should nurses learn how to have difficult conversations when we are typically not the ones giving the bad news? Nurses are often the only constant in patients' illness journey. As a profession we are rated high in trust (nurses have been rated by the public as the highest trust in every year except 2011)

So how to start?

· Be honest…it's perfectly fine to say you do not know the answer but will find out

· Take the time to elicit the patient's values and goals

· Make sure to keep other members of the care team in the loop on your discussion with patients/families

· Take time to actively listen - this takes practice as it's our reflex to think about what we are going to say next and not really listen

80% of our communication is nonverbal, it is the most influential communication channel and is comprised of:

· Our movements

· Our space

· Intentional silence - do not underestimate the power of this, get comfortable with that uncomfortable silence as it allows space for processing and thinking

Use of Mindful Communication which involves:

· Knowing your audience

· Use reflective listening where you ask questions, listen, and repeat (example – asking patient what they understood about their visit with the doctor , and they share "my tumor is still there and I have to have another scan is 3 months but I don't know if I can go through with yet another scan" You can respond - "it sounds like you are concerned about your upcoming CT scan")

· Asking the patient about their likes/dislikes, pets/kids, values….do not just start in with reviewing their medical history.

· Discard scripts (such as you should never cry in front of a patient) – be a real person, and feel free to express emotions

Relationship based communication is using simple actions that build trust such as going in the room with a smile, siting at patient's level, expressing empathy, asking about their cards/pictures on wall

Empathy fuels connection and is composed of three parts:

1) Perspective taking

2) Staying out of judgment

3) Recognizing emotion in others and communicating that

If you do not know what to say, that's fine, you do not need to say anything to the patient, just let them know you are here for them

Some communication tools you can use are:

Ask-Tell-Ask which is a two-way communication, which pauses between each step

Ask-"Can you tell me what Dr Smith told you about your scans?" This assesses the patient's understanding of the situation

Tell – Always give bad news with warning shot, such as "I know this is not the news we were hoping for, but your cancer is not responding to treatment" or "I wish I had better news, but Dr Smith is correct, the chemotherapy is not shrinking your tumor"

Always give negative information in small chunks, and allow time for the patient to process – get comfortable with uncomfortable silence

Ask – check for understanding, such as asking "What questions do you have for me?"

Emotion is normal and we should expect it, it tells us the patient heard and understands, we need to respond to their emotion before we can continue the conversation

NURSE Statements:

Name emotion – "It sounds like you are frustrated" (if you get the emotion wrong, the patient will correct you)

Understand – "It must be hard", "I can't imagine what you are going through"

Respect – "You have done everything we have asked you to", "You are asking good questions", "I give you a lot of credit"

Support – "We will be here for you", "We will work with you though this difficult time"

Explore – "Tell me more"

You can always use therapeutic touch if appropriate, usually the arm or hand are safe places to touch patients

"I Wish" Statements – these are expressions of empathy, which acknowledge things did not go as planned, and require time for the patient to process

Examples - "I wish this was not happening" or "I wish I had better news"

Difficult conversations are the responsibility of all healthcare providers, not just doctors

While nurses are not typically the ones delivering the negative news, they are the ones explaining to patients/families. They also spend the most time with patients and families.

I took so much away from Congress this year and was so grateful to be able to make this my fifth Congress (hopefully not my last)!

Some tips I learned over the years…

1) Most important - wear comfortable walking/running/hiking shoes, there is a great deal of walking at the convention center, learning hall, and to and from pharmaceutical symposia

2) Download and use the ONS Congress app as you can build your schedule, register for industry sponsored programs, access the presenters slides/supplemental materials, and complete your evaluation

3) Make sure to prioritize sleep as there is a lot of information and it can be overwhelming if you try to do it all (as I have). Plus, as nurses we all know you need sleep for memory consolidation

4) Make sure to visit the Learning Hall - this area is comprised of our colleagues in industry, pharmacy, and employers. There are non-CEU presentations given here, as well as demonstrations, giveaways, food/snacks, a Zen

Den (chair yoga, pet therapy, a quiet space to relax and connect).

5) If you want free CEU and a free meal pre-register for the Research to Practice (RTP) Symposia (they have breakfast, lunch and dinner symposia each day of Congress). RTP is not associated with ONS but provides a very comprehensive overview of various cancer types including care studies and discussion with a panel of NPs and MDs.

"Unlocking the Code: Integrating Genomics into Advanced Practice Nursing"

Danielle Fournier, DNP

MD Anderson Cancer Center

Summarized by Grace Cullen

Advances in DNA sequencing over the years have helped us have a better understanding of cancer and improve targeted therapy. Germline genetic testing looks at inherited mutations while somatic testing looks at acquired mutations. Testing technologies include next-generation sequencing (NGS) which can be used for germline and somatic testing and allows for sequencing of up to a thousand genes at one time, making it more cost effective. Information about tumor mutational burden (TMB), microsatellite instability (MSI) and circulating tumor DNA (ctDNA) can also be obtained using NGS. Immunohistochemistry (IHC) uses antibodies to check for presence of specific proteins in the tissue. Its results can be influenced by the quality of antibodies and processing. Polymerase chain reaction (PCR) checks for RNA/DNA sequencing and abundance. It is a very sensitive but limited test as it only looks at specific regions. Fluorescence in-situ hybridization (FISH) uses fluorescent probes that bind to specific DNA sequences and permits visualization and detection of chromosomal abnormalities or gene amplification. Although helpful for confirming other tests, FISH is not comprehensive, and its usefulness is limited to predefined targets.

Biomarker tests play different roles in cancer care. Susceptibility biomarkers can help detect the likelihood of developing cancer and can be helpful in prevention and includes germline testing. Germline testing is recommended for patients diagnosed with ovarian, pancreatic, and certain types of prostate cancer, among others. Diagnostic biomarkers are used to test for the presence of disease and identify disease sub-types. An example is BCR-ABL for CLL, AML and ALL. Predictive biomarkers are used to personalize treatment. An example of which is the use of sotorasib for patients with NSCLC and KRAS G12C mutation. Although used, barriers to biomarker testing exists and includes costs, lack of insurance coverage, and disparities in testing among rural and minority patients. Prognostic biomarkers help predict the likelihood of a future clinical event. There are several prognostic biomarker tests available for different types of malignancy. Response biomarkers are used to test for response to treatment such as prostate specific antigen (PSA) tests used to evaluate prostate cancer treatment response. Safety biomarkers are used to check for the likelihood of toxicity after exposure to an agent such as checking for dihydropyrimidine dehydrogenase (DPD) enzyme before placing a patient on 5-fluorouracil because decreased DPD activity can increase potential toxicities to this medication.

Advanced practice nurses can help improve testing by identifying patients who will benefit from them and advocating for their eligibility for testing, participating in multidisciplinary collaboration, using information on test results to help guide treatment planning and improve care outcomes, providing psychosocial support and information on resources to patients.

2025 Recipients of the Distinguished MDONS Awards

Outstanding MDONS oncology nurse of the year award goes to……

Cindy Murray

MDONS is honored to recognize Cindy Murray, an exceptional nurse leader, for the 2025 MDONS Outstanding Oncology Nurse Award.

Cindy has dedicated 34 years to nursing and is currently the Unit Manager of the Allogeneic Stem Cell Transplant and Apheresis Unit at Karmanos Cancer Center. She is a respected BMTCN-certified leader and a strong staff development and certification advocate.

Known for her clinical expertise and mentorship, Cindy supports her team and peers with compassion and insight. Colleagues often turn to her for guidance, describing her as the "go-to" leader in challenging situations.

She consistently goes above and beyond for patients and families, ensuring they feel supported and heard. Her commitment to excellence, mentorship, and patient-centered care makes her truly deserving of this recognition.

Cindy is also an active MDONS member, always present and engaged in our educational and social events. Outside of work, she enjoys spending time with her husband of 43 years, her two daughters, and three beloved grandchildren.

Outstanding MDONS advanced practice nurse of the year award goes to……

Jarrad Mitchell

MDONS is pleased and honored to present Jarrad Mitchell as the 2025 MDONS Outstanding Advanced Practice Nurse Award.

Jarrad has been an oncology nurse for nine years, beginning his career at Karmanos Cancer Center on the allogeneic stem cell transplant unit. His passion and commitment to patient care quickly stood out, earning him the Karmanos Starfish Award in 2018 and 2019 and a DAISY Award nomination.

His leadership within MDONS has been invaluable. Since joining in 2018, Jarrad served as President from 2021 to 2022 and now continues as Director-at-Large. He is also our go-to tech guru, handling everything from IT troubleshooting to PayPal logistics with grace and humor.

Jarrad's dedication extends far beyond MDONS. Since 2014, he has led CPR and First Aid training sessions for healthcare workers in the community. He currently serves as a nursing professor at Dorsey College, teaching advanced-level courses, and plays an active role on committees supporting accreditation and curriculum development. He's also pursuing his Doctor of Nursing Practice at Chamberlain University, with a research project launching this year at the VA in Detroit.

Congratulations to our award winner

Moving on to our
33rd Annual Update in Oncology
Our annual event took place on June 4, 2025 at San Marino banquet hall. Upon entering, after signing in, contribute to the 50:50 raffle (proceeds to MDONS' Relay for Life) a hot breakfast was waiting for you. You enjoy a protein rich meal with scrambled eggs, yogurt, fresh fruit, roasted potatoes and crispy bacon. We had time to visit and thank our sponsors/vendors. Twenty vendors in attendance, I was happy to learn a few were present to showcase new drugs for rare diseases; what a win for those patients!

Did you see all the prizes?!

THERANOSTICS

Dr. *Mancini started us off with Theranostics. Theranostics is new to me, a combination of the words 'therapy' and diagnostics. Theranostics utilize radioisotopes to image and treat tumors. Theranostics take advantage of radioisotop, which naturally release radiation in order to become stable. An example is Pluvicto, used for the detection of and treatment of metastatic prostate cancer. Pluvicto is given via IV infusion every 6 weeks for 6 treatments. Twenty-four hours after the treatment, SPECT (single photon emission computed tomography) or CT scan images provide detail of the tumor site and where the drug lies. "We can see what we treat".*

Next up were Megan Landry and Jennifer Nagy from the American Cancer Society (ACS). The vision of the ACS is to end cancer as we know it, for everyone. ACS applies an integrated approach to cancer care with discovery, advocacy and patient support. ACS provides 24 hour support through cancer.org, 1-800-227-2345, and their mobile app CARES (Community Access to Resources, Education and Support). The CARES app is a good place for patients and their caregivers to start. One will find cancer information and resources based on each individual's unique situation for personalized cancer support. Information on lodging is also available along with transportation. Hope Lodge provides a place to stay during treatment so patients can focus on healing. Michigan does not have a Hope Lodge, although ACS has partnered with Extended Stay America. First five nights are free, others provided at a reduced cost. Road to Recovery is a group of volunteers providing one on one transportation to and from medical related appointments. Also available are patient transportation grants such as gas, gift cards and bus tickets.
After a brief break, Linda Vanni brought us up-to-date with cancer pain relief. Ms. Vanni started by asking us if cancer pain relief is possible without the use of opioids. The answer is no, not yet. We reviewed the history of cancer pain management up to current day practice guidelines. New to the market (FDA approval date 1/30/25) is suzetrigine or Journavx. A non-opioid analgesia for moderate to severe pain. We enjoyed a nice lunch of salad, mostaccioli, potatoes, vegetable medley and roast beef all followed by cupcakes and brownies. As our tanks were filled we moved on to Neuro-Oncology by Dr. Snyder. Please refer to lecture summarized by Susan Daran.
To wrap up the day of learning was infectious disease specialist Dr. Monday presented a review of the innate immunity and adaptive immune system.
Neuro-oncology updates presented by Dr. James Snyder from Henry Ford Health

Brain tumors are rare- there are approximately 1 million survivors living today. Sadly only about 1/3 of those diagnosed are alive 5 years after diagnosis. The most common brain tumor is a meningioma followed by tumors of the pituitary. The average age of diagnosis is 40. 46% of those diagnosed are no longer working due to their diagnosis, this can be a very isolating condition.

Access to care is also a consideration for this population as there are entire states with no brain tumor centers, and almost the entirety of the western plain states have no centers.

Dr. Snyder advocated for a collaborative model of care for this patient population and the importance of healthcare providers and community organizations working together. This can include collaboration with organizations such as the American brain tumor association, local support groups such as those offered at Henry Ford, Imerman Angels, and Gilda club/Cancer Support Community.

Another key component of providing care for the brain tumor population is to optimize their function. This can be done through:

*mental health services
*cognitive rehab (can be done by speech, *occupational therapy, and/ or social work)
*Home needs assessment
*caregiver support
*physical therapy
*occupational therapy
*speech therapy
*Life impact navigation
*survivorship
*family impact
*financial navigation
*palliative support
*end of life planning
*grief support

Dr. Snyder next moved to discussing some of the treatments for brain tumors. He shared data from the Stupp trial which showed that radiation plus Temodar showed increased survival versus radiation alone.

The next treatment he discussed was Optune also known as tumor treating fields. This is a device that a patient wears for 18 hours a day on their scalp (they must shave their head and do so every few days in order for the electrodes to maintain contact with the skin). It works by using electric fields to stops the tumor cells from dividing. When used in combination with Temodar it has improved the median overall survival from 15.6 months to 20.5 months compared to Temodar alone.

He next covered the area of molecular oncology and the move towards precision medicine in treating tumors. Vorasidenib is a daily pill used to treat patients with low-grade gliomas who have an IDH-1 or IDH-2 mutation and who have completed surgery or resection. This medicine is generally well tolerated with the main adverse effects being fatigue, headache, diarrhea, and nausea. Vorasidenib can penetrate the brain. It has been shown to reduce tumor volume.

Belzuifan is another oral medication that can be used in adult patients with Von Hippel Lindau disease who have central nervous system tumors that don't require immediate surgery.

B-RAF targeted drugs, such as Trametinib and Dabrafenib are used in combination to treat brain tumors in those over age one.

Another diagnosis which is covered in the neurooncology field is neurofibromatosis which is a group of genetic disorders in which the patient has benign tumors that grow throughout their nervous system. In addition to the tumors, they can have pigment changes in their eye, and cafe-au-lait stains. Plexiform neurofibromatosis is a particularly challenging type as the tumors can be disfiguring and make it difficult for patients to walk. For this patient population, it is critical to monitor them for signs and symptoms of aggressive cancer. A treatment option for them is the oral medication Mirdametinib which is used to treat plexiform neurofibromas that cannot be surgically removed. It can be used in anyone over the age of two.

Another emerging therapy used not only for brain tumor patients, but for all cancer patients is the virtual multi institutional tumor boards, which are conducted through the national institutes of health. Dr. Snyder shared there approximately 70 providers from a variety of disciplines on the virtual call weighing in on patient cases. He has presented some complex patients to this board and has appreciated the consensus of so many experts.

Another fascinating new therapy is the use of laser ablation in place of craniotomy. The tumor is heated enough to cause it to break down without the risks of an invasive surgery. One of the main benefits to this approach is that the patient can go home the next day.

Another new and exciting therapy he shared is the use of gamma tile which is a local brachytherapy for brain tumors over 2 cm. The tile is placed at the tumor site immediately after resection and delivers radiation directly to the tumor site and improves local tumor control.

Another new and expanding area in oncology is the viral oncolysis approach in which a virus is used to kill cancer cells, by carrying anticancer medicine into the cell. This can be done through an endogenous virus or an engineered one. There is research going on right now for different cancer types using the herpes virus.

Summarized by
Susan Daron RN, BSN, OCN

American Cancer Society: Relay for Life Detroit ZOO

August 10th, 2025

Please use the following link to join the MDONS Team and help us reach our fundraising goal to aid the American Cancer Society fund cancer research, patient support, and advocacy efforts to end cancer as we know it, for everyone

https://secure.acsevents.org/site/STR?fr_id=110064&pg=team&team_id=2798826

SAVE THE DATE

September 27, Fall Mini Conference, Detroit Zoo

November 7 and 8, Wellness Weekend, The Inn at Harbor Shores, St. Joseph, MI

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