

Napa Valley



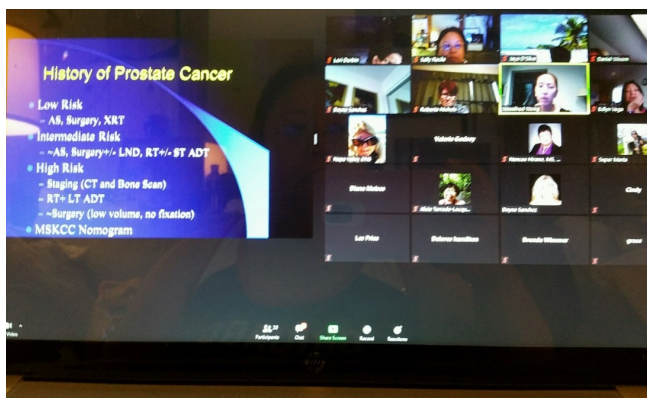
NVONS Board

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- President-Sally Recile
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- Directors at Large:
 - Joanne Wakerlin
 - Robbie Wooley
 - Diana Moises
- Chapter Historian: Karen Stilwell

Anyone interested in volunteering for any of the above positions please contact: Lori at: itslori55@gmail.com

Welcome to the New World of Education! Free CEU too and you get to play virtual BINGO for a prize!

The picture below is snapshot of the NVONS 3rd virtual presentation by Dr Winnifred Wong. The topic was Prostate Cancer. Karen Stilwell presented Oncologic Emergencies last May. June 2020, Dan Wixom talked about Head & Neck cancer. July 2020 topic was Palliative Care presented by Alicia Terrado-Locquiao. You are next! Get ready with your oncologic topic that you are passionate about. Anyone of the board members is ready to help you!



Zoom meeting August 24, 2020



Coming 2020 Virtual Meetings**Sept 8,10,15,17- ONS Bridge**www.ons.org**Sept 12-OLAONS****Sept 26-SVONS****Oct 24-CEBONS**www.brownpapertickets.com**Sept 28-NVONS****Contact:itslori@gmail.com****Note: scholarship available for
ONS Bridge****MEDICARE FOR ALL AND HEALTHCARE AFFORDABILITY**

(Editorial Opinion) by Jaya D'Silva, RN, OCN

With the upcoming elections, a large focus is on healthcare. I think the majority of people will agree that our healthcare system needs a change, reform to improve efficiency and sustainability in the years to come. Healthcare for all has been proposed by some of the presidential candidates, which in my opinion is the only solution to improve accessibility, decrease disparities in health care, decrease cost in the long run, and improve the overall health outcomes in our communities and country. One of the biggest barriers to the proposed "Medicare for all", is the cost. This article focuses on "Medicare for all", as a means to increase affordability of healthcare in the US.

What is Medicare-for-All?

It has been described as a national health insurance program to provide comprehensive protection against the costs of healthcare and health-related services. The plan was first introduced by Senator Bernie Sanders [S.1129] and later by Congresswoman Pramila Jayapal [H.R. 1384]. The 116th Congress introduced both these proposals which are essentially similar in many aspects. The goal of both these plans is to expand the federal governments' role in health care and expand the current Medicare program to provide comprehensive insurance to all US residents.

I will highlight some of the provisions of these plans that will help increase the affordability of healthcare for all Americans.

1. Eliminating all cost-sharing and prohibiting balance billing. According to this individuals will have no premiums, copays, deductibles, or any out of pocket cost for any of the services provided. It is estimated that in 2017, an average individual spent \$ 10,739 on health care. This cost will double soon if we do not do something about it. Adults with employer-provided health plans are also underinsured and their benefits do not adequately cover their health care cost. An individual with a plan requiring a 20% share of cost may not be able to pay his/her medical bills if diagnosed with a grave disease like cancer. With the new proposed plan, this burden will be eliminated. Regarding the funding of the proposed plan - Please see attachment for proposed funding for medicare for all. Also, the data below might shed some light on the current health care expenditure for families and employers.

A KFF survey of employers including 2,012 interviews with non- federal public and private firms showed an increase of almost 45% in premiums in the past decade.

Medicare, *(continued from page 1.*

In 2019, employer contribution increased to 14,561\$ and individuals share of the cost was 6,015\$(kff.org, 2019).

Announcements

Wanted: Oncology RN's

RN Navigator-St Helena Hospital

Contact: Lori Durbin: itslori@gmail.com

Sacramento VA: USA Jobs sit

1 PT Oncology

1 FT Oncology

2. Medicare for all seeks to establish a national health insurance plan by phasing out other public plans and eliminating private insurance. This monopoly will provide medicare better purchasing power and negotiating for drug prices. We are all aware that the increasing cost of healthcare in the US is directly affected by the skyrocketing cost of newer drugs. Curbing that cost will bring down the overall cost of healthcare. Also since prescription drugs will be covered through the new plan, individuals will not have to purchase supplemental plans for drugs, reducing the cost of care to the family. This will also improve adherence to the drug regimen, reducing morbidity and mortality, and thereby reducing the overall healthcare cost.

3. Medicare for all proposes to provide comprehensive benefits including medical, dental, vision, hearing, reproductive services, rehabilitation, mental health, labs and diagnostics, long term care and supportive services for all citizens. This improved access to care will promote increased utilization of services early in the disease process, thereby reducing morbidity and mortality from chronic conditions and therefore decreasing the overall cost of health care.

Based on these proposed changes, I believe that " Medicare for All" is the future of healthcare in America. Health care is a right, not a privilege. Medicare for all will guarantee this right to every resident of our country. The task is big and the path is not easy. But if the candidates put their ideas together, they could come up with a way to implement this plan that will change US healthcare for the better, for generations to come



References:

Retrieved from

<https://www.kff.org/health-costs/report/2019-employer-health-benefits-survey/>

Links to the detailed proposals: Medicare for All

<https://www.congress.gov/116/bills/s1129/BILLS-116s1129is.pdf>

(Links to an external site.)

<https://www.congress.gov/116/bills/hr1384/BILLS-116hr1384ih.pdf>

(Links to an external site.)

Summary of Prostate Cancer August 24, 2020 virtual presentation by Dr Winnifred Wong

What is Radiation Therapy?

The application of ionizing electromagnetic waves or particles to create a desired biologic effect.

DIRECT vs. INDIRECT

*DIRECT: Ionizing radiation acts on the DNA without an intermediate species to cause free radical formation in the double helix.

* INDIRECT: Ionizing radiation causes free radical formation in another atom or molecule (usually H₂O) that then interacts with the DNA to cause damage to the double helix.

Types:

EBRT- External beam radiation therapy: directs a beam of radiation from outside the body at cancerous tissues inside the body.

IMRT- Intensity-Modulated Radiation Therapy: uses linear accelerators to safely deliver precise radiation to a tumor while minimizing the dose to surrounding normal tissue.

VMAT- Volumetric modulated arc therapy- it delivers the radiation dose continuously as the treatment machine rotates. This technique accurately shapes radiation dose to the tumor while minimizing the dose to the organs surrounding the tumor.

Side effects of RT can be felt by the 3rd week of treatment: Bowel/Bladder issues

HORMONE THERAPY (ADT)

* Intermediate Risk- 3-6mos improves bPFS 15-25%; variable 10-15% OS benefit

* High risk- 2-3 years improves 10 yr OS ~15%

Most common SE: Hot flashes

BRACHYTHERAPY

A form of internal radiation where a radioactive substance is placed in or near a cancer to effect local change.

*LOW DOSE RATE (LDR): Radioactive seeds, I-125 or Pd-103

To be done ~ 6 months post-op
Monitor PSA, symptoms

*HIGH DOSE RATE (RDR): Remote after-loader; takes 3-5 treatments.

HDR are usually done by high volume centers such as MD Anderson.

It is also readily available in Canada.

ADJUVANT THERAPY: Post-op RT

It is needed if there is + margin, has extra capsular extension (ECE), seminal vesicle involvement (SVI).

SALVAGE THERAPY:

* >6 mos post-op

* AUA (American Urological Association) guidelines; PSA 0.2 on 2+ readings

ADVANCED PROSTATE CANCER:

**STAGE IV, Metastatic Prostate Cancer

It has spread beyond the prostate to another organ:

- Lymph node involvement (controversial)

- Bone is the most common site of spread

- Treatment is done to manage disease and to limit/slow spread

- Manage pain/discomfort

Initial treatment with hormonal therapy shuts down testosterone production rendering a man castrated.

*Metastatic Castration Resistant Prostate Cancer- systemic therapy (chemo, immune therapy, etc)

Common side effects to the different treatment modalities are as follows:

Sexual issues, urinary incontinence, urinary irritation/obstruction and bowel/rectal issues

ADVANCES IN RT:

* PROTON THERAPY- less dose to bladder and rectum

* Hypofractionation- doses more than 1.8-2.0 Gy per day

* Mostly done in UK and Canada (Socialized medicine)

* Patients has shorter duration of tx, better quality of life

Diana Moises, RN, OCN

Hello Napa Valley ONS Chapter Members,

WHAT'S happening? Well, our economy was better, we were able to see each other at our Monthly 4th Monday dinner meetings, but now that's all on hold. COVID-19 happened or the other name is the China Flu happened. The world had halted, all citizens with exception of first responders and essential workers to continue working. We've adapted to a new normal, new lifestyle... 6 feet distancing, PPEs worn everywhere particularly masks, no handshakes or hugs. Restaurant take-outs is on the rise, outdoor dining is a thing, and dine-ins are on hold. So, people are bringing out their inner Chef and produce farmer's markets are popular. We've learned to utilize our computers, mobile phones, Android tablets, and iPads to its full potential. We've learned to navigate the internet by using ZOOM, Microsoft Teams, Facetime, or Facebook Messenger to communicate with fellow Chapter members, work related communication, so on. As the world is learning to adapt, our Country, the United States of America is turned upside down to riots, violence, and looting in big cities. Our citizenry is divided, and yet COVID is still ever present. As healthcare workers, we are tasked to keep our communities healthy and safe. Our goal is to keep our countries' citizen healthy and ensure that we are also healthy both mentally and physically. Some have taken to posting their feelings in Facebook on Show Me Your Stethoscope | A Nation of Nurses.

My point is, WE are still communicating with everyone and everywhere. We are still present and we know that there is an end to this long tunnel as some of us are busy with this new current normal. If you are ever in need to contact someone, I as your President will always be available for you. Contact me I am but only an email away.

So, my fellow NVONS Chapter Members, I hope we see each other in one of the many ZOOM meetings, I assure you that the topics have been very informative and the companions online are entertaining and fun as usual. Take advantage of the many learning opportunities offered by our sister Chapters and our ONS Headquarters. Take Care, be Safe, and be Vigilant. You are all always in my prayers and thoughts.

Your President,

Sally Castillo-Recile

“ I finally realized that people are prisoners of their phones...that's why it's called cell phones”.

Anonymous