This year was the second virtual presentation of the CANO/ACIO conference, which allowed me to attend the 33rd annual conference from the comfort of my own home. The conference featured several sessions and activities focusing on the following topics:

- Transitions in care, including a workshop on ensuring safe and efficient patient transitions from cancer care to primary care.
- Advocating for our patients through responding to symptoms distress and implementing proactive measures to improve care.
- Creating solutions for complex times through musical improvisation, standards for the specialized oncology nurse, and moving COSTaRS practice guides into action.
- Providing culturally safe care in clinical practice and survivorship.
- Nursing leadership to promote excellence in patient care, incorporating nursing and allied health perspectives across cancer care programs, and developing an ambulatory oncology nursing resource team.
- Informatics in oncology, including accessibility of nursing documentation within electronic documentation systems and an application-based nursing education initiative.
- Clinical practice topics, including hemophagocytic lymphocytosis (HLH), chemotherapy overdose, polyserositis following haploidentical stem cell transplantation, multi-gene testing in hereditary breast and ovarian cancers, the use of hyperbaric oxygen therapy to treat infection in acute myeloid leukemia (AML), and...
the palliative care approach to the management of malignant bowel obstruction. In addition, there were some pandemic adaptation clinical practice topics that were discussed, including virtual clinics, COVID-19 testing in asymptomatic chemotherapy patients, and the implementation of a COVID-19 assessment clinic for ambulatory patients.

- Nurses leading the way with preoperative patient education using animated videos and using a multi-disciplinary approach to prevent cutaneous toxicity in patients receiving cancer treatment.
- Exploring an outpatient CAR-T therapy utilizing a nurse practitioner-led model of care.
- Several geriatric focused oncology topics were covered, including the ethical dimensions of oncology nurses’ practice when caring for older adults, the experiences of older adult cancer survivors during the COVID-19 pandemic, and understanding the gaps in care of older adults with cancer.
- Examining moral distress in oncology nursing.

There were many activities and sessions that I was interested in, which made it challenging to decide which sessions to attend! However, an excellent benefit of the conference being presented virtually is the ability to access any of the recorded sessions until May 31st, 2022. I am planning to watch many of the sessions I missed over the weekend during the conference.

The conference theme, “I Am I Will: A Call to Action” spoke to the resilience and passion that we demonstrate as we continue to navigate through the COVID-19 pandemic. Overall, the event left me feeling inspired and motivated to continue working hard to improve the lives of all Canadians affected by cancer.

---

**MEMBER SPOTLIGHT**

**2021 Nurse of the Year Award Recipient: Ava Hatcher**

*By Kara Jamieson, Nova Scotia Chapter*

**WHERE ARE YOU FROM?**

I was born and raised in Corner Brook Newfoundland, and started my nursing career there in a hospital based RN program. I have now however lived in Northern BC longer than I lived in Newfoundland as I moved here as a young adult in 1989.

**TELL ABOUT A LITTLE ABOUT YOU AND YOUR FAMILY?**

My husband is a Forester…that is what brought us to BC. We have three adult daughters. My youngest is a nurse and my middle is in her fourth year of medical school. My oldest is a pandemic graduate who is working at Scotia Bank while looking for work in her field as a librarian.

**WHAT’S YOUR FAMILY’S FAVORITE THING TO DO TOGETHER?**

We are split on this. My husband, youngest two daughters and I would say spending time in BC’s backcountry, backpacking and canoeing. My oldest daughter would not agree, and say watching movies together. We do all agree that coming together for family dinners once a week or when everyone is in town is very important to us and a favorite!

**IF YOU COULD BE ANY ANIMAL IN THE WORLD, WHAT ANIMAL WOULD YOU BE AND WHY?**

A Panda bear. Who wouldn’t want to be a Panda? They are cute, loving, playful, curious, and bring people joy…love them!

**WHAT INSPIRED YOU TO WORK IN ONCOLOGY NURSING?**

This is a full circle story. I supported a pediatric cancer patient during a procedure when I was a nursing student. The connection that I felt was stronger than any other I had so far in my short career as a student. It compelled me to seek out an oncology practicum experience in my final year of nursing school. Up to that point there was no oncology placement in the curriculum. Lucky for me the instructors carved out a two week rotation, where I spent one in the chemotherapy clinic at our hospital, and one where I went to St. John’s to shadow oncology nurses and radiation oncologists. In
that short period of time, I learned three important things that are still true today for oncology nursing that I have not experienced in other nursing areas that I have worked in.

- The first was that an oncology unit or clinic is a safe haven for patients and families. In the chemo unit, family members and patients would arrive unexpected—upset or in crisis and they were wrapped in care and support. They were and are always the focus and priority.
- A patient centred team based model of care delivery was core to oncology work and nurses were integral to this holistic approach.
- The connection that you have with patients and the ability to support their wellness while treating their illness is the goal…not just treating their illness.

These concepts may not be a surprise to oncology nurses today, but in the late 1980’s, it was very moving for me. I moved to Northern BC, and did not have the opportunity to pursue an oncology nursing career until much later. When the opportunity came though, those experiences and the passion for this population and nursing specialty were as strong as when I was a student.

HOW DID YOU BECOME INVOLVED IN CANO?
I first became involved in CANO through the opportunity to attend and present at the annual conference in Vancouver in 2013, and I have been a member ever since.

WHAT DO YOU LIKE ABOUT BEING INVOLVED IN CANO?
There is so much. I like being able to access the education webinars, networking with oncology nurses nationally through Sosido or reaching out for practice environmental scans. I enjoy and appreciate the Canadian Journal of Oncology Nursing. I also appreciate the National voice in standardizing oncology practice through the development of practice standards, guidelines and competencies, and as a member having the opportunity to contribute to these resources.

IF YOU HAD A CHOICE BETWEEN TWO SUPERPOWERS, BEING INVISIBLE OR FLYING, WHICH WOULD YOU CHOOSE?
This is a hard one, I don’t think I would want either. Maybe I am not imaginative enough to figure out what good work you can do with invisibility as in my mind that is something a villain would use to trick or a spy to find out information. I am cautious by nature, so a little aversion to heights. I will assume that I would not have that hang up if I choose flying…so flying it is!!

The connection that you have with patients and the ability to support their wellness while treating their illness is the goal…not just treating their illness.

Ava Hatcher

FAVORITE THING TO DO ON DAY OFF?
Two favorites…hike and cook.

DESCRIBE YOUR REACTION TO LEARNING YOU WERE THE RECIPIENT OF THE 2021 BOEHRINGER INGELHEIM ONCOLOGY NURSE OF THE YEAR AWARD.
It was such a mixture of emotions. My first reaction of course was that there must have been a mistake. I think as nurses, we always strive to do better and contribute more. We often fall into impostor syndrome, and don’t recognize our abilities and accomplishments. Once I realized it wasn’t a mistake and that I had been selected for this award, I felt very humbled and grateful. Both for my friends and colleagues to recognize me for the award, and for the committee to select me. I am now settling into it and feeling very honoured and inspired to keep working hard to support oncology nurses through system and resource improvement.

COOLEST PLACE YOU HAVE EVER TRAVELLED TO?
For the history and accent factor I will have to say the United Kingdom.

COFFEE OR TEA?
Tea mostly, but I love a good Americano Misto!

SWEET OR SALTY?
Sweet

DOGS OR CATS?
I like them both, but if I have to choose it is dogs.

EARLY BIRD OR NIGHT OWL?
Night owl…but probably not by a diehard night owl standards! Just not a morning person!

TIM HORTONS OR STARBUCKS?
Starbucks 100%
WEBINAR RECAP

HOW TO HARNESS THE GRIT OF WONDER WOMAN WHILE EMBRACING THE NEW NORMAL

Date: August 4, 2021
Presenter: Dr. Mabel Hsin
Recap by Zoe Ignacio, Manitoba Chapter

This webinar is the continuation of “How to Bust Burnout like a Superhero” (CANO OND, 2021). In this part two, Dr. Hsin discussed the strategies to combat stress that can be utilized immediately and tools to embracing the new normal and transforming stress into post traumatic growth, not PTSD.

Dr. Hsin explained that

- Stress, a non-specific physiologic response, has negative and positive impact physiologically, emotionally, psychologically, and socially.
- The bad effect of stress has greater force than the good effect in 4:1 ratio; for instance, it takes 4 positive to overcome 1 negative.
- Stress is not always a negative experience such as falling in love and celebrating a wedding.
- A stressful experience, therefore, can be interpreted or perceived as positive: opportunities for growth and challenges to overcome, not an obstacle.
- The post traumatic growth transformation from stress helps improve our well being, cardiovascular function, immune system, sleep, job performance, and relationship.
- Consequently, improved relationship/interaction with others leads to a butterfly effect - emotional contagion phenomenon and altruism.
- By changing our minds to think differently and changing our physiology build our superpowers to the challenges and opportunities we experience.

To learn to harness the grit of Wonder Woman in detail watch Dr. Hsin's presentation.

WATCH THE WEBINAR

PAST WEBINARS

DISEASE AT A GLANCE:
ACUTE MYELOID LEUKEMIA

By Hassan Zahreddine, Ontario – Horseshoe Chapter

WHAT IS ACUTE MYELOID LEUKEMIA?

Leukemia is the second most common hematologic malignancy in Canada after Non-Hodgkin Lymphoma. It represents a broad term of more than one disease that affect the bone marrow and the lymphatic system. Acute myeloid leukemia (AML) is a heterogeneous type of leukemia that develops due to the clonal expansion of myeloid progenitor precursors in the bone marrow, also known as myeloblasts. It leads to reduction in peripheral blood lineages causing anemia, thrombocytopenia, and leukopenia. Due to its rapidly progressive nature, AML is a medical emergency that requires an urgent transfer to a center experienced in the management of acute leukemia.

HOW IS AML DIAGNOSED?

Diagnosis and distinction from other types of leukemia is by bone marrow examination and flow cytometry that identify the differentiation antigens on the surface of leukemia cells. Molecular and genetic characterization of AML provides a prognostic and risk-based classification that is vital to tailoring individualized treatment pathway.
HOW IS AML GRADED?
AML can infiltrate organs beyond the bone marrow and peripheral blood, but it does not form a tumor. Hence, it does not follow the conventional staging of cancers. The World Health Organization (WHO) Classification of Tumors of Hematopoietic and Lymphoid Tissues incorporates the morphologic and genetic characteristics of AML, such as the point from which a leukemia cell originates during hematopoiesis (subtype), chromosomal and genetic aberrations, prior hematologic disorders leading to AML, and prior anticancer therapy.

HOW IS AML TREATED?
Since the 1970s, the standard of care in AML has been “3 + 7” induction chemotherapy regimen which consists of 3 days of daunorubicin and 7 days of cytarabine. This is usually followed by consolidation chemotherapy with high dose cytarabine for 3 cycles. The duration of consolidation chemotherapy depends on the prognostic and risk classification of the disease. Many patients may require allogeneic stem cell transplant if their disease is at intermediate or high risk for relapse.

Advances in genetic testing over the last decade has unravelled the molecular and genetic characteristics of AML. This allowed for a risk-based and prognostic disease classification, and development of targeted molecular therapy. For instance, mutation in the fms-like tyrosine kinase 3 (FLT3) domain was found to reduce overall survival, and increase risk of early relapse in AML. The addition of FLT3 inhibitor-midostaurin to 3+7 intensive chemotherapy has significantly prolonged overall and event-free survival among patients with FLT3 mutation.

Moreover, advances in clinical research has led to a paradigm shift in the treatment of frail patients with AML. For decades, palliative and supportive care was the only option to these patients, with life expectancy ranging from many weeks to few months. Now, frail patients are offered therapy that can induce remission by incorporating hypomethylating agents such as azacitidine or decitabine with venetoclax. This treatment has significantly improved overall survival in frail older patients that are not fit for intensive induction chemotherapy. The regimen is also better tolerated due to its lower toxicity profile compared to induction treatment, and requiring brief inpatient admission.

WHAT DOES NURSING CARE INVOLVE?
Patients with AML are at high risk for developing tumor lysis syndrome, infection, bleeding, and chemotherapy related toxicities. Nurses can identify patients at risk, and recognize early signs and symptoms of electrolytes imbalances, infection, bleeding, and anemia. Nurses can ensure that blood and blood products are administered safely, and provide health teaching support on medications and interventions. Furthermore, providing mental and emotional support is of paramount importance. Patients often feel burdened with the new diagnosis, and overwhelmed with the information provided within a short time. Nurses can assess patient’s understanding of information, ensure that they have informed consent, and liaise with the multidisciplinary team to ensure that patients receive a holistic approach to care.

REFERENCES