



Newsletter  
Of the  
Association of  
Pediatric/Hematology Oncology Nurses  
Southern California Chapter



# SCAPHON SCOOP

Hello SCAPHON Friends,

Fourteen years ago I started my nursing adventure; I was a new grad and had just accepted my first job. As a senior nursing student, my leadership practicum was in Pediatric Hem-Onc at Phoenix Children's Hospital, and it was there that I fell in love with the perfect blend of science and relationships that truly make caring for this patient population so special and unique. I was hired as a day shift nurse at Loma Linda University Children's Hospital after I moved home following graduation. I was thrilled, anxious, nervous and ready! I honestly had no idea what my career would look like, where nursing would take me, or how this path would completely shape me.

Like many of you, my career as a nurse has brought me so many blessings. I've walked with children and their families through some of their darkest days, and have also been there to celebrate their victories against terrible diseases. Nursing has brought me some of my closest friendships, most trusted mentors, and wonderful professional opportunities. I wholeheartedly believe it's made me a better person. And of course, it's brought me SCAPHON, our amazing local APHON chapter, and the honor to serve you all as President.

The 2014 SCAPHON Conference theme is "Separate Unique, Together Complete." I'm so thankful for Tas Ahmad's vision of a puzzle for this year's event; because that's exactly what a career in Pediatric Hematology/Oncology is. We ALL bring something unique to the table, but need each other to make the pieces fit together. It takes the nervous new grad hanging chemotherapy for the first time and the seasoned nursing leader who is everyone's "go-to." It joins the innovative therapies with the standards of care. It needs the tears and the laughs. I hope you'll join us in May as we learn from nursing and physician colleagues, both from the podium and through relationship.

I am very excited too, about the events and opportunities for our membership that come before our amazing May conference. We have a wonderful hematology-focused quarterly meeting planned for March. We are accepting applications for the May Conference poster session. We will have SCAPHON members serving at local Ronald McDonald houses in the coming months. We will be awarding an additional survivor scholarship this year because of the funds you all raised last May! (Have you taken the time to pass out an application?) Enjoy this newsletter, there is definitely something in here for all of us.... and get involved, as SCAPHON needs your unique talents and gifts to complete our puzzle. I am hoping that some of you will consider joining the SCAPHON board in the coming year—I promise you will enjoy the adventure of leadership and friendship among our chapter's nurses.

I've learned so much being a SCAPHON nurse and it is my desire that being a part of our organization is a professional priority for you; and that it helps shape who you are as a nurse through science and relationships.

Happiest wishes for a wonderful 2014!

Scarlett Czarnecki

## Opportunities for Professional Growth

### **APHON Pediatric Chemotherapy/Biotherapy Provider Course**

13.75 Contact Hours  
Pediatric Chemo/Biotherapy Provider Card

**Children's Hospital Los Angeles  
April 8<sup>th</sup>, 9<sup>th</sup>, 2014**

\$150 CHLA employees  
\$300 Non-CHLA employees

Please register by March 14, 2014

To register, contact Maria Velasco at (323)361-1677 or at  
[mvelasco@chla.usc.edu](mailto:mvelasco@chla.usc.edu)

### **SCAPHON Website On-Line!**

Our website address is:



[www.scaphon.org](http://www.scaphon.org)

### **The SCAPHON website features**

#### **Information about:**

- ❖ Quarterly Meetings
- ❖ Conferences
- ❖ Scholarships
- ❖ Board Members
- ❖ Downloadable copy of our newsletter
- ❖ Quarterly Dinner Meeting Flyer
- ❖ And soon... the conference brochure!

Please visit our website often!

*Email our Webmaster with changes to your  
profile*



ASSOCIATION of PEDIATRIC  
HEMATOLOGY/ONCOLOGY NURSES

**APHON's 38th Annual Conference & Exhibit**

**September 4-6, 2014**

**Oregon Convention Center**

**Portland, OR**

<http://www.aphon.org/meetings/conference/>

### **CPHON®**

**Review Course**

**Thursday March 6th, 2014**

**0800-1630**

at

**CHLA**

**John Stauffer Conference Room A**

**8 CEUs Offered**

Cost for non-CHLA employees: \$125

Lunch will be provided

To register or for questions, please email Diane Altounji at  
[daltounji@chla.usc.edu](mailto:daltounji@chla.usc.edu)



Supported by SCAPHON

### **The SCAPHON SCOOP**

*Published by*

**The Association of  
Pediatric Hematology/Oncology Nurses  
Southern California Chapter**

**President: Scarlett Czarnecki**

**Editor: Deborah Marino**

#### **Contributors:**

*Donna Quiroz*

*Lynn Schubert*

*Sharon Bergeron*

### **GET INVOLVED WITH SCAPHON!**

4 offices will be up for election in May 2014:

President-Elect  
Quarterly Mtg Planner  
Treasurer  
Community Service Chair

Look out for nomination forms at the SCAPHON  
conference in May '14 or contact Scarlett  
Czarnecki [sczarnecki@chla.usc.edu](mailto:sczarnecki@chla.usc.edu) for more  
information

## 2013-14 COMMUNITY SERVICE

### *From the SCAPHON Community Service Chair . . .*

Thank you to all of you who donated food to our food drive at the December Quarterly. It was an amazing success!! We were able to collect hundreds of pounds of food that was donated to the Los Angeles Regional Food Bank.



**\*\* VOLUNTEER \*\*\* VOLUNTEER \*\*\* VOLUNTEER \*\*\* VOLUNTEER \*\*\* VOLUNTEER \*\*\* VOLUNTEER \*\***

Please put on your aprons, get out your knives and join us on **Friday, 3/21/14** as we prepare food for the families staying at local Ronald McDonald Houses. We will need many volunteers to make this a success so please consider spending a few hours with your SCAPHON colleagues and helping to support the families of our patients. Please see the SCAPHON website ([SCAPHON.org](http://SCAPHON.org)) for the exact locations and contact information.

Finally,

Please continue to collect toothbrushes, toothpaste and dental floss to donate to Project Healthy Smile. Their mission is to provide oral health education and dental supplies to underprivileged children globally and they currently have programs in Haiti, Uganda, Vietnam and Cambodia. You can bring them with you to the next Quarterly or to the conference in May.



Thanks again-

*Donna, Courtney and Jennifer*  
SCAPHON Community Service Committee



## Education Corner

Sharon Bergeron, RN, BSN, CPON, Research Educator, CHOC Children's Hospital

### Use of Brentuximab Vedotin in Treating Relapsed/Refractory Hodgkin's Lymphoma (HL) and Newly Diagnosed Patients with Anaplastic Large Cell Lymphoma (ALCL)

**Background of Use in Pediatric Hodgkin's Lymphoma and ALCL:** **brentuximab vedotin** (previously known as **SGN35**; currently marketed under the brand name **Adcetris**) is CD30-directed antibody-drug conjugate (ADC). An ADC is made up of 3 components: CD30-targeted antibody, a cytotoxic agent, MMAE (monomethyl auristatin E) which is a synthetic microtubule-disturbing agent that induces target cell death and a protease-cleavable linker that attaches MMAE to the CD30 directed antibody and releases the agent within the target cell. This agent selectively induces apoptosis (natural cell death) in Hodgkin Lymphoma (HL) and Anaplastic Large Cell Lymphoma (ALCL) cells which express CD30. This particular monoclonal antibody represents a new kind of cancer therapy that targets the destruction of a particular cancer cell.

This agent has been evaluated in adults, at the MTD (maximum tolerated dose) of 1.8 mg/kg every three weeks. The observed CR rate was 34% among patients with HL and 53 % among patient with ALCL. The most common treatment related toxicity was peripheral sensory neuropathy (44%). Based on these results, the FDA, in August 2011, approved brentuximab vedotin for the treatment of patients with refractory HL or ALCL.

The Children's Oncology Group is testing this agent in two currently open trials. One trial is **AHOD 1221** which is a trial that will study brentuximab vedotin in the context of a novel combination regimen, with gemcitabine, for pediatric patients with high-risk relapsed or refractory Hodgkin lymphoma. The primary objectives of this study are to define the appropriate dose of brentuximab vedotin when given in combination with gemcitabine, to describe the toxicity associated with this regimen and to determine the CR rate after treatment with 4 cycles of gemcitabine with brentuximab among patients with relapsed or refractory HL.

Gemcitabine is an active agent for pediatric patients with relapsed/refractory HL especially when given with vinorelbine (navelbine). The Children's Oncology Group has demonstrated the safety and efficacy of this combination and has reported a 76% overall response rate. In this study it was decided to replace vinorelbine

with brentuximab which exerts its cytotoxic effect through a mechanism similar to vinorelbine, because there appears to be a greater overall response rate described with brentuximab than has been reported for vinorelbine. In addition, the clinical study of the combination of gemcitabine with brentuximab is further supported by preclinical data demonstrating that CD30 targeting will sensitize lymphoma cells to gemcitabine.

There have been no previous pediatric-specific trials of brentuximab, however, there were nine patients on the early phase trials of this agent that were less than 18 years old. The most frequent treatment-related adverse events were fatigue, nausea and peripheral neuropathy.

Currently, the Children's Oncology Group has opened, ANHL12P1, which is a phase 2 trial of brentuximab vedotin or crizotinib in combination with chemotherapy (Cytoxan, dexamethasone, ifosfamide, methotrexate, etoposide, cytarabine and doxorubicin) for newly diagnosed patients with anaplastic large cell lymphoma. In this protocol, patients with newly diagnosed ALCL will be randomized to receive standard chemotherapy plus brentuximab vedotin or standard chemotherapy plus crizotinib. It is hopeful that the results of this pilot phase 2 study will provide necessary information to incorporate these novel agents into future trials and potentially improve the treatment of children with ALCL.

Here is a diagram of the agent's mechanism of action that has been described previously:

### An ADC is made up of 3 components

#### Antibody

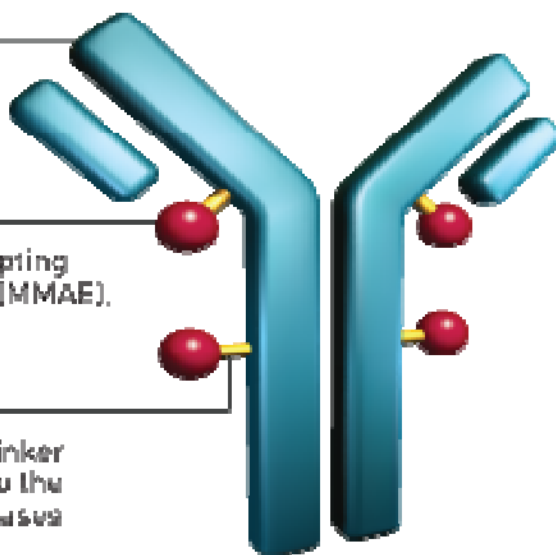
The antibody, brentuximab, specific for CD30

#### Cytotoxic agent

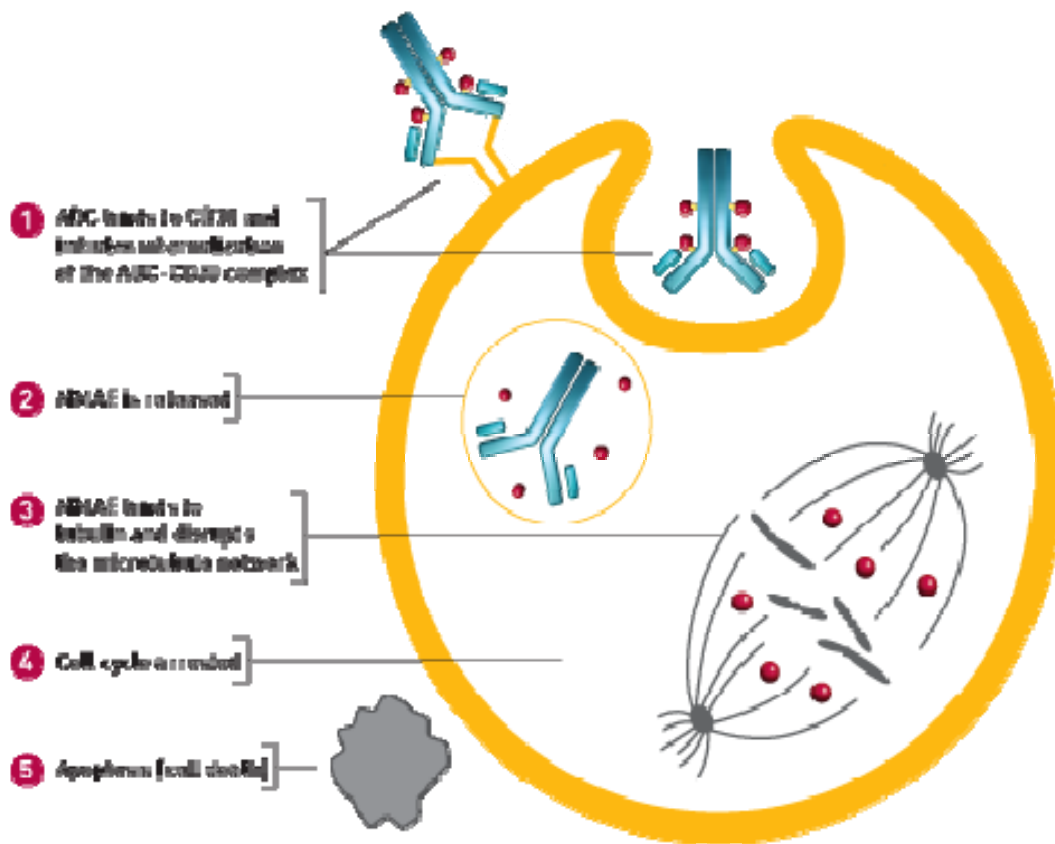
The synthetic microtubule-disrupting agent, monomethyl auristatin E (MMAE), that induces target cell death

#### Linker

A synthetic protease-cleavable linker that covalently attaches MMAE to the CD30-directed antibody and releases the agent within the target cell



**ADCETRIS® (brentuximab vedotin) is an ADC designed to target cells expressing CD30**



**How it is administered to patients:** Brentuximab is given IV over 30 minutes on **Day 1** of each cycle and it is given before the other scheduled chemotherapy administered on Day 1 in both protocols.

**Common Side Effects/Suggested Management Strategies:**

**Peripheral neuropathy:** symptoms are predominately sensory in nature and may include tingling or numbness of the hands, feet or any muscle weakness. Doses of the agent may be reduced based on the grade of neuropathy experienced by the patient. This type of side effect is based on cumulative exposure to the agent.

**Infusion Reactions, including anaphylaxis were uncommon in adult studies with brentuximab:** these reactions may include fever, chills, skin rash; less commonly these reactions may include wheezing, difficulty breathing, drop in blood pressure (hypotension) and swelling of the throat. If this type of reaction occurs, premedications of Tylenol and Benadryl as well as administering steroids such as dexamethasone should be considered. If anaphylaxis occurs, stop the infusion immediately and administer Benadryl, dexamethasone and other anaphylactic medications such as epinephrine or bronchodilators as ordered by the physician.

**Pulmonary Toxicity:** this toxicity will be defined by dyspnea, hypoxia and/or pneumonitis. Patients that develop pulmonary toxicity due to gemcitabine and brentuximab may benefit

from treatment with corticosteroids. Methylprednisolone 1 mg/kg IV every 12 hours for 7 days is suggested as treatment for drug induced pulmonary toxicity.

**Other side effects seen with this agent include:** fatigue, nausea, neutropenia, risk for tumor lysis syndrome if patients have high tumor burden, and high fever or other signs of infection.

**A Rare side effect warning issued by the FDA** is Progressive Multifocal Leukoencephalopathy (PML) which is a rare demyelinating disease of the brain that is caused by the John Cunningham Virus. It typically occurs in immunocompromised individuals and can be fatal. Presenting features may include altered mental status, motor deficits such as ataxia, visual disturbances. Seizures have also been reported. Neurologic exam and neurology consultation may be warranted. **If PML is suspected then brentuximab is permanently discontinued.**

**Clinical Monitoring Required:**

- ✓ Vital signs at the start of the brentuximab infusion, every 15 minutes during the infusion and at end of infusion. *Like all monoclonal antibodies, monitor for infusion reactions however no pre-meds are given since this particular monoclonal antibody is pretty well tolerated. However if an infusion reaction is experienced then premedications of Benadryl and Tylenol will be administered prior to the next scheduled infusion.*
- ✓ Monitor for pulmonary and peripheral neuropathy signs and symptoms. Notify the healthcare provider as necessary.
- ✓ Monitor for new signs and symptoms of CNS system abnormalities that may indicate progressive multifocal leukoencephalopathy (PML)
- ✓ Weekly labs monitoring for neutropenia and electrolyte abnormalities.

**Special Considerations:**

- ✓ Physicians and Nurses need to **document side effects of the drug therapy** as well as the **interventions required.**
- ✓ Do not use in-line filter for the IV administration of brentuximab and the IV bag does not need light protection during the IV administration. Do not mix with other medications.
- ✓ Corticosteroids **may not be used** as antiemetics.
- ✓ Routine premedication is not required for the first dose of brentuximab. If an infusion reaction occurs, hold the infusion and provide medical treatment such as Tylenol, Benadryl, epinephrine and/or steroids may be given for symptom control. Subsequent infusions would require pre-meds. Slowing down the infusion may also be helpful. Obtain an order from physician for this type of intervention.
- ✓ Appropriate emergency agents and equipment should be immediately available for severe infusion reactions or anaphylactic reactions.
- ✓ NSAIDs should be used with caution, due to one reported occurrence of Stevens-Johnson Syndrome noted in a patient utilizing brentuximab and a short course of an NSAID.
- ✓ Avoid use of azole antifungal therapy agents due to drug interaction concerns with brentuximab.





Southern California Association of  
Pediatric Hematology/Oncology Nurses

## 2014 SCAPHON Poster Presentation Application Form and Submission Guidelines

We would like to invite SCAPHON members and SCAPHON conference attendees to share their work at the 2014 Annual SCAPHON Conference through Poster Presentation. There will be no Credit Units offered for viewing these education posters.

All poster abstracts must have already been submitted/approved for viewing at APHON/COG/ONS or other professional conference.

**A) Deadline for receipt of Poster Presentation Application is April 8, 2014.**

**B) To Apply (Please Print or Type):**

1. Complete the Poster Presentation Application.
2. Complete Poster Abstract. Attach CV or Bio Sketch of Primary Author or Presenting Author. (Presenting Author need not be the Primary, but must be able to speak to the entire poster).
3. Return to:

Casey Koerner RN, MSN, CPHON  
8211 Mainsail Drive Unit 202  
Huntington Beach CA 92646

Or as email attachment (preferred) to [ckoerner@choc.org](mailto:ckoerner@choc.org)

**C) Poster Presenters will be notified of the SCAPHON Board decision no later than April 22, 2012.**

Accepted Poster Presenter must confirm participation by April 29, 2014.

For questions, please email [ckoerner@choc.org](mailto:ckoerner@choc.org) or call (626) 260-2705

### POSTER APPLICATION FORM

Title: \_\_\_\_\_

Primary or Presenting Author: (Presenting Author need not be the Primary, but must be able to speak to the entire poster).

First Name	MI	Last Name	Degree

Institution Affiliation: \_\_\_\_\_

Poster Approved for Presentation at  APHON  COG  ONS  Other: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Best Contact – Telephone and/or Email: \_\_\_\_\_

Additional Authors: \_\_\_\_\_

**APPLICATION DEADLINE: April 8, 2014**



## **RULES FOR PREPARATION AND SUBMISSION OF ABSTRACTS**

Expenses associated with the submission and presentation of an abstract are the responsibility of the presenter(s) (ex. Conference Registration, Airfare, and Lodging)

Submission of an Abstract constitutes a commitment by the author(s) to present is accepted.

The primary presenter must be a current member of and register at the SCAPHON Conference. Other presenters do not have to be a member of APHON or SCAPHON, but must register for the SCAPHON conference if attending.

### **ABSTRACT TITLE**

An Abstract must have a short, specific Title (containing no abbreviations) that indicates the nature of the poster submission.

### **AUTHOR NAME(S)**

The submitting author is designated as the presenting author.

The presenting author need not be the primary author, but must be able to speak to the entire poster.

### **ABSTRACT TEXT**

The presentation must relate to an area significant to Pediatric Hematology and/or Oncology Nursing research, practice, or education. Include purpose, background, or a review of the literature (research presentations should include study design and methods), outcomes/findings, and implications for practice.

Standard abbreviations may be used without definition. Non-Standard abbreviations (kept to a minimum) must be placed in parentheses after the use of the word or phrase abbreviated.

Abstracts are limited to 300 words.

### **PRESENTATION**

Guidelines for poster presentation will be provided to authors of accepted abstracts.



**APPLICATION DEADLINE: April 8, 2014**



## **Jessie Rees Foundation** **NEGU for Nurses & Child Life**

Jessie Rees Foundation was started when Jessie, 11 years old, wanted to encourage courageous kids fighting cancer, like herself, to Never Ever Give Up. She and her family created JoyJars to bring hope, joy and smiles to these kids. More than 80,000 of Jessie's JoyJars have been sent to kids in over 260 hospitals, 175 Ronald McDonald Houses and over 8,000 individuals homes in all 50 states and 18 countries. We know how hard you work to bring those same things into the lives of these children. Erik and Stacey Rees have always stated how important the nurses and child life staff were throughout Jessie's 10 month, 2 day fight with cancer.

So in Jessie's honor, we have begun our 'NEGU for Nurses & Child Life Program'. As a member of this program, you will be thanked and encouraged throughout the year. You will receive 1 gift every quarter. There is no charge for membership and no requirements. Let us share Jessie's Joy with you. To sign up for this free program, contact Cheryl Ingraham, Children's Hospitals and Special Connections Coordinator at [Cheryl@jessie.org](mailto:Cheryl@jessie.org) or 949-273-5534. We look forward to hearing from you soon.

**SAVE THE DATE!!!#**

**SCAPHON is proud to present the 28th annual Pediatric Hematology Oncology  
Conference**

**"SEPARATE UNIQUE, TOGETHER COMPLETE"**

**May 15 and 16, 2014**

**The Hyatt Regency Newport Beach**

**Look for conference brochures in the mail in March 2014**

**New to the conference this year - *BREAKOUT SESSIONS* - you choose the lecture  
you want to attend**

**Looking forward to a UNIQUE, COMPLETE conference experience TOGETHER!**

*Tas Ahmad*  
Conference Chair



**SCAPHON**  
Southern California Association of  
Pediatric Hematology/Oncology Nurses

**Association of Pediatric Hematology/Oncology Nurses  
Southern California Chapter**

Cordially invites you to attend our  
Quarterly Dinner Meeting and Educational Forum

**“Understanding Hemophilia: An Overview,  
Complications and New Directions”**

By  
Henry Mead, PhD

**Sponsored by CSL Behring**

**March 11<sup>th</sup>, 2014  
6:30pm**

**Claim Jumper Restaurant  
Fountain Valley**

18050 Brookhurst St.  
Fountain Valley  
(714) 963-6711

**From the 405 Freeway:**

Exit Brookhurst and proceed south.  
Located just south of the 405 Freeway  
at the corner of Brookhurst and Talbert

**Parking is free and readily available.**

Approved by the California Board of Registered Nursing  
Provider Number 10530, for 1.0 Contact Hour

1. Describe the major types and clinical characteristics of hemophilia
2. Discuss current therapies and treatment recommendations for hemophilia
3. Be able to identify the major complications and impact on the hemophilia patient
4. Identify future directions in hemophilia care.

For more information, contact:

**Shawna Esarey  
Quarterly Program Planner  
Esarey, Shawna  
sesarey@rchsd.org**

**SCAPHON Quarterly Meeting Registration Form**

SCAPHON Quarterly Meeting Registration Form

**Registration Deadline: March 4th, 2014**

Yes! I will be attending the SCAPHON Quarterly Dinner Meeting and Educational Forum  
At 6:30 pm on Tuesday, March 11, 2014, at the Claim Jumper in Fountain Valley

Name: \_\_\_\_\_ Menu selection:  Vegetarian  Meat

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ APHON Member:  Yes  No

Institution: \_\_\_\_\_ RN License # \_\_\_\_\_

Please return this registration form by March 4th, 2014  
Enclose registration fee of \$25 payable to SCAPHON (\$30 if postmarked after March 4th, 2014)

Mail to:  
**Shawna Esarey RN, BSN, CPON  
1578 Black Walnut Dr.  
San Marcos, CA 92078**





ASSOCIATION of PEDIATRIC  
HEMATOLOGY/ONCOLOGY NURSES

Anne Nord  
2433 Bywood Drive  
Glendale, CA 91206



**SCAPHON**

Southern California Association of  
Pediatric Hematology/Oncology Nurses



**SCAPHON'S 28<sup>TH</sup>  
ANNUAL CONFERENCE  
MAY 15 & 16, 2014**

**THE HYATT REGENCY  
NEWPORT BEACH**

***Separate Unique,  
Together Complete!***

**SCAPHON now has a page on Facebook!  
"Like" us to get updates on the happenings of  
our local chapter!**

**Note:** If you no longer wish to receive the *SCAPHON Scoop* and wish to be removed from the mailing list, please contact Anne Nord @ [ANord@chla.usc.edu](mailto:ANord@chla.usc.edu) or mail notice to 2433 Bywood Drive, Glendale, CA 91206