



OSGNA

Ohio Society of Gastroenterology Nurses and Associates

The Scope

Winter 2014

President's Message

Officers

Hello everyone,

Well another year is fast coming to an end. This is such a busy time. I hope everyone is able to slow down and reflect on the true meaning of the season.

We are still looking for board members. There is no experience needed. The members presently on the board are willing to mentor anyone interested in a position. There are benefits to being on the board. Not only do you meet and network with nurses from other areas in the region, but you also get your yearly dues paid and much more. I will be sending out the ballot for our regional board elections this next week.



2014 President, Joan Metze

I did just recently send out a save the date for our Regional March meeting being held in Columbus. The date is March 14th 2015. I will be sending more information as we get closer to the date.

Don't forget about the SGNA National Conference in Baltimore. It is May 15-19. For more information about this please check out SGNA.org. Also don't forget it is time to renew your yearly dues.

If you have any topics you would like education about please email me at jm52699@aol.com. We do have physicians that are always willing to write an article for our newsletter.

Merry Christmas to you and your family. I hope you all have a very blessed and peaceful holiday.

Be Safe,

Joan Metze, President

- PresidentJoan Metze
- Past PresidentDebbie Vance
- President ElectTerri Geil
- SecretaryKim McNary
- TreasurerKaren Strader-Helton
- Education/LegislationShirley Flowers
- Historian/Newsletter.....Sandy Amos

Our Medical Advisors for 2012-13 are
Dr. Carmen Meier and Dr. Christopher South.
Thank you for your dedication and service.

Upcoming Events

- Regional Meeting, March 14, 2015
- SGNA National Conference, May 15-19, 2015

HAPPY HOLIDAYS ALL OSGNA MEMBERS

Another year is vastly approaching as well as another new term for the OSGNA board. I am hopeful that 2015 will be the year when more OSGNA members step up to the plate and willingly become OSGNA Board members. The 2012 - 2014 Board has mentored 3 great nurses who have showed an interest in leading our organization during the next 2 years.

I have been a board member for 12 years and am ready to pass my knowledge and experience on to someone else. There are many "perks" to the job. SGNA membership, all board meeting travel expenses and educational conference fees are waived. This helps reduce costs of contact hours for certification and Ohio Nurse licensure. The networking is amazing. I have met so many GI Nurses and National SGNA board members who have shared their experiences.

Please consider joining the OSGNA Board. Contact any of us through our website at OSGNA.org Our organization needs revitalization from you.

Kim McNary

Open Invitation to All Members

- This is an open invitation to all members to attend any quarterly board of director meetings in 2013 and 2014. We need to prepare, educate and mentor those who are interested in running for office for the 2015-2017 term. Several current board members plan to step down and pass the gavel to our future leaders.
- SGNA requires that each region provide its members with contact hours, quarterly newsletters and that the board of directors meet quarterly too. We usually meet at the Jefferson Outlet Mall food court (half way between Cincinnati, Columbus and Dayton) to discuss how we are going to accomplish the SGNA requirements. We always meet the evening before the spring educational conference.
- There are benefits of being a Board member. OSGNA pays for the Boards annual dues and waives the spring educational conference fees. All of this is dependent on available funds.
- Please consider pursuing an active interest in OSGNA by contacting Kim McNary through this website or check the website for Board meeting location and dates.

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Once someone is known to have Lynch syndrome, clinical care focuses on early detection and prevention of cancers. Colonoscopy every 1-2 years beginning at age 20-25 has proven very effective at reducing the risk of colon cancer, with a reported decrease in colon cancer mortality by at least 65-70%. A prophylactic hysterectomy and bilateral ovary removal after child bearing or around age 40 is also effective to reduce the risk of endometrial and ovarian cancer. Other testing options can be considered but have not shown great efficacy to date.

Lynch Syndrome

Peter P Stanich MD and Heather Hampel LGC, The Ohio State University Wexner Medical Center

Colon cancer is the third most common cancer in the United States, with an overall lifetime risk of about 5% for the general population. There are several inherited disorders which greatly increase the risk for colorectal cancer. The most common is Lynch syndrome (previously referred to as hereditary non-polyposis colon cancer syndrome), which accounts for about 3% of all colon cancers.

Lynch syndrome is inherited in an autosomal dominant manner – meaning that one mutated gene is enough to cause the cancer susceptibility and that the children of an affected parent have a 50% chance of inheriting the abnormal gene and also having Lynch syndrome. There are 5 identified genes which can result in Lynch syndrome, with three genes associated with higher cancer risks (MLH1, MSH2, EPCAM) and two genes associated with lower cancer risks (MSH6 and PMS2).

Lynch syndrome causes up to an 80% risk of colon cancer and this usually occurs at younger than average age. The cancers tend to be aggressive right colon lesions that rapidly progress from adenomatous polyp to cancer over less than three years (in comparison to a standard polyp taking 10-15 years). Female patients are at a high risk for endometrial cancer (up to 60%) and ovarian cancer (up to 24%). There are many other cancers which have been associated with Lynch at lower rates, including gastric, small bowel, hepatobiliary, urinary tract,

glioblastomas and sebaceous skin lesions.

There are two approaches to identifying individuals and families with Lynch syndrome. One approach focuses on screening all newly diagnosed colorectal and endometrial cancer patients for Lynch syndrome. This screening includes checking the tumor for characteristics that suggest Lynch syndrome through immunohistochemistry or microsatellite instability testing. If these tests are abnormal, then a referral should be made to a specialized Genetics provider to allow for counseling and consideration of genetic testing to confirm the diagnosis of Lynch syndrome. Once the mutation is detected, this allows for testing of all at risk family members before they develop cancer. A list of all Ohio cancer genetics clinics can be found at: <http://www.odh.ohio.gov/~media/ODH/ASSETS/Files/cmh/genetic%20services/2013/List%20of%20OCGN%20Cancer%20Risk%20Assessment%20Sites.ashx>.

The other approach is to evaluate an individual's family history to determine if they are potentially at risk for Lynch syndrome. This can be done for individuals with and without cancer. In addition to the standard questions during office visits, this can be done through surveys on paper or tablet computer. Several gastroenterology groups, ranging from busy private practices to academic centers, have reported great success

with minimal interruption to patient flow when implementing these methods prior to all office visits and endoscopies. It is our hope that this becomes a standard practice to increase detection. When Lynch syndrome is suspected, a referral should be made to a Genetics provider to allow for counseling and confirmatory genetic testing.

The Ohio Colorectal Cancer Prevention Initiative (OCCPI) is an exciting research study that is currently underway at 42 hospitals in the state of Ohio. OCCPI will add greatly to our understanding of Lynch syndrome and other hereditary colon cancer syndromes and will benefit our colorectal cancer patients and their family members. As such, we feel all members of the Gastroenterology care team need to be aware of this option. The OCCPI allows for all patients newly diagnosed with colorectal cancer in Ohio from 1/1/2013 through 12/31/2015 to receive free tumor screening and follow-up genetic testing when indicated. If an individual is found to have Lynch syndrome, they receive free genetic counseling and their at-risk family members will also receive free genetic counseling and testing. For further questions or to refer a patient, please call Rachel Pearlman at 614-293-5740.

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