

Blue & Gold

Spring 2018

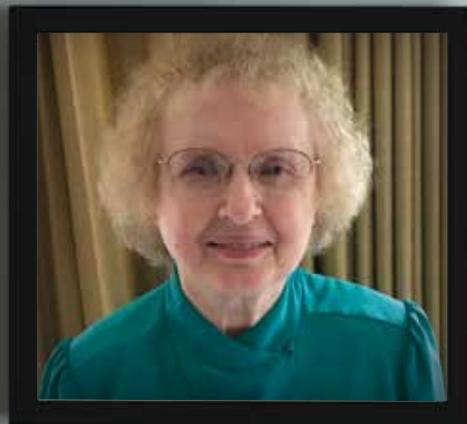
TRIANGLE



04 A Brief History of the Educational Trust

06 Skin Cancer Prevention for Children and Adolescents

16 Project HOPE: Resiliency after Hurricane Maria



“Make yourself happy, and give back.”

by Sharon C. Brown, MS, RPL, PGP, Editor

Passion. It's a word that describes the approach Gloria Bernstein takes to pretty much everything she gets involved in. Wanting to do something in the healthcare field, Gloria decided to become a pharmacist so she could help other people. She also wanted to make other people aware of what they could do to help themselves. So she attended Drake University, where she joined LKS in the spring of 1975.

After graduation, she served as a regional supervisor, and continues to serve the Fraternity through her membership on various committees. She was a member of the LKS Educational Trust Liaison Committee for 10 years, and received the Distinguished Service Citation in 2010.

Gloria recently retired from Hy-Vee after working for the predominantly Midwestern chain of stores for 35 years. Despite retirement, she has managed to stay busy – and passionate – about a good many things.

Gloria serves on the Iowa State Board of Pharmacy PMP Advisory Council, on the board of the Tifereth Israel Synagogue, and on the board of the Iowa Jewish Senior Life Center. She also remains an active Drake alumni, where she funds the Gloria Bernstein Leadership Scholarship, where she provides a \$1000 scholarship annually to a deserving pharmacy student.

Gloria tears up when asked why she is a Lamb for Life. “It's a commitment” she says. “It's a true bond of sisterhood, one in which you give back to others the way others have given to you.” Her drive and passion for all things LKS comes from years of grooming from those who came before her.

“My friends are my family, and family comes first.” Anyone who knows Gloria knows this to be a true statement.

What advice does she have for new LKS members? “Do what you want to do in life. Do what makes you happy. And most of all, give back.” **AKΣ**

Know a Lamb for Life? We'd love to feature her in an upcoming issue. Please email communications@lks.org to tell us about this special person who deserves recognition.



Contents



“Everyone has something that changes them.”

Unique stories of five sisters who faced cancer and came out on top.



DEPARTMENTS

News & Notes

Creative ways to highlight core values

Project HOPE Gala
page 3

Apothecary

Preventing skin cancer starts during childhood

page 6

Ewe Can

Alumnus recognized by the APhA

page 15

Project HOPE

The lingering need for recovery efforts in Puerto Rico

page 16

A Bit of Our History

The story behind Wool Wax Cream

page 17



THE BLUE & GOLD TRIANGLE OF LAMBDA KAPPA SIGMA

Published by
Lambda Kappa Sigma Fraternity

P.O. Box 570
Muskego WI
53150-0570

262-682-4362
lkshq@lks.org | lks.org

EDITOR

Sharon C. Brown

CREATIVE DESIGN & LAYOUT

Tria Designs, Inc.

COMMUNICATIONS COMMITTEE

Sharon C. Brown, Chair
Debbie Bourquin
Justine Dickson
Kim Hancock
Nancy Horst

MEMBER

Professional Fraternity Association
Fraternity Communications Association



MISSION STATEMENT

Lambda Kappa Sigma provides lifelong opportunities for women in pharmacy through professional excellence and personal growth.

CORE VALUES

In addition to the Code of Ethics, Lambda Kappa Sigma is guided by professionalism and the Core Values of Integrity, Leadership, Scholarship, Service and Sisterhood.

PUBLICATION

The Blue & Gold Triangle is the official publication of Lambda Kappa Sigma Pharmacy Fraternity and is published semi annually.

SUBMISSION DEADLINES

February 15; October 15

POSTMASTER

please send address changes to:
Lambda Kappa Sigma
P.O. Box 570
Muskego WI
53150-0570

PRINTED IN THE USA.

President's Address

The Biennium in Review

Hello Sisters,

As the spring semester has ended and the summer begins, Grand Council and Headquarters are gearing up for the Annual Convention in Buffalo July 25-28, 2018. As Grand President, planning for convention always triggers a variety of emotions. Planning convention is a fun and exciting time, as it presents an opportunity to honor time tested and fun events, and to perhaps give some of these events a new twist. Convention programming is designed with you, the attendee, in mind. Leadership development, chapter operations, and forums in which to share ideas and successes are just a few of the activities planned in Buffalo. With beautiful surroundings and a gathering of smart, dedicated, successful professionals willing to share their secrets on how they became smart, dedicated, and successful, you won't want to miss this convention!

Like the Grand Presidents who had the privilege and honor to serve in this capacity before me, I am proud of what has been accomplished during the term of the current Grand Council. One such accomplishment is the Rebranding of Lambda Kappa Sigma, and the fresh, new, and inviting look to our brand platform. Countless hours of data collection, idea mining, drafting, editing, testing, and evaluations went into redesigning how we present ourselves in all media outlets. Our newly created *Blue & Gold Triangle*, our vastly successful social media platform, and our new designs and fun additions — like Ewegenia — have given a new personality to LKS. A personality that appeals to young and old alike, that draws us together

and lets others know that we work, but we also play.

I am very proud that the 2017 convention was the highest attended convention in the past 10 years, with the exception of the Centennial convention. As leaders of this organization, your Grand Council members know the critical role convention attendance plays in maintaining and strengthening the bonds of sisterhood among all of our chapters. The work of the fraternity done at convention, the sharing of information and traditions, and the opportunity to highlight and celebrate our successes as individuals and as an organization provide a backdrop for building relationships that know no boundaries and stand the test of time.

The Leadership Development program offered last year at convention, and continuing this year in Buffalo, is another shining example of tapping into the vast experience of our alumni members to provide insight, education, and real world advice that can give our members just the right advantage when searching for the job, the residency, or the post-graduate opportunity they seek. The newly approved collegiate awards and collegiate committee provide a way to celebrate the accomplishments and provide a voice to our largest membership subgroup, our students. The development of the Foundation Ad Hoc Committee creates a way for us to look to the future and continue to be at the forefront of the pharmacy profession.

Whether you are taking a break this summer, interning, studying for boards, or embarking on a new



adventure as a pharmacy professional, remember how far you have come and know that your sisters will always be there for you no matter where you go or what path your journey may lead you to take. They will continue to support and lift you up so you can go further than you ever expected. It has been a pleasure serving as your 2016-2018 Grand President and it is something I will treasure for many years to come.

See everyone in Buffalo,

Sandy Mullen

Sandy Mullen
Grand President
grandpresident@lks.org

Combining Sisterhood and Scholarship for Fun



Allison Brask of Drake University (Nu Chapter) wanted to promote scholarship and sisterhood within her chapter. She designed a Scholarship Bingo Game. To “cover” each square, members were instructed to take a photo of themselves completing the task and send it to Allison. The first three members to cover two straight lines on the card were awarded prizes. What a fun way to promote LKS Core Values!

Collegiate and Alumni Chapter Reports

The collegiate and alumni chapter reports that used to be printed in the *Blue & Gold Triangle* can now be found online. These reports are due October 15 and February 15. The editors of the *Blue & Gold Triangle* will review all chapter report submissions and feature the best stories in future publications. So make sure your report highlights your chapter’s biggest and best events as well as stories about outstanding members! To complete a report, please visit www.lks.org, “Governing Docs.”



Successful HOPE Gala at Kentucky

Alpha Nu chapter (University of Kentucky) hosts a gala every year to raise money for Project HOPE. This year, they were awarded a grant from the UK Student Government Association to cover the cost of the venue, allowing more of the money raised to go to the LKS philanthropy. Students from all Health Colleges and UK are invited to purchase tickets. This year they had 201 attendees who enjoyed food and beverages, dancing, donning outrageous props for the photo booth, and learning about Project HOPE. A total of \$1400 was raised for Project HOPE. Kudos to the members of Alpha Nu!



Manufacturer’s Night

Manufacturers’ Night, is a unique, one of a kind event in North America. It is a special evening for pharmacy students to actively engage with leaders in pharmacy. In attendance will be leaders in industry who will present their visions and innovations to students in a dynamic and engaging environment. This professional event presents an invaluable opportunity for students to reinforce their academic learning with pharmaceutical knowledge provided directly from the manufacturers themselves. Twenty-two different manufacturers will be represented this year! Students will review various products, network, and gain insight towards the pharmaceutical industry and its manufacturing aspects, including potential career options. Manufacturers’ Night aims to promote Alpha Lambda LKS’ core values which are essential during this time of advancement of practice in our profession.



You ARE a Lamb for Life!

We hope you will experience much success and personal fulfillment in your future endeavors. We also welcome you as a new alumni member of LKS!

As an alumni member, LKS will continue to support you as you hone your skills as a pharmacist and a leader among professional women. LKS will also help you to solidify meaningful relationships with others who are striving, just like you, to be the best pharmacists, friends and women they can be.

We sincerely hope that you will continue your LKS membership. We understand that new practitioners have a lot of expenses, so LKS extends to recent graduates one FREE year of alumni membership (a value of \$140!).

In addition to the other benefits of alumni membership, you will receive the Alumni News, your source for news on what’s happening with your LKS sisters everywhere.

To activate your alumni membership and take advantage of your first year’s paid alumni dues, visit www.lks.org, click on “Alumni”, “New Grads”, “Online Form”, to complete the New Graduate form and become an official alumni member!

Order Your Graduation Cords Now!

If you need a for graduation, please visit www.kenjernigan.com or call 1-800-478-3278. Prices will vary depending on the cord you choose. When placing your order please include: Number of cords, full name, shipping address, and date you need it by.



Educational Trust
LAMBDA KAPPA SIGMA

The Educational Trust

A Brief History, and How You Can Give

By Jennifer Rhodes, Trust Liaison Committee Chair

EARLY IN THE HISTORY of the Fraternity, it was recognized that members would benefit from a program of financial support to help defray the growing costs of attending pharmacy programs. Beginning with funds from the general treasury, the first LKS Scholarship (now known as the Cora E. Craven Educational Grant) was given in 1962. Ten years later, in 1972, the first Dr. B. Olive Cole Graduate Educational Grant was established.

The Lambda Kappa Sigma Educational Trust was established in 1974 for the purposes of perpetuating a financial program to assist members in reaching their goals in pharmaceutical education. An Educational Grant Selection Committee and Standing Rules were adopted at the 1976

Biennial Convention in Toledo, Ohio. Effective with the 1978 Biennial Convention in Albany, NY, the Cora E. Craven and Dr. B. Olive Cole Educational Grants have been funded by the LKS Educational Trust.

In 1986, the Mary Connolly Livingston Educational Grant was also created and funded through the Trust. In 1994, 1998, and 2003 respectively, the Norma Chipman Wells, Adele Lobraico Lowe, and Marilyn & Joe E. Haberle grants were established and funded by the Trust.

Oversight of the Trust is provided by the Trust Liaison Committee. This group monitors financial and policy aspects of the Trust, including establishing the number and amount of the educational grants provided. Since 2014, this group of dedicated members and friends of the fraternity

has also worked to broaden the scope of the Educational Trust, by providing financial support for educational programming at the Fraternity's annual meetings. **AKZ**

The Educational Trust is established as a 501(c)(3) public charity. Members, chapters and friends of LKS are encouraged to donate to the Educational Trust in order to sustain funding for these important educational programs. Donations in the form of special tributes, recognitions, or memorials are welcome at any time.

Make a donation!

Credit card donations can securely be made online in the Member Portal, found on www.lks.org. You can also write a check (made payable to the LKS Educational Trust) and send it to:

Lambda Kappa Sigma
Headquarters Office
P.O. Box 570
Muskego, WI
53150-0570

2018 GRANT RECIPIENTS



Trang



Zarfoss



Wyles



Wright



Knapp



Cicirale



Robles



Jense



Owens



Ferreira

B. Olive Cole

- Anh Trang, University of Southern California (Lambda)

Marilyn & Joe Haberle

- Erika Zarfoss, Wilkes University (Alpha Phi)

Adele Lowe Leadership

- Makayla Wiles, University of Kentucky (Alpha Nu)

Norma Wells Loyalty

- Melissa Wright, University of Connecticut (Alpha Beta)

Mary Connolly Livingston

- Kacey Knapp, Wilkes University (Alpha Phi)

Cora E. Craven

- Carrie Cicirale, St. Louis College of Pharmacy (Alpha Zeta)
- Kirsten Robles, St. Louis College of Pharmacy (Alpha Zeta)
- Alexa Jense, University of Toledo (Alpha Mu)
- Cassandra Owens, Drake University (Nu)
- Sierra Ferreira, Massachusetts College of Pharmacy (Alpha)



LKS 2018 National Convention

Elevating Women in Pharmacy

What's on Your Bucket List?

If traveling to see awe-inspiring scenery at the oldest national park in the United States is on that list, then this year's Convention is one for you. Join your fellow sisters of Lambda Kappa Sigma to experience the unforgettable and breathtaking Niagara Falls at the 2018 Annual Convention in Buffalo, New York. With hiking trails, boat tours, a restaurant at the top of the falls offering a panoramic view, shopping, and much more, there will be plenty of things to keep you and your sisters busy and enjoying your special time together!

This year's Convention will be held at the Adam's Mark Hotel in Buffalo, New York. It is a gorgeous, newly renovated building with an indoor pool. Be sure to come a day early so you can enjoy a special pre-convention excursion to Niagara Falls. For a nominal

charge, you can board the LKS shuttle leaving right from the hotel throughout the day. The Shuttle will take you to the Falls and bring you back in plenty of time for the collegiate delegate meeting and alumni caucus. Attendees will be welcomed during the opening reception on Wednesday evening.

Thursday will be a packed day beginning with our keynote speaker, Jim Ryan, during breakfast, followed by our first business session, poster presentations and Awards luncheon. Another benefit of this year's Annual Convention is the multiple C.E.'s that are being offered on Thursday afternoon.

Friday will be a very special day, beginning with breakfast and the annual LKS Leadership Program, sponsored by Albertsons Pharmacies, followed by lunch. We'll have a business session in the afternoon and then a HOPE event to educate members about

our national philanthropy. The evening is free with numerous opportunities to engage with LKS sisters for dinner and fun.

Saturday includes morning alumni and collegiate sessions followed by Lamb Talks and lunch. The final business session will be in the afternoon, and chapter delegates may stay afterward to pick up delegate reimbursement

Every year, members at Convention gain knowledge in chapter management and personal and professional development.



checks. Of course, we saved the best for last - the semi-formal Trust reception, group photo and Fraternity banquet will give you an evening to remember with friends old and new, chapter awards, and the installation of the 2018-2020 Grand Council.

Every year, members at Convention gain knowledge in chapter management and personal and professional development. In addition, they've experienced an unforgettable opportunity to enhance their connection to the Fraternity and deepen the bonds of sisterhood while building relationships with sisters outside of their local chapter. Sisters leave Convention motivated, connected and energized to bring great ideas back to the chapter. Time and again we hear, "I wish more of our members could have been here!"

See You in Buffalo! **AKΣ**

PART 4 OF 4

The 2016-2018 Women's
Health Issues Topic: Skin Cancer

Skin Cancer Prevention Strategies for Children and Adolescents

It's Never Too Early to Educate

By Courtney Genovesi, PharmD

ISTOCKPHOTO / ARTMARIE

SKIN CANCER IS NOT JUST a problem for adults anymore. As the use of indoor tanning beds becomes more popular and new social media applications continue to emerge, the pediatric population is at an increased risk for sun-related skin damage and their risk for skin cancer rises. Risk factors for melanoma in pediatrics are the same as those for adults, and they include light skin, light eyes, congenital or acquired nevus, and history of severe sunburn, malignancy, or immunosuppression¹. The most modifiable risk factor is exposure to ultraviolet radiation in childhood, which will be the focus of this article.

There are many factors that come into play that influence a teen's views on tanning, including body image, peer pressure, societal beauty ideals, and family perception and acceptance of tanning². It is estimated that up to 70% of teens use some type of social media, and the

visually-oriented platforms such as Instagram tend to be more popular among younger female users. While it is important to recognize the dangers associated with the tanning industry advertising and promoting indoor tanning on these platforms, the question researchers hope to answer is if these same sites could be an effective avenue of communication to teens regarding safe sun practices to shape their behaviors and perceptions on tanning. An article recently published in the *Journal of Preventive Medicine* describes strategies that may impact public health by utilizing social media, which has been supported by a small number of controlled trials and observational studies. The results of these studies appear promising, citing increased sun protection in both children and adults after receiving sun protection text messages over a discrete period of time. Some web-based

interventions have also proven to improve sun safety in adolescents and young adults. Further research is needed to determine how we can apply this to the newer social media platforms, but informational messages, especially when image-based in nature, do appear to be effective. As social media becomes ever more prevalent in the lives of children and young adults, it is essential that strategies be implemented to incorporate it into our public health efforts. In general, most of the teens who report use of indoor tanning facilities are healthy, and they are less likely to see their primary care physician on a regular basis for well visits. Social media could help to fill this gap in education regarding sun safety that they could potentially be getting at their physician's office.

But are children and teens receiving enough education about sun safety practices when they do see their physi-

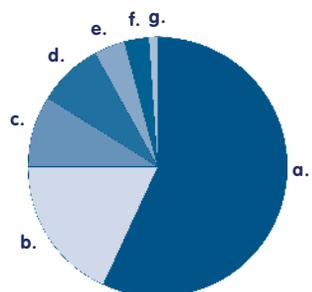
cians for well visits? While there is no data available to confirm the education patients themselves are receiving, a study recently conducted by the Society for Adolescent Health and Medicine evaluated parents' recall and perceptions of skin cancer prevention counseling by their child's healthcare provider. Parents reported receiving counseling on the following topics: using sunscreen, checking skin for unusual changes, wearing protective clothing, limiting time outdoors midday, seeking shade, and using indoor tanning devices. Not surprisingly, the majority of parents reported receiving counseling on sunscreen use and checking for skin changes. However, only 3% of parents recalled discussing indoor tanning. Of the parents who received counseling on the dangers of indoor tanning, 52% reported that they would be less likely to give their child permission to indoor tan based on the

conversation³. The results of this study demonstrate that there is a need for increased counseling to both parents and adolescents regarding sun safety.

The main barriers to effective skin cancer prevention counseling include time and reimbursement for services. Additionally, compared to other health maintenance topics, providers do not rank sun safety as high, which could be another reason why it is often overlooked. An early study on the counseling practices of pharmacists on skin cancer describes pharmacists as “a credible but highly under-utilized source for skin cancer prevention counseling”⁵. Pharmacists are well equipped to assist in bridging the skin cancer prevention counseling gap, as they are widely accessible in both the community and inpatient setting. Not only are community pharmacists accessible, sometimes 24 hours per day, but they are also some of the most knowledgeable healthcare professionals in regards to over the counter products such as sunscreen. They can assist patients in selecting an appropriate product as well as proper application techniques. Pharmacists who practice in other settings, such as ambulatory clinics, can also play a large role in sun safety education. While these pharmacists will likely not be prompted by the patient to discuss skin cancer prevention, they do have the advantage of time (these patients often have a dedicated block of at least 15 minutes to spend with their pharmacist) and reimbursement, as these pharmacists can bill for their services. Lastly, pharmacists can play a role in the inpatient setting by incorporating sun safety into discharge counseling, particularly when the patient may be going home on a new

Risk factors for melanoma in pediatrics are the same as those for adults, and they include light skin, light eyes, congenital or acquired nevus, and history of severe sunburn, malignancy, or immunosuppression¹.

Number of Childhood Deaths by Disease Per Year (Ages 1-19)



a. Cancer	57%
b. Heart Disease	18%
c. Influenza and Pneumonia	9%
d. Respiratory Disease	8%
e. Cerebrovascular Disease	4%
f. Septicemia	3%
g. Diabetes Mellitus	1%

Pediatric Cancer Statistics

- ▶ 12% of children diagnosed with cancer don't survive
- ▶ 60% of children treated for cancer suffer late effects such as infertility
- ▶ The #1 cause of death in children by disease is cancer

medication that has the potential to cause photosensitivity.

Finally, legislation is another area where pharmacists and other healthcare professionals can have a profound

impact. There have already been a number of age-related bans on indoor tanning established in the United States and other countries, as well as many state-specific sun safety mandated education programs. Arizona, New Mexico, and Florida have incorporated skin cancer prevention education into the curriculum in their public school systems⁴. According to the US Preventive Services Task Force, it is recommended that all fair-skinned children and young adults ages 10 to 24 be educated on reducing exposure to ultraviolet light. As previous studies have demonstrated, this education is often missed during most visits to the healthcare provider. In addition to pharmacists providing education and counseling in the community and ambulatory setting, and even inpatient where applicable, pharmacy students can play a role in educating the pediatric population and their caregivers about sun safety. Many schools of pharmacy encourage community service activities, which may include health fairs, poster displays, and even educational materials provided electronically. Pharmacy students may be some of the most effective and well equipped professionals to educate this impressionable population, as they are familiar with and often utilize the same modes of social media as the target population. Children and adolescents may respond more favorably to a healthcare professional closer to their age or someone who they feel they can relate more to than an adult.

In conclusion, there is a need to increase the amount and quality of counseling adolescents and caregivers receive about the dangers of tanning and skin cancer prevention, and this gap can potentially be filled by

pharmacists. Pharmacists and student pharmacists are accessible, knowledgeable, and often technologically savvy. As the snow begins to melt and teens begin to think about their summer break quickly approaching, it is also time for us as pharmacists to begin strategizing how to best impact children, adolescents, and their parents to improve sun safe behaviors and reduce the risk of skin cancer in this population. One great opportunity to make an impact in your community or school is during the month of May, which is Melanoma Awareness Month. Let's spread the word about sun safety and get teens excited about skin cancer prevention this spring! **AKS**

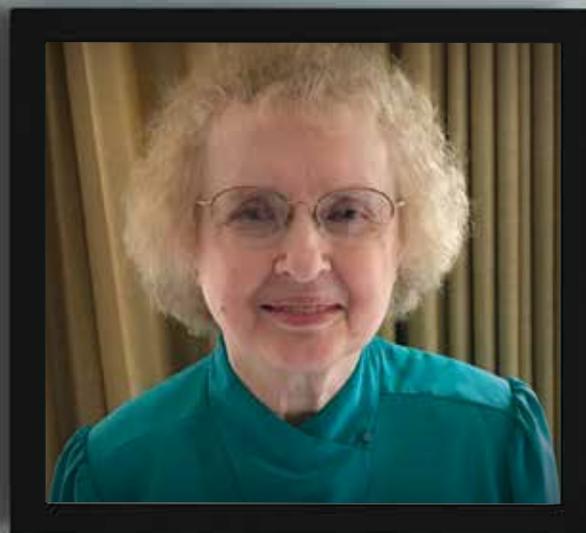
1. Maguire-Eisen, M. Skin cancer: a growing health problem for children. *Seminars in Oncology Nursing*, 2013;29(3):209-213.
2. Falzone A, et al. Teens, tweets, and tanning beds: rethinking the use of social media for skin cancer prevention. *American Journal of Preventive Medicine*, 2017;53(3S1):S86-S94.
3. McRee A, et al. Counseling about skin cancer prevention among adolescents: what do parents receive from healthcare providers? *Journal of Adolescent Health*, 2017;61:533-536.
4. Walker D. Skin protection for (SPF) kids program. *Journal of Pediatric Nursing*, 2012;27:233-242.
5. Souvignier S, et al. Educating the public about skin cancer prevention: a role for pharmacists. *Journal of Clinical Pharmacy and Therapeutics*, 1996;21:399-406.

SURVIVING AGAINST THE ODDS



FIVE SPECIAL SISTERS SHARE THEIR STORIES

by Sharon C. Brown, MS, RPh, PGP, Editor



We all consider ourselves survivors at one time or another. We survive those awkward teen years, first kisses, lost loves, and even pharmacy school. But facing physical and mental challenges of a life-threatening illness creates a unique class of survivor. These are the stories of just five of our sister survivors ...



Carrie Molesa
Carrie Molesa
, Ferris State
University

(Alpha Iota), grew up in Saginaw, Michigan, which she describes as your typical American small town. Her mother was a teacher and her father was in the Navy at the time of the Vietnam war. Early on, Carrie knew she wanted to grow up to do something in healthcare, and when she was in the 6th grade, after overhearing a conversation her parents had regarding an acquaintance who was a pharmacist, she decided that was what she wanted to do. And she did.

Carrie attended Ferris State University, where she obtained a BS in Pharmacy, then went on to complete the post-BS Pharm.D program there, graduating in 2003. She joined LKS in the fall of her sophomore year. She completed a residency at Harper University Hospital, and began her career as a clinical pharmacist.

Despite leading what she describes as a charmed life, it was at this time that Carrie had a feeling something wasn't quite right. "I was young and very healthy. But I would come home from work exhausted which I had not experienced before."

She made several trips to her primary care physician who did what she called "million dollar work-ups" and was even treated for a year with antidepressant therapy, but nothing seemed to help. Then while lying in bed watching TV, Carrie noticed a bulge in her abdomen. She visited her PCP and asked that tumor markers be drawn. When her PCP refused, Carrie followed the recommendation of colleagues and went to her gynecologist. An ultrasound revealed some abnormalities and blood work was done.

The next day, her cancer treatment story began in earnest. Carrie was diagnosed with stage IIIc clear cell ovarian cancer in June 2009 at the age of 30. The average age at time of diagnosis for ovarian cancer is 66, which may have been a significant contributing factor in the length of time it took (more than two years) to make a diagnosis.



nurse. She recalls being glad her husband and mother did not have to give her the news. "But I knew," she recalls, "from the look on their faces when I got to my room, they knew it was cancer."

Carrie had allowed herself a one-day pity party on the day of her CT. She cried, asked the "Why me?" questions, thinking to herself "I'm a good person, I take care of others, I never color outside the lines, why is this happening to me?" Then she "put on my big girl panties and started to approach the situation the same way I had approached every other major milestone in my life—one step at a time, check-list style."

"The chemo was not as bad as I thought it would be." She was treated with carboplatin and paclitaxel with

"THERE WAS A TIME I FELT LIKE CANCER CARRIE"

And the diagnosis was serious. Carrie's CA 125, the tumor marker for ovarian cancer, was around 2500, with a normal value less than 30. A stat CT revealed an ovarian mass. She immediately consulted a GYN oncologist to discuss her treatment course. "We discussed fertility, but there was really no time to harvest eggs," says Carrie.

"I was more concerned with getting rid of the cancer and that was my priority."

She went into surgery with a plan that if it was cancer a total hysterectomy would be done. If not, only what needed to be removed would be removed.

She learned of the extent of her surgery when she overheard the post-op nurse giving report to the floor

bevacicubumab added in. She did lose her hair. "But I have a nicely shaped head, and it was summer, so I just let myself enjoy it." Carrie laughingly describes how people would make assumptions, looking at her boobs. "I told a few people 'these girls are just fine—my problem is farther down!'" She took six months off of work to just focus on getting through treatment and becoming healthy again.

She was uncomfortable being the object of pity. "There were times I felt like Cancer Carrie", she says. "People would ask how I was doing, but I know they wanted to know how is the cancer? It took a long time for me to begin to feel that they really

CONTINUES ON PAGE 14



grew up fast.” That is how Patti Lozano, Duquesne University (Tau), describes her teenage years after she was diagnosed with acute myelogenous leukemia at the age of 15. As a member of the marching band and the field hockey team, she had been used to long and physically challenging days. When she noticed her stamina declining and difficulty with conditioning sessions, she was seen by several physicians with no real explanation for her symptoms. As her health continued to decline, additional bloodwork was ordered. She recalls the school nurse coming to remove her from her classroom when the test results came in. “When I saw my grandfather in the nurse’s office with my parents, I knew there was something seriously wrong” she says. Additional testing, including a bone

chemotherapy and head and neck radiation. The treatment protocol overseen by the Children’s Cancer Group, and she had induction therapy, consolidation therapy, and then was randomized to maintenance therapy for three years. Based on new data, the three years became two. Then she developed a pseudomonas infection from her implanted catheter, and the decision was made to stop the therapy.

Patti recalls going through a “Why me?” phase when initially diagnosed, feeling angry at the disruption to her life. She once asked the RN escorting her to her first spinal tap if she was going to die. Through Dr. Shah, she met Jessica, another teenager who had survived AML, and who triggered a “fight phase” in her. Patti and other teenagers being treated for cancer formed a support group for kids with cancer. “They were like a second family”, she says. “There was lots of camaraderie—age didn’t matter.” She attended a summer camp for the kids in the support group, then became a counselor, and even a director for the summer camp for two years.

“Most people think losing your hair and vomiting are the worst parts of chemotherapy.” She really didn’t mind losing her hair since she had always been a tomboy. And although she wishes Zofran had been around then, the vomiting wasn’t the worst of it. Patti’s lowest point during her treatment course was when she developed typhlitis—necrotizing enterocolitis. She came through the required surgery fine, but shortly thereafter developed respiratory failure and woke up in the Pediatric ICU on a ventilator with an ileostomy, which was eventually reversed.

Patti has some regret that she was unable to have a “normal” high school experience. When she returned to school, many students didn’t really know how to act towards her. “Perhaps out of fear”, she thinks. And she is very aware that her two younger sisters had little time with their mother during Patti’s treatment since she spent so much time with Patti. But with lots of support from her family and teachers, she was able to graduate on time with her class and pursue her plans for pharmacy school.

Patti attended Duquesne University. She had planned to be an osteopath, but her experience with AML changed her mind. Feeling a little overwhelmed, she began looking for friendly faces and felt an immediate connection to the members of LKS during the recruitment events and

“DON’T GIVE UP HOPE”



marrow biopsy (the most painful experience of her life) were completed to provide a definitive diagnosis.

She had grown up in Numidia, a very small town in the Roaring Creek Valley of North Central Pennsylvania. The main road through town had one blinking light, and her father owned a gas station and fuel oil business. With two younger sisters and a very close-knit family that gathered for every possible occasion, she had a happy and loving childhood. So when she was sent to the hospital and met her oncologist, she giggled a little at his heavy accent. “Dr. Narayan Shah absolutely saved my life” says Patti. The quiver in her voice gives away the depth of her gratitude and the respect she holds for him. “We were his kids” she says about the young patients he treated. “He always involved us in the decisions that were being made in regards to our treatment.”

Without a match for a bone marrow transplant, Patti was treated with

CONTINUES ON PAGE 14



Ruth Brown, Philadelphia College of Pharmacy & Science (Eta), is the oldest of five children. She spent her childhood in upstate New York, and still owns a home there today. Her Irish heritage was a dominating force in her life. She describes her Irish grandfather, who was a New York state trooper, as her hero. During difficult times, he would tell her to “Get your Irish up, girl!” She credits him with instilling in her a strong sense of determination.

Ruth can't recall exactly when or why she decided to become a pharmacist. In fact, she had an uncle who was a pharmacist and hated it, eventually leaving the profession. She attended Philadelphia College of Pharmacy and Science, which is now University of the Sciences. She was initiated into LKS in 1967. She chose LKS over Kappa Epsilon because she felt drawn in and welcomed by the members and their activities related to sisterhood and scholarship. When she was a senior, she met Patti Kienle and they became fast friends. “We share a brain.” And with that half brain, Ruth attended Weiner University and obtained an MBA in Health Administration. She spent her pharmacy career working in institutional pharmacy. But as she neared retirement age, she returned to the University of the Sciences and obtained a Master's Degree in biomedical writing with the intention of working from home, proofreading and editing. Those plans came to a sudden halt when she was diagnosed with breast cancer.

At age 55, Ruth found a small lump in her armpit that would not go away. A trip to her doctor resulted in an immediate surgical consult followed by several months of testing.

In November 2003 she was told it was breast cancer and she would need a mastectomy. Treatment began with surgery in February 2004

Her comment to her surgeon was “These girls have been hanging around for years doing nothing—take ‘em!” Although her surgeon didn't crack a smile, she did say she could save her from a total mastectomy. Ruth ended up having two lumps and nine lymph nodes removed on the right side. Following surgery, she had eight rounds of chemotherapy over 16 weeks, and then 33 sessions of radiation.

Ruth felt very comfortable with her treatment team. She had worked in the hospital system for years, and actually knew her oncologist from the time he was a resident. As such, she felt confident that she could follow their recommendations



“GET YOUR IRISH UP, GIRL!”

without needing to do a lot of research into treatment options. “I put my faith in him, totally.” She describes herself as lopsided and scarred (from radiation burns), but very thankfully alive.

When asked about her reaction to her diagnosis, she describes a one day “I gotta get everything in order because I might die” flurry of activity. She wondered who to call first—the lawyer, the undertaker, the family? Her first real thoughts were of her niece, whose mother had died from breast cancer and how such a strong family history would impact her life. “My parents were the last people I told, because I knew how this news would affect them,” she recalls.

She had expected to get sick from chemo, but didn't. “That was good,” she says “because I had to do everything that was normal. That was my way of coping—to be normal.” Although she didn't get sick, she did get very tired, actually feeling drained at the end of each day. She continued to work during all of her treatments—part of that need to be normal. Her Golden Retriever, Harley, was by her side every day, helping her be normal. “He needed to be fed, and walked. He got me up out of the chair when I just wanted to be a vegetable.” Her loyal

CONTINUES ON PAGE 14



Nancy Horst,
University of
Washington
(Chi), used to

go to work with her mother, who was chief pharmacist at a small hospital in Washington state, on weekends to help her out. Nancy as a teen ager did what is now considered technician work. She liked it so much, she decided to become a pharmacist also.

At the University of Washington, Nancy was in the first class of students entering a five year curriculum. She liked the enthusiasm of the women in Chi Chapter, and joined the fraternity along with four others from her class. Pat Tanac, Grand Secretary at the time, helped the small chapter keep in touch with the larger Fraternity, which motivated Nancy to attend conventions, serve on committees, and eventually on Grand Council, including as Grand President, 1994-1998.

Nancy almost missed presiding over her first convention as Grand President when at the age of 57 she felt a soft mass in her abdomen and was sent by her primary care physician to a GYN surgeon for evaluation. She had surgery on July 12, three weeks before Convention, and was told in the recovery room that it proved to be ovarian cancer. "I was determined to go to Convention," she says. Still somewhat weak, she made it through airports using wheelchairs and carts. Her LKS sisters were very supportive getting her whatever she needed. "We even held meetings in my room so I wouldn't have to haul everything around the hotel." She built in time to rest, and was able to enjoy the 1996 convention in St. Louis.

Upon her return, she began a treatment course of paclitaxel and cisplatin. She continued to work three days a week. She did not experience severe



"I AM GRATEFUL FOR EACH DAY."

nausea and vomiting, but she did lose her hair and was easily fatigued. She did have some complications— anemia requiring a transfusion, and a bowel obstruction due to adhesions that required surgical intervention.

When asked if she ever thought about dying from her ovarian cancer, she said no. "I am naturally optimistic and never considered death as an outcome." She knew the treatment was proven successful and was very confident about a good outcome.

Many years of working as a hospital clinical pharmacist and being familiar with hospital routines and treatments made the whole process understandable and not a cause for apprehension. Praying, and visualizing getting back to her normal state of health also helped.

"It was a new experience being the patient," she says. "I am more empathetic with the patients I serve, and hurry

a little more when they need medications for pain or nausea."

It's not surprising that Nancy worked for 52 years in the same community hospital, seeing it evolve over the years into a regional medical center. Her loyalty and commitment extend beyond the reach of the fraternity. She remembers the positives during treatment as the times when her family, friends, and LKS sisters sent flowers, cards, and provided support when she most needed it.

For others who are given this diagnosis, Nancy suggests finding an oncologist you have a great deal of confidence in, and to visualize the medications working in your body.

"I am grateful for each day, and express compassion to others who are ill." Compassion and a little positive thinking— "This Is Real" just what the doctor ordered.



Christine Perry, Massachusetts College of

Pharmacy (Alpha), had always had a premonition that she would get cancer before she turned 30, but she thought it would be breast cancer. So at age 27, when she felt a lump on her neck, she knew immediately it was cancer. "I just knew," she says. Her MD sent her for X-rays, and then she got the call. She had lymphoma, but would need a biopsy to determine what type. "This is real," she thought to herself.

Christine describes her childhood in New Bedford, Massachusetts as happy. She has one younger sister, lots of friends, lots of family get-togethers, and lots of love. She knew at age 16 that she wanted to be a pharmacist. She had started working at Osco Drug as a clerk, and continually asked the pharmacists what they did all day. She was sold.

When she started at Massachusetts College of Pharmacy, she already knew a little about LKS from from a high school friend who joined LKS. After meeting and talking to the sisters of Alpha Chapter, "I knew that LKS was the organization I wanted to belong to." She was initiated in 1987. Upon graduation, she continued working for Osco, and has held various positions since then. Osco stood by her and supported her throughout her experience, despite that fact that she had been a pharmacist for only a few years.

When she got her diagnosis, she knew she needed to be strong, and really needed her parents at that time. But they were out of town taking care of Christine's grandmother in Baltimore who was dying of breast cancer. Christine went to several additional

appointments, and ended up postponing surgery to attend her grandmother's funeral. When her biopsy results confirmed Hodgkin's Lymphoma, she visited a hematology/oncology physician.

"I went into organization mode. I was going to bring order to disorder. The meltdown came later." She learned everything she could. The initial plan was for a splenectomy, a staging laparotomy, and several radiation treatments. She suffered excruciating pain after the surgery, so much pain that she could not be touched. A leaking epidural was the culprit. "I would have wanted to know the level of pain I would experience," she says. "I'm not much for surprises."

When the oncologist called and told her she was Stage II, borderline Stage III, she told him she felt the lump was bigger. She went in the office the next day, and he told her the treatment had changed had changed. She was going to get combination chemotherapy and radiation to fight the fast growing and rapidly progressing cancer. Remember her dislike for surprises? Her treatments took about a year to complete, during which time she continued to work as much as possible.

Christine describes herself as "gray" during her treatment course—"This Is Real" obviously ill, and lacking energy. She depended heavily on her LKS sisters, and was lucky to have one of her Alpha sisters who was an oncology pharmacist to advise her. She knew her family and her mother specifically was having a hard time, because she was unable to make Christine feel better. When asked if there was a

particularly difficult time in her treatment, Christine said yes. "The day I broke down – my meltdown had finally arrived." After her first treatment, she was out of work for two weeks. Her left arm was like a dead appendage. She vomited for a week straight. Her mother was on her constantly to eat something. Christine broke down and cried for an hour, telling herself "I can't do this. It's too much." She says chemo took away her will to live and she lost her fighting spirit. But she recovered, only to have her spirits dashed again when her hair fell out. She did wear a wig (from the Dolly Parton collection!) but mostly wore it when she was out so others would not feel uncomfortable around her. "There comes a time when you see yourself through other people's lenses" she says. "It can influence the things you do."

Despite being in full remission, Christine has suffered from the cardiotoxic side effects—a double bypass because of a heart attack and endocarditis—that are well known side-effects from her chemotherapy regimen.

Christine feels the reason for her life is to be her mother's child. "I learned I am strong deep down inside." She does not really think about being a survivor, probably because she continues to deal with the serious issues associated with her current condition. "Everybody has a cross to bear, and this is mine."

Despite her high profile membership in LKS, Christine describes herself as a "blip on the radar of LKS. LKS was here before I was, and will be here long after I'm gone." But like an iceberg, there is more to that "blip" than she is willing to admit.

FIVE SISTERS. FIVE STORIES. FIVE EXAMPLES OF GRACE UNDER FIRE.

There are others among us with similar stories. Seek them out when you can. Learn from their experiences. These women all found the drive to survive, and have gone on to live productive and successful lives. And I thank them for sharing their stories in such an open, candid and inspiring manner. **AKZ**



"THIS IS REAL"

SURVIVING AGAINST THE ODDS



CARRIE MOLESAN

CONTINUED FROM PAGE 9

were asking about me.” She describes her approach to her treatment as “just something I had to do to get healthy.” She feels everyone has something they go through, something that challenges them at some time in their life, and this was her something. “When you have cancer, you are living your life at the whim of cancer.” One of her defense mechanisms was to seek normalcy to offset the lack of control over her disease.

Despite a 75% mortality rate at two years for her cancer cell type, she had an inkling everything would be OK. She did think about the possibility of dying. “If I made it through, then I was meant to. If I didn’t, then I wasn’t meant to.” She was most concerned about her husband and especially her mother, who had seen her husband and her father-in-law both die from mesothelioma.

Carrie reached cancer free status on November 2, 2009. Her advice to other women facing ovarian cancer? “Don’t Google. Everyone is different, every case is different. Get a GYN oncologist you trust. And if you think something is wrong with your health, pursue it until someone listens to you.”

Carrie describes her life with her husband Pete as “abundant”. She loves taking care of her patients, taking care of her rescue dogs, knitting, and traveling as much as possible. She has settled into a new normal, and that keeps the “control freak” in her happy.



PATTI LOZANON

CONTINUED FROM PAGE 10

joined. After graduation she completed a residency at Hershey Medical Center, went to work in a community pharmacy, then her career path led her back into oncology pharmacy where she continues to practice today.

Patti recently came to learn that she is the only patient of Dr. Shah who lived to adulthood without a bone marrow transplant. “I feel there must be a reason I’m still here” she says. “So many of my friends have died.” She feels there must be a higher purpose to her life.

Describing herself as a “glass half empty” person most of her life, she tries now to surround herself with positive people. When asked what advice she would give to anyone with an AML diagnosis, she said “Don’t give up hope. Stay engaged and be a part of the process when decisions are being made.” She feels involvement in a strong support group was critical to her successful outcome, and encourages those who know someone with a cancer diagnosis to stay involved in the lives of those affected. She recently visited New York with a small group of cancer survivors including her friend Jessica. They discovered the Survivor Tree, a pear tree that had survived the devastation of 9-11. As they contemplated the survival of the tree against all odds, they came to the agreement that everyone is a survivor of one kind or another.

Patti now thinks of herself as a strong survivor. “Perhaps my one real regret is that I had been a really good softball player at the time this was happening, and was not able to pursue that path.” For now, her higher purpose involves a life with her husband Michael and her son Christopher. And to serving her cancer patients with a sharp insight into what they are going through, paying forward the support she had when she needed it.



RUTH BROWN

CONTINUED FROM PAGE 11

companion was a big part of her successful recovery.

What did she learn about herself as a result of this experience? “I’m determined,” she says. “When things got difficult, I would hear that Irish cop voice in my head saying ‘Get your Irish up, girl!’”

Her advice to others with this diagnosis is to stay determined. “Ask questions. Get a good support system. Find out what you have to do to get through it. My strength was in doing all the things that were normal for me.” She says she is calmer now, and much more faithful in her church activities. She thinks of herself as a survivor every day because her scars are a visible reminder. But that doesn’t slow her down. She has a strong love for Ireland and visits there every year. She attends her favorite sports team events, and at the time of this interview, had boarded a cruise ship with a group of 100 of her closest friends. “Gotta go!” she told me. “They are waiting at the bar!” Yep—that’s the Foof we know and love!

APhA Recognizes Alumna at Annual Meeting in Nashville

Alpha Beta chapter alumnus from the Connecticut School of Pharmacy receives the 2018 Distinguished Achievement Award in Pharmacy Practice

STEFANIE FERRERI, PHARM.D., CONNECTICUT School of Pharmacy (Alpha Beta) is the recipient of the 2018 American Pharmacists Association (APhA) Distinguished Achievement Award in Pharmacy Practice. The award recognizes an individual who has developed or implemented an innovative, original pharmacy program or service that is significant to their area of practice.

Stefanie is a clinical professor at the UNC Eshelman School of Pharmacy and executive vice chair of the Division of Pharmacy Practice and Clinical Education. She is a fellow of the APhA and a board certified ambulatory care pharmacist.

APhA selected Stefanie for her role in the development and implementation of a collaborative care model in which community pharmacists are integrated into the medical home care team. She was selected to join the team of researchers at the University of North Carolina who partnered with Community Care of North Carolina to develop the innovative model with a three-year CMS Innovation Award. Stefanie worked with more than 250 community pharmacists statewide to help implement the model in their pharmacies. She helped community pharmacists build collaborative relationships with other members of the care team, provided pharmacies with support to implement clinical services in their pharmacy, and provided feedback on documentation processes for clinical services. In the last year the model has expanded to almost all 50 states. Due to its success, the CDC presented Stefanie with an award that

By Sharon C. Brown, MS, RPh

will allow her to further develop the model to include a fall prevention program for older adults to be implemented in community pharmacies.

In recent years, Stefanie has developed two post-graduate learning opportunities at the School. The first is the Community Pharmacy Research Fellowship. This two-year fellowship trains graduates for research careers in academia. The second is the Independent Pharmacy Ownership Residency. This one-year residency trains future independent pharmacy owners.

APhA selected Stefanie for her role in the development and implementation of a collaborative care model in which community pharmacists are integrated into the medical home care team.

Stefanie's main research interests include advancing clinical practice in the community pharmacy setting. Through her research, she hopes to change the way community practice is portrayed and delivered to the US population while influencing reimbursement strategies that affect health policy. Her other teaching and research interests include nonprescription therapeutics, medication therapy management, and transitions of care. **AKZ**



Stefanie's Keys to Success

When asked about her award, Stefanie stated she "feels honored and humbled" that people went out of their way to support her for this recognition. What motivates her in her practice? "I am constantly motivated by how community pharmacists go out of their way to provide care for their patients. Community pharmacists are essential members of the health care team; however, they are not always represented that way. My research demonstrates that community pharmacists are essential to optimizing patient outcomes and I hope that one day all of community pharmacy is represented in team-based care."

Stefanie's advice to anyone who would like to emulate her practice model is to never accept the status quo — to always ask why. "Constantly asking supervisors 'why' usually leads to quality improvement initiatives or changes in practice. I also tell the students, residents, and fellows that I mentor that you learn more from your failures than your successes, so don't be afraid to try new things!"

Project HOPE



Resiliency after Maria

We would wake up in an unfamiliar land here

IT IS MORE THAN FIVE MONTHS AFTER Hurricane Maria slammed Puerto Rico with devastating results. Hundreds of thousands of people are still without power or potable water. The people of Puerto Rico face threats to their health, their safety, and their livelihood. Project HOPE volunteers are hard at work, and have been since immediately after the storm.

Through services such as mobile health clinics, designed to reach residents in the hardest hit inland communities with no access to health care and other support, over 4,000 patients have been treated by these clinics. Project HOPE has coordinated efforts with other volunteer organizations to distribute 2,600 water purification kits. Each kit can purify up to 3,000 liters of water, providing enough safe,

potable water for a family of four for one year. This process can provide over 10,000 people with clean water for a year. Project HOPE has also transported more than \$500,000 worth of medications, medical supplies, and hygiene kits through the use of two private aircraft.

In addition to the extreme physical damage caused to the island, the hurricane has taken a toll on the people of Puerto Rico through the closure of businesses, large and small. These businesses remain closed, so people are unemployed and unpaid. At this point in time, the largest contributor to the lack of recovery is the inability to restore the power grid to full capacity throughout the island.

Currently, \$200 million in supplies are headed to Puerto Rico to fix the power

grid. The US Army Corps of Engineers has a goal of 95% power restoration by the end of March. More than 7,000 poles and 400 miles of conductive wire are included in these shipments in an effort to bring over 150,000 citizens who still don't have power back on line.

As with other national disasters around the world, Project HOPE volunteers will continue to serve the people of Puerto Rico, providing critical healthcare services and other general support to those who survived the ravages of the storm. Please honor the tireless work of these selfless volunteers and give generously to our philanthropy, Project HOPE. Donation information can be found on the LKS website. **AKΣ**

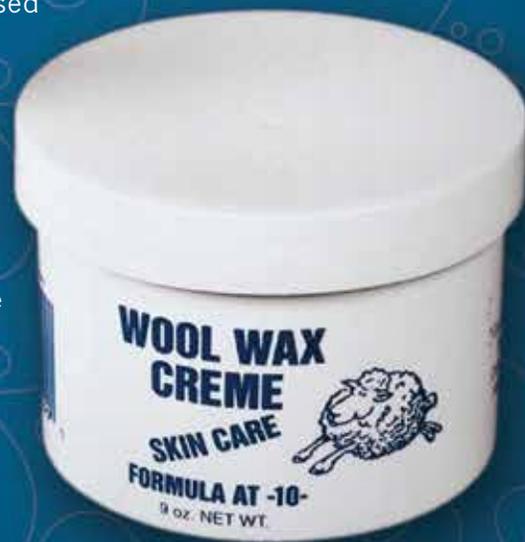
A Bit of Our History



GRAND PRESIDENT FROM 1950-1952

Margit Garthe Harrison (at left) created Wool Wax Crème. While working in Washington state as a pharmacist in a lab, the lab requested a protective hand cream for the research team members. The product

developed was a hit, and at the request of pharmacists and residents in the area, it was also placed on the market for consumer use. Since it contains lanolin and has a waxy appearance, the product was called Wool Wax Crème. Formula AT-10 was added to the name of the skin cream to signify that this was the tenth attempt to perfect the formula. Wool Wax Crème is a lightly scented skin care product that leaves the skin dry to the touch without that “oily skin cream” feeling. Wool Wax Crème is a lanolin based product. Lanolin is a naturally produced by-product of wool. The cream is popular for a wide range of uses and users. Attendees at the 75th Anniversary Convention in Boston were all given a jar of Wool Wax Crème in the gift bags. The product is still made today by Marcha Labs and features a lamb on the jar.



*~ Christine Perry,
Alpha Alumni Chapter*



LAMBDA KAPPA SIGMA

Pharmacy Fraternity
P.O. Box 570
Muskego WI 53150-0570

PRSR STD
U.S. POSTAGE
PAID
ALPENA, MI
PERMIT 27

2018 Annual Convention

MAY 30, 2018

Application Deadline for
Convention Travel Grants

www.lks.org/Convention18/TravelGrant

JUNE 30, 2018

Early-bird Convention Registration Ends

www.lks.org/Convention18/Registration

JULY 9, 2018

Last Day for Discounted Hotel Room Rate

www.lks.org/Convention18/Hotel

JULY 16, 2018

Online Convention Registration Closes

www.lks.org/Convention18/Registration

JULY 25-28, 2018

2018 LKS Annual Convention
Buffalo, New York

**You don't want to miss it!
Visit lks.org/Convention18
for all the latest.**

