



### Implantable Defibrillator Malfunctions Should Not Be Overlooked

In a recent letter to the editor in the *Journal of Clinical Oncology*, Hoecht, Rosenthal, Sancar, Behrens, and Hinkelbein (2002) described implantable cardiac defibrillator (ICD) malfunctions as a result of exposure to scatter radiation doses that totaled less than 2 Gy. Of interest was that the ICDs were not in the direct radiation therapy field when the incidents occurred. The ICDs in question had converted into "fallback mode, which has a fixed detection area and a fixed pace rate of 50/minutes ventricular sensing-ventricular pacing inhibition" (Hoecht et al., p. 2212). This was reproducible in only one specific manufacturer's product. However, this unfortunate and potentially serious complication should not be overlooked.

As ICDs become increasingly popular, it is only a matter of time before such a patient will present for radiotherapy. Actually, chances are likely that this situation already has presented itself at numerous radiation centers. This could represent a potential problem for both patients and practitioners in the radiation oncology setting. Radiation oncology nurses should use sound judgment and always obtain manufacturer recommendations regarding radiation tolerance of the ICD. Recommendations outlined in the article, "Pacing the Standard of Nursing Practice in Radiation Oncology" (*Clinical Journal of Oncology Nursing [CJON]*, Vol. 5, No. 6, pp. 253–256), can be extrapolated from and may prove helpful in caring for

these patients. Radiation oncology nurses must realize that any electrical implantable device may be affected adversely by radiotherapy. Hoecht et al. (2002) recently have demonstrated that the level of radiation tolerance of some devices may be lower than expected.

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Hoecht, S., Rosenthal, P., Sancar, D., Behrens, S., & Hinkelbein, W. (2002). Implantable cardiac defibrillators may be damaged by radiation therapy [Letter to the editor]. *Journal of Clinical Oncology*, 28, 2212–2213.

### Reader Clarifies Reference to Radiation Manual

I was pleased to see the article, "Finding the Resources Needed to Work in a Free-standing Radiation Oncology Clinic," by Kelly L. Anderson, RN, BA, and Susan D. Bruce, RN, BSN, OCN®, which was published in the July/August 2002 *CJON* (Vol. 6 No. 4, pp. 225–227). In my 15 years in radiation oncology, I often received phone calls from nurses who were new to radiation therapy and searching for any good resources that would help them to delve right in to this new clinical arena.

I would make one correction to the article. On page 225, the authors cite the definition

of the radiation oncology nurse's role from the first *Manual for Radiation Oncology Nursing Practice and Education* published by the Oncology Nursing Society (ONS) (Bruner, Iwamoto, Keane, & Strohl, 1992). For nurses who are searching for this reference, this first manual was published in 1992, not 1997. In 1998, ONS published an updated version of its radiation manual (Bruner, Bucholtz, Iwamoto, & Strohl, 1998).

In addition, since the time that Anderson and Bruce's article was accepted for publication, ONS has published the revised *Radiation Therapy Patient Care Record: A Tool for Documenting Nursing Care* (Catlin-Huth, Haas, & Pollock, 2002). This documentation tool, developed by the ONS Radiation Special Interest Group (SIG), is a wonderful resource for nurses working in any radiation therapy department, including freestanding facilities. When I first started my career in radiation oncology, I was fortunate to have a personal resource, Laura Hilderley, RN, MS, who pioneered the advanced practice role in radiation oncology. For those nurses who do not have a mentor so close to them, many wonderful resources are now available. The helpful ONS publications, Radiation SIG, and ONS colleagues with radiation therapy experience are a valuable place to start for individuals on a quest for information, guidance, and role development.

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