

Preface



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The progress made in cancer treatment and care over the past centuries has been minor when compared to the rapid changes in cancer treatment of the past three decades. Discovery of new drugs, novel treatment delivery systems, advancements in technologies, and more quality research have radically changed the “face of cancer.” Today, oncology nursing is a highly regarded nursing specialty and the Oncology Nursing Society has over 36,000 members. Perhaps, the most important change of all is that cancer has moved from being a disease from which you die to one with which you learn to live. Improvements in screening practices and rates, early detection, and cancer treatment and care are allowing more and more people to live “beyond” cancer each year. There are more than 11 million cancer survivors in the United States and another 1.5 million will be diagnosed in 2008 [1].

Today we talk about cancer as a “chronic illness” and cancer patients as “cancer survivors.” Nurses are being called upon to meet and care for these individuals in every health care setting. Changes in treatment and management of cancer have created both new challenges and opportunities for nurses. The topics in this issue of *Clinics* highlight many of these changes, along with the rationale for why oncology nurses should lead the way in providing quality cancer care.

This issue of *Nursing Clinics of North America* features articles by nurse educators, practitioners, and researchers who are experts in the field of oncology nursing. The authors are also national leaders in the Oncology Nursing Society, the largest cancer nursing organization in the world. For

example, Georgia Decker is the President, and Pam Haylock (1997–1998) and Karen Stanley (2004–2006) are past-presidents. Lisa Schulmeister (2005–2008) and Barbara Holmes Gobel (2007–2010) are presently on the Oncology Nursing Society’s Board of Directors. The authors of this edition have contributed articles in the areas of cancer nursing in which they are recognized experts.

We have selected topics for this issue to be representative of the field of oncology nursing, with particular attention given to emerging and sometimes controversial issues. For example, questions posed include: Is the war on cancer being won? What role do alternative cancer therapies have in the treatment of cancer? What are the ethical issues that are typically encountered when caring for someone in the end of life? And, what issues have evolved with long-term cancer survivorship? In addition, we selected topics about which we know nurses have significant clinical involvement and vested interest.

Pam Haylock presents a comprehensive history of cancer nursing in general and specifically in the United States. Most importantly, she discusses the issues that will emerge with contemporary oncology nursing, as well as the future of the profession. Ms. Haylock points out that the contemporary domain of cancer nursing has an undeniable, long, and rich history. “A desire to make a difference for people facing the challenges of cancer has been and remains the essence of cancer nursing” (Haylock, p. 198).

Symptom management has always been a focus of oncology nursing. Lisa Schulmeister and Barbara Holmes Gobel present the concept of symptom clusters versus a single symptom. Symptom clusters are defined as two or more symptoms that are related to each other and occur together. These authors argue that symptom burden may be an effective approach to investigating the late and long-term effects of cancer treatment. It is postulated that using the concept of symptom burden may be a more effective method of investigation than the use of single-symptom or quality of life. Against the discussion of symptom clusters and symptom burden, they present arguments that evidence-based guidelines need to be disseminated and their clinical use encouraged.

It wasn’t until the late 1990s that alternative medicines achieved acceptance in the medical community. In 1998, the National Center for Complementary and Alternative Medicine was founded, which is one of 27 institutes that make up the National Institutes of Health. In the same year, the National Cancer Institute (NCI) established the Office of Cancer Complementary and Alternative Medicine within the office of the Director. Georgia Decker details the commonly used Complementary and Alternative Medicines (CAMs), such as acupuncture, Reiki, herbal products, shark and bovine cartilage, antioxidants, and the clinical trials that are testing these products. She also details the CAMs that are used in symptom management and the role of the nurse in the administration of CAMs.

Another newly emerging area is cancer survivorship. Susan Leigh is credited as the nurse who is responsible for bringing this area to national attention. It has been two decades since Leigh and other advocates created a new social movement by teaming the concept of survivorship with cancer. How the picture of survivorship has changed is illustrated by the fact that in 1971, there were 3 million cancer survivors and now there are almost 25 million worldwide. In 1995, the Office of Cancer Survivorship was established at the NCI. Ms. Leigh points out that presently there is an identified need for survivorship guidelines and care plans, along with issues of who will take care of them and how.

Also emerging in the past decade is care of the cancer patient at the end of life and the ethical issues and required clinical expertise during this time. Stanley, Sawrun, and Treantafilos offer a multitude of areas that raise ethical concerns at the end of life. These include truth telling, withholding or withdrawing treatment, and requests for assistance in dying. The authors don't stop at presenting the ethical issues the nurse will encounter during this time, but also identify the symptoms that occur at the end of life. They present an in-depth discussion of clinical nursing approaches to help alleviate or ameliorate these symptoms. Throughout their presentation, the need to increase the autonomy of the patients is stressed. Ms. Stanley and her colleagues stress that protocols must be in place to assure autonomy, informed consent, technical expertise, and ongoing interdisciplinary and family or caregiver communication.

Since President Nixon launched the "War on Cancer" in 1971, literally billions of dollars have been spent on the disease cancer. The question posed by Griffin-Sobel is whether or not the progress in cancer care and treatment merits saying that the war has been won. While there have been declines in cancer mortality rates and dramatic advances made in the treatment of many cancers, does this equal victory over the disease?

In the article on cancer screening in men, Gates, Beelen, and Hershey argue that the experience of cancer screening is different for men and women. The general considerations in screening are discussed and include the benefits and harms of screening and bias in the evaluation of screening tests. Lastly, the epidemiology of cancer in men, along with the current screening controversies associated with each type of cancer, are discussed.

Finally, in their article on the older cancer patient, White and Cohen point out that more than half of cancers occur in adults over the age of 65 years. They advocate the use of a comprehensive geriatric assessment (CGA) by health care professionals (nurses, social workers, and midlevel practitioners) to evaluate older patients who have cancer to improve the care of this population. The CGA can be used to tailor treatment for individual patients and establish goals of care.

We would like to thank the nurses and their contributing coauthors, who generously gave their time and talents to the creation of this issue. We would also like to thank Ali Gavenda, Editor of *Nursing Clinics of North America*,

for recognizing the need to have an edition devoted exclusively to oncology nursing and the importance of this topic to nurses. This issue does not attempt to be comprehensive in nature or scope; rather, it attempts to focus on topics that are currently impacting the clinical practice of nurses. It is expected that nurses will use this information to improve their practice and develop or expand their programs of research.

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Reference

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