CANCER PREVENTION IN THE SURVIVORSHIP SETTING

Paula Lewis-Patterson, Guadalupe R. Palos, Joyce Dains, and Tiffany L. Jackson

<u>OBJECTIVES:</u> To describe how nurses can use risk reduction and health promotion activities to facilitate surveillance of late effects and secondary cancers in long-term cancer survivors.

<u>Data Sources:</u> Literature review on survivorship, nursing practice, cancer prevention, and survivorship; articles published in peer-reviewed scientific journals; and Web-based or professional organization resources.

<u>Conclusion</u>: Appropriate participation in screening activities, early detection of cancer, and further advances in treatment have contributed to the rise in cancer survivors. A demand for nurses with clinical experience and competence in survivorship care will follow.

<u>IMPLICATIONS FOR NURSING PRACTICE:</u> Oncology nurses have an essential role in providing safe and high-quality care throughout the survivorship experience, which can contribute to better long-term outcomes.

<u>Key Words:</u> survivorship, cancer prevention, oncology nursing, primary care, advance nurse practice, long-term and late effects.

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http://dx.doi.org/10.1016/j.soncn.2016.05.009

he demand for long-term care of the cancer survivor will steadily increase with the growing number of survivors. As of 2014, there were almost 14.5 million survivors living in the United States.¹ This number has risen exponentially for almost 3 decades, and this growth is expected to continue.² Contributing factors include advances in early detection of cancer, patient adherence to screening recommendations, availability of multiple treatment options, and improved prevention of secondary disease and cancer recurrence.³ In addition, demographic changes such as the aging of the US population will also influence survivorship growth.4 These anticipated changes demonstrate the need for oncology nurses to understand their role in delivery of safe and well-coordinated survivorship care.5-7

Despite the widespread recognition that survivorship care is important, education and communication

TABLE 1. **Comparison of Cancer Survivorship Definitions**

(http://www.canceradvocacy.org/about-us/ our-history/)

National Cancer Institute (NCI) (http://www.cancer.gov/publications/ dictionaries/cancer-terms?cdrid=445089

European Organization of Research and Treatment of Cancer (EORTC) Survivorship Task Force

National Coalition of Cancer Survivors (NCCS) From the time of diagnosis and for the balance of life is now the norm for the cancer community and beyond

NCCS' definition of survivor includes family, friends, and caregivers

Focuses on the health and life of a person with cancer post-treatment until the end of life

Includes family members, friends, and caregivers

Any person who has: been diagnosed with cancer

completed their primary treatment (with the exception of maintenance therapy) no evidence of disease

regarding this area is often confusing for the public and for providers.8-11 For example, the concept and definition of cancer survivorship continues to be a source of debate among cancer care clinicians, survivors, and community members (Table 1). 12,13 The definitions reflect variation by the target population (patient and social network) and location of the disease along the cancer disease or treatment trajectory. Additionally, health care professionals may use the terms cancer survival and survivorship interchangeably, yet, be unaware that these are related yet unique entities. There is also similar confusion on the type of clinical services that need to be offered to longterm cancer survivors.

The literature indicates there is a general consensus that oncology nurses make ideal leaders in advancing and providing survivorship care. 7,14,15 Evidence from the Oncology Nursing Society, American Nurses Association, and other professional organizations demonstrates oncology nurses have the specialized educational and clinical preparation to manage cancer patients. 14,15 Yet, there is critical need for academic programs that can prepare nurses how to tailor cancer prevention activities to the widely diverse needs of cancer survivors after completion of their curative treatment. To address this gap, this article will 1) discuss the factors contributing to the growth of the cancer survivorship initiative, 2) review the science of cancer prevention as it applies to cancer survivors, and 3) describe strategies to tailor health promotion and screening recommendations for cancer survivors. The article will also use clinical vignettes to demonstrate how the nurse can integrate principles of cancer prevention in the delivery of survivorship care.

EPIDEMIOLOGY OF CANCER SURVIVORS

By 2024, the number of cancer survivors living in the United States will increase from the current 14.5 million to almost 19 million.^{1,2} Data indicates that over the next 10 years, the number of survivors who have lived 5 years or more after their cancer diagnosis will increase to 11.9 million. According to the American Cancer Society (ACS), currently, 60% of survivors are 65 years and older, 35% are 40 to 64 years, 4% are between 20 and 39 years, and 1% are 0 to 19 years of age. 11 The most common cancer in adult survivors include female breast, prostate, colorectal, and gynecologic.

Cancer patterns also differ by ethnicity, race, and other sociodemographic characteristics. Incidence rates for men were highest among black/ African males, followed by white, Hispanic/Latino, Asian/Pacific Islander, and American Indian/Alaskan Native. Death rates follow a similar pattern, with the exception of Asian/Pacific Islander men who have the highest death rates. Incidence rates are highest for white women, followed by African American/black, Hispanic/Latino, Asian/Pacific Islander, and American Indian/Alaskan Native. African American/black women have the highest death rate.¹ Five-vear survival rates are lower for blacks compared with whites for the majority of cancers at any given stage. 16

Cancer survivors vary by age, as reflected in the differences between survivors who are children and those 65 years and older. In 2016, less than 1% of all cancer occurred in children, and 80% survive longer than 5 years.¹⁷ Although these are favorable rates, survivors of childhood cancer require long-term surveillance because of their increased

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