
THE ADOLESCENT AND YOUNG ADULT WITH CANCER: A DEVELOPMENTAL LIFE COURSE PERSPECTIVE

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OBJECTIVES: *Using a Life Course Health Development framework, this article summarizes what is known about the impact of cancer and its treatment on the biopsychosocial world of the adolescent and young adult.*

DATA SOURCES: *Published peer reviewed literature, web-based resources, and cancer-related professional organizations' resources.*

CONCLUSION: *Adolescents and young adults with cancer, between 15 and 29 years of age, have emerged as a distinct group requiring specialized care. The demands of cancer and its treatment are often directly counter to the developmental needs of this age group and often alter those life course experiences that contribute to resilience, thriving, and flourishing.*

IMPLICATIONS FOR NURSING PRACTICE: *Providing high-quality care to this age group requires a depth of understanding of the complexity of factors that merge to influence the developmental life course.*

KEY WORDS: *Adolescent young adult, cancer, development, life course*

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In the last decade adolescents and young adults (AYA) with cancer have emerged as a distinct group requiring specialized care because of the unique and intensified biopsychosocial challenges they confront during the diagnosis and treatment of cancer.^{1,2} Originally defined by the National Cancer Institute (NCI)³ as those diagnosed between 15 and 29 years of age, the range was subsequently broadened to 15 to 39 years of age by the NCI's AYA Oncology Progress Review Group in an effort to be inclusive of the entire age range that experiences a relative lack of improvement in survival and which shares a broad but distinguishable range of physiologic, developmental, and societal characteristics.⁴ However, because the purpose of this review is a focus on the impact of cancer and its treatment on the developmental world of the AYA, unless specified, we use the original age range of 15 to 29 years. This tighter age range better reflects the samples used in the majority of studies we review and, importantly, reflects a greater similarity in the psychosocial and developmental needs of the population.

Although approximately 70,000 AYAs are diagnosed with cancer each year in the United States (US),⁵ a number eight times that of children diagnosed in their first 15 years of life,⁶ this age group has not seen the improvements in cancer survival rates experienced by populations of children and older adults.^{7,8} In addition, the demands of cancer and its treatment often are directly counter to the developmental needs of the AYA⁶ and often alter those life course experiences that contribute to resilience, thriving, and flourishing during this period.

In 2006 NCI's AYA Oncology Progress Review Group outlined five categories of recommendations for improving the care and outcomes for AYAs with cancer⁴ that included:

- (1) identifying characteristics that distinguish the unique cancer burden;
- (2) providing education, training, and communication to improve awareness, prevention, access, and high-quality cancer care;
- (3) creating tools to study the AYA with cancer;
- (4) ensuring excellence in service delivery; and
- (5) strengthening and promoting advocacy and support of the AYA cancer patient.

Since the workgroup published its recommendations, progress has been made in bringing attention to the special diagnostic and treatment needs of AYAs with cancer. However, large gaps exist in

evidence-based knowledge that can be used to guide the care needed by this unique population. One particular area of need is knowledge on the impact of cancer and its treatment on the psychosocial and vocational success of the AYA.⁴ The bulk of evidence in this area is based on studies of childhood cancer survivors who have since entered the AYA age range. Caution is needed in extrapolating findings from that data to patients diagnosed and treated as AYAs. The AYA transitioning through a complex developmental trajectory while concurrently undergoing diagnosis and treatment has unique care needs.^{9,10} This period of intense physical, cognitive, and emotional development renders individuals at risk for a range of short- and long-term psychosocial challenges, such as difficulty maintaining an active and independent life, coping with treatment-related side effects and stress, accepting cancer and maintaining a positive attitude,¹¹ re-entering school or the workforce, and maintaining and/or developing new relationships.⁶ Providing high-quality care to the AYA with cancer requires an understanding of the complexity of factors that merge to influence the functioning of the individual and family.

DEVELOPMENTAL HEALTH TRAJECTORY

The Life Course Health Development (LCHD) framework is a strategic model for conceptualizing the range of issues faced by the AYA undergoing cancer diagnosis and treatment. The LCHD builds on life span (longitudinal connections) and life stage (developmental periods) models by specifying the biopsychosocial mechanisms that shape health trajectories. An individual's health trajectory is comprised of a unique and dynamic array of risk (eg, cancer genotype) and protective (eg, family advocates) factors that interact with an individual's developing biological and behavioral capacities.¹² Whether a particular factor acts as a risk or protection is determined by its timing and interplay along the health trajectory (eg, socioeconomic status, cancer diagnosis, health behaviors, stress, family cohesion, nutrition). [Figure 1](#) provides an illustration comparing two hypothetical health trajectories for a 17-year-old boy and 22-year-old girl newly diagnosed with cancer and the impact of protective and risk factors on their developmental health trajectory. The developmental health of the AYA can

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