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Marilyn Frank-Stromborg and Judith Johnson

Cancer Nursing: Past, Present, and Future

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Pamela J. Haylock

This article explores the context and nursing care that was provided to people facing the challenges imposed by cancer diagnoses throughout history and issues that influence cancer nursing as it continues to evolve in the twenty-first century. Considerations and potential strategies for the nursing profession to address these issues are offered.

Symptom Management Issues in Oncology Nursing

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Lisa Schulmeister and Barbara Holmes Gobel

Symptoms experienced by patients with cancer can occur as a direct effect of the disease process and be related to side effects of treatment. Many patients with cancer also are older in age and have comorbidities, such as diabetes and heart disease. Comorbid conditions also produce disease and treatment-related symptoms that may have an independent or compounding effect on cancer-related symptoms.

The Marriage of Conventional Cancer Treatments and Alternative Cancer Therapies

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Georgia M. Decker

The terms "alternative" or "unconventional" have been used to describe any therapy used instead of conventional approaches. Conventional approaches, known as "standard" or "traditional" or "biomedical" approaches, have had broad application in Western

medicine. Complementary and alternative medicine has been referred to as "integrative," "integrated," or "complementary" when therapies are combined with conventional approaches, such as those for cancer.

The Changing Legacy of Cancer: Issues of Long-Term Survivorship

Susan A. Leigh

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Although successes in treating cancer have dramatically increased the sheer numbers of survivors, these advancements have outpaced the availability to deliver adequate and responsible follow-up care. Multiple needs of cancer survivors, met and unmet, have been identified, as have several barriers to the delivery of follow-up care. Meanwhile, resources are increasing. Models of care are being developed. Collaboration is replacing competition. Survivors, along with their loved ones and health care providers, continue to work for better access to quality cancer care.

Ethical Issues and Clinical Expertise at the End of Life

Karen J. Stanley, Dawn Sawrun, and Marianne Treantafilos

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Oncology care has changed markedly in the past decade. With new therapies, patients are experienced in living with life-threatening illness and believe in the abilities of science and the health care system to find new therapies. Changes in the treatment paradigm have altered oncology nursing practice. The integration of newer targeted therapies with their specific side-effect profiles also has changed end-of-life care. Strategies used to manage patients during the active treatment phase of illness can inform and improve nursing practice when active care has been set aside. Evidence-based practice provides a guide to identify, critically appraise, and use evidence to solve clinical problems.

War on Cancer: Victory or Defeat?

Joyce P. Griffin-Sobel

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In 1971, President Nixon launched the "War on Cancer." Oncology professionals proclaim the War has been won. But gaps in cancer care—poor colonoscopy screening rates and technique, prostate cancer surgeries by inexperienced physicians, patients unable to obtain medications, and health care access disparities—make it difficult to support the contention of victory. Research is needed in many areas: the role of environmental exposures in development of cancer, evidence-based cancer prevention strategies, and modifiable risk factors. Policy is needed to address disparities in care. The War on Cancer has not been won: advances have been made, but there is work to be done.

Cancer Screening in Men

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Thomas J. Gates, Matthew J. Beelen, and Curtis L. Hershey

Cancer screening is one of the most common requests directed to primary care physicians in the office setting. In this article, we look at current recommendations, evidence for, and controversy surrounding screening for cancers of the lung, colon, and prostate, which together account for 51% of cancer deaths in men. We also look at screening for testicular cancer, which, although a relatively minor contributor to cancer mortality, is a prototypically male cancer with a proposed screening test.

The Older Cancer Patient

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Heidi K. White and Harvey J. Cohen

Providing effective and tolerable cancer treatment for the growing number of older adult patients who have cancer requires an understanding of the role of aging, comorbidity, functional status, and frailty on treatment outcomes. The incorporation of comprehensive geriatric assessment (CGA) into the care of older patients who have cancer ensures that the cognitive, physical, and psychosocial strengths and limitations of individual patients are considered in the development of treatment plans. CGA also may improve outcomes by identifying and optimally treating comorbid conditions and functional impairments. Optimal treatment of the older adult patient who has cancer starts with careful delineation of goals through conversation. The treatment plan should be comprehensive and address cancer-specific treatment, symptom-specific treatment, supportive treatment modalities, and end-of-life care.