a report by

Karen J Stanley, RN, MSN, AOCN, FAAN

Immediate Past President, Oncology Nursing Society (ONS)

Karen J Stanley, RN, MSN, AOCN, FAAN is the Immediate Past Presient of the Oncology Nursing Society (ONS), a Clinical Nurse Specialist, Cancer Care, Pain and Symptom Management and Palliative Care. Retired from Kaiser Permanente after 12 years as a CNS, she now has a nursing consultancy practice in cancer care issues. She has served as a member of the board, Southern California Cancer Pain Initiative; Trustee, Oncology Nursing Society Foundation; Consultant, An Intelligent Knowledge-Base Assistant for Cancer Pain Treatment, under an NCI grant; and Consultant, Homecare Outreach for Palliative Care Education, under an NCI grant. She holds membership in the American Academy of Nursing, the American Pain Society, the Oncology Nursing Society, and Sigma Theta Tau. She serves on the Board of the Center for Nursing Advocacy and is a member of the coordinating team for the Nursing Organizations Alliance. She is also a member of the American Nurse's Association Congress on Nursing Practice and Economics. Ms Stanley's primary interests focus on symptom management, end-of-life care, and psychosocial issues in cancer care. She has testified on numerous occasions before the California state Assembly in support of legislation that improves both pain management and end-of-life care.Publications include a chapter, "Ethical Issues at the End of life", in the *Textbook of Palliative Nursing*, Oxford Press, 2006; and three chapters in the *A-Z for the Bedside Clinician*, Oncology Nursing Society Press, 2002.

It is hard to imagine a world without the technology we take for granted in our personal and professional lives. The explosion of information that informs and supports almost everything we do has radically changed and will continue to affect oncology care and the roles of oncology nursing. This and many other issues are addressed in *US Oncological Disease 2006*.

Age is the single greatest risk factor for developing cancer. Global population demographics are striking from two perspectives—the population is aging and the birth rate is decreasing. In the next 20 years, the elderly population in the US will double to become 77 million. Seventy-six per cent of all cancers diagnosed in the US are in those aged 55 years or older; the increase is due to an aging population, the use of tobacco, and adoption of unhealthy lifestyles. Globally, there are significant disparities in cancer mortality and 50% of cancer patients die from their disease in wealthy countries.

Recent advances have increased the medical team's dependence on technology. New methods and processes of diagnosis are becoming standard practice due to the ability to communicate rapidly. Telemedicine, once just a possibility, now allows us to transport cancer expertise to all corners of the world. The integration of telecommunications technology into healthcare research, diagnosis, delivery, and education allows oncology healthcare team members to communicate, collaborate and learn from distant locations. Telemedicine has the capacity to reduce health disparities by bringing highly expert care to underserved populations, facilitating integration of regional, national, and international expertise, and removing the constraints of time and distance. By allowing oncology patients to remain within the support structures of their own communities, quality, efficiency, and cost savings can be realized. There will be a significant need for oncology nurses who are expert in telemedicine technology and able to provide care in many non-traditional sites while managing patients in an autonomous manner.

The Human Genome Project has had a marked impact on cancer care. The identification of all genes and their sequence in the human DNA has provided a foundation for genetic discoveries—both the etiology and potential treatments for many tumor types. Gene expression profiling can help distinguish between patients at high/low risk for development of distant metastases. The use of genomic profiling is starting to replace traditional prognostic and predictive factors currently used to estimate risks for recurrence and response to therapy.

Biotherapy/targeted therapy has produced a major therapeutic paradigm shift. The discovery of pathways that transform normal cells into malignant cells and of therapies based on mechanisms that target molecular pathways of tumor growth have supported the development of targeted therapies that have revolutionized cancer care.

The global nursing workforce has reached crisis proportions. The shortage of nurses in the US is projected to be 29% by 2020 with an estimated 800,000 RN vacancies. The HIV/AIDS epidemic has had a negative impact on health systems by increasing demand for health services and by reducing the health workforce availability and performance. The future of oncology nursing is affected by all of these variables. Oncology nursing will require clinical knowledge in genetics, gero-oncology, biotherapy/targeted therapy, and palliative care.

There will be a significant need for policy analysts and advocates as healthcare system changes continue to occur. Nursing ethicists will be in greater demand due to the complexities of issues raised by the Human Genome Project. Oncology care and the roles of oncology nurses will change... there is most likely no limit to that change. Our responsibility is to remain open to new roles, new skills, and to continue to ensure that patients receive quality care. ■

Do your patients know

that there is a

CROSSWALK to get

individual information about

their cancer ?

Agendia™

UNVEILING TUMOR BEHAVIOR

MAMMAPRINT™

"A gene expression signature as a predictor of survival in breast cancer"

New England Journal of Medicine, Vol. 347, No. 25, 19 December 2002

CUPPRINT™

"A gene expression test to identify an unknown primary cancer"

MG Erlander et al, ASCO 2004 [poster]

For more detailed information please visit our website: **www.agendia.com**