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WELLNESS

Caregiver to all RNs share stories, offer strategies for staying healthy when stretched too thin

By Susan Trossman, RN

It was 11:30 a.m. and Edward Adams had been up most of the night with his 19-month-old son who was teething. Although accustomed to being awake when most others are asleep — he works the night shift in an ICU — Adams admitted to being tired. Adams' schedule, as he describes it, "can be very strenuous at times."

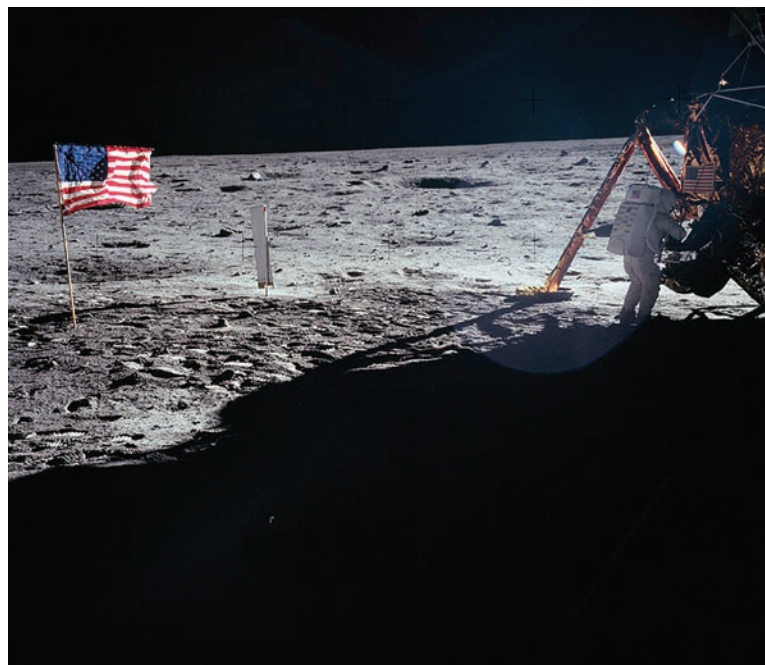
In addition to working full time, pursuing dual master's degrees and being active in the Georgia Nurses Association, Adams, RN, frequently finds himself managing the health care needs of other family members,

including those of his recently widowed mother who lives in a neighboring state.

For Lea Acord, being a caregiver to a family member has become her primary responsibility. Just under a year ago, she was helping to care for her terminally ill sister in Florida when she received a call that her husband had suffered a massive stroke back home in Wisconsin.

"Talk about stress," said Acord, PhD, RN, who retired from Marquette University but was serving as the president of the Wisconsin Nurses Association at the time. "I've

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ADVOCACY

Nurses bring their expertise to Cancer Moonshot Initiative

By Susan Trossman, RN

Roughly 55 years ago, President John F. Kennedy called on Congress and the nation to support "landing a man on the moon and returning him safely to the earth." In his January 2016 State of the Union address, President Barack Obama announced the establishment of an equally ambitious program: a "cancer moonshot" aimed at accelerating progress on the prevention, detection and treatment of this widespread collection of diseases.

This summer, the National Cancer Institute brought together some

of the nation's leading experts, including three highly accomplished oncology nurses, to develop recommendations that would move the goals of the Cancer Moonshot Initiative forward.

Oncology Nursing Society member and Past President Deborah Mayer, PhD, RN, AOCN, FAAN, was selected for the initiative's Blue Ribbon Panel, which examined opportunities and impediments in cancer research, oversaw the efforts of seven working groups, and served as advisers to the National Cancer Advisory Board and initiative chair, Vice President Joe Biden. (Biden's son Beau died in May 2015 after battling

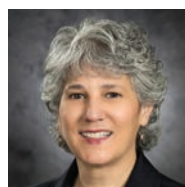
brain cancer, leading the vice president to call for a "moonshot" to end cancer.)

"I was impressed by the quality and dedication of all those who've participated in the Blue Ribbon Panel and working groups," said Mayer, who facilitates research, education and clinical care focusing on cancer survivorship at the University of North Carolina Lineberger Comprehensive Care Center. "Everybody rolled up their sleeves and put their own projects on the back seat to see what we could do to develop recommendations that could really make a difference for those

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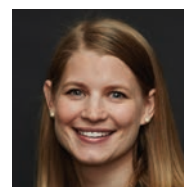
PRESIDENT'S PERSPECTIVE
Global action for a healthier world



Nurses convene to strategize, address pressing issues

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DONATIONS AT WORK
Grant recipient Amy Witkoski Stimpfel



Research shows impact of working conditions on safety, quality

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Moonshot

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who have cancer — or to prevent or detect cancer early.”

The expertise of nurses

After being named to the Blue Ribbon Panel, Mayer’s immediate goal was to ensure nurse representation on the working groups, an objective shared by ONS.

“Nurses bring their experiences from the frontlines of patient care and their patient-centered, family-centered perspective,” said Mayer, a North Carolina Nurses Association member who also previously held a presidential appointment on the NCI’s National Cancer Advisory Board. “No matter which working group they may be on, nurses also bring that pragmatic piece to a discussion where many ideas are being expressed.”



Deborah Mayer

“Nurses bring their experiences from the frontlines of patient care and their patient-centered, family-centered perspective.”

— Deborah Mayer

One of the nurses who served with Mayer on the Implementation Sciences Working Group was Kathleen Mooney, PhD, RN, FAAN. Her research — both at the University of Utah’s College of Nursing and as a co-leader of a science group at the Huntsman Cancer Institute — largely concentrates on using automated, remote monitoring to improve symptom management of patients with cancer and to better support caregivers.

“The moonshot is a very important way to not only galvanize the scientific community, but also the public, politicians and professional organizations, to think about the issue of cancer and what big steps can be taken so we

can move forward quicker,” said Mooney, an ONS past president and current ONS and Utah Nurses Association member. “Further, it will add more resources to address key research questions related to cancer prevention, risk reduction, treatment and care.”

Mayer noted that it generally takes 17 years to get an evidence-



Kathleen Mooney

based strategy into practice.

“We really wanted to look at how we can mobilize those interventions that can make the biggest difference by looking at the barriers and the facilitators of change,” she said.

Although interviewed before the recommendations were made public (see related story, this page), Mooney did reflect on the approach of the Implementation Sciences Working Group.

“We were looking at what we already know — the strategies that have been proven to be effective at preventing or addressing cancer but are not being used — and what can be done to increase their use,” she said. Mooney cited prevention and screening strategies, such as colon cancer screening and HPV vaccination, and the use of evidence-based treatment guidelines, including those for symptom management, as effective strategies that could save lives or increase patients’ quality of life during cancer treatment if they were systematically used.

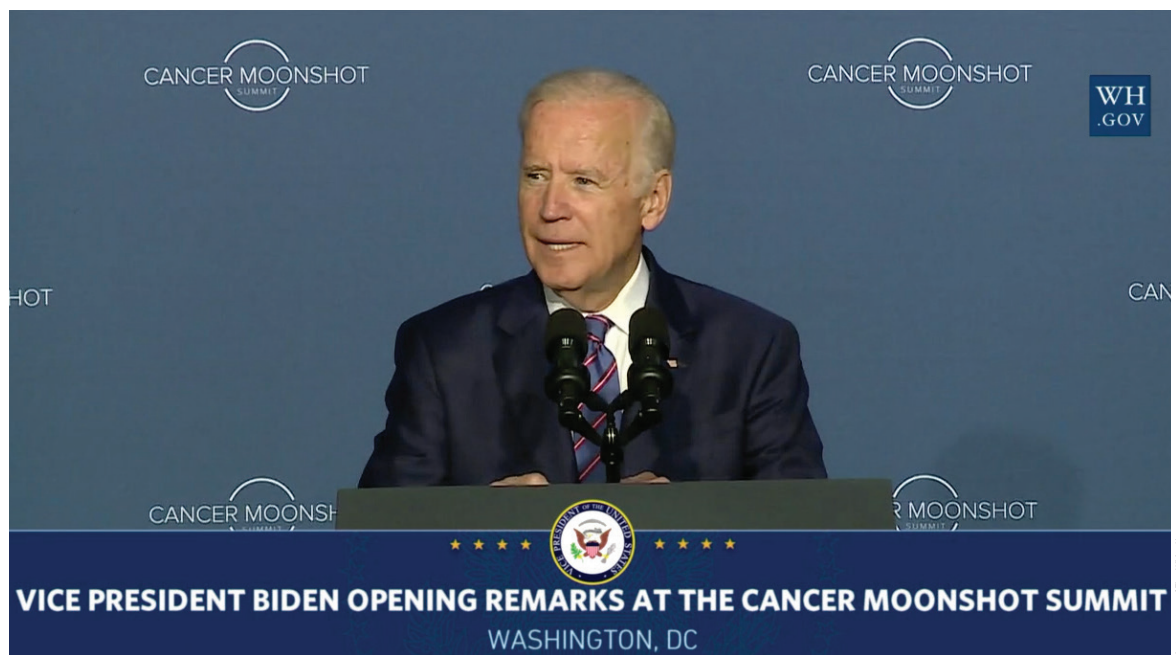
Her group also discussed barriers — such as reimbursement or communication-related issues — that prevent either patients, clinicians or both from utilizing evidence-based guidelines, such as those that ad-

dress patients’ poorly controlled symptoms post-discharge.

Serving on the Expanding Clinical Trials Working Group was Jeannine Brant, PhD, APRN, AOCN, FAAN, an oncology clinical nurse specialist and nurse scientist at Billings Clinic. Brant works with nurses and other health care providers to pursue research that leads to evidence-based practice. She also is the principal investigator for the Montana Cancer Consortium Cancer Care Delivery Research program, where researchers conduct translational and behavioral science that looks at areas such as models of care and symptom management.

“One of the challenges that cancer patients face is that sometimes clinical trials are only available at major academic centers,” Brant said. It takes a lot of resources and infrastructure, including having a scientifically rigorous IRB in place, which can prevent community institutions from conducting clinical trials, and in turn, impede area residents from having access to potentially life-saving treatments.

Looking back on her group’s discussions, Brant said that members approached their work using cross-cutting themes, such as exploring technology, data-sharing, populations, and biomarkers and genetics.



“We thought about access, where we are with the science, and how can we scale up with major initiatives,” said Brant, an ONS and Montana Nurses Association member. She noted Obama’s Precision Medicine Initiative (health care tailored to the individual) and NCI-MATCH (Molecular Analysis for Therapy Choice, which uses drugs specifically targeted to the molecular features of tumors) and what that work could mean for cancer care overall.

From day one of the discussions, Brant said she emphasized looking at potential recommendations in terms of what they mean for patients or how they might address health care disparities.

“It’s more than just the science,” Brant said. “I felt privileged to have a seat at the table. I also felt I had the opportunity to be the voice for patients and their families, and to [work toward advancing] equitable health care.”

“As nurses, we need to jump at these opportunities to serve in a national capacity,” Brant said. “We need to remind ourselves that we have the knowledge and leadership capacity to serve in these roles, especially as we move toward having more interdisciplinary teams in health care.”

In closing, Mayer said nurses and other experts on the panel and working groups laid the groundwork for real progress toward a cancer cure. But she added, “We need to continue to invest resources in cancer prevention and treatment.”

The Cancer Moonshot Initiative’s Blue Ribbon Panel recommendations can be accessed at www.cancer.gov/brp.

— Susan Trossman is a writer-editor for the American Nurses Association.

A quick look at some Blue Ribbon Panel recommendations

The Blue Ribbon Panel presented to the National Cancer Advisory Board on Sept. 7 its report that details 10 transformative research recommendations to achieve the Cancer Moonshot’s goal of making a decade’s worth of progress in cancer prevention, diagnosis and treatment in just five years, according to the National Cancer Institute.

Among the transformative approaches are:

- Engage patients to contribute their comprehensive tumor profile data to expand knowledge about what therapies work, in whom, and in which types of cancer.
- Establish a cancer immunotherapy clinical trials network devoted exclusively to discovering and evaluating immunotherapy approaches.
- Identify therapeutic targets to overcome drug resistance through studies that determine the mechanisms that lead cancer cells to become resistant to previously effective treatments.
- Create a national ecosystem for sharing and analyzing cancer data so that researchers, clinicians and patients will be able to contribute data, which will facilitate efficient data analysis.
- Accelerate the development of guidelines for routine monitoring and management of patient-reported symptoms to minimize debilitating side effects of cancer and its treatment.
- Reduce cancer risk and cancer health disparities through approaches in development, testing and broad adoption of proven prevention strategies.
- Develop new enabling cancer technologies to characterize tumors and test therapies.

“Thanks to the coalescence of new scientific insights and technological innovations, cancer research is poised to make unprecedented advances,” said NIH Director Francis S. Collins. “The approaches identified by the Blue Ribbon Panel offer exceptional promise in tipping the odds in favor of cancer patients.”

In addition to the 10 scientific approaches, the road map has specific, special projects. These include a demonstration project to test for Lynch syndrome, a heritable genetic condition that increases risk of several types of cancer, to improve early detection and prevention; the establishment of a nationwide pediatric immunotherapy clinical trials network to enhance the speed with which new immunotherapies can be tested in children; and “microdosing” devices to test drug responses in living tumors.

The National Cancer Advisory Board accepted the Blue Ribbon Panel’s report with revisions that reflect NCAB’s discussion.

“The bold but feasible cross-cutting initiatives in this report will improve outcomes for patients with cancer, prevent cancer and increase our understanding of cancer,” said National Cancer Institute Acting Director Douglas Lowy.

Lowy will share the report, which is just one component of a broader national effort, with the Cancer Moonshot Task Force.