

Three emerging foci heralding change for oncology nursing practice

I had the opportunity to attend the Multinational Association of Supportive Care in Cancer (MASCC) Annual Conference in Vienna in June and was struck by three particular topics. These three topics were covered quite extensively through oral and poster presentations. As I listened to the presentations, I thought, we need to incorporate these topics into our oncology nursing practice. I will highlight them below for your consideration.

PHYSICAL ACTIVITY OUGHT TO BE CONSIDERED AS A MEDICATION

The evidence concerning physical activity and cancer is growing very fast—and it is very convincing. Physical activity has an impact throughout the cancer continuum. There is strong epidemiological evidence that physical activity is associated with decreased risk for several cancers—specifically colon, breast and endometrial—and a growing body of evidence related to several others including esophageal, liver and lung. The evidence is also growing to support the idea that exercise during treatment can reduce the effects of cancer and treatment side effects, thus enhancing one's ability to cope and quality of life. Additionally, the evidence is growing to show that physical activity enhances cancer survivors' ability to cope with side effects, increases quality of life, and may have an impact on recurrence and premature death, especially following breast, colorectal and prostate cancers.

Although there are still unanswered questions about causative links and the exact nature of any prescriptions for physical activity for individuals, there are many guidelines about physical activity that have been developed for cancer patients and survivors. These general guidelines emphasize being safe and engaging in activity that works for the individual based on the type and stage of their cancer, the cancer treatment they had, and their own stamina and capacity. Overall, guideline goals suggest aiming for 150 minutes of moderate activity per week and strength training exercises on at least two days per week. Both the Canadian Cancer Society and the American Cancer Society have helpful information for healthcare professionals and for patients on their respective websites. The information would be useful for conversations with patients and caregivers about the importance of physical activity and suggestions about how to proceed.

BRIEF INTERVENTION FOR SLEEP DISTURBANCES

As many as 50% of cancer patients/survivors report experiencing sleep problems. Additionally, caregivers of cancer patients, especially those caring for individuals with advanced disease, also report difficulties with sleep. The most common

sleep difficulties are insomnia—difficulty getting to sleep and staying asleep—and disruption of the sleep-wake cycle. As you can imagine, symptoms, anxiety, depression, and side effects are the most frequent causes of these sleep disturbances. Without adequate sleep, individuals are less able to think clearly or cope effectively, their mood is altered, and their ability to deal with symptoms and their effects is diminished. Essentially, personal health and quality of life can be impacted.

To date, there has been relatively little attention to this challenge of sleep problems in cancer patients and their caregivers. However, this is changing and evidence is beginning to emerge regarding interventions that could be effective in dealing with sleep problems in this population. One such intervention is modelled on the idea of brief interventions originally devised for high-risk behaviours such as substance abuse and smoking in general practice settings. Brief interventions are practices aimed at investigating a potential problem in a short interaction (between five and 15 minutes) and motivating an individual to begin to do something about it. They are often utilized in busy clinical settings and aimed at motivating a client to perform a particular action (e.g., to enter treatment, change a behaviour, think differently about a situation). In the recent literature, they have been referred to as “simple advice,” “minimal interventions,” “brief counselling,” or “short-term counselling.” In effect, this is a type of intervention that could be added to an oncology nurse's skill set and be delivered in an in-patient or out-patient setting. One reference you might check out regarding brief interventions for sleep is Nakamura et al. (2013) in the *Journal of Cancer Survivorship* (Vol 7, No 2, pages 165–182). Additionally, the Canadian Cancer Society and the American Cancer Society have excellent information about managing sleep problems on their respective websites.

USING TECHNOLOGY TO TRACK SYMPTOMS AND ENGAGE IN SELF-MANAGEMENT

The third topic area I found fascinating was the topic of how technology (e.g., mobile devices, web-based programs, applications) is being utilized to track symptoms and help patients engage in self-management. The need to track symptoms emerges from not only the need to understand how patients are doing, but also from concerns about patients' reluctance to report symptoms (in case treatment is stopped), the challenge of remembering to self-monitor and record symptoms in real time, and the advent of oral therapies where individuals are taking the medications at home and not visiting the cancer centres frequently. The wireless devices allow data to be

available to both clinicians and patients in real time, as well as see patterns over time. Both scenarios offer the opportunity to improve management of symptoms and side effects.

Additionally, cancer in selected disease types has become a chronic illness and individuals are continuing to deal with the aftermath of its treatment for many years. Being able to manage the late and long-term effects can be challenging for cancer survivors. In a recent Canadian study (Canadian Partnership Against Cancer, 2018; see www.partnershipagainstcancer.ca) many survivors indicated they were surprised when some of these effects emerged—they do not recall being told about them beforehand or informed about how to handle them. They wish they had been better prepared at the time of transition from the cancer centre and had the information about how to deal with the emergent effects. Solutions to this issue

have included web-based programs, use of mobile devices, and social media initiatives where information is readily available to patients and their caregivers about various self-management strategies. Where these are available to our patients, we need to make certain they know about the resources.

These three topic areas herald the need for changes in practice. They are not future issues—they are on our doorstep right now. I think it behooves us, as oncology nurses, to anticipate these changes that could improve patient care and take steps to incorporate them into practice.



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