

Beyond Breast Cancer

There are a few things we can count on in life. As the editor of the *Oncology Nursing Forum (ONF)*, one of the things I can almost always predict is the nature of members' responses to this journal. I am grateful that the overwhelming majority of comments we receive about *ONF* are positive. Everyone involved with the journal, from the authors to the production staff, works very hard to produce something we can be proud of, issue after issue. When we do receive complaints, they generally fall into a handful of categories. One consistent theme of these less favorable comments is a perception that our topic selection is unbalanced. Why, these inquiring minds want to know, do we present so many breast cancer-related papers? A much broader range of cancer-related topics exists, and we are called to account for our seeming emphasis on this one diagnosis.

I certainly cannot deny the "charges." I have pondered the situation over the years and have reached the conclusion that this issue has many faces. A practical response needs to be considered from several points of view. This is not just an issue for the editor and the editorial board but for researchers, nursing educators, authors, funding agencies, and clinicians as well.

First of all, the issue is not so much that we have too much breast cancer research but, rather, that we have too little research on other patient groups and cancer diagnoses. The interest in breast cancer certainly is legitimate, given its prevalence and the understandable interest by women (and, thus, nurses) in this disease. I also suspect that patients with breast cancer often are more accessible to nurse researchers than other patient groups. But, as nursing research matures and we focus our professional energy on evidence-based prac-

tice, we can reasonably ask ourselves if the preponderance of research on breast cancer, at the expense of other cancer diagnoses and aspects of the cancer experience, is justified.

Peer-reviewed publications, such as *ONF*, do not always have the luxury of devising a long-term publishing template. Authors submit their work, and, after a successful peer review and some revision and editing, articles get published. What we offer our readers is primarily a reflection of what we receive. We publish a high number of breast cancer-related articles and research reports because that is what is submitted.

I am encouraged that, as more nursing research is being done, a wider range of patient groups are represented. But, more must be done. The responsibility for that growth will depend on many different types of nursing professionals getting involved. One good starting place is at the master's level. This is where many nurses first learn the process of research. I encourage these fledgling researchers and their more experienced faculty mentors to ask questions about understudied patient groups or take lessons learned from breast cancer research and explore the application of that knowledge with other groups. If you are interested in basic topics not specific to a particular diagnosis, think of a patient group you can study other than a breast cancer population. If you are committed to working with women with breast cancer, explore areas that have been less widely explored than, say, self-breast examination or information needs. It is not that we know everything there is to know about these topics—I am merely suggesting that we need to challenge ourselves to be a bit more creative and broad-thinking when choosing areas for research. Even those of you who are seasoned breast

cancer researchers can begin to mentor others to apply what you have learned in more varied ways.

Perhaps another reason that breast cancer research has received such wide attention is that more funding is available in this area. I encourage those looking for grant monies to look at the Oncology Nursing Society (ONS) Research Agenda Plan and ONS's most recent Research Priorities Survey for direction in identifying research areas needing our particular attention and also to make note of where we and partner agencies will be directing funding. (Visit ONS Online at www.ons.org, and select "Research" to obtain these materials.) Symptom management (of pain, neutropenia, depression, anorexia, and cognitive impairment) is ONS's research priority for 2002–2003. Resources will be available for those who want to research these topics. I encourage researchers to explore these topics in the context of a wide range of cancer diagnoses. If the nature of the research dictates a homogeneous patient population, consider other diagnoses besides breast cancer. And, if a breast cancer population is the best or only choice, carefully consider your findings in light of the broader cancer experience.

We owe it to our profession to examine the range of our work and scientific efforts with a critical eye. We must look beyond the merits of an individual study and see that our research efforts are balanced and diverse. In this way, we can ensure that all of our patients will benefit equally and that no particular group will be singled out for all the advantages that nursing research and evidence-based practice can offer. 

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