In the 1970s

One of the earliest articles published by Oncology Nursing Forum (ONF) on childhood cancer was Bakke’s (1978) informational article focused on nursing considerations in caring for adolescents with osteosarcoma, specifically teenagers whose treatment plan included amputation of the affected limb. Several key considerations for pediatric oncology nurses were discussed, most importantly that when caring for children (regardless of age), nurses must thoroughly assess each child’s history of growth and development, any current or previous behavior issues, how the child manages or cope with stress, and any other external influences (e.g., family disruption) that could impact the child’s ability to manage the course of treatment and recovery. Because osteosarcoma is primarily a disease of adolescents, Bakke (1978) emphasized understanding the “current social and cultural demands on teenagers, the importance they place on peer acceptance and the changes and stresses faced by the family” (p. 14). Nurses caring for these patients were cautioned about the need to continually reassess the family’s comprehension and understanding of what was happening to their child and, concomitantly to the family itself; the amount and type of information that each family member not only wanted but was able to handle at any given point in time; and family patterns of communication (Bakke, 1978). Family members also needed to be heard and assessed by the nurse. Having an opportunity to safely vent potentially conflicting emotions was reported as being particularly important in establishing the ability of the parents to provide meaningful support to their adolescent child. Because of the very aggressive treatment regimen for most patients with osteosarcoma at that time (including limb amputation and extensive chemotherapy), nurses were implored to be sensitive to the adolescents’ developmental needs and make “appropriate and perceptive interventions” (Bakke, 1978, p. 14) when working with patients and families.

Today, osteosarcoma remains a disease primarily of adolescence that is believed to be related to rapid bone growth typically found during this developmental period. Treatment for osteosarcoma generally begins with chemotherapy in an effort to shrink the cancerous tumor. The duration of treatment is dependent on tumor size, whether any malignant cells have spread, and how well the tumor responds to treatment. Once the course of chemotherapy is finished, surgeons will operate to remove any remaining tumor and surrounding bone, oftentimes sparing the child’s limb from amputation. Any bone that is missing can be replaced with artificial bone at the time of surgery. If any microscopic cancer cells remain following surgery, they can be treated with additional chemotherapy (Ta, Dass, Choong, & Dunstan, 2009).

Although the current treatment of osteosarcoma is somewhat less invasive than it was in the 1970s, the nursing assessment and management of the patient and family remain almost the same. The early emphasis by Bakke (1978) on the need to complete a holistic assessment of the child and family was right on point. A thorough assessment of the child’s growth and development pattern; behavioral responses to things such as stress and pain; the pattern of family life, including their communication styles; and other key concerns is vitally important to the foundation of providing high-quality nursing care. Pediatric oncology nurses have many