

# A Synthesis of Clinical Recommendations and Primary Research for Survivors of Prostate or Breast Cancer

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Studies have documented the efficacy of cancer treatments available, specifically for patients with prostate or breast cancer, but few articles have compared prostate or breast cancer recommendations from the patient's perspective. In this article, the authors compare and contrast published clinical recommendations for advanced practice RNs who treat patients with prostate or breast cancer to qualitative studies that explore the experiences of cancer survivors. Treatment options, along with recommendations and resources, are included. The nurse clinician's role in caring for patients with prostate or breast cancer is diverse and complex, and evidence supports the role of the nurse clinician in improving patient care. Implementing findings from qualitative studies that focus on patients' perspectives in conjunction with clinical recommendations is essential when developing care plans for patients with cancer.

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The advanced practice RN (APRN) provides care to a number of patients who vary in age and income, as well as in disease type and chronicity. Just as health care continues to increase in complexity, so does the role of the APRN. Therefore, the APRN must acquire a deeper, broader range of specialty skills, knowledge, and resources to effectively manage the care of this growing population. Given the aging general population and the overall increase in patients diagnosed with cancer, the APRN likely will be managing the care of cancer survivors or assuming the role of the primary care provider for some patients. The APRN is being challenged to develop the skills and knowledge necessary not only to manage the medical care of cancer survivors but also to help patients, families, and caregivers address spiritual, financial, emotional, and personal burdens.

The Institute of Medicine (IOM) has outlined the needs of patients with cancer and their families, including unmet psychosocial needs (Adler & Page, 2008). To satisfactorily meet the IOM's recommendations and to effectively manage the care of complex and chronically ill individuals, the APRN must synthesize and apply knowledge and evidence from clinical practice, as well as from published research and clinical guidelines that

focus on screening, diagnosis, treatment, and follow-up, to provide care that meets the unique needs and preferences of each patient with cancer.

Most APRNs access and apply clinical guidelines to manage the care of patients with cancer. Although guidelines are often evidence based, they may not address the personal preferences of the patient. The financial resources of the patient may not be fully discussed during treatment planning. For example, the cost of a magnetic resonance imaging scan may not be evaluated prior to diagnostic ordering. Cost-effective measures based on the patient's financial resources may not be fully explored, and alternative measures may not be considered. In addition, certain patients may choose to pursue aggressive treatments for their cancer, whereas others, based on personal beliefs, may choose more conservative treatments. The beliefs and resources of the patient should be explored during treatment planning.

Clinical guidelines are accessible and useful to nurse clinicians in inpatient and outpatient facilities. Unfortunately, few guidelines reflect patients' experiences. Limited information exists to help guide the care of cancer survivors from underserved and underprivileged backgrounds, many of whom