

RESEARCH HIGHLIGHTS

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American Society of Hematology New Statement and Policy

Organization Reveals Policy on Stem Cell Research

The American Society of Hematology (ASH) is excited about the scientific potential of all avenues of stem cell research (SCR), particularly human embryonic and adult stem cells. Additionally, ASH endorses efforts to expand the list of human embryonic stem cell lines that are eligible for federal research funding and pledges its commitment to move the science of SCR forward to help patients.

In August 2001, the Bush administration set a new policy for federal funding of embryonic SCR. President Bush declared that federal research funds could be used only on embryonic stem cell lines created before that date; at the time, several of the president's scientific advisors believed that approximately 78 viable cell lines existed and they would be sufficient to advance the embryonic stem cell field. President Bush said that his new policy would prevent the creation and subsequent destruction of new embryos solely for extracting stem cells. However, in August 2001, researchers had the technology only to grow human embryonic stem cells using mouse "feeder cell" lines; therefore, all the lines covered under the president's policy are contaminated with mouse cells or mouse cell products. Since that date, the administration also revealed that only 22 lines are available, not the 78 that originally were thought.

ASH believes that SCR offers a significant degree of promise and hope to the approximately 100 million Americans suffering from deadly and debilitating diseases, including cancer, stroke, heart attack, Alzheimer disease, Parkinson disease, amyotrophic lateral sclerosis, diabetes, and traumatic and spinal cord injury. ASH supports federal funding of all avenues of SCR under the National Institutes of Health federal research guidelines and with appropriate public oversight. Consequently, ASH has joined with a coalition of 142 organizations to ask President Bush to loosen the restrictions his administration placed on federal funding of SCR in 2001.

ASH also publicly endorsed the California Stem Cell Research and Cures Initiative. The initiative, which was approved after the November 2004 California state election, provides funds needed for the development of therapies and cures for diseases that could save the lives of millions of California children and adults and ultimately reduce the state's healthcare costs. The California Stem

Cell Research and Cures Initiative was developed by a coalition of California families and medical experts determined to close the funding gap in SCR. Currently, California is the only state with state-level funding for SCR, and political roadblocks on the federal level have severely limited funding opportunities for some of the most promising types of SCR. The initiative provides the funding needed for life-saving SCR in the state of California. It also requires strict fiscal and public accountability, protects and benefits the state budget, and includes strict ethical deadlines.

Oncology Nursing Society 29th Annual Congress Anaheim, CA April 29–May 2, 2004

Develop a Hereditary Cancer Genetics Consultation Service Using Advanced Practice Nurses

Increased public awareness and identification of cancer susceptibility genes have created an opportunity for advanced practice nurses (APNs) to take a leadership role in providing cancer predisposition genetic testing and risk assessment counseling. In keeping with the 2002 Oncology Nursing Society position statement "Cancer Predisposition Genetic Testing and Risk Assessment Counseling" stating that APNs with specialized training in cancer genetics might provide comprehensive cancer genetic counseling, two APNs from a medical center in Richmond, VA, began a nurse-managed hereditary cancer genetics consultation service. This consultation service was initiated based on feedback from patients requesting hereditary cancer genetics consultation services at their medical center rather than undergoing referrals to an outside hospital. Additionally, as patients began to inquire more about their cancer risk, physicians recognized that they did not have the time or expertise to answer these questions or counsel patients adequately regarding hereditary cancers. All consultative patients in this service required a physician referral before being assessed. To provide this service, the oncology clinical nurse specialist attended genetic training through Fox Chase Cancer Center in Philadelphia, PA, and Myriad Genetics, Inc., in Salt Lake City, UT. Because of the lack of onsite physicians who were able to provide expertise in this area, the oncology clinical nurse specialist used counselors at Myriad Genetics to discuss complex family histories or results

needing further clarification. The hereditary cancer genetics consultation service consisted of a four-visit process. During the initial visit, an APN met with patients to discuss their history and develop pedigrees. Education was provided regarding hereditary cancer risk. If patients wished to pursue genetic counseling, they would return for a second visit. Insurance reimbursement always was pursued before the second visit. Informed consent was obtained before testing. A third visit was arranged after test results became available. In addition, scheduling a fourth visit was an option to meet with additional family members per patient request. Since 2000, that medical center has reported a 10-fold increase in referrals for genetic consultation. With heightened public and healthcare professional interest in the field of hereditary cancer genetics, cancer predisposition genetic testing and risk assessment consultation could become a standard service provided by all comprehensive community cancer centers that use APNs.

Commencing Adjuvant Chemotherapy for Early Breast Cancer: What Should Nursing Assessment Involve?

Researchers from Australia reported findings from a secondary analysis of baseline data collected during and related to a nurse-administered intervention in the management of cancer-related fatigue. The investigation identified key areas of concern for women at their first adjuvant chemotherapy treatment provided in an ambulatory care setting. Key social and personal factors identified in Greene's PRECEDE Model of Health Promotion as being important to effective disease self-management were analyzed. A total of 108 women were surveyed at their first visit for adjuvant chemotherapy. The survey was comprised of measures of physical and psychological symptoms (European Organization for Research and Treatment of Cancer Quality-of-Life Questionnaire-30 and Hospital Anxiety and Depression Scale) as well as a 22-item investigator-developed scale assessing confidence with managing cancer and its treatment. Descriptive analyses were conducted to identify mean confidence scores and quality-of-life (QOL) ratings. The study findings highlight key concerns of women

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Digital Object Identifier: 10.1188/05.ONF.21-22

attending their first treatment visit. Women reported moderate to high levels of confidence coping with many aspects of cancer. Using a 10-point scale ranging from 1 (not at all) to 10 (very confident), researchers determined that areas of lowest confidence included ability to avoid negative thoughts ($\bar{X} = 6.8$) and control feelings ($\bar{X} = 6.9$). Mean QOL scores were high ($\bar{X} = 71.5$ on a scale ranging from 25 [low QOL] to 100 [high QOL]). However, the levels of anxiety and depression reported were areas of concern. More than 28% of the sample had anxiety levels that may be suggestive of an anxiety disorder, with a further 20% reporting anxiety levels categorized as marginal. Additionally, 6% of the sample had depression at levels that may be suggestive of clinical depression, with a further 7% reporting depression levels categorized as marginal. These findings can be instrumental in the development of models of care appropriate for addressing the broad range of support needs for women undergoing adjuvant chemotherapy treatment, emphasizing the importance of a nursing assessment that sensitively and accurately identifies emotional needs so that supportive interventions in the context of ambulatory care can be implemented.

Factors Influence Follow-Up Cervical Cancer Screening Among Low-Income Minority Women

The results of a study exploring factors that influence Korean American women's decision process in obtaining initial Pap test screenings and returning for annual follow-up visits were presented by two advanced practice nurses in New York City. The study's conceptual framework was derived from the Health Belief Model (HBM). The HBM hypothesizes that health-related actions depend on the simultaneous occurrence of a few factors, including the existence of sufficient motivation. A qualitative design using a focus group approach with purposeful sampling method was used. Korean women focus groups were conducted by a Korean facilitator using 12 guiding questions based on HBM. All sessions were tape-recorded after obtaining consent. The seven tape-recorded sessions (four non-follow-up [$n = 20$] and three follow-up [$n = 9$]) were transcribed, translated, and analyzed thematically using NUD*IST Vivo (QSR International, Cambridge, MA) software and triangulated by another consultant making conceptual maps. The sample was drawn from Korean women who participated in either the annual 2002 Korean Health Fair or the Cervical Cancer Early Detection Program. All participants were immigrants, were aged 40 or older, had low income, and had no health insurance. Study findings revealed that the major barriers preventing follow-up were service quality at clinics, such as long waits and crowds; humility; embarrassment; no time and money; lack of knowledge; and low concern for preventive health. Identified motivators

were free cost, reminder cards, illness experiences of self or others, peer involvements, and high concern for health. These findings will assist advanced practice nurses in the design and implementation of ethnoculturally appropriate interventions.

Cognitive Behavioral Intervention Can Decrease Symptom Limitations

Newly diagnosed patients receiving chemotherapy deal with changes in their quality of life resulting from the side effects of chemotherapy. Researchers questioned whether a nurse-patient, collaborative, cognitive behavioral intervention would limit symptoms, thus improving a patient's quality of life. The intervention was based on cognitive behavioral theory and focused on problem-solving strategies, namely self-care management; providing information, decision counseling, and support; and communicating with the patients to identify needs and adapt to 15 common cancer symptoms. The control group received conventional care. Outcomes indicated that at all the interview times (baseline and 10, 20, and 32 weeks), the control group experienced higher scores of symptom limitation than the experimental group. Initially, younger patients manifested more negative symptoms than older patients did, but at the conclusion of the study, age was not a factor in the outcome. These results support other studies suggesting the positive effects of cognitive behavior interventions with patients. The researchers concluded that symptom-focused, cognitive behavioral interventions with younger patients may help them deal with symptom limitations in a more positive manner.

Study Compares Health Status and Quality of Life of Women With Cancer and Their Family Members

Researchers reported that in 2003, more than 80,000 families were estimated to have a female member with lung cancer. However, little is known about the health status and quality of life (QOL) of these family members who support the patient during her illness. This descriptive study included 51 dyads, consisting of women with non-small cell lung cancer and an identified family member (92% spouses), and looked at demographic and clinical characteristics associated with poor QOL. Demographic information was collected by telephone interview, and QOL was assessed by several valid tools (QOL Short Form-36, Index of Chronic Conditions, Center for Epidemiologic Studies–Depression Scale). Forty-one percent of family members had chronic conditions; 16% had more than two conditions. The number of comorbid conditions was not significantly related to QOL, and the scores varied widely. The QOL scores of family members were much better than those of patients and showed less depression

(14% versus 49%). Poor physical QOL was associated with being older, having more comorbid conditions, and having less education. Family members were less likely to be former smokers and more likely to smoke than female family members with cancer. The researchers recommended further prospective studies to test strategies that support QOL for family members of women with lung cancer.

Education Helps Manage Fatigue in Women Receiving Adjuvant Chemotherapy for Breast Cancer

Patient education is an integral part of nursing care with patients who have cancer. Managing fatigue, the intensity of the fatigue, and quality of life are all issues for patients with breast cancer undergoing chemotherapy. A randomized, controlled trial of consecutively recruited patients ($N = 108$) undergoing chemotherapy for stage I or II breast cancer sought to evaluate whether a one-to-one teaching intervention would have an effect on coping with cancer or fatigue. Piper's integrated fatigue model and Greene's PRECEDE Model of Health Promotion were used to develop educational content and strategies. Before randomization, the women completed a self-report survey. The intervention group received a one-on-one fatigue education program given over three 10- to 20-minute sessions one week apart. The first session was delivered in a face-to-face manner at the second treatment visit; the two subsequent sessions were done over the telephone. Follow-up surveys were completed at three subsequent treatment visits. These included two 11-point numeric rating scales assessing confidence with managing fatigue; an 11-point numeric rating scale measuring fatigue at worst, average, and best; Functional Assessment of Cancer Therapy–Fatigue and Piper Fatigue Scales; European Organization for Research and Treatment of Cancer Quality-of-Life Questionnaire-30; and Hospital Anxiety and Depression Scale. Results indicated that mean fatigue scores increased for both groups over time. No significant differences in pre- versus postintervention change scores were identified for confidence with managing fatigue, anxiety, depression, or quality of life. The researchers suggested that further research is indicated to understand how the effects of the educational session can be extended and sustained over time.

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