

## Nurses in All Practice Settings Will Benefit From Cancer Prevention and Early-Detection Supplement

I am writing in support of the supplement "Cancer Prevention and Early Detection: Oncology Nursing's Next Frontier" (supplement to *Oncology Nursing Forum [ONF]*, Vol. 27, No. 9), which was published in October 2000. Although overall cancer incidence and mortality rates have decreased since the early 1990s, cancer remains the second leading cause of death in the United States, with estimated costs of treatment approaching \$180 billion annually (American Cancer Society [ACS], 2001). Never has the time been more important for nurses, particularly advanced practice nurses, to assume a greater role in the education and performance of early-detection and cancer-screening practices. This is particularly challenging in a healthcare environment focused on illness and disease-centered care, such as that that exists in the United States.

Recognizing this, the editors did a superb job of educating their audience regarding the current trends and assembling a collection of articles that expertly provide insight into the knowledge and skills necessary for the coordination of and participation in such activities. For screening and early-detection measures to be effective, tests must be accurate, appropriate to the specific population of people, cost-effective, and conducted along a safe time interval (Foltz, 2000). They must be performed by experienced providers who are familiar with the latest advances and available resources. When the above criteria are met, screening and early-detection methods can help to reduce morbidity and mortality rates as well as the financial costs associated with cancer.

Advanced practice nurses, such as nurse practitioners, are in a position well suited to implement these measures. As RNs with advanced education and training, their practice emphasizes health promotion and maintenance, disease prevention, and the diagnosis and management of acute and chronic diseases (Spencer-Cisek, 1998; Varricchio, 1997). They receive didactic and clinical instruction on the performance of screening and early-detection methods and see such activities as being consistent with their roles (Kinney, Hawkins, & Hudman, 1997). Studies examining the cost-effectiveness of the nurse practitioner practice have shown that they are able to successfully manage approxi-

mately 80% of a primary-care physician's workload, including performing secondary screening measures at less expense to patients and the practice (Fitzgerald, Jones, & Lazar, 1995). However, research aimed at whether nurse practitioners are better at performing cancer screening and early-detection measures as compared to other healthcare providers is limited.

Warren and Pohl (1990) revealed that nurse practitioners in Michigan exhibited a higher frequency of cancer screening among adult female clients as compared to male clients. They also reported a higher frequency of conducting screening activities among younger and middle-aged adults (19–39 years) rather than adults over age 40, the group at the highest risk for cancer. Tessaro, Herman, Shaw, and Giese (1996) examined the cancer prevention and early-detection practices of nurse practitioners working in community health departments across North Carolina. They found that nurse practitioners provided breast and cervical cancer screening services for the majority of women over age 40 but were less likely to provide other types of cancer prevention, such as smoking cessation or nutrition counseling, for any age group. Neither study compared the practice patterns of the nurse practitioners to other healthcare providers, such as primary-care physicians. Perhaps if more research is conducted that supports the benefits of care provided by nurse practitioners regarding cancer screening and early detection, healthcare consumers would be more convinced and inclined to seek out such services.

Clients must be aware of the importance and availability of testing and encouraged by their providers to participate in such activi-

ties. The single factor that has been shown most consistently to influence whether a person ever has had a screening test or has been screened recently is having received a recommendation from his or her healthcare provider (Smith, Mettlin, Davis, & Eyre, 2000).

Opponents to mass screening cite reasons such as time constraints, costs, lack of reimbursement, and lack of experienced or available providers as why screening is not or should not be performed. Other commonly cited reasons relate to the controversies surrounding the choice of screening tests, testing intervals, and which populations should be screened (Foltz, 2000). Cultural factors, such as the decreased emphasis on preventive services among Latinos, also prevent cancer screening from occurring on a regular basis. As recommended in the supplement, nurses must challenge themselves to critically examine the above factors to identify opportunities to eliminate barriers that prevent their clients from participating in screening activities.

For example, several national and state programs are available to help offset the cost of screening and early-detection activities. In October 2000, President Clinton signed into law the Breast and Cervical Cancer Prevention and Treatment Act, which helps states to provide access to screening through the Centers for Disease Control and Prevention's National Breast and Cervical Cancer Early Detection Program. This program provides free breast and cervical cancer screening as well as follow-up diagnostic services to uninsured or low-income women. Medicare provides for preventive services, including screening for breast, cervical, colorectal, and prostate cancer. In Iowa, legislation currently is pend-

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