



A Day in the Life of Suzanne M. Mahon, Cancer Prevention Expert

Suzanne M. Mahon, RN, DNSc, AOCN®, APNG

Length of time in position: 5 years in the Division of Hematology and Oncology, 16 years in the School of Nursing

Education: BSN with honors and MSN(R) in medical/surgical nursing from St. Louis University in Missouri; DNSc from Rush University in Chicago, IL

Present roles in the Oncology Nursing Society (ONS): member, St. Louis Chapter; editor, *Prevention/Early Detection Special Interest Group Newsletter*; associate editor, *Clinical Journal of Oncology Nursing*; project team member, Research Advisory Panel

A Typical Day

My primary position is in the Division of Hematology and Oncology. The division director, a medical oncologist, describes me as the faculty member responsible for all “cancer control activities,” including educating patients about genetic testing, ensuring that long-term survivors receive proper follow-up screening for second malignancies and other treatment-related complications (tertiary prevention), and providing didactic content to healthcare professionals on issues related to primary and secondary prevention.

At least half of my time is spent assessing individuals and families for a genetic predisposition to developing cancer. Each person receives recommendations for primary and secondary prevention based on this assessment. Approximately two-thirds of those assessed have a potential hereditary susceptibility for developing cancer. Issues related to the availability, benefits, and risks of testing are discussed with these families. I assist those who decide to pursue testing with obtaining insurance coverage when necessary, disclosing results, and discussing long-term management, including options for surveillance, chemoprevention, and prophylactic surgery. This usually requires several hour-long appointments with one or more family members.

I also see patients who have completed therapy and have good prognostic factors. I educate them about the risk for second malignancies as well as other complications of therapy, such as osteoporosis, and provide recommendations for this tertiary prevention.

As a faculty member, I am responsible for professional education. I provide didactic lectures to medical students, interns, residents, fellows, attending physicians, and nursing students on topics related to cancer genetics and primary, secondary, and tertiary prevention. I help to raise healthcare providers’ awareness of the importance of all levels of cancer prevention.

My role also includes providing public education. While the St. Louis University Cancer Center was being developed from 1999–2000, I created the Cancer Information Center, where patients can receive personalized education about their disease and treatment. Because of the information center’s rapid growth, two nurses now staff the area. I helped to author a series of brochures to teach the public about the prevention and early detection of the major types of cancers. I also serve on the institution’s cancer committee as the lead person for public and professional education and am called frequently to speak to public groups about issues related to the early detection of cancer.

All faculty members at St. Louis University are required to engage in research. Presently, I have two studies open that have received partial funding from ONS. One examines issues related to tertiary prevention in breast cancer survivors, and the other involves gaining a better understanding of decision making in women at risk for hereditary breast or ovarian cancer. I also have received funding to study bone loss in premenopausal women receiving chemotherapy for breast cancer and functional changes in patients undergoing chemotherapy.

I believe that nurses have a responsibility to share information in professional literature; therefore, I try to spend a little time

each week writing professional articles. I have found that writing is like anything else—the more you practice, the easier and the better it becomes.

Development of the Role

Since I completed the coursework for my doctorate, I have precepted students, served on thesis and dissertation committees, and provided content related to cancer prevention and early detection in the School of Nursing. This always has been an adjunct position, and I have enjoyed the opportunity to share my expanded nursing roles with graduate nursing students.

When I applied for the faculty position in the Division of Hematology and Oncology, a specific role description was not in place. The division faculty primarily included medical oncologists and one doctorally prepared laboratory researcher. Typically, nurses are not considered for faculty positions in the Department of Internal Medicine, and the medical oncologist who interviewed me repeatedly asked what a nurse could bring to the division that was necessary as the university moved toward developing a cancer center. He wanted to know how I had implemented prevention and early-detection practices in previous roles and was particularly interested in providing genetic testing to patients. He realized this could be a labor-intensive role, and he wanted patients to have comprehensive education. He was especially

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