Editorial

Specialized Cancer Care Roles: from Clinical Practice to Research and Beyond

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Specialized roles undertaken by cancer nurses are not a new trend in clinical practice. It was as early as in the 70s that the need for such roles emerged and the need for additional education within the specific context of cancer begun to rise.[1] There are a number of different definitions of what constitutes a specialized cancer nurse, primarily due to the variations on the roles assumed in different countries. A specialist cancer nurse is expected to be educated to a degree level (or higher), have a formal training in cancer and to care for cancer patients as a specialized population, and across different cancer types and the entire cancer care continuum.[2] According to the WHO, a cancer nurse has successfully completed specialist postqualification education in cancer nursing which builds on initial generalist nursing education, enabling the nurse to work in a specialized tile with individuals and families experiencing and/or affected by cancer.[3]

The question that arises here is what were those reasons that contributed to the rise of this need? The development of cancer therapies as well as the changing face of cancer are the main reasons to be discussed. With regard to the evolution of cancer treatment, this includes the introduction of new effective but at the same time demanding and complex therapies (i.e., from the point of view of the health-care professional). With these new treatments, it became apparent that the nurses' role should also be adjusted to this highly specific process in order to be able to meet the specific requirements for appropriate, safe administration and monitoring of such treatments. To this end, the advanced nursing assessment prior the onset of such treatments as well as the monitoring of the patient throughout the duration of the therapy and well beyond safeguards against possible complications (e.g., treatment-related toxicities) and ensures that when such complications do occur, these are timely diagnosed and acted upon.[4] The treatment of cancer has also contributed to the changing face of cancer over time. Cancer has become a chronic disease where increased number of patients lives longer, receives their care in the ambulatory setting (e.g., home setting), and experiences better quality of life.[5]

This changing context is closely connected to the shift of the cancer nurse's role toward being more independent within the ambulatory context and within the hospital context where care is being delivered based

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on multidisciplinary and interdisciplinary frameworks. The value of such frameworks has been systematically reported in the literature,[6] although some limitations were identified such as the presence of autocratic practice and hierarchical boundaries that can constitute a team becoming dysfunctional and participation stressful.[7] Within such frameworks, the changing nurse's role includes the delivery of complex treatments, management of treatment-related adverse events, educating and supporting patients and their families (but also as informal caregivers helping to support this role), acting as an advocate for the patient, and being an integral part of the multidisciplinary and interdisciplinary teams.

Within the hospital setting, over the years, cancer nurses assume specialized roles throughout the cancer care continuum and across cancer populations.[8-10] An example of such roles is the nurse-led clinics in cancer care that prioritize the patient as the center of care, providing the opportunity to address the serious medical, functional, and psychosocial consequences of cancer and its treatments. In many contexts, nurse-led clinics evolved from primary care, where practice nurses set up clinics for patients with chronic diseases such as diabetes. The later expansion within GP (General Practitioner) practices included nurse practitioners/advanced nurse practitioners and other health professionals, where nurses performed highly specialized interventions. Overall, many of the current nurse-led clinics in oncology emphasize on routine follow-up after completion of adjuvant therapy; however, the reductions in routine medical follow-up influence this trend, leading to considerations of alternative methods of follow-up.[11] A recent example is the setup of a nurse-led diagnostic/supportive follow-up clinic to improve capacity, while at the same time ensure high-quality care. By retrospectively reviewing the patient outcomes from the nurse-led clinic, the findings showed a shortened duration of the pathway, more efficient than the medical-led diagnostic clinics, while maintaining excellent patient experience.[12] Within this nurse-led context, the rapid expansion and development of nursing roles and responsibilities in oncology has also contributed to the onset of nurse-led chemotherapy clinics.[13,14]

The extended and specialized roles that cancer nurses assume are also reflected in the relevant literature. A recent systematic review by Charalambous *et al*.[15] aimed for the first time to capture these advanced roles that are assumed or led by cancer nurses across the cancer care continuum. Over 200 trials were included in the review referring to specialized interventions undertaken or led by cancer nurses from around the world. Although the number might seem high at first, according to the authors, this does not reflect the reality in the sense that many researchers poorly (or not at all) described the role of the carrier of the interventions resulting in many trials been excluded based on the inclusion criteria. Although in the review, it is reported that most of the interventions were nurse led, a number of interventions were also facilitated by cancer nurses within a wider team. This finding stresses the important role of specialist nurses within such multiprofessional teams, where advanced co-ordination roles are also assumed by cancer nurses. In terms of the actual interventions that cancer nurses undertake, there was a large variation including direct care, psychological, educational, cognitive-behavioral, assessment and monitoring, care management, and coordination. While the majority of the studies were undertaken during the treatment phase (i.e., the phase where patients' needs peak), the changing landscape of cancer will in the near future see much more involvement of cancer nurses in prevention (i.e., focus on preventive programs and screening) and survivorship (i.e., more patients are cured or live longer dealing with the delayed adverse events of treatment). Furthermore, the interventions were not limited to the hospital setting but rather extended across settings, cancer populations from diagnosis to survivorship and palliative care.[15]

The systematic review by Charalambous *et al.*,[15] alongside preceding studies on nurse-led interventions in various contexts, nurse-led clinics, and studies on specialized roles have all raised the necessity for cancer nurse specialists in the field. Furthermore, expert opinions and position papers have also emphasized on the importance of including specialist nurses at the core of multiprofessional teams in various cancer populations including colorectal,[16] melanoma,[17] breast,[18] prostate,[9] sarcoma,[19] lung,[8] esophageal, and gastric cancer[20] just to name a few. The challenges remain, however, for achieving a universal recognition of cancer nursing specialty and its integration within the core of the multiprofessional teams.[21] Despite the fact that such advanced/specialized roles have been introduced in many countries, cancer care is still been provided by nonspecialized cancer nurses in a significant number of countries. An increased number of cancer nurses assume these specialized roles contributing to the optimization and safety of cancer care across cancer settings and cancer populations.[22] With the benefits of such specialized roles expanding beyond the obvious of providing quality of care,[23] in the literature, there has been reported an increased patients' satisfaction through the better response to their needs, a more personalized approach to care,[24] caring for the patient as a whole, and not merely emphasizing on the physical body just to report a few. In contrast, the provision of cancer care by nonspecialist nurses has been linked to poor quality of care often not only affecting the patients but also the nurses themselves who

report high levels of distress due to their ill-preparedness to deal with such specialized cases.[25]

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Conflicts of interest

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