

# IN MEMORIAM

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## Susan Molloy Hubbard

Susan Molloy Hubbard, 60, a former member of the Oncology Nursing Society (ONS) who was very active in the early days of the organization, died suddenly on December 11, 2006, at her home in Potomac, MD. Su began her nursing career with a degree in nursing with honors from the University of Connecticut.



Susan Molloy Hubbard  
August 23, 1946–  
December 11, 2006

In the late 1960s, she worked in a cancer unit at Yale-New Haven Hospital in Connecticut. She later became an oncology research nurse with the National Institutes of Health in Bethesda,

MD. She served as chief of the Scientific Information Branch, Division of Cancer Treatment, National Cancer Institute, and retired as the director of the International Cancer Information Center (ICIC) at the National Institutes of Health in 2003. Along the way, Su received a master's degree in public administration from American University in Washington, DC.

Su was instrumental in creating PDQ® (also known as Physician Data Query) and CancerNet, computerized databases to distribute comprehensive information about cancer diagnosis, prevention, and treatment to healthcare professionals, patients, and the general public. She concurrently maintained an active role in clinical trials research of Hodgkin disease and non-Hodgkin lymphoma. She authored or contributed to about 180 publications in medical journals and textbooks.

In 2000, Su received the Good Housekeeping Award for Women in Government and a National Cancer Institute award for her work as a pioneer and leader in cancer information resources and her visionary contributions to

meeting the information needs of the cancer community. She was the first recipient of the University of Connecticut's Outstanding Alumni Award for Leadership in Nursing, and, in 1998, she received the U.S. Public Health Service's Distinguished Service Medal. During her tenure as director, the ICIC was awarded Vice President Gore's Hammer Award for significant contributions in support of reinventing government.

Vincent T. DeVita, Jr., MD, the Amy and Joseph Perella Professor of Medicine at the Yale Cancer Center, Yale School of Medicine, in New Haven, CT, offered the following tribute.

With the untimely death of Su Hubbard on December 11, the cancer field lost a nurse pioneer and I lost a good friend and colleague. Her obituary recounts her numerous accomplishments, not the least of which is authorship or co-authorship on a prodigious 180 publications. She made major contributions to all these works, and some of them resulted in papers that are also the most cited in the medical literature.

I think, however, as I look back on my association with Su and her accomplishments, there are two areas that need more emphasis. In 1972, the field of medical oncology was still quite young. In fact, boards in medical oncology were not established until 1973. Medical oncologists were seeing an increasing number of patients and had not yet solved the problem of how to deal with patient flow and administration of chemotherapy efficiently. Su came from Yale to the National Cancer Institute in 1972 to solve that problem. She set up the first chemotherapy nurse station in the country. Prior to her arrival, our doctors used to see a patient, who had been escorted into the room by a nurse, and do their examinations, start intravenous drips, and administer the chemotherapy themselves. This produced quite a bottleneck in clinics. With the establishment of the chemotherapy

room, run by Su Hubbard, the patient flow suddenly became very smooth, as examination rooms were vacated and we were able to see many more patients in shorter periods of time. She immediately saw the potential benefit of this approach to private practice and did a time-study analysis with a local practitioner in Silver Spring, MD. The analysis showed that, in addition to being more efficient, it would be economically attractive to hire and train nurses to administer chemotherapy. The abstract of this study helped revolutionize the practice of medical oncology, where this approach is now uniformly used and has made office practice financially sound. It also made an already difficult experience more comfortable for patients with cancer, always in the forefront of Su's mind.

At that time, this was not an easy thing to do. Nurses had certain set duties, and administering chemotherapy was not one of them—and they wore starched whites and caps. We had long, detailed discussions with nursing administration at the National Cancer Institute in order to both add on these responsibilities and free our chemotherapy nurse from routine assignments. To emphasize this unique role, we also negotiated a change in uniform to long white coats, *sans* cap, presaging the current era of relaxed dress for nurses.

Two additional things happened as a result of the establishment of the chemotherapy nurse program. First, errors in drug administration, which had been all too frequent, virtually disappeared, as nurses were much more efficient than our doctors at checking doses. Second, patients found that they had new-found friends. Doctors came and went, but the chemotherapy nurse was always there. It was the chemotherapy nurse who often

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noted the unusual side effect of a drug. It was the chemotherapy nurse who was there to listen to the patient's problems, who became their friend.

The other area was a personal side of Su Hubbard not visible in her public view. She had a unique, kind, and generous spirit. She was always looking for ways to help people. I recall, on several occasions, she paid the tuition of promising students to schools they couldn't afford. She did this, she told me, in lieu of buying herself a new car. I once asked her why she did this for people who were essentially strangers. She seemed puzzled that I would ask and said it just made her feel good.

And often when friends and colleagues had personal problems, including my own family, or were afflicted with cancer, they found Su Hubbard there to support them. She would become their most constant bedside companion when others shied away from the dying process. In this way, she often helped her friends out of this world with an extraordinary sensitivity and understanding of death and dying, administered by a friend.

Her enthusiasm for developing the PDQ cancer patient information system came from the recognition that it's often difficult for patients and their families to get the necessary information to travel the very complicated pathway that patients with cancer are forced to travel. Again, establishing the PDQ system was not

easy at the time. The original PDQ was a software system that geographically matrixed available treatment protocols with names and qualifications of doctors in the patient's home town. It narrowed the choices of doctors to a small number with specific expertise and ran contrary to the dictates of the American Medical Association (AMA). We knew they were watching us carefully, and, as a result, the system had to be built quickly, in 18 months, by teams supervised by Su. When it was opened for public use, we were actually censored by the AMA House of Delegates. Later they came to accept it.

So, Su Hubbard was a pioneer in nursing and in medicine. She was trained as a nurse and was an outstanding nurse and thought like a doctor and had a knack for medical research. She was extraordinarily productive, always looking for new challenges and unafraid of controversy. But, most of all, I remember her as a kind and generous person, eager to make things better for patients with cancer everywhere. And she did.

Deborah Mayer, PhD, RN, AOCN®, FAAN, a former ONS president, of Tufts-New England Medical Center in Boston, MA, said,

Su was one of the pioneers in cancer nursing and helped build ONS in the early days. She published extensively and mentored others along the way. She kept grounded in the needs of the patient

with cancer and family as she helped develop PDQ, at that time a groundbreaking service, and other ways to disseminate cancer information. I was lucky to call her my friend.

Another former ONS president, Connie Henke Yarbro, RN, MS, FAAN, of Destin, FL, wrote

I will always associate Susan with the MOPP regimen because she was working with Vince (DeVita), and the development of a long-term cure for Hodgkin disease was a miracle at that time. She was kind of the clinical trial and chemo "guru" for many of us who were involved in clinical trials. At that time, we had little information available about administration, patient education, and support.

When I was ONS treasurer in 1978, she was in charge of Congress registration. All the data, checks, registration, etc., were done by hand in those days. She did a tremendous job and was also a productive member of the ONS Board during my presidency.

Susan not only made a lot of contributions to the advancement of our profession but also was a major contributor to the futuristic development of informatics and information systems such as PDQ.

From a personal standpoint, I had much respect for Susan. She was brilliant, an individual who spoke what she believed, and she was an excellent resource.