

## Response to the Supplement to the October 2020 Issue of the *Clinical Journal of Oncology Nursing*

The *Clinical Journal of Oncology Nursing* (CJON) has always been and continues to be my textbook—even as a retired oncology nurse. It has always fed my passion. So, after reading the supplement to the October 2020 issue on prevention, I asked myself what could I do with this information? Having worked at the bedside for many years, how would I use this information? How could I incorporate prevention information in my daily interactions with patients and families?

Now that I am retired, I am the patient and not the clinician or educator. Let me tell you my personal experience. I go to the dermatologist often because I was a lifeguard when I was a teenager and getting the first sunburn and subsequent tan was a badge of honor. Therefore, I have a lot of sun damage on my face. My dermatologist doesn't have nurses in his office. Administrative staff bring me to the examination room and ask me if I need a gown. That's it. Not once has he asked me how I use sunscreen. So, I tell him. Is my experience unique?

I have multiple family members who have had colon cancer, so I have frequent colonoscopies. I am doing well but occasionally have a benign polyp. Not once has my healthcare provider or his nurses asked me about my diet. So, I tell them. Is my experience unique?

I live in a community near a granite quarry. At times, I can hear the big machinery slicing the granite. Not once has my primary care provider asked me if my house has been checked for radon. So, I tell her. Is my experience unique?

Multiple families in my area have well water. I benefit from city water. If these families go to my healthcare provider, I bet they are not being asked about their well water and how often they test it.

I have ultimate respect for CJON and for the major health centers all over the country that have effective survivor clinics

and preventive programs. My providers do a good job as far as giving me the vaccinations and scheduling the screening tests I need. But there is so much more they could do just by asking simple questions. It could be a simple checklist that's handed to me as I wait in the waiting room. Right now, the checklist involves how much I smoke (I don't), if I am losing my mind, if I feel safe at home, or if I've fallen lately—I love to ride my bike and occasionally fall off; I know that's not what they mean, so I say no—and often pose a question about sunscreen. The challenge is for the primary clinician to follow up. I do use sunscreen, but how often do I apply it when I'm golfing, particularly where I have so much sun damage? What is my typical diet during the day, particularly when I do get occasional polyps? Where do I get my drinking water, particularly because I live on granite? Lastly, what are my health goals for the next year? I had one clinician ask me that, and she left the practice because she spent too much time with her patients.

The challenge is getting this information to primary care offices that are staffed by practical nurses and non-nursing administrative staff. Sharing and collaborating with prelicensure programs may help. In the clinical community hospital outpatient setting, targeted follow-up visits may be a way to address prevention. Ask a few questions before patients walk into the treatment room while you are taking their vital signs and helping them get their gown on. Who knows what you will learn?

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The author takes full responsibility for this content and did not receive honoraria or disclose any relevant financial relationships.

## The Guest Editor Responds

Thank you for sharing your thought-provoking insights that endorse many

issues addressed in the supplement to the October 2020 issue of CJON on cancer prevention. Your passion illuminates that prevention should not be a neglected focus in primary care. Although CJON's primary readership is oncology nurses and advanced practice nurses, our message reaches many healthcare practitioners across the health spectrum. In reality, we all share in the responsibility to reach out to our primary healthcare colleagues about common health prevention strategies they can instill in their practice.

The legacy of Florence Nightingale calls nurses into action by endorsing and teaching communities about the importance of cancer-specific preventive strategies, including access to clean water, adequate nutrients and food, and proper hygiene. The World Health Organization estimates that millions of lives globally can be saved through implementation of cancer prevention strategies (Bray & Soerjomataram, 2015).

We can partner with our primary care and population health colleagues to guide the incorporation of essential prevention and screening questions regarding healthy behaviors and environmental exposure risks into practice for all patients, as outlined in the articles by Dike and McGowan (2020), Glenn (2020), and Hirschev et al. (2020). Motivational interviewing has been shown to be an effective counseling method to change behaviors; Glenn (2020) describes how to use this technique to engage patients, including survivors, in the adoption of healthy behaviors. Watson (2020) appeals to oncology nurses to initiate conversations with our healthcare partners, community advisors, and legislators regarding initiatives that promote healthy behaviors and screening activities. In addition, O'Leary (2020) provides exemplary practice initiatives that can be replicated in our communities and healthcare systems. In essence, the motivation of the prevention supplement is to inspire oncology nurses and all nurses to champion the initiatives described and those that you

eloquently illustrated to influence social determinants of health and wellness.

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#### REFERENCES

Bray, F., & Soerjomataram, I. (2015). The changing global burden of cancer: Transitions in human development and implications for cancer prevention and control. In H. Gelband, P. Jha, R. Sankaranarayanan, & S. Horton (Eds.), *Disease control priorities: Vol. 3: Cancer* (3rd ed., pp. 23–44). World Bank Group. [https://doi.org/10.1596/978-1-4648-0349-9\\_ch2](https://doi.org/10.1596/978-1-4648-0349-9_ch2)

Dike, S., & McGowan, T. (2020). Environmental risk factors: The role of oncology nurses in assessing and reducing the risk for exposure. *Clinical Journal of Oncology Nursing*, 24(5, Suppl. 2), 31–38. <https://doi.org/10.1188/20.CJON.S2.31-38>

Glenn, D. (2020). Behavioral risk factors: A guide for oncology nurses counseling patients. *Clinical Journal of Oncology Nursing*, 24(5, Suppl. 2), 9–18. <https://doi.org/10.1188/20.CJON.S2.9-18>

Hirshey, R., Nyrop, K.A., & Mayer, D.K. (2020). Healthy behaviors: Prevalence of uptake among cancer survivors. *Clinical Journal of Oncology Nursing*, 24(5, Suppl. 2), 19–29. <https://doi.org/10.1188/20.CJON.S2.19-29>

O'Leary, C. (2020). Use of exemplars: Identification of best

practices in cancer prevention and screening. *Clinical Journal of Oncology Nursing*, 24(5, Suppl. 2), 45–48. <https://doi.org/10.1188/20.CJON.S2.45-48>

Watson, J. (2020). Advocacy and collaboration: Advancing cancer prevention and screening. *Clinical Journal of Oncology Nursing*, 24(5, Suppl. 2), 39–44. <https://doi.org/10.1188/20.CJON.S2.39-44>

#### KEYWORDS

cancer prevention; screening; preventive care; health-protective behaviors; risk factors

#### DIGITAL OBJECT IDENTIFIER

10.1188/21.CJON.13-14

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