

## 40 Years and Counting

I find it hard to believe that the Oncology Nursing Society (ONS) and my career in oncology nursing are 40 years old when many of our members are not even 40 years old! So much has changed in that time to make cancer care better. In 1975, the year that ONS became incorporated, the five-year survival rate was 49% (up from 35% in 1950). By 2010, the rate increased to 68% (American Cancer Society, 2015). However, not everyone benefited equally because a gap existed in the survival rates between Caucasians and African Americans; while that gap has narrowed, it has not disappeared.



In 1975, about two dozen drugs were approved by the U.S. Food and Drug Administration (FDA) to treat cancer (Devita & Chu, 2008). During the past 15 years, 127 new agents were approved (Centerwatch, 2015), with another 771 new medicines and vaccines currently in clinical trials or awaiting review by the FDA (Pharmaceutical Research and Manufacturers of America, 2015). The first Hickman catheters, and later ports, were introduced in the late 1970s (Bjeletich & Hickman, 1980), and I remember introducing the Hickman at my institution to help keep our patients' veins patent—it was a godsend. We now have so many more options in venous access devices. Cancer care became increasingly more complex in our understanding of the disease, its treatment, and in the supportive care needs of patients during that time period. But our goals were always the same: to help our patients and their families deal with this life-altering disease and to reduce the burden of their journey.

In the early days, many of our patients died quickly, so there was no concept about survivorship. Today, more and more people are living longer—with or

without their cancer. About 3 million survivors were living in the United States in 1975; today, there are more than 14.5 million (Centers for Disease Control and Prevention, 2011). We are learning more about the impact of having cancer and its treatment on survivors. They have many unmet needs; some have been identified and others have yet to be discovered. We will need to think about those issues much earlier in the cancer continuum. For example, only a handful of cancer programs in the 1970s had cancer rehabilitation programs, but now “prehabilitation” is looking like it may be a good approach to get our patients in shape *before* treatment starts. We now have to learn more about the needs and issues facing long-term survivors.

### Many Changes

What else has changed? We have gotten much better with symptom management. We have more effective antiemetics than in 1975. We only had prochlorperazine, which did not do much to manage the nausea and vomiting from the new and highly emetogenic drugs like cisplatin. Patients actually would vomit when they saw me—I learned a lot about anticipatory vomiting in those days. But now we have so many new options that are targeted to the etiology of the response and, therefore, control acute nausea and vomiting with higher efficacy. But we aren't doing as well at managing the delayed nausea and vomiting a few days later. We can still do better.

### Making an Impact

Oncology nurses brought fatigue to the attention of other cancer providers with early research describing an almost universal symptom of the disease and treatments. Thanks to nursing research, we now know much more about it, how to measure it, and how being physically active during and after treatment can help ameliorate this profound problem for many. Thanks to nursing research, we now understand so much more about other symptoms our patients have complained about for years, like “chemobrain” and peripheral neuropathies. ONS has led the way by creating evidence-based reviews about many of the common problems someone with cancer may experience. Putting Evidence Into Practice has become one of the most valuable resources we have for staying current on effective interventions for these common problems ([www.ons.org/practice-resources/pep](http://www.ons.org/practice-resources/pep)).

### Furthering the Literature

We did not have *any* cancer nursing journals in 1975 and, when we did get them, *Cancer Nursing* and the *Oncology Nursing Forum* were published every other month. You could read every article from each issue and feel like you knew all there was to know about our specialty. Now there are seven peer-reviewed cancer nursing journals and many other related publications. At times, it feels overwhelming and virtually impossible

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to keep up. Yet keep up we must, because our patients count on us to interpret the evidence from new findings and new treatments in a way that they can understand them.

## Moving Ahead

Each column in this issue of the *Clinical Journal of Oncology Nursing* reflects on our 40 years of contributions to cancer care. Read them and appreciate what the oncology nurses that have gone before you have been able to accomplish. They did this while juggling work and home, as you are now. Somehow, they found time to volunteer with ONS, start or join an ONS Special Interest Group or Chapter, or make some other contribution that went beyond their day-to-day jobs. Oncology nursing care would not be where it is today without their contributions.

For newer oncology nurses, that must all seem like ancient history. If you really want to understand how we came to be where we are today, you may want to watch Ken Burns' (2015) six-hour *Cancer: The Emperor of All Maladies*, which

is adapted from Mukherjee's (2010) book, *The Emperor of All Maladies: A Biography of Cancer*. Think about where cancer nursing was during the milestones reported. Reflect on or interview those who practiced then regarding how they made contributions at every level of those stories.

You have come into this specialty at a time when our understanding of genetics, tumor biology, cell biology, pharmacogenomics, and epigenetics is growing exponentially. We can see how this new knowledge informs our treatments almost daily. Given that, my questions to you are: How will you keep up with all this new knowledge but also keep the patient and family as your focus of care? How will you help improve oncology nursing and cancer care during the next decade (or 40 years)? What will *your* contributions be that we will reflect on at our 50th anniversary?

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