

RESEARCH HIGHLIGHTS

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American Society of Hematology New Statement and Policy

Organization Reveals Policy on Stem Cell Research

The American Society of Hematology (ASH) is excited about the scientific potential of all avenues of stem cell research (SCR), particularly human embryonic and adult stem cells. Additionally, ASH endorses efforts to expand the list of human embryonic stem cell lines that are eligible for federal research funding and pledges its commitment to move the science of SCR forward to help patients.

In August 2001, the Bush administration set a new policy for federal funding of embryonic SCR. President Bush declared that federal research funds could be used only on embryonic stem cell lines created before that date; at the time, several of the president's scientific advisors believed that approximately 78 viable cell lines existed and they would be sufficient to advance the embryonic stem cell field. President Bush said that his new policy would prevent the creation and subsequent destruction of new embryos solely for extracting stem cells. However, in August 2001, researchers had the technology only to grow human embryonic stem cells using mouse "feeder cell" lines; therefore, all the lines covered under the president's policy are contaminated with mouse cells or mouse cell products. Since that date, the administration also revealed that only 22 lines are available, not the 78 that originally were thought.

ASH believes that SCR offers a significant degree of promise and hope to the approximately 100 million Americans suffering from deadly and debilitating diseases, including cancer, stroke, heart attack, Alzheimer disease, Parkinson disease, amyotrophic lateral sclerosis, diabetes, and traumatic and spinal cord injury. ASH supports federal funding of all avenues of SCR under the National Institutes of Health federal research guidelines and with appropriate public oversight. Consequently, ASH has joined with a coalition of 142 organizations to ask President Bush to loosen the restrictions his administration placed on federal funding of SCR in 2001.

ASH also publicly endorsed the California Stem Cell Research and Cures Initiative. The initiative, which was approved after the November 2004 California state election, provides funds needed for the development of therapies and cures for diseases that could save the lives of millions of California children and adults and ultimately reduce the state's healthcare costs. The California Stem

Cell Research and Cures Initiative was developed by a coalition of California families and medical experts determined to close the funding gap in SCR. Currently, California is the only state with state-level funding for SCR, and political roadblocks on the federal level have severely limited funding opportunities for some of the most promising types of SCR. The initiative provides the funding needed for life-saving SCR in the state of California. It also requires strict fiscal and public accountability, protects and benefits the state budget, and includes strict ethical deadlines.

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Develop a Hereditary Cancer Genetics Consultation Service Using Advanced Practice Nurses

Increased public awareness and identification of cancer susceptibility genes have created an opportunity for advanced practice nurses (APNs) to take a leadership role in providing cancer predisposition genetic testing and risk assessment counseling. In keeping with the 2002 Oncology Nursing Society position statement "Cancer Predisposition Genetic Testing and Risk Assessment Counseling" stating that APNs with specialized training in cancer genetics might provide comprehensive cancer genetic counseling, two APNs from a medical center in Richmond, VA, began a nurse-managed hereditary cancer genetics consultation service. This consultation service was initiated based on feedback from patients requesting hereditary cancer genetics consultation services at their medical center rather than undergoing referrals to an outside hospital. Additionally, as patients began to inquire more about their cancer risk, physicians recognized that they did not have the time or expertise to answer these questions or counsel patients adequately regarding hereditary cancers. All consultative patients in this service required a physician referral before being assessed. To provide this service, the oncology clinical nurse specialist attended genetic training through Fox Chase Cancer Center in Philadelphia, PA, and Myriad Genetics, Inc., in Salt Lake City, UT. Because of the lack of onsite physicians who were able to provide expertise in this area, the oncology clinical nurse specialist used counselors at Myriad Genetics to discuss complex family histories or results

needing further clarification. The hereditary cancer genetics consultation service consisted of a four-visit process. During the initial visit, an APN met with patients to discuss their history and develop pedigrees. Education was provided regarding hereditary cancer risk. If patients wished to pursue genetic counseling, they would return for a second visit. Insurance reimbursement always was pursued before the second visit. Informed consent was obtained before testing. A third visit was arranged after test results became available. In addition, scheduling a fourth visit was an option to meet with additional family members per patient request. Since 2000, that medical center has reported a 10-fold increase in referrals for genetic consultation. With heightened public and healthcare professional interest in the field of hereditary cancer genetics, cancer predisposition genetic testing and risk assessment consultation could become a standard service provided by all comprehensive community cancer centers that use APNs.

Commencing Adjuvant Chemotherapy for Early Breast Cancer: What Should Nursing Assessment Involve?

Researchers from Australia reported findings from a secondary analysis of baseline data collected during and related to a nurse-administered intervention in the management of cancer-related fatigue. The investigation identified key areas of concern for women at their first adjuvant chemotherapy treatment provided in an ambulatory care setting. Key social and personal factors identified in Greene's PRECEDE Model of Health Promotion as being important to effective disease self-management were analyzed. A total of 108 women were surveyed at their first visit for adjuvant chemotherapy. The survey was comprised of measures of physical and psychological symptoms (European Organization for Research and Treatment of Cancer Quality-of-Life Questionnaire-30 and Hospital Anxiety and Depression Scale) as well as a 22-item investigator-developed scale assessing confidence with managing cancer and its treatment. Descriptive analyses were conducted to identify mean confidence scores and quality-of-life (QOL) ratings. The study findings highlight key concerns of women

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