Claiming Cancer Research in Gerontological Nursing

Cancer, long acknowledged as a disease of aging that affects a large swath of our society, receives relatively incommensurate attention in gerontological nursing research. Unlike the familiar and widely explored age-associated diseases of dementia, stroke, and heart failure, cancer is not broadly claimed as a major focus in programs of gerontological nursing research. Conversely, many nurses and other colleagues in oncology have great interest in but often limited access to gerontological expertise necessary for conducting cutting-edge research with older people and aging populations. Research by nurses and their colleagues into the manifold aspects of cancer as a disease of aging—one that affects a wide range of older people and their families—lags behind the need for such investigation. This lag, while improved in recent years, persists, despite a clear demographic and epidemiological mandate for research in cancer and aging and in gero-oncology.

This special issue of Research in Gerontological Nursing addresses the gap between need and evidence in gero-oncology and brings together gerontological and oncology nurse researchers. Cancer is a disparate group of diseases bound together by common distortion in patterns of cellular growth and malignant transformation of tissues. These diseases differentially affect widely diverse aging populations. As a group of diseases, cancer generates the need for remarkably complex detection and treatment regimens. Consequently, myriad variations emerge in individual experiences of risk and screening, diagnosis and treatment, survivorship and death. The articles in this special issue capture a sense of the range in both the depth and breadth needed to advance research in this intricate and complex aspect of health in aging.

In this issue of Research in Gerontological Nursing, a group of authors from the United States and Hong Kong present research and scholarship encompassing a variety of clinical phenomena. They range from risk and diagnostic evaluation through treatment for older adults. Three articles recognize the challenges faced by older women in papers exploring breast and cervical cancer. Flores and Volker and Swinney and Dobal underscore the unique needs of older Hispanic and African American women in their papers, respectively. One article reports a qualitative case study, and the other a behavioral study. The third of this group, by So, Choi, Chan, and Chair, reminds us of the global challenge of gero-oncology in reporting investigation of age-related quality-of-life differences for women undergoing treatment for breast cancer in Hong Kong. The remaining two articles take a more general perspective on cancer as a disease and emphasize treatment effects and decisions through dramatically different approaches. Crighton, Lingler, and Happ use a qualitative case study to analyze the relevance of decision theory for gero-oncology. Van Cleave, Egleston, Bourbonniere, and McCorkle examine the utility of methods to combine data sets across studies for analysis of outcomes in surgery for older adults with cancer.

Together, the articles in this issue offer a glimpse of the breadth and depth possible in gero-oncology nursing research. They reflect the diversity among participants in age, as well other characteristics; in approaches and methods; and in aims and evidence generated necessary for robust research in this realm. Perhaps most important, they imply the promise of future directions and exciting opportunities to advance the science of caring for older people at risk for and surviving cancer. The implication of a promising and exciting future for gero-oncology nursing research makes it easy to claim it as our own and push it forward.

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