

Evidence Brief: Urology Cancer Nurse Specialists

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Produced by the Knowledge Management team Evidence Briefs offer an overview of the published reports, research, and evidence on a workforce-related topic.

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- [Complete Evidence Brief list – link for Workforce, Training and Education staff](#)
- [Complete Evidence Brief list – link for External staff](#)

Key publications – the big picture

[Urology: Towards better care for patients with bladder cancer – a practical guide to improving bladder cancer management](#)

Source: Getting It Right First Time (GIRFT)

Publication date: January 2022

Who should read this guide?

This document is aimed at clinicians who care for people diagnosed with bladder cancer, and managers who are responsible for providing or commissioning bladder cancer services.

What is the guide's aim?

The guide describes the key features of a contemporary and comprehensive bladder cancer service and acts as a guide for teams who are committed to high quality care. It will aid the identification of potential 'gaps' in their current service and offer practical advice that will then help the multi-disciplinary team to bridge them.

[Getting It Right in Urology: Innovations, good practice and guidelines for establishing a urology area network](#)

Source: Getting It Right First Time (GIRFT)

Publication date: December 2019

This guide has been written to support hospital trusts in developing their urology services and to consider how best to establish a urology area network (UAN). It has been produced as a supplement to the GIRFT programme's national specialty report into NHS urology services, authored by GIRFT clinical lead Simon Harrison and published in July 2018. The report was the result of Mr Harrison's national review of NHS urology services in England undertaken between August 2016 and April 2019.

[Urology](#)

Author(s): Simon Harrison

Source: Getting It Right First Time (GIRFT)

Publication date: July 2018

With over 750,000 episodes of care a year, urology is a specialty faced with high demand – but often for patient investigations and medical care rather than surgical procedures. Many of the conditions the specialty deals with aren't immediately life-threatening but have a major impact on the quality of everyday life. However, urologists also address conditions which can lead to kidney failure and manage several common types of cancer, including prostate, kidney, bladder and testicular cancer. For many patients, the specialty is delivering high quality care but further improvements can still be made. Urology services are provided in over 140 different NHS hospital trusts in England, but the volume of activity undertaken varies considerably between providers. While some hospitals undertake fewer than 200 urology procedures a year, there are others carrying out almost 10,000. These include sub-specialist procedures such as laparoscopic surgery on the kidneys and shock wave treatment to break down urinary tract stones, as well as major cancer surgery to remove the bladder, prostate or a kidney. As these examples demonstrate, urology is a specialty which has been at the forefront of technological change. It was the first specialty to use endoscopy as a standard surgical approach and is now pioneering robotic surgery

[Addressing the gap: highlighting the need for growing the specialist cancer nursing workforce](#)

Source Macmillan Cancer Support

Publication date: September 2020

Macmillan's most recent workforce census¹ demonstrated that there are worrying vacancy rates across specialist cancer nurse roles in England,* with significant geographic variation.

Subsequent patient and workforce reported data still demonstrates unmet need amongst people living with cancer.^{2, 3} The causes and impact of the crisis in the NHS workforce are multifaceted and go beyond the scope of this paper. However, the specialist cancer nurse vacancy rates and the solutions to address them must be understood within the context of a wider crisis in the general nursing population and the increasing pressures on the NHS caused by rising patient need - with the Covid-19 pandemic throwing into sharp focus the fragility of our workforce.*

[Making the case for Clinical Nurse Specialists](#)

Source: Prostate Cancer UK

Publication date: 2019

This survey was carried out to review the current state of the CNS workforce in 2019 following a previous survey carried out in 2014.

[Making the case for Clinical Nurse Specialists](#)

Source: Prostate Cancer UK

Publication date: 2019

Prostate cancer is the most common cancer in men in the UK(1-5) and is set to be the most common cancer by 2030(6). Against a backdrop of a decreasing Clinical Nurse Specialist (CNS) workforce, rising prevalence of the disease and inconsistent provision of CNS access across the UK, the need to grow the number of prostate cancer specialist nurses is greater than ever. There are not enough CNSs specialising in urology which has the fewest dedicated CNSs per head of population of any cancer.(11) Prostate Cancer UK wants every man with prostate cancer to have access to a named CNS, who can provide the specific support he needs.

Case Studies

[Reflections on a uro-oncology clinical nurse specialist training post](#)

Full access available with a free BJN account

Item Type: Journal Article

Authors: Richardson, Daniel

Publication Date: 2021

Journal: British Journal of Nursing 30(9), pp. S28-S29

Abstract: The article focuses on the reflections on a urooncology clinical nurse specialist training post. Topics discussed include consultants review all the metastatic prostate cancer patients from the five hospitals within Barts Health NHS Trust; and Professor Powles receives all the bladder and renal cancer patients from North East London and runs the tertiary referral service for these tumour sites.

[Getting It Right in Urology: Innovations, good practice and guidelines for establishing a urology area network](#)

Source: Getting It Right First Time (GIRFT)

Publication date: December 2019

See Part 2 – Good practice case studies in Urology

[Deborah Dobson is a Urology Cancer Clinical Nurse Specialist \(CNS\)](#)

Source: East Lancashire Hospitals NHS Trust

“I love my job. It’s such a privilege and an honour to be involved with patients and their families during what is often one of the most vulnerable and uncertain times of their lives.”

Deborah Dobson is a Urology Cancer Clinical Nurse Specialist (CNS). She started working on the Urology ward at Blackburn Royal Infirmary in 1994 and has worked as a CNS at ELHT since 2007. Deborah works within a team of five CNSs, supporting patients who experience urological cancers.

The role and the work that myself and the team undertake can be rewarding. Despite the distress and sometimes sadness

involved in elements of our work, there is job satisfaction. As a team, we endeavour to make a difference to patients and their families. It's heartwarming to receive positive feedback from them, a real boost to team moral and motivation.

[Urology-oncology Macmillan/Prostate Cancer UK specialist nursing team](#) Abstract only*

Item Type: Generic

Author: Fletcher, S., Zinyemba, V. and Richards, S.

Publication Date: 2016

Publication Details: British Journal of Nursing, 25, (19) pp.1082. ,

United Kingdom: MA Healthcare Ltd (Dulwich Road, London SE24 0PB, United Kingdom).

The urology-oncology service at the Great Western Hospital, Swindon, has grown over the past 12 years into an established, expert, visionary uro-oncology team, effective in coordinating and managing the patient cancer care pathway, from pre-diagnosis to end-of-life care, alongside the multidisciplinary team and independently in nurse-led clinics.

[Newcastle Urology: chancing attitudes with information for patients](#)

Source: Health Foundation

- This case study was provided by Newcastle upon Tyne NHS Foundation Trust.
- The project was run by the Newcastle urology team, and the patient pathway was amended for North Tyneside and the Freeman Hospital.
- The project set out to help patients with enlarged prostate understand their condition and types of treatment available.
- The team implemented decision aids developed by the NHS, adding them to the clinical pathway.

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The Star for workforce redesign

More resources and tools are available in the **Cancer** section of [the Star](#)

Statistics

You can find relevant statistics on the [Health and Care Statistics Landscape](#). under “**Health and Care**” and use the “**Cancer**” filter

National Data Programme

Workforce, Training and Education staff can look at the [National Data Warehouse \(NDL\)](#) SharePoint site to find out more about datasets and Tableau products.

Published Peer Reviewed Research

Education and training

[Aiming for a holistic integrated service for men diagnosed with prostate cancer – Definitions of standards and skill sets for nurses and allied healthcare professionals](#) Abstract only*

Item Type: Journal Article

Authors: Lamb, Alastair D.;Thompson, Sue;Kinsella, Netty;Gerbitz, Ingmar;Chapman, Elaine;Putt, Lisa;Bennett, Sophie;Thankappannair, Vineetha;Geoghegan, Lisa;Wright, Naomi;Stirton-Croft, Alison;Nixon, Penny;Styling, Andrew;Whitney, Diane;Hodgson, Lindsay;Punt, Lisa;Longmore, Jenny;Carter, Mike;Petch, Bill and Rimmer, Yvonne

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Publication Date: 2017

Journal: European Journal of Oncology Nursing 29, pp. 31-38

Abstract: Purpose To establish a comprehensive set of recommendations for the service structure and skill set of nurses and allied healthcare professionals in prostate cancer care.

Methods Using components of formal consensus methodology, a 30-member multidisciplinary panel produced 53 items for discussion relating to the provision of care for prostate cancer patients by specialist nurses and allied healthcare professionals. Items were developed by two rounds of email correspondence in which, first, items were generated and, second, items refined to form the basis of a consensus meeting which constituted the third round of review. The fourth and final round was an email review of the consensus output. Results The panel agreed on 33 items that were appropriate for recommendations to be made. These items were grouped under categories of "Environment" and "Patient Pathway" and included comments on training, leadership, communication and quality assessment as well as specific items related to prostate diagnosis clinics, radical treatment clinics and follow-up survivor groups. Conclusions Specialist nurses and allied healthcare professionals play a vital role alongside urologists and oncologists to provide care to men with prostate cancer and their families. We present a set of standards and consensus recommendations for the roles and skill-set required for these practitioners to provide gold-standard prostate cancer care. These recommendations could form the basis for development of comprehensive integrated prostate cancer pathways in prostate cancer centres as well as providing guidance for any units treating men with prostate cancer.

[Role and competence of oncology nurse: A narrative review](#)

Item Type: Generic

Author: Ricci, F., Gambalunga, F., Sperati, F. and Iacorossi, L.

Publication Date: 2017

Publication Details: Annals of Oncology, 28, pp.vi108. ,

Netherlands: Oxford University Press.

Abstract: Background: In recent years there has been a steady increase in tumor incidence, due to screening and early diagnosis, which have led to a decrease in mortality rates and the chronic disease of oncology. It goes without saying that this change determines the need for the sick person and his/her family to receive, in addition to clinical and health information, indications also for social and nursing care and, if necessary, psychological assistance. These skills are beyond the sphere of knowledge of the "clinical-generic" nurse and fall into those of a nurse's specializing in oncology. Today in Italy, there is no real training course for the oncological nurse (ON), which becomes subordinate to the structure in which it operates and the will of the practitioner to search for new knowledge and new techniques of care. Objective(s): To carry out a literature review in order to identify the competencies and roles of the ON in the different realities. Method(s): The research was conducted by consulting PubMed, Scopus and Kinahl with no restrictions related to the kind of publication, in a time span that includes the last 5 years. The keywords used are derived from the following string made with Mesh: ("Nurses" Mesh] OR "Nurse Practitioners" Mesh] OR "Nurse Clinicians" Mesh] OR "Nurse Specialists" Mesh] OR "Nurse's Role" Mesh]) AND ("Oncology Nursing" Mesh]) OR "Cancer Care Facilities" Mesh]) OR "Neoplasms/nursing" Mesh]) AND ("Professional Competence" Mesh] OR "Clinical Competence" Mesh]) OR "Nurse's Role" Mesh]). Outcome(s): 16 studies were included, of which 8 were general ONs, 2 in the care of breast and lung cancer patients, respectively, 3 ON in the geriatric field, 1 specialized in prostate cancer and 2 Advanced clinical nurse. The analysis highlighted the importance of the ON figure as a benchmark for the patient, the need to provide patient-centered care and the use of a strictly evidence-based approach where the practitioner manages the patient through the therapeutic alliance, therapeutic communication, the involvement

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of caregivers in the welfare process and the territorial assistance services; Working in multidisciplinary teams, favoring adherence to diagnostic and therapeutic treatment. Conclusion(s): The studies analyzed reflect the importance of having a specialized figure in the field of oncology, able to accompany the patient throughout the clinical, bureaucratic, social and psychological traits that characterize this disease.

[Conference abstract: Pioneering education: The initial results from a prostate cancer and urological nursing fellowship](#) See 083

Abstract all available

Item Type: Generic

Author: Gray, D., Crowe, H., Percy, M., Ward, D. and Costello, A.

Publication Date: 2016

Publication Details: BJU international, 118, pp.38-39. , Netherlands: Blackwell Publishing Ltd.

Abstract: Introduction and Objectives: Nurses play a pivotal role in evaluating and managing patients with urological conditions. The growing number of genitourinary specialist nurses supports the idea that these patients require increased education and support. A nurse's education can be limited to one's workplace and additional study, however our medical colleagues have been partaking in educational fellowships for many years with great success. In August 2015, we introduced the 'Prostate Cancer and Urological Nursing Fellowship'. This constitutes a 6-month working fellowship based at our institution with opportunities to work across various settings facilitating individualised learning objectives. Method(s): The Nursing Fellowship was advertised and multiple applicants underwent an interview process, identifying the basis of their fellowship application. With the support of the nurse's current employer, the successful applicant is seconded for the term of the fellowship and upon completion return to their place of work to implement their learnings.

Result(s): The Nurse Fellow is exposed to differential diagnoses,

treatment modalities and diverse patient experience throughout their continuum of care. This unique experience facilitates training of a highly skilled practitioner, who is able to expand and enhance their home institutions urology service with newly acquired training coupled with a strong network within the field of urology. Conclusion(s): Currently in its third rotation, the Prostate Cancer and Urological Nurse Fellowship is proving to be a great success. Nurse fellows have since returned to their place of employment and introduced their various learnings. With the number of applicants increasing each year, there is potential for further expansion.

Multidisciplinary teams

[Bladder cancer: overview and disease management. Part 1: non-muscle-invasive bladder cancer](#) Abstract only*

Item Type: Generic

Author: Anderson, Beverley

Publication Date: 2018b

Publication Details: British journal of nursing (Mark Allen Publishing), 27, (9) pp.S27-S37. , England:

Abstract: Part 1 of this two-part article provides an overview of bladder cancer and discusses its management. Since publication of a previous article entitled 'Understanding the role of smoking in the aetiology of bladder cancer' (Anderson, 2009), the author has received many requests for an update. This article provides an overview of bladder cancer and its current management practices, underlining the continued role of smoking as the predominant risk factor in the disease's development. The management of bladder cancer is governed by specific guidelines. Management of non-muscle-invasive cancers, including surgical intervention with transurethral resection, and intravesical therapy using chemotherapy and immunotherapy agents, is discussed. Cystectomy (removal of the bladder), is sometimes necessary. Treatments are effective in reducing

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tumour recurrence, but the effects of the risks and side-effects on the individual's quality of life can be significant. The prevalence of bladder cancer, and the nature of its management make this cancer one of the most expensive for the NHS to treat. The effectiveness of health promotional strategies in increasing peoples' awareness of their risk of developing the disease, and in enabling them to change long-term health behaviours is discussed. The role of the multidisciplinary team is explored, along with that of the uro-oncology cancer nurse specialist. Part 2 will consider the management of muscle-invasive and metastatic bladder cancer.

Bladder cancer: overview and management. Part 2: muscle-invasive and metastatic bladder cancer Abstract only*

Item Type: Generic

Author: Anderson, Beverley

Publication Date: 2018a

Publication Details: British journal of nursing (Mark Allen Publishing), 27, (18) pp.S8-S20. , England:

Abstract: This is Part 2 of an article on bladder cancer: an overview of disease and its management. Part 1 provided an overview of non-muscle-invasive bladder cancer, how the disease presents, is diagnosed and subsequently treated (Anderson, 2018). Part 2 provides an overview of muscle-invasive and metastatic bladder cancer and outlines treatment options currently available to manage the relevant stages of the disease. The management of muscle-invasive cancers comprise surgical intervention with transurethral resections, cystectomy (removal of the bladder), and systemic chemotherapy and radiotherapy (multi-modality treatment). For locally advanced and metastatic disease, systemic chemotherapy and radiotherapy are offered, but only as a palliative measure. The intent of treatments for muscle-invasive disease is curative. For metastatic disease, the intent is disease control, extending life, managing symptoms and improving quality-of-life outcomes. This

article will include the treatments for the relevant stage of muscle-invasive and metastatic bladder cancer and highlight the respective risks and benefits. The risk factors for bladder cancer, such as smoking, and risks associated with relevant treatments are discussed. The role of the multidisciplinary team is underlined in the management of bladder cancer, specifically the role of the uro-oncology cancer nurse specialist in the provision of reassurance and support to patients.

The Experiences of Specialist Nurses Working Within the Uro-oncology Multidisciplinary Team in the United Kingdom

Author(s): Pnshon et al.

Source: Clinical Nurse Specialist (CNS) 31(4) pp. 210-218

Publication date: July 2017

Purpose: United Kingdom prostate cancer nursing care is provided by a variety of urology and uro-oncology nurses. The experience of working in multidisciplinary teams (MDT) was investigated in a national study. Design: The study consisted of a national survey with descriptive statistics and thematic analysis. Methods: A secondary analysis of a data subset from a UK whole population survey was undertaken (n = 285) of the specialist nursing workforce and the services they provide. Data were collected on the experience of working in the MDT. Results: Forty-five percent of the respondents felt that they worked in a functional MDT, 12% felt that they worked in a dysfunctional MDT, and 3.5% found the MDT meeting intimidating. Furthermore, 34% of the nurses felt that they could constructively challenge all members of the MDT in meetings. Themes emerging from open-ended questions were lack of interest in nonmedical concerns by other team members, ability to constructively challenge decisions or views within the meeting, and little opportunity for patients' wishes to be expressed. Conclusions: Despite expertise and experience, nurses had a variable, often negative, experience of the MDT. It is necessary to ensure that all participants can contribute and are heard and

valued. More emphasis should be given to patients' nonmedical needs.

Outcomes from the Introduction of a Combined Urology Outpatient Clinic

Item Type: Generic

Author: Browne, Cliodhna, Dowling, Catherine M., O'Malley, Patrick, Nusrat, Nadeem, Walsh, Kilian, Jaffry, Syed, Rogers, Eamonn, Durkan, Garrett C. and D'Arcy, Frank, T.

Publication Date: 2018

Publication Details: Advances in urology, 2018, pp.9738548. , Egypt:

Abstract: BACKGROUND: A combined urology clinic staffed by four consultants and four non-consultant hospital doctors (NCHDs) was introduced in our institution in October 2015. This clinic is supported by a pre-clinic radiology meeting and a synchronous urology clinical nurse specialist (CNS) clinic with protected uroflow/trial of void slots. Herein, we report on the outcomes of this clinic in comparison with the standard format of urology outpatient review., METHODS: We carried out a retrospective review of clinic attendances from May to July 2016. We recorded the number of new and return attendances, which team members had reviewed the patient and patient outcomes. We also calculated the waiting times for new patients to be reviewed in the outpatient clinic., RESULTS: The combined urology clinic reviewed an average of 12 new and 46 return patients per clinic. The standard urology clinic reviewed an average of 8 new and 23 return patients per clinic. 54% of patients were seen by a consultant in the combined urology clinic, and 20% of patients were seen by a consultant in the standard urology clinic. The rate of patient discharge for new patients was 14.8% in the combined clinic compared to 5.9% in the standard clinic. Overall patient outcomes are outlined in the table. The waiting time for review of new patients in the combined clinic was reduced by 39% from 144 days to 89 days

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over a one-year period., CONCLUSIONS: The introduction of a combined urology outpatient clinic with the support of pre-clinic radiology meeting and synchronous urology CNS clinic facilitates patient discharge.

Urgent call for clinical nurse specialists' view to be heard

Abstract only*

Item Type: Journal Article

Publication Date: 2017

Journal: Cancer Nursing Practice 16(7), pp. 6

Abstract: The article focuses on a study by London South Bank University (LSBU) and Plymouth University in England which revealed that the concerns of prostate cancer nurses are being overlooked by multidisciplinary teams (MDTs).

New ways of working

Sharing the care: A project to enable prostate cancer care to be delivered in the community Abstract only*

Item Type: Generic

Author: Alcorn, J.

Publication Date: 2023

Publication Details: International Journal of Urological Nursing, , Australia: John Wiley and Sons Inc.

Abstract: Prostate cancer has become the 2nd most common cancer in men worldwide. An ageing population and treatment improvements are increasing the number of men living with and beyond cancer. In 2013, there was both scant evidence to guide as to when, where or how men with prostate cancer should be followed up and neither, it appears, pointing to agreed pathways. Generally, follow up regimes are based on tradition and expert medical opinion rather than research or patient need. For men to have their follow up with their GP, several factors need to be in place such as a single system, an improved exchange of experiences, as well as information and knowledge sharing. A

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recent presentation of a randomized control trial has shown that there are no differences between secondary and primary care follow up. Understanding that the current model of follow up was not working and was unsustainable, a review of urological services was undertaken in 2011 in a large National Health Service (NHS) district general hospital in the north of England. The review evaluated current services, noting that some follow up pathways did not necessarily need to be undertaken within a secondary care setting. The process of relocating patients for primary care review, involved creating a shared care process for prostate cancer. A workstream consisting of consultant urologists, nurse specialists, GPs, service managers and clinical commissioners was convened. Protocols containing specific responsibilities for secondary and primary care were devised. The review and workstream, included a shared vision for improving and sustaining services. Whilst safely moving follow up from secondary to primary care, benefits were realized such as care closer to the home. In conclusion a radical approach to follow up was needed and undertaken. Shared care has yielded success for the patient, primary and secondary care. Copyright © 2023 British Association of Urological Nurses and John Wiley & Sons Ltd.

[Conference abstract: Extending the role of the Specialist Urology Nurse at a public tertiary hospital in Western Australia](#) Abstract

all available – see pp. 64

Item Type: Generic

Author: Erica, B., Cynthia, H., Tracey, G., Jennifer, B., Clare, R., Mohammed, A. -Z, Stephen, M., Matthew, B. and Dickon, H.

Publication Date: 2022

Publication Details: Asia-Pacific Journal of Clinical Oncology, 18, pp.64-65. , Netherlands: Blackwell Publishing Ltd.

Abstract: INTRODUCTION AND OBJECTIVES: All nurses are required to act within their scope of practice as defined by the Nursing and Midwifery Board of Australia. The breadth and

scope of the role of Specialist Nurse is less well defined and can be determined by the requirements of the individual speciality and institution. The purpose of this abstract is to describe the unique roles of Specialist Urology Nurse's at a public tertiary hospital in Western Australia. METHOD(S): Description of Urology Nurse Specialist roles in relation to co-ordination of care post Uro-Oncology Multidisciplinary Team Meeting (MDT), nephrectomy and cystectomy follow-up, pre and post care of patients after robot assisted prostatectomy and prostate cancer diagnostic clinic follow up. RESULT(S): Uro-oncology MDT: Action MDT outcomes, contact patients by telephone to inform of plan/diagnosis since 2019. 35-40 patients are discussed each week. Nephrectomy: Protocol driven 5 year follow up (low/intermediate/highrisk) since 2015. 400+ patients under surveillance. Cystectomy: Protocol driven 10 year (high risk) or 5 year (low/ultra low risk) follow up since 2021. Audit in progress to identify any patients lost to follow up. Prostatectomy - Protocol driven 2 year follow up. Multidisciplinary education and support - psychological status, continence, erectile function, result notification, PSA surveillance. 500 patients since 2018. Prostate cancer diagnostic clinic: Previously published data on telephone notification of prostate biopsy results by a clinical nurse since 2011. 90% of patients who underwent prostate biopsy consented to results notification in this manner. Nil loss to follow up post cancer diagnosis. CONCLUSION(S): Specialist Nurse led cancer patient surveillance with medical oversight/support provides the opportunity for safe, standardised protocol driven follow up, enhancing patient safety, reducing loss to follow up risk, and positive resource implications of devolving traditional medical roles to nurses. This model of specialist nurse led surveillance has the potential to be adopted more widely and across many different specialities.

[Non-metastatic castration-resistant prostate cancer: the evolving treatment landscape and role of nurse specialists](#) Abstract only*

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Item Type: Generic

Author: Hunnisett, Andrew and Victor, Debbie

Publication Date: 2022

Publication Details: British journal of nursing (Mark Allen Publishing), 31, (10) pp.S4-S13. , England:

Abstract: Prostate cancer is the most common type of cancer in men in the UK. Within 2 years of diagnosis, one-third of patients with non-metastatic castration-resistant prostate cancer (nmCRPC) will develop metastatic disease, which is associated with significantly greater morbidity and mortality compared to disease without metastases. The approval of second-generation androgen receptor inhibitors such as darolutamide has transformed the nmCRPC treatment landscape because they lead to prolonged metastasis-free survival and better maintenance of quality of life compared with placebo. Early identification of patients with nmCRPC who are suitable for treatment is imperative because most of these patients are asymptomatic. Clinical nurse specialists (CNSs) play a critical, supportive role in the management of disease and treatment follow-up. This product-focused article discusses the use of darolutamide in nmCRPC and the vital role that CNSs play in the management and care of patients with prostate cancer.

[Cancer specialist perspectives on implementing an online communication system with primary care providers](#) Abstract only*

Item Type: Generic

Author: Petrovic, Bojana, Morgan, Scott, Afkham, Amir, O'Brien, Mary Ann, Sussman, Jonathan, Fitch, Margaret, McGee, Sharon, Liddy, Clare, Schneider, Nancy and Grunfeld, Eva

Publication Date: 2022

Publication Details: Annals of family medicine, (20) , United States:

Abstract: Context: The Canadian Team to Improve Community-Based Cancer Care along the Continuum (CanIMPACT) is a

group of researchers, primary care providers (PCPs), cancer specialists, patients and caregivers working to improve cancer care coordination between PCPs and cancer specialists. Previous research by CanIMPACT and others has identified problems related to communication, coordination, and continuity of care. Objective: Describe findings from qualitative interviews with cancer specialists on implementation of an online communication system with PCPs. Study Design: Hybrid type I effectiveness-implementation study that included a qualitative research component and a pragmatic RCT. Setting : Ottawa Hospital Cancer Program and primary care practices in the Champlain region. Population Studied: Cancer specialists (nurses, medical and radiation oncologists, program administrators). Interviews conducted with 12 cancer specialists. Intervention: Cancer-specific adaptation of Champlain BASE™ eConsult, an online communication system for PCPs and cancer specialists called "eOncoNote". For patients receiving treatment for prostate or breast cancer, cancer specialists had an opportunity to participate in eOncoNote discussion with PCP for 4-6 months; for breast and colorectal cancer survivors, the eOncoNote discussion lasted for 1 year post discharge to the patient's PCP. Results: Cancer specialists described limited PCP involvement in cancer care while patients received active treatment, with one-way communication and notes being "sent into a vacuum". There was more communication with PCPs regarding patients with metastatic disease, comorbid conditions, after patients have completed treatment, or during palliative care. Patients and caregivers play a critical role in coordinating cancer care, helping to facilitate coordination. Lack of access to the same electronic medical record (EMR) among healthcare providers poses a barrier to cancer care coordination. eOncoNote had the potential to be useful tool but it was not used extensively. Conclusions : Accessing eOncoNote as a separate system was challenging to incorporate into the workflow, and cancer specialists highlighted the need for integration with their

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EMR. eOncoNote did not affect information sharing with PCPs, as there was limited uptake within primary care. Copyright 2021 Annals of Family Medicine, Inc.

[An exploration of the Role of the Prostate Cancer Specialist Nurse from Two International Perspectives](#) Abstract only*

Item Type: Generic

Author: Fleure, L. and Sara, S.

Publication Date: 2020

Publication Details: Seminars in oncology nursing, 36, (4) pp.151043. , United States: Elsevier Inc.

Abstract: Objective: A diagnosis of prostate cancer is a major life-changing event that brings social, psychological, physical, financial, and spiritual challenges. In both the United Kingdom (UK) and Australia, prostate cancer specialist nurses (PCSNs) have a unique role in the care of men and their families. Prostate cancer specialist nursing roles are described from the UK and Australian perspective. Data Sources: Government regulations, peer-reviewed journal articles, nursing society and government websites. Conclusion(s): Specialist nursing roles have developed within different frameworks and in response to very different political drivers in the UK and in Australia. An evidence base has developed demonstrating that PCSNs offer positive outcomes for men and their families. Despite some differences in the scope of international roles, there are common aspects. Both health care settings have challenges in terms of education, role definition, and capacity. Yet both PCSN roles have delivered innovative models of specialist care in terms of service delivery and patient support and education. Implications for Nursing Practice: PCSNs have the potential to significantly decrease the burden on the public health system and influence change. For men with prostate cancer and their families, PCSNs can improve care through holistic nursing models focussing on what is important to individuals: support, education, management of side effects, rehabilitation, and by delivering and improving access to high-

quality care. Copyright © 2020

[The Scottish prostate cryotherapy service-the role of the clinical nurse specialist](#) Abstract only*

Item Type: Generic

Author: Birrell, F. and Leung, H. Y.

Publication Date: 2019

Publication Details: British Journal of Nursing, 28, (18) pp.S12-S16. , United Kingdom: MA Healthcare Ltd.

Abstract: This article outlines the role of the clinical nurse specialist in establishing a Scotland-wide national designated service for prostate cryotherapy for patients with radiation-recurrent prostate cancer. The service was established in 2009 and provides prostate cryotherapy across Scotland. This article reviews and discusses the challenges involved in setting up a new service for tertiary treatment as well as highlighting the key achievements of the service. The challenges have included introducing the cryotherapy procedure in a safe and quality assured manner, developing and refining the referral process, educating both primary and secondary care teams on salvage prostate cryotherapy as a treatment modality and surgical procedure, as well as managing of complications following salvage prostate cryotherapy. The article also outlines the achievements of both the service and the treatment as well as how the service has developed since 2009. Copyright © 2019 MA Healthcare Ltd. All rights reserved.

[A scoping review of trials of interventions led or delivered by cancer nurses](#)

Item Type: Generic

Author: Charalambous, Andreas, Wells, Mary, Campbell, Pauline, Torrens, Claire, Ostlund, Ulrika, Oldenmenger, Wendy, Patiraki, Elisabeth, Sharp, Lena, Nohavova, Iveta, Domenech-Climent, Nuria, Eicher, Manuela, Farrell, Carole, Larsson, Maria, Olsson, Cecilia, Simpson, Mhairi, et al

Evidence Brief: Urology Cancer Nurse Specialists

Publication Date: 2018

Publication Details: International journal of nursing studies, 86, pp.36-43. , England:

Abstract: **BACKGROUND:** Advances in research and technology coupled with an increased cancer incidence and prevalence have resulted in significant expansion of cancer nurse role, in order to meet the growing demands and expectations of people affected by cancer (PABC). Cancer nurses are also tasked with delivering an increasing number of complex interventions as a result of ongoing clinical trials in cancer research. However much of this innovation is undocumented, and we have little insight about the nature of novel interventions currently being designed or delivered by cancer nurses., **OBJECTIVES:** To identify and synthesise the available evidence from clinical trials on interventions delivered or facilitated by cancer nurses., **DATA SOURCES AND REVIEW METHODS:** A systematic review of randomised controlled trials (RCT), quasi-RCTs and controlled before and after studies (CBA) of cancer nursing interventions aimed at improving the experience and outcomes of PABC. Ten electronic databases (CENTRAL, MEDLINE, AMED, CINAHL, EMBASE, Epistemonikos, CDSR, DARE, HTA, WHO ICTRP) were searched between 01 January 2000 and 31 May 2016. No language restrictions were applied. Bibliographies of selected studies and relevant Cochrane reviews were also hand-searched. Interventions delivered by cancer nurses were classified according to the OMAHA System. Heat maps were used to highlight the volume of evidence available for different cancer groups, intervention types and stage of cancer care continuum., **RESULTS:** The search identified 22,450 records; we screened 16,169 abstracts and considered 925 full papers, of which 214 studies (247,550 participants) were included in the evidence synthesis. The majority of studies were conducted in Europe (n=79) and USA (n=74). Interventions were delivered across the cancer continuum from prevention and risk reduction to survivorship, with the majority of interventions delivered during

the treatment phase (n=137). Most studies (131/214) had a teaching, guidance or counselling component. Cancer nurse interventions were targeted at primarily breast, prostate or multiple cancers. No studies were conducted in brain, sarcoma or other rare cancer types. The majority of the studies (n=153) were nurse-led and delivered by specialist cancer nurses (n=74) or advanced cancer nurses (n=29), although the quality of reporting was poor., **CONCLUSIONS:** To the best of our knowledge, this is the first review to synthesise evidence from intervention studies across the entire cancer spectrum. As such, this work provides new insights into the nature of the contribution that cancer nurses have made to evidence-based innovations, as well as highlighting areas in which cancer nursing trials can be developed in the future. Copyright © 2018 Elsevier Ltd. All rights reserved.

[Nurse-led cancer care clinics: an economic assessment of breast and urology clinics](#) Abstract only*

Item Type: Journal Article

Authors: Moore, Lyndel

Publication Date: 2018

Journal: Cancer Nursing Practice 17(1), pp. 34-41

Abstract: Cancer clinical nurse specialists can identify gaps in service provision that, when filled, can improve patient pathways -- and experience -- during cancer treatment. This article describes a service redesign project at a district general hospital that improved the efficiency of the prostate cancer diagnostic pathway -- and supportive discharge of women following breast cancer treatment -- through a stratified cancer pathway. Both pathways are different models of service delivery that support the growth of cancer services and are financially astute.

[The role of the prostate cancer nurse co-ordinator: Nurses' perspectives of barriers and challenges](#) Abstract only*

Item Type: Generic

Evidence Brief: Urology Cancer Nurse Specialists

Author: Morgan, M., Butow, P., Maddern, R. and Shaw, J.

Publication Date: 2015

Publication Details: International Journal of Urological Nursing, 9, (1) pp.22-28. , Australia: Blackwell Publishing (E-mail: info@asia.blackpublishing.com.au).

Abstract: The prostate cancer nurse co-ordinator (PCNC) is a relatively new role in Australia. Although a post graduate prostate cancer nursing specialist training course has been established, within the clinical setting the role is still poorly defined and understood. This study aimed to investigate the perceptions and experiences of PCNCs regarding: (i) the challenges of their role, and (ii) the interaction of job demands and job resources in determining the impact of their role on their level of work-related stress and delivery of care, using the job-demands and resources (JD-R) model. Qualitative study was designed involving thematic analysis of telephone interviews with PCNCs. Structured interviews were conducted with 15 PCNCs recruited through the Australian and New Zealand Urological Nurses' Society membership. Interview structure was guided by The JD-R model. Respondents reported a wide range of role descriptions and activities, reflecting a lack of clarity in role definition. They also reported high demands in an environment of limited resources. However, at least in part, these stressors were mediated by high levels of job satisfaction and reward from high levels of patient care. These findings highlight the need for clear role definition and implementation of guidelines to establish case-loads. To facilitate role clarity and a sustainable, professionally trained workforce, adequate training and competency are essential. Organizational autonomy through the implementation of nurse-led clinics might further enhance the role. Copyright © 2014 John Wiley & Sons Ltd. and BAUN.

[Evaluation of the implementation of the prostate cancer specialist nurse role](#) Abstract only*

Item Type: Generic

Author: Sykes, J., Yates, P. and Langbecker, D.

Publication Date: 2015

Publication Details: Cancer Forum, 39, (3) pp.199-203. , Australia: Cancer Council Australia (GPO Box 4708, Sydney 2001, Australia).

Abstract: A national prostate cancer specialist nursing pilot program, supported by Prostate Cancer Foundation of Australia, was launched in May 2012 with funding support from The Movember Foundation. The pilot program aimed to trial a best practice model for providing specialist nursing care to those affected by prostate cancer. Prostate cancer specialist nurses were allocated to 12 hospitals across all Australian states and territories to work in the context of multidisciplinary care. The Prostate Cancer Foundation provided professional development support for nurses through a structured program. This article presents key outcomes from the research commissioned by the Prostate Cancer Foundation to evaluate the prostate cancer specialist nurse role. Specifically, the paper reports evaluation data relating to the roles and functions of the prostate cancer specialist nurse to explore the influence of the role on outcomes for patients, carers and services.

[Establishing nurse-led active surveillance for men with localised prostate cancer: development and formative evaluation of a model of care in the ProtecT trial](#)

Item Type: Generic

Author: Wade, Julia, Holding, Peter N., Bonnington, Susan, Rooshenas, Leila, Lane, J. A., Salter, C. E., Tilling, Kate, Speakman, Mark J., Brewster, Simon F., Evans, Simon, Neal, David E., Hamdy, Freddie C. and Donovan, Jenny L.

Publication Date: 2015

Publication Details: BMJ open, 5, (9) pp.e008953. , England:

Abstract: OBJECTIVES: To develop a nurse-led, urologist-supported model of care for men managed by active surveillance or active monitoring (AS/AM) for localised prostate cancer and

provide a formative evaluation of its acceptability to patients, clinicians and nurses. Nurse-led care, comprising an explicit nurse-led protocol with support from urologists, was developed as part of the AM arm of the Prostate testing for cancer and Treatment (ProtecT) trial., DESIGN: Interviews and questionnaire surveys of clinicians, nurses and patients assessed acceptability., SETTING: Nurse-led clinics were established in 9 centres in the ProtecT trial and compared with 3 non-ProtecT urology centres elsewhere in UK., PARTICIPANTS: Within ProtecT, 22 men receiving AM nurse-led care were interviewed about experiences of care; 11 urologists and 23 research nurses delivering ProtecT trial care completed a questionnaire about its acceptability; 20 men managed in urology clinics elsewhere in the UK were interviewed about models of AS/AM care; 12 urologists and three specialist nurses working in these clinics were also interviewed about management of AS/AM., RESULTS: Nurse-led care was commended by ProtecT trial participants, who valued the flexibility, accessibility and continuity of the service and felt confident about the quality of care. ProtecT consultant urologists and nurses also rated it highly, identifying continuity of care and resource savings as key attributes. Clinicians and patients outside the ProtecT trial believed that nurse-led care could relieve pressure on urology clinics without compromising patient care., CONCLUSIONS: The ProtecT AM nurse-led model of care was acceptable to men with localised prostate cancer and clinical specialists in urology. The protocol is available for implementation; we aim to evaluate its impact on routine clinical practice., TRIAL REGISTRATION NUMBERS: NCT02044172; ISRCTN20141297. Copyright Published by the BMJ Publishing Group Limited. For permission to use (where not already granted under a licence) please go to <http://group.bmj.com/group/rights-licensing/permissions>.

Patient experience and care

[Being assigned a clinical nurse specialist is associated with better experiences of cancer care: English population-based study using the linked National Cancer Patient Experience Survey and Cancer Registration Dataset](#)

Item Type: Generic

Author: Alessy, S. A., Luchtenborg, M., Rawlinson, J., Baker, M. and Davies, E. A.

Publication Date: 2021

Publication Details: European Journal of Cancer Care, , United Kingdom: John Wiley and Sons Inc.

Abstract: Objective: This study aimed to examine whether being given the name of a clinical nurse specialist (CNS) is associated with better cancer patients' experiences across different points along their cancer care pathway. Method(s): We identified 100,885 colorectal, lung, breast and prostate cancer patients who responded to the National Cancer Patient Experience Survey between 2010 and 2014. We compared experiences of four key aspects of cancer care among patients who reported being given a CNS name with those who did not, adjusting for age, sex, socio-economic deprivation, ethnicity, route to diagnosis and disease stage. Result(s): Across all cancers, patients who reported being given the name of a CNS reported better experiences with involvement in treatment decisions, care coordination, treatment with more respect and dignity, and overall care experience. Experience of being involved in treatment decisions was the aspect of care most strongly associated with being given a CNS name (colorectal: OR 2.69, 95% CI: 2.45-2.96; lung: OR 2.41, 95% CI: 2.07-2.78; breast: OR 2.68, 95% CI: 2.47-2.92; and prostate: OR 2.11, 95% CI: 1.92-2.32). Conclusion(s): These findings may provide new evidence of the vital contribution CNS make to cancer care and suggest their input and support should be available to all patients after the diagnosis. Copyright © 2021 The Authors. European Journal

Evidence Brief: Urology Cancer Nurse Specialists

of Cancer Care published by John Wiley & Sons Ltd.

[Supportive Care Needs of Patients on Surveillance and Treatment for Non-Muscle-Invasive Bladder Cancer](#) Abstract only*

Item Type: Generic

Author: McConkey, Robert W. and Dowling, Maura

Publication Date: 2021

Publication Details: Seminars in oncology nursing, 37, (1) pp.151105. , United States:

Abstract: OBJECTIVE: This literature review provides an overview of non-muscle-invasive bladder cancer diagnosis (NMIBC), treatment, and surveillance. Existing evidence is reviewed to identify the NMIBC patient pathway, highlight its effect on quality of life, and identify supportive care needs of this patient group. A framework to guide nurses in the care of this underserved population is proposed., DATA SOURCES: Electronic databases including CINAHL, Medline, PsychInfo, Cochrane, and Google Scholar were searched., CONCLUSION: NMIBC is a chronic disease with high recurrence and progression rates with most patients requiring invasive treatment and burdensome surveillance schedules with frequent hospital visits. Treatment-related side effects may interrupt therapy and possibly result in its discontinuation. Patients' quality of life can be negatively affected at various stages of the cancer trajectory. Specialist nurses provide holistic care throughout all stages of the patient journey to optimize supportive care, information provision, and delivery of appropriate treatment and surveillance protocols. NMIBC research is historically underfunded with a paucity of evidence identifying the supportive care needs of this population. Further research is urgently required to fill the gaps identified., IMPLICATIONS FOR NURSING PRACTICE: This timely paper raises the profile of unmet supportive care needs in an underserved research cancer population. Suggestions are proposed to improve the quality of nursing care through

standardized practices and the development and integration of patient pathways. Evidence of the effect of NMIBC on family members or carers is absent from the literature. Future research implications and directions are proposed. Copyright © 2020 Elsevier Inc. All rights reserved.

[Supportive Roles of the Health Care Team Throughout the Illness Trajectory of Bladder Cancer Patients Undergoing Radical Cystectomy: A Qualitative Study Exploring the Patients' Perspectives](#) Abstract only*

Item Type: Generic

Author: Rammant, Elke, Fonteyne, Valerie, Van Goethem, Vincent, Verhaeghe, Sofie, Raes, Anneleen, Van Hemelrijck, Mieke, Mohamed, Nihal E., Decaestecker, Karel and Van Hecke, Ann

Publication Date: 2021

Publication Details: Seminars in oncology nursing, 37, (6) pp.151226. , United States:

Abstract: OBJECTIVES: To explore patient perspectives of muscle-invasive bladder cancer (MIBC) on how the health care team and their social network can support them during their cancer trajectory., DATA SOURCES: Sixteen semi-structured interviews were conducted with MIBC survivors who underwent radical cystectomies at Ghent University Hospital. The interviews were audiotaped, transcribed verbatim, and analyzed with an iterative content analysis approach., CONCLUSION: Information to support people affected by bladder cancer (BC) in several aspects of their disease trajectory (eg, shared decision-making and self-management of their urinary diversion) was most important throughout the interviews (although type and source of required information varied). The clinical nurse specialist was important for informational and emotional support because receiving sufficient information might help patients reduce emotional stress. People affected by BC are still reluctant to consult a psychologist, and several barriers were indicated for

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this. Also physical needs in the early postoperative phase could be reduced with appropriate information. Communication skills of clinicians in the hospital and knowledge of general practitioners about the important aspects of BC care are also important aspects that should be further optimized. Furthermore, peer support groups and family members can offer important support throughout the BC pathway., IMPLICATIONS FOR NURSING PRACTICE: This study provides an overview of how people affected by BC want to be supported by their health care team and their social network. This overview can serve as a basis to develop educational interventions for both patients and health care professionals to guide restructuring of BC pathways and can also be used to develop future intervention studies to improve BC outcomes. Copyright © 2021 Elsevier Inc. All rights reserved.

[An overview of the diagnoses and treatments for penile cancer](#)

Item Type: Generic

Author: Akers, Clare and Holden, Fiona

Publication Date: 2020

Publication Details: British journal of nursing (Mark Allen Publishing), 29, (9) pp.S6-S14. , England:

Abstract: Penile cancer is a rare malignancy and, as a consequence, it is managed in just a few specialist centres across the UK. This article aims to provide health professionals with an introduction and update on the epidemiology and aetiology of penile cancer, as well as the techniques used to diagnose penile cancer and the current treatment options. The article highlights the importance of early diagnosis and the role that the clinical nurse specialist in plays supporting those diagnosed with the penile cancer and their families.

[Living with Advanced Hormone-Sensitive Prostate Cancer and Treatment with Abiraterone and Androgen Deprivation Therapy: The Patient, Nursing and Physician Perspective](#)

Item Type: Generic

Author: Collier, Tony, Smith, Shievon, Greenwood, Michelle and Ng, Kenrick

Publication Date: 2020

Publication Details: Oncology and therapy, 8, (2) pp.197-207. , New Zealand:

Abstract: This article is co-authored by a patient with metastatic hormone-sensitive prostate cancer who is receiving abiraterone and androgen deprivation therapy treatment in Manchester, UK. The patient relates his personal experiences struggling with the diagnosis, his experience with treatment and the physical, emotional and psychosexual impact on his life. After his diagnosis, the patient has become an outspoken advocate and fundraiser for prostate cancer awareness and wants to ensure that novel treatments with proven efficacy and tolerability, such as abiraterone, are available for all men in his condition. The specialist nursing and physician perspectives, provided by healthcare professionals based in London who are not directly involved in this patient's care, were written in response to the challenges and concerns highlighted by this patient. The role of the specialist nurse as a key healthcare professional in the cancer patient journey, particularly in managing the complex physical and emotional side effects of treatment, is highlighted in this perspective piece. The physician reviews the current difficulties of establishing an effective screening programme in prostate cancer, the common side effects of hormone treatment and the significant progress and challenges in novel drug development and prescription in metastatic hormone-sensitive prostate cancer. While written primarily from the perspective of a patient and healthcare professionals in England, many messages in this commentary would resonate with patients and professionals involved in the care of prostate cancer worldwide.

Evidence Brief: Urology Cancer Nurse Specialists

[Patients' and partners' views of care and treatment provided for metastatic castrate-resistant prostate cancer in the UK](#) Abstract only*

Item Type: Generic

Author: Catt, Susan, Matthews, Lucy, May, Shirley, Payne, Heather, Mason, Malcolm and Jenkins, Valerie

Publication Date: 2019

Publication Details: European journal of cancer care, 28, (6) pp.e13140. , England:

Abstract: OBJECTIVE: Documentations of the experiences of patients with advanced prostate cancer and their partners are sparse. Views of care and treatment received for metastatic castrate-resistant prostate cancer (mCRPC) are presented here., METHODS: Structured interviews conducted within 14 days of a systemic therapy for mCRPC starting and 3 months later explored the following: treatment decisions, information provision, perceived benefits and harms of treatment, and effects of these on patients' and partners' lives., RESULTS: Thirty-seven patients and 33 partners recruited from UK cancer centres participated. The majority of patients (46%) reported pain was their worst symptom and many wanted to discuss its management (baseline-50%; 3 months-33%). Patients and partners believed treatment would delay progression (>75%), improve wellbeing (33%), alleviate pain (=12%) and extend life (15% patients, 36% partners). At 3 months, most men (42%) said fatigue was the worst treatment-related side effect (SE), 27% experienced unexpected SEs and 54% needed help with SEs. Most patients received SE information (85% written; 75% verbally); many additionally searched the Internet (33% patients; 55% partners). Only 54% of patients said nurse support was accessible., CONCLUSION: Pain and other symptom management are not optimal. Increased specialist nurse provision and earlier palliative care links are needed. Dedicated clinics may be justified. Copyright © 2019 John Wiley & Sons Ltd.

[Nurse-Led Supportive Care Intervention for Men With Advanced Prostate Cancer](#)

Item Type: Generic

Author: Ralph, Nicholas, Chambers, Suzanne, Pomery, Amanda, Olliffe, John and Dunn, Jeff

Publication Date: 2019

Publication Details: Oncology nursing forum, 46, (1) pp.92-103. , United States:

Abstract: OBJECTIVES: To understand the context for implementing ProsCare by prostate cancer specialist nurses (PCSNs) and, in doing so, further develop the intervention and implementation strategy., SAMPLE & SETTING: 30 PCSNs participated in four semistructured focus groups to evaluate a telephone-based supportive care intervention led by nurses for men with advanced prostate cancer., METHODS & VARIABLES: Data were coded into the Consolidated Framework for Implementation Research to evaluate the ProsCare program content and guide the implementation and evaluation of this targeted program for men with advanced prostate cancer., RESULTS: Participants strongly endorsed specific ProsCare program components amid a recommendation of delivery mechanisms and a comprehensive centralized implementation strategy, including PCSN role promotion, education, and professional development., IMPLICATIONS FOR NURSING: PCSNs validated ProsCare and supported its implementation as a supportive care intervention. ProsCare is a feasible nurse-led intervention closely matched with men's supportive care needs and the PCSN scope of practice.

[Nurse-led renal cancer follow-up is safe and associated with high patient satisfaction-an audit from the East of England](#)

Item Type: Generic

Author: Sibbons, Amy, Pillai, Rajiv, Corr, John and Persaud, Satyendra

Publication Date: 2019

Evidence Brief: Urology Cancer Nurse Specialists

Publication Details: Ecancermedalscience, 13, pp.955. , England:

Abstract: **BACKGROUND:** With more people diagnosed and dying from renal cancers in England than ever before, treatment and follow-up post-surgery is of paramount importance. We have instituted a nurse-led follow-up service for renal cancers as a way to improve efficiency and make better use of clinic time. This is our first attempt to audit our service., **OBJECTIVES:** One of the main objectives of this project was to measure compliance of a nurse-led renal surveillance clinic against an established institutional follow-up protocol which was based on current European Association of Urology guidelines. We also aimed to assess patient satisfaction with nurse-led care., **PATIENTS AND METHODS:** A total of 89 patients with low/intermediate-risk kidney cancers who were on the nurse-led renal surveillance database following nephrectomy or partial nephrectomy were placed on a database. This was then audited for adherence to the clinic protocol. These same patients were subsequently sent patient satisfaction questionnaires., **RESULTS:** The audit revealed high levels of compliance against the renal clinic protocol as well as positive feedback from the patient satisfaction questionnaire. Ninety-five percent said they felt either at ease or very at ease speaking to the nurse specialist. No one was dissatisfied with their consultations with 86% being very satisfied and 14% fairly satisfied. This was reinforced further by 100% of patients feeling that they could discuss all aspects of their condition with the Uro-oncology Clinical Nurse Specialist (UOCNS). Ninety-seven percent felt that they had adequate time with the nurse., **CONCLUSION:** Nurse-led follow-up, in our setting, was noted to be safe and effective and was associated with high levels of patient satisfaction. This study adds to the growing body of work on the efficacy of nurse-led care. Copyright © the authors; licensee ecancermedalscience.

[Continuous, comprehensive and crucial care: The role of the](#)

[CNS in the metastatic castration-resistant prostate cancer patient pathway](#) Abstract only&

Item Type: Generic

Author: Basketter, Vanessa, Benney, Miranda, Causer, Louise, Fleure, Louisa, Hames, David, Jones, Sarah, Patel, Kamlesh and White, Lisa

Publication Date: 2018

Publication Details: British journal of nursing (Mark Allen Publishing), 27, pp.S1-S8. , England:

Abstract: Several treatment options are now available to men with metastatic castration-resistant prostate cancer (mCRPC). While survival rates for mCRPC continue to improve, patients are faced with increasingly complex treatment pathways and decisions. The clinical nurse specialist (CNS) plays a crucial role in navigating patients with mCRPC through their treatment pathway and fulfils a number of key responsibilities, including providing holistic care and support to patients and their families, educating and communicating with them in a timely and effective manner, and liaising with other healthcare professionals to seamlessly coordinate patient treatment. However, increasing patient caseloads and administrative duties are leaving CNSs with little time to fulfil their supportive role. Additional resources are needed in order to both promote and preserve this supportive role, thus ensuring that mCRPC patients receive the best possible care.

[Experiences of Australian men diagnosed with advanced prostate cancer: a qualitative study](#)

Item Type: Generic

Author: Chambers, Suzanne K., Hyde, Melissa K., Laurie, Kirstyn, Legg, Melissa, Frydenberg, Mark, Davis, Ian D., Lowe, Anthony and Dunn, Jeff

Publication Date: 2018

Publication Details: BMJ open, 8, (2) pp.e019917. , England:

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Abstract: OBJECTIVE: To explore men's lived experience of advanced prostate cancer (PCa) and preferences for support., DESIGN: Cross-sectional qualitative study applying open-ended surveys and interviews conducted between June and November 2016. Interviews audio-recorded and transcribed verbatim and analysed from an interpretive phenomenological perspective., SETTING: Australia, nation-wide., PARTICIPANTS: 39 men diagnosed with advanced PCa (metastatic or castration-resistant biochemical regression) were surveyed with 28 men subsequently completing a semistructured in depth telephone interview., RESULTS: Thematic analysis of interviews identified two organising themes: lived experience and supportive care. Lived experience included six superordinate themes: regret about late diagnosis and treatment decisions, being discounted in the health system, fear/uncertainty about the future, acceptance of their situation, masculinity and treatment effects. Supportive care included five superordinate themes: communication, care coordination, accessible care, shared experience/peer support and involvement of their partner/family., CONCLUSIONS: Life course and the health and social context of PCa influence men's experiences of advanced disease. Multimodal interventions integrating peer support and specialist nurses are needed that more closely articulate with men's expressed needs. Copyright © Article author(s) (or their employer(s) unless otherwise stated in the text of the article) 2018. All rights reserved. No commercial use is permitted unless otherwise expressly granted.

[The testicular cancer nurse specialist: A pivotal role in patient care](#) Abstract only*

Item Type: Generic

Author: Dreyer, B., Macfarlane, K. and Hendry, D.

Publication Date: 2018

Publication Details: British Journal of Nursing, 27, (18) pp.S26-

S27. , United Kingdom: MA Healthcare Ltd (Dulwich Road, London SE24 0PB, United Kingdom).

Postoperative care may involve emotional support, wound care, fertility support, discussing pathology results, monitoring tumour markers and coordinating further oncological and possibly surgical treatment (Scottish Intercollegiate Guidelines Network, 2011). This is a vital area of testicular cancer management and will ensure the patient moves forward appropriately with correct treatment and is also supported emotionally. The author's unit has found that its testicular cancer nurse specialist is very well placed to fulfil many of these roles.

[An insight into the patient's response to a diagnosis of urological cancer](#) Abstract only*

Item Type: Generic

Author: Anderson, Beverley

Publication Date: 2017

Publication Details: British journal of nursing (Mark Allen Publishing), 26, (18) pp.S4-S12. , England:

Abstract: A cancer diagnosis and the patient's response to the news pertains to all types of cancer, however, in this article, the focus is on urological cancer. Intrinsic to the management of this patient group is the urology multidisciplinary team, in which the role of the cancer nurse specialist (CNS) is pivotal. For most people, a cancer diagnosis is arguably their worst fear. It is therefore prudent that a holistic approach is used when determining care and ensuring that appropriate support is forthcoming. This necessitates an assessment of the physical, psychological/emotional, psycho-social, spiritual and cultural components of the individual's healthcare needs, and accordingly, devising a plan of care to secure the best outcomes. This article concentrates on the psychological/emotional component. It outlines a case study of a patient's response to the consultant's question in the joint consultation clinic, examines the CNS's interpretation and understanding of the events, and her

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perspective on whether factors such as fear, anxiety and distress influence the individual's response to the diagnosis, their comprehension of information and the messages relayed, and consequently, their ability to manage the ensuing issues. It also looks at the support available to cancer patients following the receipt of a cancer diagnosis and its efficacy in addressing their concerns. Integral to this is effective communication, specifically the timely provision of information by health professionals.

[Conference paper: The contribution of prostate cancer specialist nurses: Perspectives of clinicians](#) Abstract all available

Item Type: Generic

Author: Sykes, J., Langbecker, D., Liu, W. -H and Yates, P.

Publication Date: 2016

Publication Details: Cancer nursing, 39, (6) pp.S53-S54. , Netherlands: Lippincott Williams and Wilkins.

Abstract: Purpose/Objective: To present clinician perceptions of the influence of the Prostate Cancer Specialist Nurse (PCSN) role on patient outcomes. Background/Rationale: Prostate Cancer Foundation of Australia introduced a program to pilot the role of the PCSN across twelve health regions in both metropolitan and rural Australia. As part of the evaluation, the perceived impact of the role on patient outcome at participating sites by clinicians was assessed.

Description/Methods/Evaluation: Key members of multidisciplinary teams who treated men with prostate cancer including medical, nursing and allied health staff completed online surveys at two time points, 12 and 20 months after the PCSNs were appointed. Clinicians reported the functions performed by the PCSN at their site and perceived outcomes influenced by the PCSN. Outcome/Results/Findings: At the end of the evaluation, the majority of clinicians reported that the PCSN role had significant influence on patient's acceptance of appropriate supportive care (90%), improvement in patients' knowledge of and access to services (87%) and patients'

satisfaction of care (80%). Clinicians who completed surveys at both time points rated that the PCSNs' role had significantly more influence at the end of evaluation on the following patient outcomes: patients' acceptance of appropriate treatment ($p = 0.02$), reduction of duplication of service provision ($p = 0.02$), and reduction of variation in evidence-based care ($p = 0.01$). Providing comprehensive and specialised information and education to patients and/or carers was the most frequently reported way PCSNs assisted patients to achieve optimal health outcomes, reduce distress and make informed decisions. Ongoing funding was the most frequently reported organisational barrier impacting on the role. Key stakeholder engagement and developing the role to work across the public/private interface were suggested as ways to reduce barriers impacting on the role. Developing case management pathways and expanding the role scope, including development within the multidisciplinary context were suggested ways to improve the role to better influence patient outcomes. Conclusion/Discussion: The PCSNs' contribution to the multidisciplinary team is often less visible than that of other team members. This study has highlighted the explicit contributions that medical colleagues perceived were made by nurses to patient outcomes.

[Prostate cancer and supportive care: a systematic review and qualitative synthesis of men's experiences and unmet needs](#)

Item Type: Generic

Author: King, A. J. L., Evans, M., Moore, T. H. M., Paterson, C., Sharp, D., Persad, R. and Huntley, A. L.

Publication Date: 2015

Publication Details: European journal of cancer care, 24, (5) pp.618-34. , England:

Abstract: Prostate cancer is the second most common cancer in men worldwide, accounting for an estimated 1.1 million new cases diagnosed in 2012 (www.globocan.iarc.fr). Currently, there is a lack of specific guidance on supportive care for men with

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prostate cancer. This article describes a qualitative systematic review and synthesis examining men's experience of and need for supportive care. Seven databases were searched; 20 journal articles were identified and critically appraised. A thematic synthesis was conducted in which descriptive themes were drawn out of the data. These were peer support, support from partner, online support, cancer specialist nurse support, self-care, communication with health professionals, unmet needs (emotional support, information needs, support for treatment-induced side effects of incontinence and erectile dysfunction) and men's suggestions for improved delivery of supportive care. This was followed by the development of overarching analytic themes which were: uncertainty, reframing, and the timing of receiving treatment, information and support. Our results show that the most valued form of support men experienced following diagnosis was one-to-one peer support and support from partners. This review highlights the need for improved access to cancer specialist nurses throughout the care pathway, individually tailored supportive care and psychosexual support for treatment side effects. Copyright © 2015 The Authors. European Journal of Cancer Care published by John Wiley & Sons Ltd.

Remote working

[A week in the life of a urology advance nurse practitioner](#) Access via a free BJN account*

Author(s): Clare Waymont

Source: Advanced Practice 30(18)

Publication date: October 2021

How immensely proud am I to say I am President of the British Association of Urological Nurses (BAUN). For any nurse in any specialty reaching this pinnacle is an unimaginable ambition. Although the role comes with immense support and guidance, as well as an impressive badge of office, it is something that

requires incredible dedication and enthusiasm for personal self-development and self-awareness, so currently I am by no means the finished article.

I have to reflect on how I arrived at this point from being an unimaginative teenager who had no idea what she wanted to do for a career. I feel somewhat ashamed to admit that nursing was not a vocational ambition of mine as a child. It was an unfortunate illness that led me to undergo major surgery at the age of 17, and a period spent in hospital watching the nurses go about their day and the wonderful care that was given to me, that made me realise that I wanted to replicate this experience for others. Some 18 months later I started my nurse training and, to date, I have achieved 32 years in the NHS!

[Components of a safe cystectomy service during coronavirus disease 2019 in a high-volume centre](#)

Author(s): Nelson et al.

Source: Journal of Clinical Urology

Publication date: 2020

Objective: Delivery of a safe cystectomy service is a multidisciplinary exercise. In this article, we detail the measures implemented at our institution to deliver a cystectomy service for bladder cancer patients during coronavirus disease 2019 (COVID-19).

Methods: A 'one-stop' enhanced recovery clinic had been established at our hospital, consisting of an anaesthetist, an exercise testing service, urinary diversion nurses, clinical nurse specialists and surgeons. During COVID-19, we modified these processes in order to continue to provide urgent cystectomy safely for bladder cancer. We collected patients' outcomes prospectively measuring demographic characteristics, oncological and perioperative outcomes, the presence of COVID-19 symptoms and confirmed COVID-19 test results. Results: From March to May 2020, 25 patients underwent radical cystectomy for bladder cancer. Twenty-four procedures were

performed with robotic assistance and one open as part of a research trial. We instituted modifications at various multidisciplinary steps, including patient selection, preoperative optimisation, enhanced recovery protocols, patient counselling and perioperative protocols. Thirty-day mortality was 0%. The 30-day rate of Clavien ≥ 3 complications was 8%. Postoperatively, none of the patients developed COVID-19 based on World Health Organization criteria and testing. Conclusion: We safely delivered a complex cystectomy service during the peak of the COVID-19 pandemic without any COVID-19-related morbidity or mortality.

Survivorship

[A Vanguard Approach to the Design and Delivery of Nurse-Led Survivorship Care](#) Abstract only*

Item Type: Generic

Author: Sara, Sally A. M., Chambers, Suzanne K., Briggs, Russell, Heneka, Nicole and Dunn, Jeff

Publication Date: 2023

Publication Details: Seminars in oncology nursing, 39, (1) pp.151366. , United States:

Abstract: OBJECTIVES: Survivorship care is an essential component of quality cancer care. Although nurses are uniquely positioned to deliver effective and efficient nurse-led survivorship care, they report that their experiences of survivorship care provision are fragmented, under-resourced, and often distressing for the patient., DATA SOURCES: Here we report the culmination of a 4-year program of research and more than a decade of nurse-led work, to improve the survivorship care experience for men with prostate cancer comprising of: (1) the evolution of a national specialist prostate cancer nursing service; (2) a nursing Delphi study to determine prostate cancer survivorship care experiences and priorities; (3) the development of the Prostate Cancer Survivorship Essentials Framework,

which provides a road map for improving quality prostate cancer survivorship care across a variety of settings; and (4) the translation of the framework into nursing practice through the development of My Personal Plan, a person-centered, evidence-informed survivorship care plan., CONCLUSION: Through the leadership of a national prostate cancer specialist nursing service, the provision of a coordinated, evidence-informed person-centered survivorship care service is now achievable. This program of work has demonstrated that irrespective of the setting or mode of delivery, specialist nurses involved in the care of men with prostate cancer and their families are leading best practice through the translation of evidence into everyday clinical practice., IMPLICATIONS FOR NURSING PRACTICE: There is an urgent need to address the significant challenges that a prostate cancer diagnosis can bring, and nurses are at the forefront and lead survivorship care delivery, which includes: (1) routine distress screening and referral to tailored evidence-based psychological care; (2) the provision of person-centered care that connects to effective symptom management; (3) self-management support; and (4) signposting to additional services which extend beyond the acute care setting. Copyright © 2022 Elsevier Inc. All rights reserved.

[Clinical nurse specialists and survival in patients with cancer: The UK National Cancer Experience Survey](#)

Item Type: Generic

Author: Alessy, S. A., Davies, E., Rawlinson, J., Baker, M. and Luchtenborg, M.

Publication Date: 2022

Publication Details: BMJ Supportive and Palliative Care, pp.bmjspcare-003445. , United Kingdom: BMJ Publishing Group.

Abstract: Objective: To examine whether having a better care experience with a clinical nurse specialist (CNS) is associated with better overall survival of patients with cancer in England. Method(s): We identified 99 371 patients with colorectal, lung,

Evidence Brief: Urology Cancer Nurse Specialists

breast and prostate cancer who reported their care experience with CNS from the National Cancer Patient Experience Survey (2010-2014) and English cancer registration linked dataset. We categorised patients' experiences into three groups (excellent, non-excellent and no CNS name was given), across three aspects of CNS care: the ease of contacting their CNS, feeling that a CNS had listened to them and the degree to which explanations given by a CNS were understandable. We used univariable and multivariable Cox proportional hazards regression analyses to estimate HRs with 95% CIs by patient experience for each cancer adjusting for patients' sociodemographic and disease stage at diagnosis. Result(s): Among the three compared groups, patients who reported not being given a CNS name had the lowest survival. In the adjusted Cox regression analysis, the results show that among those who reported not being given a CNS name, the highest risk of death was in those with colorectal, breast and prostate cancers only (colorectal HR: 1.40; 95% CI: 1.32 to 1.84; breast HR: 1.34; 95% CI: 1.25 to 1.44; prostate HR: 1.09; 95% CI: 0.99 to 1.13). However, this association seemed reversed among patients with lung cancer, although attenuated when accounting for potential confounders. Conclusion(s): These findings provide new evidence of the vital contribution CNS may make to cancer survival and suggest CNS input and support should be available to all patients after the diagnosis. Copyright © Author(s) (or their employer(s)) 2022. Re-use permitted under CC BY-NC. No commercial re-use. See rights and permissions. Published by BMJ.

[Contemporary consumer perspectives on prostate cancer survivorship: Fifty voices](#) Full text available with NHS

OpenAthens account*

Item Type: Generic

Author: Dunn, Jeff, Ralph, Nicholas, Green, Anna, Frydenberg, Mark and Chambers, Suzanne K.

Publication Date: 2020

Publication Details: *Psycho-oncology*, 29, (3) pp.557-563. , England:

Abstract: OBJECTIVE: To describe contemporary consumer experiences and priorities of prostate cancer survivorship to inform the development of survivorship guidelines., METHOD: In a cross-sectional qualitative design, semi-structured interviews were undertaken with fifty prostate cancer support group leaders (50% response) across urban and rural/regional Australia. An interpretative phenomenological approach was used to identify participants' experiences and priorities of survivorship., RESULTS: Three themes were identified for informing the development of prostate cancer survivorship guidelines: (a) the Experience of Diagnosis and Treatment, (b) Priorities for Survivorship and (c) Mechanisms for Support. Four priorities for prostate cancer survivorship were: delivering person and men-centred care; improving communication; improving care coordination; and facilitating access to care. Mechanisms for support were as follows: advocacy; peer support; prostate cancer specialist nurses; and communication training for health professionals., CONCLUSIONS: The lack of progress in changing prostate cancer survivorship outcomes for men will become increasingly problematic as this patient population group grows. Co-production provides a way forward to ensure relevance and accessibility for future survivorship initiatives. Copyright © 2020 John Wiley & Sons, Ltd.

[Prostate cancer survivorship priorities for men and their partners: Delphi consensus from a nurse specialist cohort](#) Full text

available with NHS OpenAthens account*

Item Type: Generic

Author: Ralph, Nicholas, Green, Anna, Sara, Sally, McDonald, Suzanne, Norris, Philip, Terry, Victoria, Dunn, Jeffrey C. and Chambers, Suzanne K.

Publication Date: 2020

Evidence Brief: Urology Cancer Nurse Specialists

Publication Details: Journal of Clinical Nursing, 29, (1-2) pp.265-273. , England:

Abstract: AIMS & OBJECTIVES: To describe the prostate cancer survivorship experience and priorities from the perspective of prostate cancer specialist nurses., BACKGROUND: Specialist nurses are providing long-term survivorship care to men and their partners however, few prostate cancer survivorship interventions are effective and priorities for nurse-led survivorship care are poorly understood., DESIGN: A three-round modified Delphi approach., METHODS: The study was conducted between 1 December 2018 and 28 February 2019 to develop a consensus view from an expert nurse cohort (43 prostate cancer specialist nurses: 90% response). First, participants described men's prostate cancer survivorship experience and priorities for improving care for men and partners. In subsequent rounds, participants identified key descriptors of the survivorship experience; rated priorities for importance and feasibility; and identified a top priority action for men and for partners. Thematic analysis and descriptive statistics were applied. Guidelines for Reporting Reliability and Agreement Studies informed the conduct of the study., RESULTS: Prostate cancer specialist nurses characterised the prostate cancer survivorship experience of men as under-resourced, disjointed and distressing. In all, 11 survivorship priorities for men and three for partners were identified within five broad areas: capacity building; care coordination; physical and psychosocial care; community awareness and early detection; and palliative care. However, feasibility for individual items was frequently described as low., CONCLUSION: Internationally, prostate cancer survivorship care for men and their partners requires urgent action to meet future need and address gaps in capacity and care coordination. Low feasibility of survivorship priorities may reflect translational challenges related to capacity. Prostate cancer survivorship care guidelines connected to practice priorities are urgently needed., RELEVANCE TO

CLINICAL PRACTICE: These findings address key gaps in the evidence for developing national nurse-led prostate cancer survivorship priorities. These priorities can be used to inform survivorship guidelines including nursing care for men with prostate cancer and their partners. Copyright © 2019 John Wiley & Sons Ltd.

Workforce

[Too few nurse specialists for people with kidney cancer: Poll finds one in four patients had no named nurse specialist and almost half had a late-stage diagnosis](#) Abstract only*

Item Type: Journal Article

Authors: Keogh, Kat

Publication Date: 2021

Journal: Cancer Nursing Practice 20(2), pp. 6

Abstract: One in four patients with kidney cancer do not have a named specialist nurse, a survey suggests. The poll by charity Kidney Cancer UK also found nearly half (46%) of patients were diagnosed at late stages, reducing their chance of successful treatment.

[The specialist nursing workforce caring for men with prostate cancer in the UK](#)

Item Type: Generic

Author: Leary, A., Brocksom, J., Endacott, R., Fleure, L., Howdle, F., Masterton, M., O'Connor, A., Swift, A., Trevatt, P. and Aslet, P.

Publication Date: 2016

Publication Details: International Journal of Urological Nursing, 10, (1) pp.5-13. , Australia: Blackwell Publishing (E-mail: info@asia.blackpublishing.com.au).

Abstract: Prostate cancer is the most common cancer in men in the UK accounting for 25% of all new cases of cancer. It is predicted to become the most common cancer overall by 2030.

Evidence Brief: Urology Cancer Nurse Specialists

A national survey of the specialist nursing workforce caring for men with prostate cancer was completed across the four countries of the UK during June and July 2014. In total 302 specialist nurses completed the survey and data from 285 was used in the analysis. This is the biggest whole population survey of this workforce in recent years. The most common job title was clinical nurse specialist (185) and the most common band was agenda for change band 7 (174). However in Scotland 50% of the respondents stated that they were paid on band 6. Over half the group (158) had worked in prostate cancer care for more than 10 years. Few (48) had come into specialist posts from a specific specialist nurse development role. There is wide geographic variation in the provision of specialist nursing for men with prostate cancer. This is reflected in available hours and caseload sizes. The respondents reported frozen and vacant posts across the UK. This equated to 58.3 full time equivalents. The work of specialist nurses caring for men with prostate cancer is clinically complex and appears to cover most key times in the cancer journey. However workload appears to be limiting the care that the nurses are able to provide with over half the respondents (163) saying that they left work undone for patients. Copyright © 2016 John Wiley & Sons Ltd. and BAUN.

In the news

[Why the specialist urology nurse is a role worth fighting for](#)

Source: Hospital Times

Publication date: 15th May 2020

At the dawn of a new decade, UK prostate cancer care is at a critical juncture. This year began with confirmation that prostate cancer has overtaken breast cancer as the most commonly diagnosed cancer in England – ten years ahead of previous estimates. In this context, recent research from Prostate Cancer UK revealing a shortage of prostate cancer nurse specialists is

highly concerning. The study highlighted a shortfall of 300 specialist urology nurses, with only six clinical nurse specialists (CNS) for every 1000 people diagnosed with a urological cancer in England. The implications are significant – commentators say the shortage is negatively affecting care, fuelling widespread variation across the country and depriving some patients of expert support. This problem is set to intensify in years to come, with 41 per cent of prostate CNSs planning to retire in the next decade and general nursing vacancy rates currently somewhere between 8-12 per cent. These figures are a great shame, not only for patients for whom there is great value in engagement with specialist cancer nurses – but also for our profession. With urological cancer services facing unrelenting pressure, nurses can play a vital role in relieving some of the burden on clinical teams. For the sake of patients all over the country, we cannot risk wasting the opportunity.

[Specialist nurse shortage negatively affecting prostate cancer care](#)

Author(s): Jo Stephenson

Source: Nursing Times

Publication date: 26th April 2019

Thousands of men with prostate cancer are missing out on vital support because of a shortage of specialist nurses, a charity has warned.

Competency Frameworks

Career pathway, core cancer capabilities and education framework

Source: Health Education England
Publication date: 2023

This new framework will support the development of the cancer workforce by providing guidance on routes into working in cancer care and career progression, and a detailed capabilities and education framework. It offers the opportunity for the workforce at all levels, from pre-registration to advanced and consultant level roles, to develop and evidence their knowledge and capabilities, which will support the highest standards of practice as well as providing a structure for career and role development within specialist cancer services.

See also [Developing a Cancer CNS Capabilities Framework in the North West Research Briefing](#) (August 2021)

Macmillan competency framework for nurses

Source: Macmillan Cancer Support
Publication date: November 2020

This competency framework is for nurses who support people living with or affected by cancer. It can be used in any adult care setting and alongside other established frameworks to improve care for patients.

The competency framework focuses on:

- professional skills
- knowledge
- behavioural skills
- experience and qualifications.

The framework also contains benchmarking and self-assessment tools to help you develop in your role.

Competencies: caring for teenagers and young adults with cancer – a competence and career framework for nursing

Source: Teenage Cancer Trust
Publication date: 2014

This is the first competence and career framework for nurses who care for teenagers and young adults (aged 13-24 years inclusive - see footnote1) with cancer across the broad spectrum of healthcare settings and describes the professional standards expected of them.

*Help accessing articles or papers

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