What to tell your patients about reducing cancer risk

- Encourage patients to increase their consumption of fresh vegetables (especially those of the cabbage family) because studies indicate that roughage and vitamin-rich foods help to prevent certain kinds of cancer.
- Encourage increased fiber intake because high-fiber diets may reduce the risk for certain cancers, including breast, prostate, and colon.
- Recommend increased intake of vitamin A, which reduces the risk for esophageal, laryngeal, and lung cancers.
- Recommend increased intake of foods rich in vitamin C, such as citrus fruits and broccoli, which are thought to protect against stomach and esophageal cancers.
- Advise patients to practice weight control because obesity is linked to cancers of the uterus, gallbladder, breast, and colon.
- Advise patients to reduce intake of dietary fat because a high-fat diet increases the risk for breast, colon, and prostate cancers.
- Recommend moderation in consumption of salt-cured, smoked, and nitrate-cured foods; these have been linked to esophageal and gastric cancers.
- Advise patients to stop smoking cigarettes and cigars, which are carcinogens.
- Advise patients to reduce alcohol intake because drinking a lot of alcohol increases the risk of liver cancer. (Note: People who drink heavily and smoke are at greater risk for cancers of the mouth, throat, larynx, and esophagus.)
- Advise patients to avoid overexposure to the sun, wear protective clothing, and use a sunscreen to prevent skin damage from ultraviolet rays that increase the risk of skin cancer.

Adapted from the “Taking Control” program of the American Cancer Society.

Helping your cancer patients

Cancer isn’t a single disease with a single cause; rather, it’s a group of distinct diseases with different causes, manifestations, treatments, and prognoses. Cancer nursing practice covers all age groups and nursing specialties and is carried out in a variety of health care settings, including the home, community, acute care institutions, and rehabilitation centers. The scope, responsibilities, and goals of cancer nursing, also called oncology nursing, are as diverse and complex as those of any nursing specialty. Because many people associate cancer with pain and death, nurses need to identify their own reactions to cancer and set realistic goals to meet the challenges inherent in caring for patients with cancer. In addition, cancer nurses must be prepared to support patients and families through a wide range of physical, emotional, social, cultural, and spiritual crises (see Responsibilities of nurses in cancer care).
### Understanding characteristics of benign and malignant neoplasms

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Benign</th>
<th>Malignant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cell characteristics</td>
<td>Well-differentiated cells that resemble normal cells of the tissue from which the tumor originated</td>
<td>Cells are undifferentiated and often bear little resemblance to the normal cells of the tissue from which they arose</td>
</tr>
<tr>
<td>Mode of growth</td>
<td>Tumor grows by expansion and doesn’t infiltrate the surrounding tissues; usually encapsulated</td>
<td>Grows at the periphery and sends out processes that infiltrate and destroy the surrounding tissues</td>
</tr>
<tr>
<td>Rate of growth</td>
<td>Rate of growth is usually slow</td>
<td>Rate of growth is variable and depends on level of differentiation; the more anaplastic the tumor, the faster its growth</td>
</tr>
<tr>
<td>Metastasis</td>
<td>Doesn’t spread by metastasis</td>
<td>Gains access to the blood and lymphatic channels and metastasizes to other areas of the body</td>
</tr>
<tr>
<td>General effects</td>
<td>Is usually a localized phenomenon that doesn’t cause generalized effects unless its location interferes with vital functions</td>
<td>Often causes generalized effects, such as anemia, weakness, and weight loss</td>
</tr>
<tr>
<td>Tissue destruction</td>
<td>Doesn’t usually cause tissue damage unless its location interferes with blood flow</td>
<td>Often causes extensive tissue damage as the tumor outgrows its blood supply or encroaches on blood flow to the area, may also produce substances that cause cell damage</td>
</tr>
<tr>
<td>Ability to cause death</td>
<td>Doesn’t usually cause death unless its location interferes with vital functions</td>
<td>Usually causes death unless growth can be controlled</td>
</tr>
</tbody>
</table>


### Responsibilities of nurses in cancer care

- Support the idea that cancer is a chronic illness that has acute exacerbations rather than one that’s synonymous with death and suffering.
- Assess your own level of knowledge relative to the pathophysiology of the disease process.
- Make use of current research findings and practices in the care of the patient with cancer and his family.
- Identify patients at high risk for cancer.
- Participate in primary and secondary prevention efforts.
- Assess the nursing care needs of the patient with cancer.
- Assess the learning needs, desires, and capabilities of the patient with cancer.
- Identify nursing problems of the patient and the family.
- Assess the social support networks available to the patient.
- Plan appropriate interventions with the patient and the family.
- Assist the patient to identify strengths and limitations.
- Assist the patient to design short-term and long-term goals for care.
- Implement a nursing care plan that interfaces with the medical care regimen and that is consistent with the established goals.
- Collaborate with members of a multidisciplinary team to foster continuity of care.
- Evaluate the goals and resultant outcomes of care with the patient, the family, and members of the multidisciplinary team.
- Reassess and redesign the direction of the care as determined by the evaluation.