



Editorial

Cancer nurses, are we really contributing to reduce burden via cancer prevention?



From the wisdom of experience and years, our grandparents used to say: "Prevention is better than cure". Nurses also want to prevent rather than cure cancer and follow that old said.

Cancer is one of the leading causes of mortality in the world and the incidence is expected to keep increasing every year.¹ And while there is an improvement in cancer survival due to the developments on treatments, the diagnosis, treatment, and survivorship entail a high burden for patients, communities, and health systems.

Prevention is better than cure; cancer prevention and early detection have been proven to be more effective than treatment development.² With an estimate of around 30%–50% of the cancers as preventable by avoiding risk factors, such as lifestyle behaviors, infections, radiation, or pollution,³ cancer prevention is the most cost-effective strategy for cancer control, and including prevention and early detection into the countries' cancer plans should be a priority worldwide.

While there is extensive evidence supporting the relationship of many preventable causes and cancer,³ the lack of progress on research and actions on this important topic should be noted. There are many efforts made by organizations (like the European Code Against Cancer or the World Health Organization) to increase awareness into these important topics but still is not sufficiently addressed.

Nowadays, there is a lot of talk about empowering patients and empowering citizens in general to cope cancer, certainly that means giving them rigorous information. Healthcare providers, educators, and governments do fail into targeting population and community and incorporate these as a potential cancer risk-reduction strategy to reduce cancer burden. General population, even those with a high risk of cancer are misinformed about cancer risk factors with low awareness of the influence of lifestyles on cancer risk.⁴ Promoting awareness and increasing health literacy can have a big impact in reducing known risk factors and therefore avoiding the morbidity and mortality of some diagnosis.²

Cancer risk factors are often enhanced and impacted by socio-economic status. There are clear differences between countries that shows the burden of cancer is much higher in low- and middle-income countries, but even in a same country and city, the outcomes differ depending on where the individual lives as well as their socio-economic status age and education.⁵

Inequities in access to prevention and resources for screening and cancer care are affecting, for example elderly people, people with disabilities, and/or underserved or unrepresented minority groups.⁵

Social ecological model has demonstrated to be a useful model to cover gaps and include a global perspective of factors intervening in prevention. The model includes to pay attention those aspects that have been barriers as the lack in access; limited resources regarding cancer

screening for many populations, for minorities and for countries; lack of an understanding of cultural and psychosocial beliefs on preventive care or policy-level barriers.⁶

Equally, inequalities influence on the modification of healthy lifestyles so health promotion efforts need to focus on the needs of those disadvantaged groups to reduce health inequalities in access to prevention and resources for screening and cancer care and improving their physical health by looking into their mental health also.

For individuals to engage in successful cancer prevention actions, they need to be better informed about both, the risk factors and evidence-based risk-reduction actions. General practitioners, nurses, and other healthcare providers are often unaware of the appropriate risk assessment and risk communication which can affect results. Offering information to the population about the cancer risks can increase individuals' attendance to cancer screening as well as a most accurate risk perception that is one of the keys associated with health behavior change.

A systematic review of health promotion interventions to increase breast cancer screening in countries as different continents from Asia, America, Middle East, and Europe proved that positive outcomes were achieved after health promotion interventions, including women's perceptions of breast screening, breast self-examination, and knowledge of breast screening.⁷ As the largest group of health care providers, nurses interact more than any other profession with people throughout their lifespan. They are also a very trusted profession for patients and families. They do have the capacity to act as a central role addressing health literacy, as information providers on cancer prevention and risk reduction strategies and to empower individuals to take control and participate in their care. Nurses can therefore reach more people in an individual level while they do care for them. But they also have a key role in promoting patient centered organizations and to lead policies to be more inclusive.

However, that does not mean that nurses themselves always have the adequate training or feel confident enough to take up on this role. Nurses need to be prepared to provide this care. A recent Chinese study assessed the knowledge of pregraduate nurses about human papillomavirus infection and cervical cancer prevention among young nurses and only 9.7% knew how infection causes cancer and how vaccines protect populations.⁸

Several models have demonstrated efficacy to target groups with cancer risk. Although still not commonly used, nurses using the health belief model and health promotion model (HPM) on breast cancer behaviors have showed efficiency pre and postoperatively.⁹

Beliefs and knowledge have clear correlation. If health-care professionals plan some HBM-based educational interventions, the women's knowledge and beliefs about cancer and the warning signs of cancer improves after nurses' educational interventions leading to preventive

actions and improving self-efficacy over time.¹⁰

The well-known telemedicine or tele-health, that has reached its highest due to the Corona Virus Disease (COVID) pandemic, may be very useful to bring nursing and care to those who do not only have the capacity or the healthcare support due to where they live or their situation but also to keep healthcare professionals united and to share knowledge no matter where we are always bearing in mind that the any device must be accompanied by a nurse care activity to be effective.

Oncology nurses it is time for action to leader and demonstrate our unequivocal role in prevention!

Declaration of competing interest

None declared.

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