

■ CNE Article

Adolescent and Young Adult Oncology: An Emerging Subspecialty

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Adolescent and young adult (AYA) oncology is caught between the pediatric and adult oncology settings and, therefore, poorly defined. Unfortunately, progress in overall survival for this age cohort has been stagnant while children and older adults have seen significant improvements. Reasons for the lack of progress are multifactorial, with biologic and psychosocial explanations. The current article will detail the unique features of AYA patients with cancer in terms of outcomes, psychosocial issues, and recommendations. Literature pertaining to AYA patients with cancer from 2006–2012 was reviewed. Findings suggested that recognizing AYAs as a subspecialty that requires holistic, multidisciplinary care may improve outcomes. Nurses at all levels are adept at providing holistic care and are, therefore, excellent potential advocates for a specialized care delivery model that AYAs with cancer deserve.

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Adolescent and young adult (AYA) patients with cancer have received more attention since the mid-2000s. Traditionally, oncology services have been divided between the pediatric and the adult settings, with AYAs caught in the middle. The pediatric and adult cohorts experienced an improvement in overall cancer survival rates, while the AYAs lagged behind (Veal, Hartford, & Stewart, 2010; Wood & Lee, 2011). Emerging data describe the uniqueness of the AYA population, which support the notion that AYAs should be treated as a subspecialty. A subspecialty is defined as a narrow field of study within a specialty (Free Online Dictionary, n.d.), such as pediatric oncology. The purpose of the current article is to demonstrate the rationale for treating AYA patients with cancer as a separate entity.

Methods

Pertinent articles were searched using the PubMed and CINAHL® databases. The following key words were used in each search: *adolescent and young adult, AYA, oncology, neoplasm, nursing, psychosocial, late effects, survivorship, and outcomes*. Articles published from 2006–2012 were included

in the review; no articles were found prior to that time period, which speaks to the relative newness of the topic. Other search criteria included English-language articles and content that centered on the AYA population. A standardized age range for AYAs does not exist in the literature; however, most experts define the population as patients aged from 15–39 years. Articles were not included if the population studied did not have a cancer diagnosis during the AYA years. The articles included in the review were grouped according to the following themes: outcomes, psychosocial issues, and recommendations.

Outcomes

Improvements in overall survival for AYAs with cancer has been lacking relative to pediatric and adult populations (Burke, Albritton, & Marina, 2007; Fern & Whelan, 2010; Shaw et al., 2011; Wood & Lee, 2011). Reasons underlying the lack of progress are manifold. Several articles point to the biologic differences in the presenting disease, such as genetics and pathology (Gibbon & Diaz-Arrastia, 2009; Tricoli, Seibel, Blair, Albritton, & Hayes-Lattin, 2011). Wood and Lee (2011) detailed biologic differences found in the AYA group for hematologic malignancies.