



Column on Cancer Prevention Role Inspires Reader

I just wanted to tell you how much I enjoyed reading “A Day in the Life,” by Suzanne M. Mahon, RN, DNSc, AOCN®, APNG, in the February 2005 issue (Vol. 9, pp. 101–102). I have been in collaborative roles with physicians in the past and have found them to be challenging. I currently teach adult health content for second-level students with a focus on oncology, hematology, cardiovascular disease, and trauma, and part-time as a clinical nurse specialist in the education department at the Medical Center of Central Georgia in Macon, GA. I attended the Trainer Program for Cancer Genetics in Pittsburgh, PA, in February 2005 and am looking forward to teaching the Oncology Nursing Society four-hour continuing education program to nurses in my area this fall.

As a family member of many patients with cancer, both survivors and those who succumbed to cancer, I thank you. Thank you for sharing your experiences in “blazing a trail” and for the important work you are doing in cancer prevention and management.

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Reader Comments on Complementary and Alternative Medicine Programs

I would like to commend Annabelle M. Smith, RN, MS, OCN®, on her article in the August 2005 issue titled, “Opening the Dialogue: Herbal Supplementation and Chemotherapy” (Vol. 9, pp. 447–450). Oncology nurses are on the forefront of assessing, observing, and documenting events associated with cytotoxic agents across multiple settings. In the recommendations section of the article (p. 449), the author accurately states that research involving human subjects and herb-cytotoxic agents is limited. However, the definition given of translational research as reviewing medical records of patients using cancer complementary and alternative medicine (CAM) is inaccurate. Translational research uses the sequential methodology of in vitro experiments to animal models to human clinical trials in what has been coined in the phrase, “bench to bedside.” What I believe the author is referring to as the reviewer of medical records with the anticipation of conducting research in cancer CAM is the National Cancer Institute’s (NCI) Best Case Series (BCS) Program. The program provides an independent review of medical records and medical imaging from patients treated with unconventional cancer therapies to identify cases that best support the case for anticancer activity. The goal is to identify interventions that warrant NCI’s

support for prospective research (www.cancer.gov/cam/bestcase_intro.html). The NCI Office of Cancer Complementary and Alternative Medicine oversees this program, not the National Center for Complementary and Alternative Medicine (NCCAM) as is stated in the article. The author further states that NCCAM is “helping to bolster the argument for and actual numbers of clinical trials involving herbal supplements” (p. 449). The reference given for this statement is my article (Lee, 2004), which does not assert this viewpoint in any format. As the program manager for the NCI BCS Program, I am concerned about having my name cited in a professional publication with a misinterpretation of the information as I have written it. I would invite the author to dialogue and respond to this letter.

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Lee, C.O. (2004). Translational research in cancer complementary and alternative medicine: The National Cancer Institute’s best-case series program. *Clinical Journal of Oncology Nursing*, 8, 212–214.

The Author Responds

The definition of translational research cited by CDR Lee in her letter to the editor is a narrow yet precise definition of translational research. However, another more descriptive definition for translational research is “(a) the application of new scientific knowledge and technology to specific clinical problems, and (b) work intended to enhance understanding of the causes and mechanisms of diseases, to help prevent diseases, and to improve their diagnosis and treatment” (Lim, 2005, p. 409). This is the spirit of the term to which I subscribe.

In my article, “Opening the Dialogue: Herbal Supplementation and Chemother-

Correction

The August 2005 Test Your Knowledge column, “Administering Vesicants” (Vol. 9, pp. 469–471), stated that paclitaxel is classified as a vesicant in the Oncology Nursing Society chemotherapy and biotherapy guidelines. The first edition of the guidelines lists paclitaxel as a vesicant (Brown et al., 2001, p. 61); however, the second edition of the guidelines states that paclitaxel is “an irritant and potential vesicant” (Polovich, White, & Kelleher, 2005, p. 34).

Brown, K.A., Esper, P., Kelleher, L.O., O’Neill, J.E.B., Polovich, M., & White, J.M. (2001). *Chemotherapy and biotherapy guidelines and recommendations for practice*. Pittsburgh, PA: Oncology Nursing Society.

Polovich, M., White, J.M., & Kelleher, L.O. (2005). *Chemotherapy and biotherapy guidelines and recommendations for practice* (2nd ed.). Pittsburgh, PA: Oncology Nursing Society.

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