

From the bench to the bedside—promoting the roles of nurses and allied health professionals in the management of lung cancer and mesothelioma

It is my great pleasure to introduce this special issue of *Translational Lung Cancer Research (TLCR)* which showcases the diversity of lung cancer and mesothelioma multi-disciplinary (MDT) working with invited articles from nurses and allied health professionals (AHP) working in these specialities.

MDT working is critical to allow all elements of care to be delivered safely and effectively with all professions complementing each other within their various disciplines. By utilising the skills of the members of the MDT the outcomes of treatment and experience of care will be optimised by the implementation of structured management pathways of care from the time of the initial diagnosis, tests and investigations, to treatment including palliative and supportive care.

The roles of nurses and AHP are ideally placed to provide proactive support for patients and carers at all stages of the pathway, assessing physical, psychological, social, spiritual and financial needs including the provision of information, symptom management interventions, care co-ordination, health promotion, patient advocacy, recovery and rehabilitation from both disease and treatment.

I am fortunate to Chair the International Association of Study of Lung Cancer (IASLC) Nursing and AHP Group with its focus on enhancing the care and support of patients with lung cancer mainly through promoting education and research. The committee includes members of IASLC from diverse professional backgrounds with all committed to promoting education and research across the globe.

The group are aiming to reduce the inequalities of education provision for nurses and AHP which is a real challenge given the diversity of different health systems and resources available across the globe. The development of educational resources is a key goal of our group and that is free to access for all nurses and AHP's. By utilising existing national and international organisations we will be able to rise to this challenge. Organisations such as the International Thoracic Oncology Nursing Forum (www.itonf.org), the UK National Lung Cancer Forum for Nurses (www.nlcfn.org.uk) and Australia and New Zealand Lung Cancer Nurses Forum (www.anzlcnf.com.au) are working with IASLC to achieve this goal.

Another key area of focus of the group is supporting nurses and AHP in helping promote research activities and providing an infrastructure to achieve this. One of the main challenges that we face as nurses and AHP is that the very nature of our work means that we do not necessarily have the option to utilise academic institutions, such as medical schools, to help develop research capability. However, we are fortunate to have committee members whose roles are within academic institutions and we are in the process of implementing an “academic bank” to allow our research activity to flourish.

It is a fantastic experience to speak with other nurses and AHP from other countries to share experiences and stories of clinical practice. Usually the best forum to allow this to happen lies in the Conferences and Workshops that are held across the globe. IASLC organise the World Lung Cancer Conference every year with the 2016 meeting being held in Vienna from the 6th December (<https://www.iaslc.org/events/iaslc-17th-world-conference-lung-cancer>). The UK NLCFN and ANZ hold an annual conference with the ITONF hosting a Workshop at the World Lung Cancer Conference. Details of the conferences and workshop can be seen on the respective organisation's website.

Conferences are the ideal platform to hear new ideas, new ways of working, taking ideas back to your own practice and to forge relationships with like-minded professionals. One example of this is from my own practice in Leeds, UK. The Leeds Lung Cancer Unit sees up to 600 new patients every year with the surgical resection rates around 17%. At the British Thoracic Oncology Group Annual meeting, a presentation was delivered about a surgical pre-operative education programme which demonstrated a reduction in post-operative complications, a reduction in inpatient length of stay and an improvement in patient experience. Based on the presentation that was given, I took these findings to my team and we developed the pre-operative patient education programme which utilises the skills of the lung cancer nurse specialists and physiotherapists (1). Since the introduction of this programme we have demonstrated a reduction in the length of stay for patients following lung resection and an enhancement of patient experience with no additional resources required to deliver the programme.

This one example shows the importance of conferences in our calendar. For those who are unable to attend conferences the National and International organisations are working hard to provide innovative ways of delivering education to all.

Back to the purpose of *TLCR*. This innovative approach of *TLCR* to combine laboratory and pre-clinical science, treatment advances and the application of nursing and other disciplines will undoubtedly promote excellence in lung cancer and mesothelioma and is to be applauded.

I look forward to working with the *TLCR* team as the nursing editor and to continue to promote “from the bench to the bedside”.

References

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