

# Advanced Oncology Certified Nurse Practitioner

REVIEW COURSE 2024

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THE UNIVERSITY OF TEXAS  
**MDAnderson**  
**Cancer Center**

Making Cancer History®

# Cancer Disparities & Vulnerable Populations, Ethics and Legal Considerations

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# Agenda

- Basic Definitions
- Understanding Vulnerable Populations
- Understanding Cancer Disparities
- Understanding Ethical & Legal Considerations
- Case Studies



# Basic Definitions

- Vulnerable Populations
  - Populations more susceptible to adverse outcomes due to various barriers
- Cancer Disparities
  - Differences in the quality of healthcare that are not due to access, clinical needs, preferences, or appropriateness of intervention
- Ethics in Nursing
  - providing consistently respectful, humane, and dignified care

(Smedley et al., 2003, p. 32)  
(Stock et al., 2024)  
(ANA, 2015)





# Vulnerable Populations

- Minorities
- Socioeconomic Status (SES)
- Inadequate Resources
- Pregnant
- Refugees
- Visual/Hearing Impairments
- Multimorbidity
- Incarceration
- Language Barriers
- Military Personnel
- Terminally Ill Patients
- Older Patients
- Psychiatric Illness

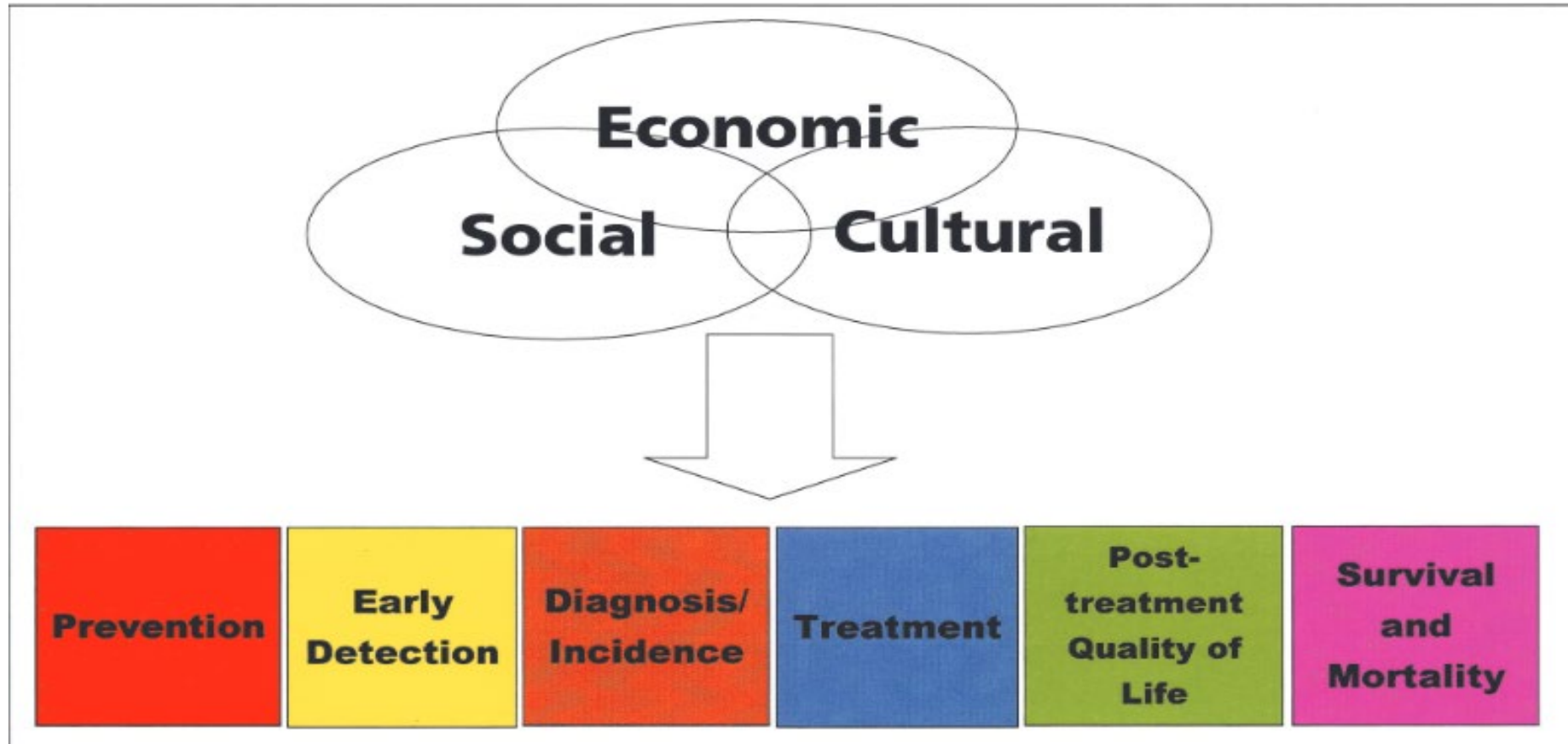


# Agency for Healthcare Research and Quality

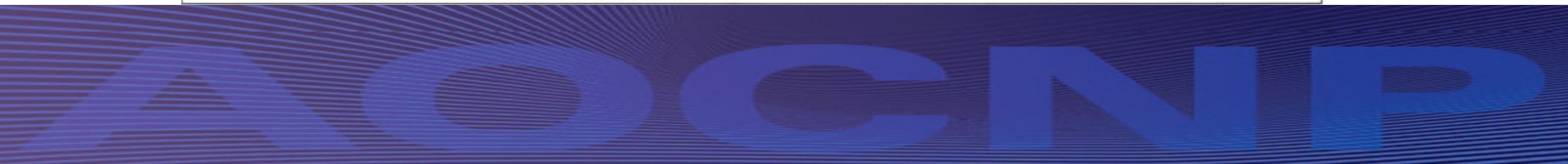
- Person-Centered Care
- Patient Safety
- Healthy Living
- Effective Treatment
- Care Coordination
- Affordable Care



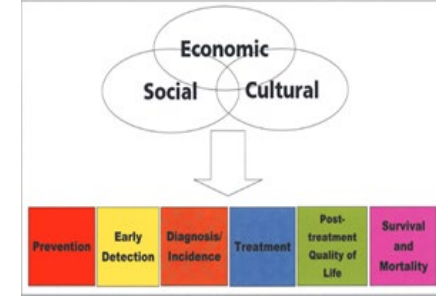
# Factors Influencing Cancer Disparities



(Ward et al., 2004)



# Cancer Disparities and Prevention



- Modifiable Risk Factors

- Physical Activity
- Tobacco
- Diet
- Alcohol Use
- Hygiene
- Vaccines
- Exposure to Sun

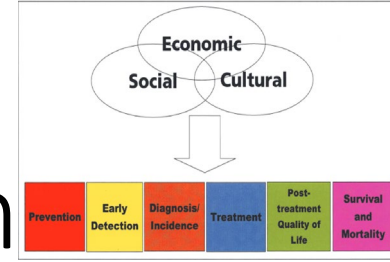
- Barriers to Prevention

- Lower SES
- Educational Attainment
- Insurance Status

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(Ward et al., 2004)







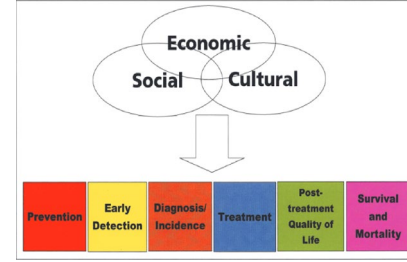
# Cancer Disparities and Early Detection

- Early Detection
  - Decreased Morbidity
  - Improved Survival
  - Less Extensive Treatment
- Screening
  - Understanding the risk
    - More than 50 Cancer Syndromes with Hereditary etiology (5-10%)
    - Genetic Testing
      - Allow Families to be More Informed

(Schiffman et al., )  
(Ward et al., 2004)



# Cancer Disparities and Diagnosis and Incidence

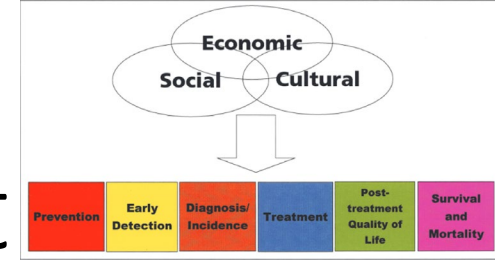


- Diagnosis
  - Follow up Delay
  - Risk of Missing “Early” Stage Cancer
- Incidence
  - Refers to the Number of Cancer Cases that Develop in a Defined Population in a Specified Timeframe
- Women
  - 412.8 Per 100,000
  - Caucasian Women with Highest Incidence
  - Breast #1
- Men
  - 526.1 Per 100,000
  - Black Men overall Highest
  - Prostate #1

(Olaku & Taylor, 2018)



# Cancer Disparities and Treatment

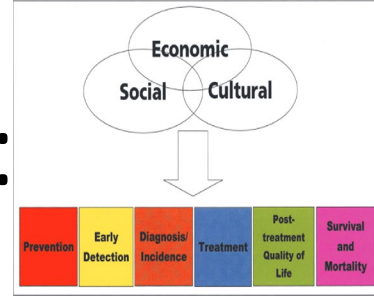


- Cancer Burden
  - More than Physical
  - High Financial Load
    - Increased Anxiety
    - Increased Depression
- Patient Financial Assistance Programs
  - Reduce/Eliminate High Cancer Care

(Meneses et al., 2016)



# Cancer Disparities and Post Treatment: Quality of Life

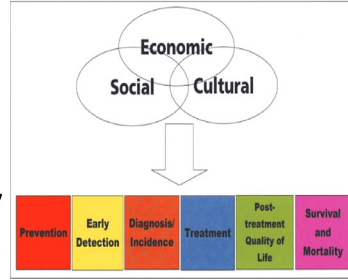


- Financial Toxicity
  - Increased Depression/Anxiety
  - Seen More in Persons 50+ Years
    - Greater Risk
      - Younger
      - Racial/Ethnic Minority
        - Black/Latina Women > White Women 4 Years After Cancer Treatment
- Risk Delays
  - Delay in Follow up
    - Risk of Missing Disease Recurrence EARLY

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# Cancer Disparities and Survival & Mortality

- Outcomes Factors

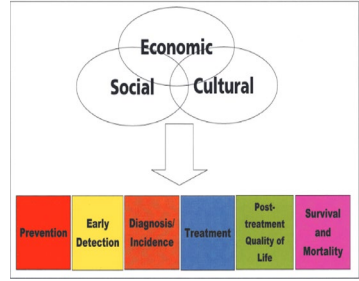
- Ethnic and Racial Minorities
  - Mortality 33% Higher in Blacks
  - Mortality 51% Higher in Native American/Alaska Native
- LGBTQ+ Community
  - Fear of Stigma

- Medically Underserved

- Insurance and Access
- Low SES
  - Food Scarcity
  - Homelessness



# Opportunities for Nursing



- Bridge the Gap
  - Primary Prevention
    - Modifiable Risk Factor Reduction
    - Vaccines
  - Screening
    - Genetic Counseling
- Expand Research Population
  - Increase Minority and Vulnerable Population Participation in Clinical Trials

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# Nursing Ethical Code of Conduct

- American Nurses Association (2015)
  - Codes of Ethics for Nurses With Interpretive Statements
    - Key Principles:
      - Autonomy
      - Beneficence
      - Justice
      - Fidelity



# Nursing Ethical Code of Conduct

- Key Principles:
  - Autonomy
    - The right to Self Determination and Independent Decision Making
  - Support Autonomy in Patient's
    - Provide Clear, Complete Information
    - Allow Opportunity for Questions
    - Respect Choices





# Nursing Ethical Code of Conduct

- Key Principles:
  - Beneficence “Do Good”
    - Serve in Patient’s Best Interests
  - Support Patient’s Autonomy
    - Allow Patient to Make Informed Decisions on Care
    - Preventing Harm
    - Collaborative Care



# Nursing Ethical Code of Conduct

- Key Principles:
  - Justice
    - Ensuring Fair Treatment for all Patients
  - Support Justice for Patient's
    - Equitable Care
    - Non-Discrimination
    - Resource Allocation
    - Advocacy for Vulnerable Population



# Nursing Ethical Code of Conduct

- Key Principles:
  - Fidelity
    - Fulfilling One's Promises
  - Support Fidelity for Patient's
    - Keeping Promises
    - Building Trust
    - Advocacy
    - Providing Consistent Care
    - Open Communication



# Shared Decision Making and Ethical Principals

- Shared decision-making
  - Supports Autonomy
  - Respect Individual Competence
  - Acknowledge Interdependence on Others





# Ethical Consideration in Research

- Considerations in Treatment
  - Holding Treatment
    - Tuskegee Syphilis Study
  - Experimental Treatment Without Consent
    - Nazis during the Holocaust
  - Omitting Informed Consent
    - Henrietta Lacks (HeLa Cells)
      - Cell Lines made from the Cervical Cancer Cells
      - Lead to Many Scientific Breakthroughs
        - All without the Consent of the Patient



# Role of APN In Research

- Protection of Human Participants
  - Belmont Report
    - Guided Biomedical Research and Identified
      - Respect
      - Beneficence
      - Justice
- Informed Consent
  - Protect Participants
  - Provides Clear Explanation
  - Participation is Voluntary
- Confidentiality
  - Main Privacy
  - Deidentification of Participants
- Vulnerable Populations
  - Safeguard this population
    - Ethical/Racially Minority
    - Lower SES
    - Multiple Chronic Illnesses
    - Elderly
    - Incarcerated
    - Language Barriers
    - Visual/Hearing/Mental Impaired

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# Poll Questions

- Most cancers are preventable over a lifetime based on an individual's modifiable risk factors. Which of the following cannot be avoided or minimized to reduce risk of developing cancer:
- A. Physical activity
- B. Food intake
- C. Exposure to sun
- D. Access to care



# Poll Questions

The Agency for Healthcare Research and Quality compiled outcomes related to measures regarding six priorities that are reported to Congress annually in the National Healthcare Quality and Disparities Report. Which one of the following metrics is not reported?

- A. Person-centered care
- B. Teamwork and collaboration
- C. Access to care
- D. Affordable care



# Poll Questions

Paul and the family are confused about the treatment decision. The oncology APN explains that this is the first time the investigational product will be given to humans and the effects are unknown. The drug may help, but it also may be harmful. The APN explains that this is a phase 1, dose-escalating study and that even if the investigational product is found to be helpful, neither Paul nor the healthcare providers know if he will be receiving the optimal dose. In a phase 1 study, finding optimal dosing is the main objective. After the oncology APN provides an overview of the essential elements of the informed consent, Paul asks, “Can I sign the papers now?” His spouse states, “He’s ready to sign up. Just tell him where to sign, and let’s be on with it.” How should the oncology APN respond?

- A. Ask the patient and family to restate the main points of the explanation of the clinical trial, including risks and benefits.
- B. Allow them to sign because the patient and wife have made their decision.
- C. Have them return tomorrow for further discussion when he feels better.
- D. Tell the patient and wife that he would not be a good candidate for the clinical trial.





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**Thank you!**

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