

MONDAY 15 SEPTEMBER 1997

Teaching Lecture

1335

Predictive genetics in cancer

A.E. Murphy. *Division of Oncology, Department of Medicine, University Hospital of Geneva, Switzerland*

Recent developments in molecular genetics have allowed the identification of an increasing number of genes, which alterations give a higher risk of developing a cancer in a defined organ. At least twenty of these genes have now been identified and mapped on different chromosomes.

The potential of predictive genetics in medical oncology is the opportunity, by a simple blood sample, to identify asymptomatic individuals who carry these cancer predisposing genes, and to target recommendations for screening and/or preventive strategies to those individuals. In addition, genetic testing could reassure individuals with an history of cancer family syndromes, but who are identified as non-carrier.

While predictive genetics will considerably widen the field of medical diagnosis, they also raise a number of ethical and psychosocial questions that are expected to induce profound modifications in medical practice.

To facilitate adequate application of genetic testing and its critical evaluation, it is essential that this new tool be used in the setting of long-term studies with specific genetic counselling and well established research protocols.

The extraordinary development of predictive genetics in oncology gives nurses a one and only chance of developing a specific nursing approach in this field. Their competencies in counselling, information giving and support will be challenged.

Plenary Lecture

1336

Evidence based cancer nursing practice: Does it exist?

Paola Di Giulio. *RN, MSc, Rivista dell'infermiere, Istituto Mario Negri, Milano, Italy*

Nurses agree that the art of nursing needs to be underpinned by a foundation in science. It has already been demonstrated that patients that receive research based nursing care have better outcomes than those who receive routine nursing care (1). Some very frequently performed nursing practices are based more on tradition and experience than on research. This is true for nursing care in general and also for cancer nursing care.

Evidence based cancer nursing should combine clinical skills and experience with the best research evidence. Much of what doctors do is not supported by good evidence and many doctors have difficulties in finding and critically appraising published research. For nurses the problems are worse because the research done on the outcomes of nursing care is very scarce and research results, when available, are not accessible or not implemented in everyday practice. The research base of some nursing interventions (nursing techniques and psychosocial support) for cancer patients will be critically appraised.

[1] Heater BS, Becker AM, Olson RK. Nursing interventions and patients outcomes. A meta-analysis of studies. *Nurs Res* 1988; 37: 303-7.