



Advanced Practice in Oncology Nursing



Arab African International Cancer Congress



HELLO! I am Ahmed Elsayed Ibrahim

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Introduction

cancer has been a significant cause of mortality and morbidity both in developing and developed nations worldwide. Early identification of cancer with reliable diagnostic accuracy has still been one of the mainstay challenges of an oncologist clinic.







According to the World Health Organization (WHO), cancer is the second leading cause of death in the Middle East, after cardiovascular disease. The incidence of cancer is rising in the Middle East due to a number of factors like changes in diet, smoking, decreased physical activity, air pollution, water pollution, and exposure to chemicals.





Key trends

Egypt has a higher incidence of liver, Breast and Bladder cancer than global averages, which is attributed to a higher prevalence of HCV, a critical risk factor for liver cancer and a higher but decreasing prevalence of schistosomiasis and a growing prevalence of smoking, key risk factors for bladder cancer



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Population over 65 years¹

Total cancer incidence³

Total cancer mortality³

Probability of premature death

from cancer per year in 2030⁴

5.3m

(2022)

135k

(2020)

89k

(2020)

8%

(2020)

10.7m

(2040)

235k

(2040)

162k

(2040)

5%

(SDG target)



ECONOMIST IMPACT	The future of cancer care: health system sustainability in The Middle East and North Africa (MENA)		
-	Egypt	Supported by	
		💆 BeiGene	

Key trends

↑ 100%

75%

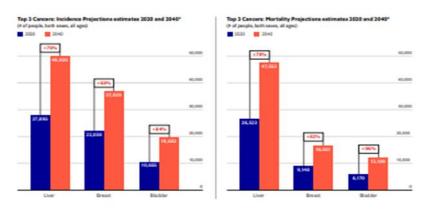
1 82%

Projected to miss 500/

SDG target by

With over 109 m people, the Egyptian population is one of the largest in the MENA region. The over-65 population, which makes up just over 5% of the total population today, is expected to double by 2040. Egypt has a higher incidence of liver and bladder cancer than global averages, which is attributed to a higher prevalence of HCV, a critical averages, which is stributed to a higher put decreasing prevalence of schistosomiasis and a growing prevalence of smoking, law risk factors for bladder cancer.²

Population over 65 years'	5.3m (2602)	10.7m	+	100-
Total cancer incidence ⁴	135k	235k	+	75%
Total cancer mortality*	89k	162k	+	82%
Probability of premature death from cancer per year in 2030*	8%	5% (SDG target)	Projected to miss SDG target by	59%



© Growoniat Impact 22

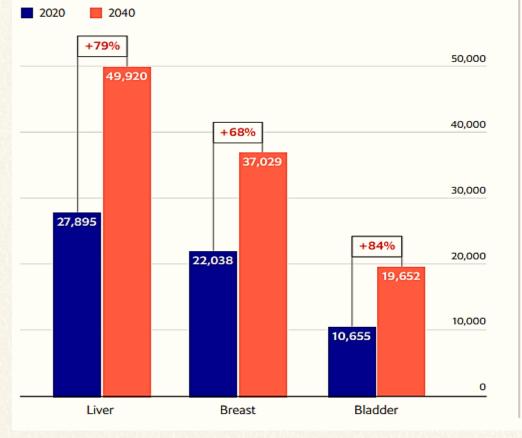
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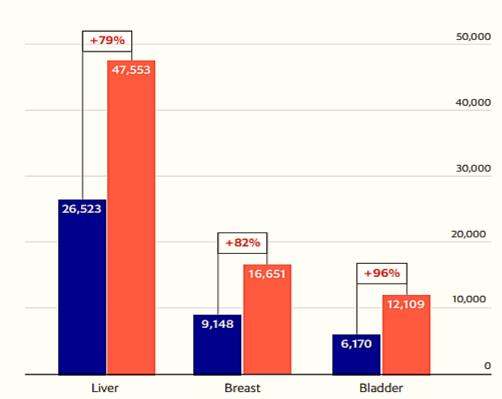
Top 3 Cancers: Incidence Projections estimates 2020 and 2040⁴ (# of people, both sexes, all ages)



Top 3 Cancers: Mortality Projections estimates 2020 and 2040⁴ (# of people, both sexes, all ages)

2040

2020



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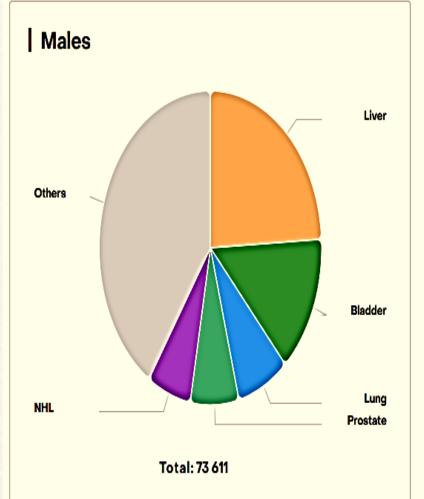
Facts

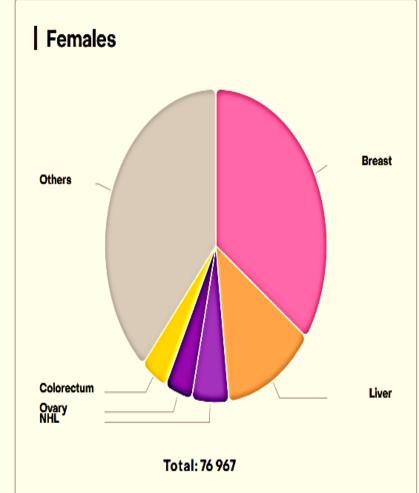
Cancer mortality and incidence are rising world wide. By 2030, it is estimated that over 30 million people will die from cancer each year. Cancer is defined by cellular transformation that spreads from a primary focal point to various parts of the body, eventually killing the patient.

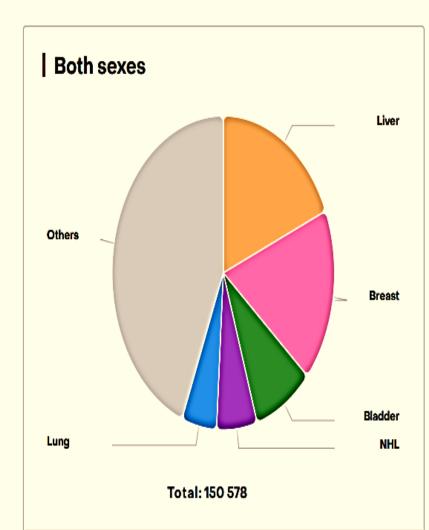


Frequent cancers**









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The Challenges in treating patients with cancer in ME

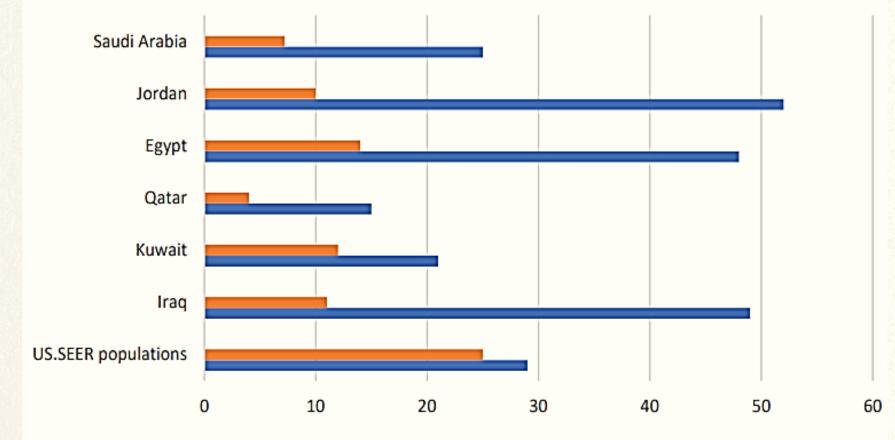
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Age distribution



Percentage of population over 50 years old (%)

Percentage of population <20 years old (%)</p>

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Age distribution

There are significant disparities in the percentages of young and old in these groups with widely varying age distributions.



A result, any recommendations for cancer treatment are, to the practicable, greatest extent adjusted to account for resource differences across nations as well as between various regions or people within a single nation







Inadequate primary Healthcare Systems

One of the primary issues in cancer care is the scarcity of well-trained health care workers.



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The 100 Million Healthy Lives initiative, have helped improve screening and early detection services for HCV, breast, lung and prostate cancer.

The Egyptian Women's Health Initiative was launched in 2019 with the aim of screening at least 28m women for breast cancer. As of March 2023, over 34m women have been screened





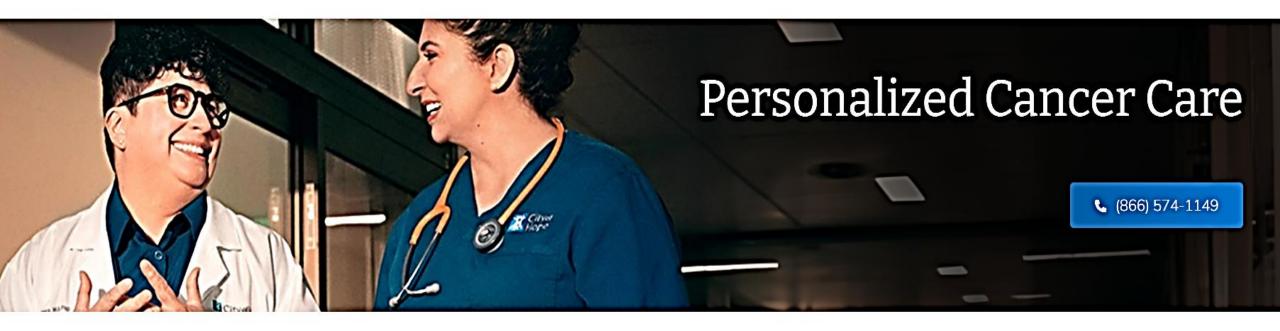
Cultural norms that prevent the care of cancer patients

Cultural, religious, and family ideas and attitudes are also factors that hinder the early detection and treatment of cancer patients. There is a dearth of understanding of the early symptoms of the disease, prevention, and the advantages of an early diagnosis.

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City of Hope®, one of the largest and most advanced cancer research and treatment organizations in the United States, has been recognized as having one of the nation's Top 5 hospitals for cancer care, according to U.S. News & World Report's 2024-25 rankings. The recognition marks the latest milestone for City of Hope as it enhances its ability to make a meaningful impact in the lives of patients, families and communities nationwide.

We are bringing breakthroughs from the laboratory to our patients, with lifesaving speed – treating cancer with leading-edge technologies, innovative treatments and supportive care tailored to each patient's needs.

And we're treating patients across the United States through our national footprint of cancer centers.

Learn about our cancer centers by exploring the links below.



About v



Volunteer v

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I'm looking for support.

Get matched with a survivor or

caregiver who understands.



I want to give back.

Tell me more about ways to volunteer and make an impact.

I want to be inspired.

Read stories of hope and survival by those affected by cancer.

Our Impact

Cancer Hope Network began over 40 years ago to combat the fear and isolation faced by cancer patients. Through the decades, our commitment to supporting clients and volunteers has remained at the core of who we are.



Cancer Types



Support Volunteers

50,000+

Survivors & Loved Ones Served

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Cancer Hope Network provides free one-on-one peer support for adult cancer patients and their loved ones.

Give v

Events v



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Truth Telling in Oncology

RESEARCH ARTICLE

Editorial Process: Submission:07/24/2022 Acceptance:12/04/2022

Truth-telling in Oncology: Egyptian Patients' Attitudes and Preferences

Mohamed M Bendary1*, Ghada M Sherif1, Amal S Ibrahim1, Mohsen A Gadallah2

Abstract

Objective: Truth-telling in oncology is a major challenge, particularly in the absence of disclosure protocols in Egypt and the lack of Egyptian studies examining patients' preferences regarding cancer disclosure. This study aimed to reveal the preferences of patients seeking care at the National Cancer Institute – Cairo University regarding disclosing cancer diagnosis and the type and amount of information to be told. **Methods:** This cross-sectional study was conducted on 200 patients selected consecutively from those attending the outpatient clinics of the National Cancer Institute – Cairo University. Face-to-face interviews were performed with the patients according to a structured questionnaire. The questionnaire consisted of five parts: socio-demographic characteristics, knowledge about cancer disease, attitudes towards cancer disease, experience during the disclosure of the diagnosis. Of them, 94.4% wished to know from the physician. No agreement was found between most patients' preferences and physicians' practice. On multivariate logistic regression analysis, patients' education was the only significant predictor of the preference to know the diagnosis and other information related to treatment and prognosis.

Keywords: Cancer disclosure- Bad news- Patients' preferences- Disclosure session

Asian Pac J Cancer Prev, 23 (12), 4227-4231

Introduction

Arah

In a medical setting, bad news refers to any information that significantly and negatively alters patients' perceptions of their future. Nobody likes delivering bad news; nevertheless, physicians and other healthcare professionals are compelled to do so (Alrukban et al., 2014).

The more serious and life-threatening a condition, the greater the importance of communication when delivering bad news. The effectiveness of bad news communication appears to be strongly linked to psychological adjustment, coping with treatment, outcomes, anxiety, and depression (Kaiser and Klocker, 2013).

While some established recommendations exist in the form of protocols or guidelines for effectively communicating bad news in a variety of countries, growing evidence indicates that disclosing bad news is a purely cultural issue influenced by an individual's social perceptions and preferences, and the recommendations applicable to one culture should not be applied blindly to another (Rabow and McPhee, 2000; Hollis et al., 2013).

Cancer diagnosis is a life-changing event. It is frequently seen as extremely stressful by patients, leading to anxiety, shock, sadness, withdrawal, and unresolved denial (Chittem et al., 2013). Physicians play a crucial role in determining the overall well-being of a patient. The physicians' attitude toward the patients will be reflected on their management which may determine the patient's prognosis (Deepak et al., 2021).

Worldwide, the information provided to cancer patients continues to be a source of debate due to significant cultural variations. While most physicians in western nations reveal the diagnosis, the attitude is different in eastern countries. However, even in nations where disclosure of the diagnosis is now the norm, the attitude was the opposite a few decades ago. This demonstrates how the disclosure problem may evolve over time (Naji et al., 2015).

In Egypt, patients are frequently shielded from such knowledge. Family caregivers demonstrate a variable degree of negative attitude toward cancer diagnosis disclosure and may impede communication with cancer patients. According to an Egyptian study, Egyptian physicians prefer cancer diagnosis disclosure to family caregivers, while a minority prefer disclosure to patients (El Ghazali, 1997). Additionally, a recent study reports that approximately half of the physicians agree that patients would be psychologically damaged by knowing cancer diagnosis (Deepak et al., 2021).

These traditional paternalistic models of patient

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Effectiveness of nursing intervention for increasing hope in patients with cancer: a meta-analysis¹

Ping Li² Yu-Jie Guo³ Qing Tang² Lei Yang²

Objective: to evaluate the efficacy of nursing interventions to increase the level of hope in cancer patients, in a meta-analysis. Methods: electronic databases were searched. Two of the authors independently extracted data from the eligible studies, and Stata 13.0 software was used to pool the data. Results: nine randomized controlled trials were included, and methodological quality of each randomized controlled trial (RCT) was evaluated using Cochrane handbook recommendations. A random effects model was used to combine results from eligible studies. The pooled results using the fixed effects model showed that scores to first effects increase significantly after the use of nursing intervention between the groups. Heterogeneity was observed among the studies for posttest (df = 8, P = 0.000; I² = 76.1 %). The results indicated significant heterogeneity across the nine selected studies. The test for heterogeneity showed no homogeneity among studies for follow-up (df = 8, P = 0.328; I² = 12.9 %), and there was no statistical significance. Conclusion: the current evidence suggests that nursing intervention has a positive effect on hope in cancer patients. However, more large-scale and high-quality randomized controlled trials are needed to confirm these results.

Descriptors: Neoplasm; Hope; Meta-Analysis.

³ Supported by Nantong Science and Technology Bureau, China, process #BK2013073.
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Review Article





Empty Cell	US	Middle East (ME)
Disclosure of information to	Almost universal in the	
patient	past 10 years	Usually not
Who decides on treatment?	Patient	Family
Role of doctor in guiding		
decisions	Facilitator	Family knows best
	Wants to be in	Expects family to be in control/less
Patient	control/demands all	demanding, may be fatalistic/'God's
expectations/demands	possible treatments	will'







Establishing (therapeutic alliance)

maybefeelingPatientsscared,anxious,orconfused.It is



Communicate effectively Hope intervention



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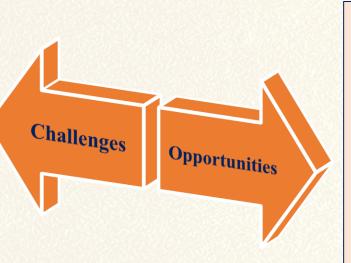




Workforce

When the number of physicians paramedical staff and **1S** insufficient, one strategy to improve the care of cancer patients is to allow nonphysicians, such as advanced practice nurses, to offer care.

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Nurses being trained to execute duties that do not require a physician's training would allow physicians to devote more time to providing better care.



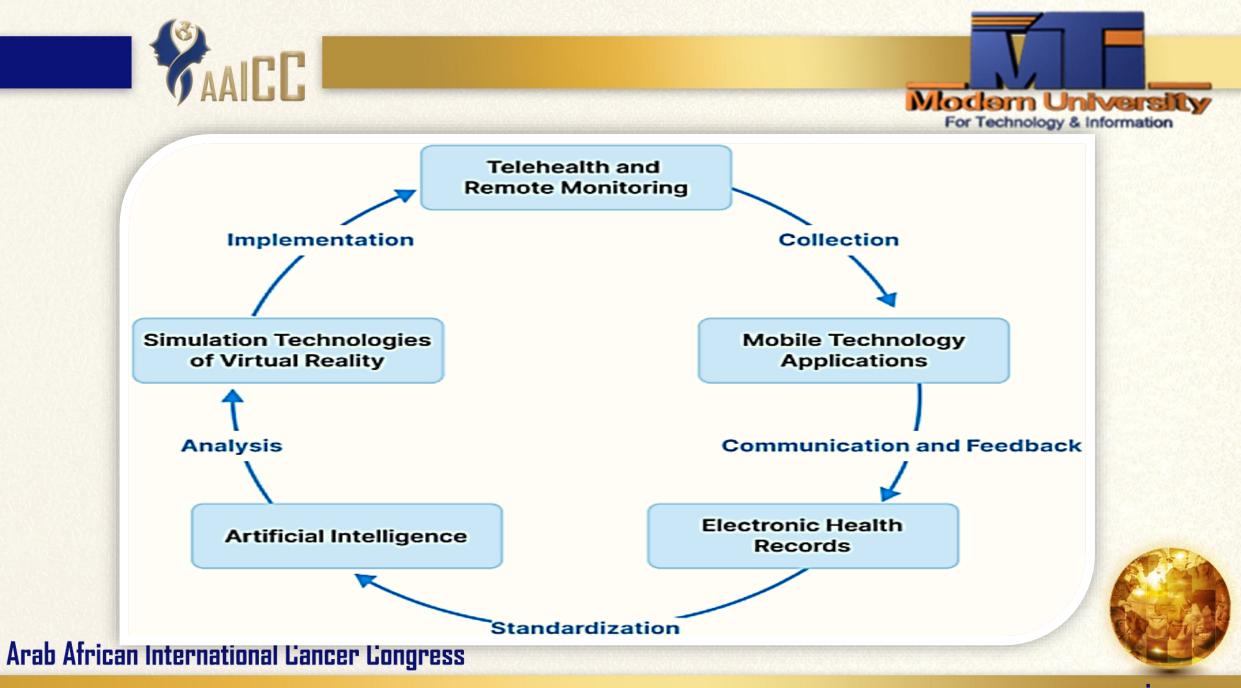




Innovations and advancements in medical technology have introduced novel approaches to prolong the survival of patients with cancer.



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Use of nanotechnology

• Nanoparticles are tiny particles that can be used to deliver drugs, heat, or radiation directly to cancer cells. This can make cancer treatment more precise and less toxic, and it can also help reduce the side effects of treatment.



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In 2018, researchers at the <u>University of Jordan</u> developed a new type of nanoparticle that can be used to deliver chemotherapy drugs directly to cancer cells. This nanoparticle is made of a biodegradable material that is coated with a molecule that binds to cancer cells <u>16</u>. When the nanoparticle enters the cancer cell, it releases the chemotherapy drug, which kills the cell. This new nanoparticle has the potential to make cancer treatment more effective and less toxic.

In 2020, researchers at the <u>American University of Beirut</u> developed a new type of nanosensor that can be used to image cancer cells in real time. This nanosensor is made of a molecule that emits light when it comes into contact with cancer cells. This light can be detected by a camera, which allows doctors to see cancer cells in real time. This new nanosensor has the potential to help doctors to make more informed decisions about cancer treatment.

In 2021, researchers at the <u>King Abdulaziz University</u>, <u>Saudi Arabia</u> developed a new type of nanocarrier that can be used to deliver nutrients and oxygen to cancer cells. This nanocarrier is made of a biodegradable material that is coated with a molecule that binds to cancer cells. When the nanocarrier enters the cancer cell, it releases nutrients and oxygen, which helps to improve the quality of life for cancer patients. This new nanocarrier has the potential to make cancer treatment more tolerable for patients.



Artificial intelligence for cancer therapy

AI can be used to identify cancer earlier by analyzing medical images and data to identify cancer earlier, when it is more treatable. AI can be used to analyze a patient's individual tumor genetics to personalize cancer treatment. This can make cancer treatment more effective and less toxic.







In 2019, researchers at the <u>King Saud University</u> developed an AI-powered system that can identify cancer cells in medical images with 90% accuracy. This system has the potential to help doctors to identify cancer earlier, when it is more treatable.

In 2020, researchers at the <u>American University of Beirut</u> developed an AI-powered system that can personalize cancer treatment for individual patients. This system has the potential to make cancer treatment more effective and less toxic.

In 2021, researchers at the <u>University of Jordan</u> developed an AI-powered chatbot that can provide support to cancer patients. This chatbot can answer questions, provide resources, and offer emotional support. This chatbot has the potential to help cancer patients to cope with the emotional and physical challenges of cancer. As research continues, it is likely that AI will be used to develop even more innovative and effective cancer treatments.

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Summary

• Effective cancer care requires a multidisciplinary approach, and nursing professionals in the Middle East have embraced this concept. Collaborating with oncologists, surgeons, psychologists, and other healthcare professionals.



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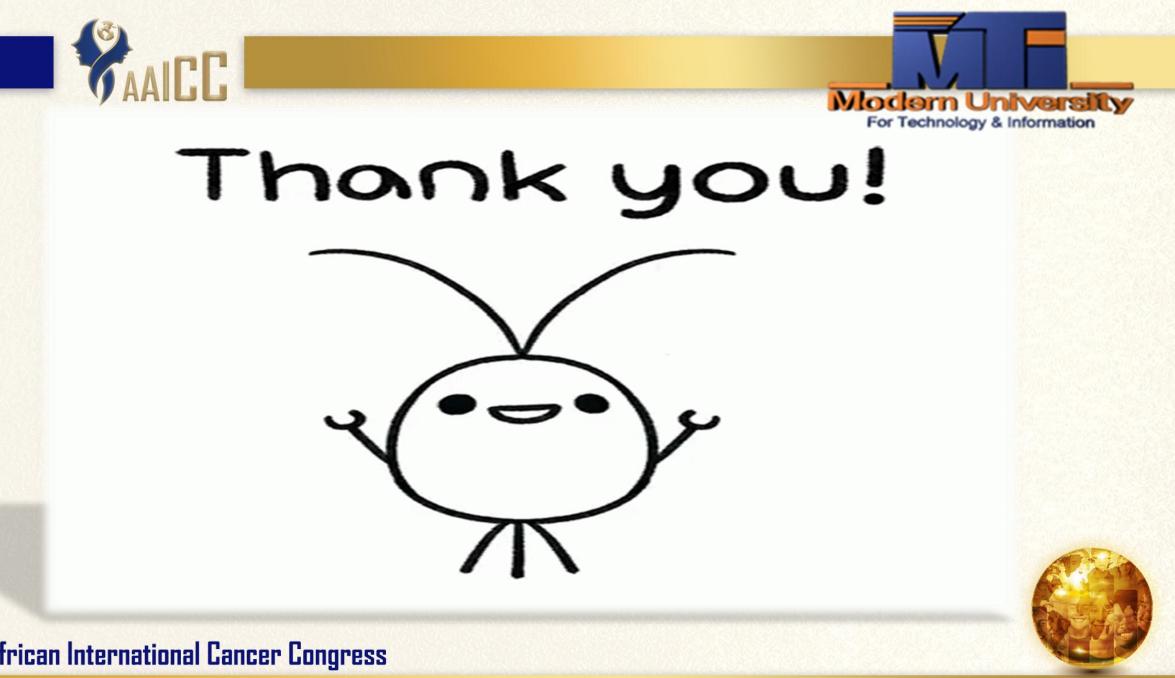
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• Cancer research is needed in the Arab world to provide evidence to healthcare workers and health policy makers. By collecting and analyzing data, nurses contribute to the development of evidencebased approaches and identify areas for improvement. These efforts lead to better patient outcomes and the continuous advancement of cancer care in the region.





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