

# Advanced Practice Nursing in Head and Neck Cancer: Implementation of Five Roles

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**Purpose/Objectives:** To apply the five roles of advanced practice nurses (APNs) (administrator, educator, clinician, researcher, and consultant) to the management of patients with head and neck cancer.

**Data Sources:** Research reports, clinical papers, practice guidelines, clinical experience.

**Data Synthesis:** APNs assess, conceptualize, and analyze complex patient data. As represented in the five roles, these abilities promote patients' development and implementation of survival skills. These roles were integrated into a cancer resource center, a collaborative endeavor providing patients, families, and community resources with support for coping with the complex issues facing them.

**Conclusions:** The application of the five roles to this specialized nursing area enables patients to develop survival skills and can provide a framework for support.

**Implications for Nursing:** Application of APN roles promotes development and implementation of survival skills in patients with head and neck cancer, enhancing their quality and quantity of life and improving compliance with treatment.

## Key Points . . .

- ▶ The five advanced practice nursing roles are not mutually exclusive. They have a profound interdependence.
- ▶ Through the implementation of the five roles, advanced practice nurses can empower patients with head and neck cancer to develop critical survival skills that facilitate independence, enhance self-esteem, and lead to improved outcomes.
- ▶ Using the five roles interdependently can foster collaboration with nurses in academia. This can result in the development of oncology-specific curricula for master's-level nursing, stimulation of research in oncology nursing, and creation of opportunities for nurses in academia to complement their practice by enhancing their clinical role.

Head and neck cancer is a broad diagnostic category relating to a malignant process that can arise in areas from above the clavicle (pleura) to the base of the skull (dura). These areas include the lips, oral cavity, paranasal sinuses, nasal cavity, salivary glands, oropharynx, nasopharynx, hypopharynx, and larynx. Head and neck cancer accounts for 5% of the estimated new cancer cases in the United States (Jemal et al., 2004). The majority of these (45%) arise from the mouth (oral cavity and oropharynx) and throat (oropharynx, nasopharynx, hypopharynx). Thirty-eight percent arise in the thyroid gland, and another 16% arise from the larynx. In 2004, 62,130 new cases of head and neck cancer are estimated to be diagnosed. These include oral cavity, pharynx, laryngeal, and thyroid cancers (Jemal et al.). Forastiere, Koch, Trotti, and Sidransky (2001) reported that the combined use of tobacco and alcohol is the most significant risk factor for the development of this type of malignancy.

Head and neck cancers are among the most debilitating malignancies because they affect basic functions such as breathing, speaking, and eating. In addition, head and neck cancers pose a unique set of issues that affect patients' quality and quantity of life. Patients are challenged with learning to care for their tracheostomy tubes for breathing and their gastrostomy and nasogastric tubes for feeding. The development of survival skills for these patients and their families is critical. Early interventions lead to improved outcomes for this patient population (Clark, 1998).

A synergistic effect occurs with carcinogens in tobacco that, when combined with alcohol consumption, places individuals

at an increased risk for the development of head and neck cancer (Harris, 2000). Unemployment, inadequate housing, chronic malnutrition, lack of community and social resources, and lack of education contribute to delayed access to health care. These factors promote advanced-stage disease on initial presentation. This unfavorably influences the early detection, treatment, and survival for patients with head and neck cancer. No other type of malignancy is as visible to the public. Patients face psychological, physiologic, and social issues regarding diagnosis and treatment. Multimodality treatments (radiation, chemotherapy, and surgery) for advanced disease are considered typical in academic settings.

The quality of life and survival of these patients are directly dependent on their ability to become self-sufficient in certain areas of their care and to receive assistance from individuals who are able to cope with the demands of caring for them. A coordinated multidisciplinary approach can identify available resources, provide optimal care, and facilitate the development of survival skills for patients with head and neck cancer.

Patients with head and neck cancer need a skilled multidisciplinary team. This team should include head and neck surgeons, oral and maxillofacial surgeons, prosthodontists,

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Digital Object Identifier: 10.1188/04.ONF.579-583