

## LETTERS TO THE EDITOR

### Reader Asks *Oncology Nursing Forum* and *Clinical Journal of Oncology Nursing* Editors About Terminology

At last, I had an opportunity to catch up on my journal reading and am so pleased that I have received most of my journals since Hurricane Katrina.

However, I was distressed to see an article titled "Phenomenon of Chemo Brain" in the December 2005 issue of the *Clinical Journal of Oncology Nursing* (Vol. 9, pp. 713–721). Aha, I thought as I then read the November 2005 issue of the *Oncology Nursing Forum* (Vol. 32, pp. 1151–1163), here is an article titled "Potential Mechanisms for Chemotherapy-Induced Impairments in Cognitive Function"—*impairment in cognitive function* being a more descriptive, scientifically based explanation of the symptom clusters described in both articles. Then I saw Figure 1, with "chemo brain" written all over it, and see the term used in the text of this article as well.

Please educate me. When did chemo brain become an acceptable medical or nursing term? What is its source? I think it is offensive and demeaning, not only to patients but also to serious researchers looking for potential causes and management of impairments discussed in both articles.

I would ask you both to become leaders in stopping this phrase from gaining further popularity.

Thanks for all you do—all of the wonderful work you do in your positions as editor.

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### The Author Responds

Thank you for an opportunity to respond to the use of the phrase *chemo brain*. The phenomenon that describes patients' experience in changes in cognitive function (whether subjective or objective) after receiving chemotherapy has been given various labels. I cannot speak to the origin of the phrase *chemo brain*, and it is not what I use when recruiting patients for my study on cognitive changes during chemotherapy. I agree that it is not an acceptable medical or nursing term. It is, however, terminology with which many patients are familiar, and it is commonly used by support groups and patient-centered Web sites (e.g., National Coalition of Cancer Survivors, Patients Against Lymphoma, Cancersymptoms.org [sponsored by the Oncology Nursing Society], patient-oriented sites endorsed by Susan Love, MD, and Lance Armstrong) (see Web site listing at the end of this response). The phrase also has been used in some ask-the-expert online conferences that have sponsored such distinguished researchers as Tim A. Ahles, PhD, and Ian Tannock, MD, PhD, FRCPC.

Many phrases have been used to describe chemotherapy-induced cognitive impairments (e.g., cognitive decline, cognitive deficits, cognitive difficulty, cognitive dysfunction, cognitive effects, cognitive impairment, cognitive sequelae, neurobehavioral disorders, neurologic function, neurocognitive dysfunction, neurologic disturbances, neurologic symptoms, neuropsychiatric effects, neuropsychological dysfunction, neuropsychological effects, neuropsychological impact, neuropsychological performance, neuropsychological

sequelae, neurotoxicity). Regardless of which term is used, it is but one part of a broader issue: an overall lack of a conceptual definition of cognitive function and its corresponding domains in the literature. Methodologic issues also surround which neuropsychological tests are used and how cognitive impairments are defined. Further investigation is needed to identify which tests are the most valid, reliable, sensitive, and specific for detecting short-term and persistent changes in cognitive function. Finally, longitudinal studies are necessary to describe the potentially detrimental and distressing outcome of chemotherapy and to determine the mechanism(s) responsible for changes in cognitive function.

For more information, visit the following Web sites.

- [http://cancerresources.mednet.ucla.edu/5\\_info/5c\\_archive\\_lec/2002/lec\\_fatigue.htm](http://cancerresources.mednet.ucla.edu/5_info/5c_archive_lec/2002/lec_fatigue.htm)
- [www.breastcancer.org/cmtly\\_trans\\_2002\\_1\\_24.html](http://www.breastcancer.org/cmtly_trans_2002_1_24.html)
- [www.canceradvocacy.org/resources/essential/effects/cognitive.aspx](http://www.canceradvocacy.org/resources/essential/effects/cognitive.aspx)
- [www.cancer.org/docroot/NWS/content/NWS\\_2\\_1x\\_Seeking\\_Solutions\\_to\\_Chemo-Brain.asp](http://www.cancer.org/docroot/NWS/content/NWS_2_1x_Seeking_Solutions_to_Chemo-Brain.asp)
- [www.cancersymptoms.org/cognitive/dysfunction/prevention.shtml](http://www.cancersymptoms.org/cognitive/dysfunction/prevention.shtml)
- [www.livestrong.org/site/c.jvKZLbMRIsG/b.670261/k.A477/Cognitive\\_Changes\\_Detailed\\_Information.htm](http://www.livestrong.org/site/c.jvKZLbMRIsG/b.670261/k.A477/Cognitive_Changes_Detailed_Information.htm)
- [www.lymphomation.org/side-effect-chemo-brain.htm](http://www.lymphomation.org/side-effect-chemo-brain.htm)
- [www.susanlovemd.org/community/flash/hotflash000330.htm](http://www.susanlovemd.org/community/flash/hotflash000330.htm)

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Letters that question, criticize, or respond to a previously published article

will be sent to the author of that article for a reply. This type of professional exchange is encouraged. Letters that question, criticize, or respond to an Oncology Nursing Society (ONS) policy, product, or activity should be directed to the *ONS News* and automatically will be sent to the ONS Board of Directors or the appropriate ONS project team leader for a reply.

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### Bibliography

- Jansen, C.E., Miaskowski, C., Dodd, M., & Dowling, G. (2005). A critique of the literature on chemotherapy-induced cognitive impairments in women with breast cancer. *Oncology Nursing Forum*, 32, 329–342.
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