

Behavioral Oncology Research: A New Millennium

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Receiving the 2001 Distinguished Researcher Award for oncology nursing research is one of the greatest moments of my professional career. It is also a time for reflection. A researcher easily can become immersed in the specifics of his or her work and forget the larger picture. An opportunity such as this allows me to step back, reflect, and review what I have accomplished. It also challenges me to think about the totality of behavioral oncology research, look at where we have been, and think about where we should be going. I would like to consider three areas. First, we will define what I consider to be the domain of behavioral oncology. Second, we will look at our current research progress in the area of screening and briefly discuss needs at diagnosis, survivorship, and end of life. Third, I would like to consider what is needed to further the field of behavioral oncology research.

Before beginning, I have to acknowledge the people who have supported and shaped my career and to whom I owe much of my success. I will mention a few, but it is impossible to credit everyone who has helped shape my work and led me to where I am today. The first was Angela McBride, PhD, RN, FAAN. She is my dean and greatest promoter. Even though she is not in my academic area, she has supported my growth as a researcher and scholar. Several prestigious oncology researchers also have led the way and influenced my work. Barbara Given, PhD, RN, FAAN, has been invaluable to my growth in oncology research. She and her husband, Charles "Bill" Given, PhD, have taught me much about caregiver and patient interventions and helped me develop the Behavioral Cooperative Oncology Group (BCOG) that I will describe later. Others, such as Marcia Grant, DNSc, RN, FAAN, Jean Johnson, PhD, RNC, FAAN, Lillian Nail, PhD, RN, FAAN, Betty Ferrell, PhD, RN, FAAN, Marilyn Frank-Stromborg, EdD, JD, RN, FAAN, and Marilyn Dodd, PhD, MSN, RN, FAAN, have led by example. Ruth McCorkle, PhD, RN, FAAN, has supported many oncology research efforts in which I am involved. She has been instrumental to my work and to the field of behavioral oncology in many ways. Although I do not have time to name everyone, many oncology researchers outside of nursing also have greatly influenced my career. Finally, senior nurse researchers, such as Joan Austin, DNS, RN, FAAN, Sally Lusk, PhD, RN, FAAN, and Nola Pender, PhD, RN, FAAN, have supported my research career regionally and nationally.

In addition to these mentors, I believe having behavioral researchers as colleagues enhances my development. I mentioned Joan Austin before. Although she is not in oncology, we have been research buddies since 1978. We struggled to-

gether through doctoral study, writing grants, getting published, and helping others. In many ways, we complement each other. She tends to be more of a detail person, and I always am looking at the bigger picture. Researchers and post-doctoral fellows, such as Susan Rawl, PhD, RN, and Usha Menon, PhD, MSN, RN, have been invaluable research team members and provide skill, energy, and hope for our future efforts.

Domain of Behavioral Oncology— What Are We Talking About?

What is meant by behavioral oncology research? I conceive of behavioral oncology addressing four primary points in the cancer continuum: (a) prevention and early detection, (b) diagnosis, (c) survivorship, and (d) palliative care. I wanted to portray a positive and hopeful image for patients with cancer and families, so, in my mind, I placed the continuum on a rainbow. The rainbow signifies hope. We need behavioral research at each of these four distinct points on the cancer continuum. Think for a moment about each of these areas, where we have been, and what is needed. We then will consider the challenges we face as we develop behavioral oncology research and apply results to clinical practice.

Prevention/Early Detection

The American Cancer Society (ACS, 2000) has estimated that morbidity and mortality from cancer could be reduced to one-third or one-quarter its current rate by behavior modification. This means that many of the problems associated with developing or diagnosing cancer relate back to our own behavior. Why is it then that the majority of research funding is directed toward disease after it has occurred? That question could be the topic for many hours of debate. We will consider ways to direct research where it is needed most—at the level of individual behaviors. Thinking about the major behavioral factors that influence cancer development and treatment does



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