International Society of Nurses in Cancer Care

Sustaining nursing leadership to address cancer disparities

The potential for oncology nursing in LMICs

- Cancer Education:
  - educate CHWs about cancer to raise awareness and appropriately refer a patient for further evaluation
  - increase adherence to screening guidelines
  - act as patient navigators to link the patient to local health systems and decrease delay in care
- Prevention:
  - implement preventive interventions at both the individual and the community level given their accessibility to and active role in the community
  - identify risk factors, and communicate and teach individuals, families, and communities to change behaviors to reduce risk factors
    - (e.g. smoking cessation; uptake of vaccinations)

Reference: Nursing's potential to address the growing cancer burden in low- and middle-income countries; A. Galassi, Challinor, J., et al. Journal of Global Oncology. 2016;

The potential for oncology nursing in LMICs

- Screening and early detection:
  - perform the broad range of interventions that contribute to screening, early detection, and even treatment of precancerous lesions
- Treatment:
  - clinically assess and educate patients about radiotherapy by addressing patient fears and providing information about potential adverse effects
  - identify adverse effects early and so that steps can be taken to avoid complications, avoid treatment delays
  - conduct a comprehensive assessment of the health and supportive care needs of patients with cancer
  - educate and provide psychosocial and spiritual support by sharing and apply knowledge of cancer and treatment modalities and adverse effects.

Reference: Nursing's potential to address the growing cancer burden in low- and middle-income countries; A. Galassi, Challinor, J., et al. Journal of Global Oncology. 2016;

The potential for oncology nursing in LMICs

- Palliative Care:
  - assess, identify, and manage not only pain but also the physical, psychosocial, spiritual, and cultural needs of patients and their families at the end of life
- Survivorship:
  - psychosocial support and healthy lifestyle promotion to improve quality of life and behavioral outcomes for patient
- Research:
  - develop new knowledge
  - collaborate with epidemiologists, public health and clinical researchers

Reference: Nursing's potential to address the growing cancer burden in low- and middle-income countries; A. Galassi, Challinor, J., et al. Journal of Global Oncology. 2016;

Challenges for nurses in LMICs

- Low pay, poor working conditions, poor career structures, a lack of opportunities for professional development, conflicts with other professionals, and a feeling of inadequacy or stigma related to their work
- Continuous nurse migration to HICs to find better pay and work conditions, exacerbating already dire local human resource shortages

Reference: Strengthening the oncology nurse workforce in low-income and middle-income countries; A. Galassi, Challinor, J., et al. Lancet Oncology. 2016;16(8):887-888

Background

- The goals of reducing cancer incidence, improving survival, and providing better palliative care cannot happen without the efforts of these nurses.
- We believe that initiatives to develop a cancer control workforce in LMICs must not only include nursing, but must begin with nursing.
- Well-prepared oncology nurses have demonstrated a wide-ranging impact across the spectrum of cancer care in high-income countries (HIC). To benefit from this expertise, LMICs will need workforce capacity building efforts to educate nurses in cancer care initiatives.

- *Reference: Strengthening the oncology nurse workforce in low-income and middle-income countries; A. Galassi, Challinor, J., et al. Lancet Oncology. 2016;16(8):887-888*

Session Aims

- Understand the importance of an educated nursing workforce to improved health care system and patient outcomes
- Discuss strategies to engage nurse leaders in building a non-traditional workforce in cancer care whilst considering the various workforce planning tools
- Identify educational tools that can assist nurses to addressing disparities in cancer outcomes
- Outline models for building nursing's capacity in cancer care through national and international nursing organisations
- Discuss nurses' role in policy leadership at the national, regional and international level

International Society of Nurses in Cancer Care

- **Vision:** Nurses worldwide are vital and central leaders in cancer care and control.
- **Mission:** To lead the global nursing community to reduce the burden of cancer.
- **Core values:** Excellence, Equity and Integrity
- **Strategic Directions**:
  - Develop and engage nurse leaders
  - Influence global health policy
  - Advance and apply knowledge
  - Transform member relations

Capacity Building

- Eastern European Nurses' Center of Excellence for Tobacco Control (BMS Foundation)
- Building Capacity for Portugese Nurses in Tobacco Control Champions (Pfizer Independent Grants for Learning and Change)
- Cervical and Breast Cancer Screening in Latin America (American Cancer Society)
- Sustaining Nursing Leadership to Address Cancer Care Disparities (BMS Foundation)

Partnership Projects:

- Japanese Nurses Helping Smokers Quit (Pfizer Independent Grants for Learning and Change)
- Improving the care of cancer patients via an Immuno-oncology hub (ICO, Barcelona, Pfizer)

Policy and Position Statements

- New Position Statements (in final stages):
  - Nurses and Systemic Anti Cancer Therapies
  - Nurses and Radiation Therapy
- Dissemination Strategies

Knowledge Development and Dissemination

- Support for capacity building projects
- Sosido
- Cancer Nursing : The Official Journal of the ISNCC
- ICCN

Engaging Members: Our Role

- Provide international leadership for cancer nurses and nurses involved in cancer care

- Development of National Cancer Nursing Societies
  - Gambia
  - Emirates

Nurses as leaders in building non-traditional workforce contributions

Catherine Johnson
Project lead, ISNCC Collaborative program on Breast health and Cervical Cancer Prevention and Screening Train the Trainer Program

Project Team

Project Team (L to R): **Maria del Rosario Caballero Tinoco, Luz Esperanza Ayala de Calvo, Stella Bialous Myrna McLaughlin de Anderson, Marise Dutra Souto, Catherine Johnson, Lisseth de Campos (UICC representative), Esther Green (past project Coordinator)**

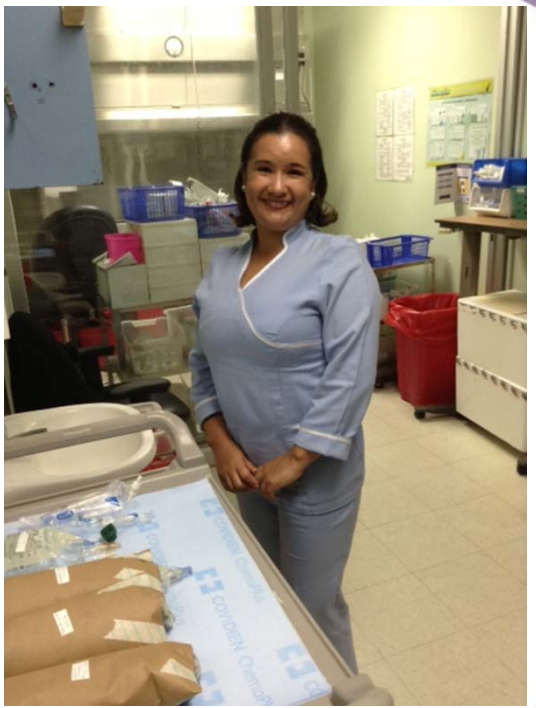
not pictured: Victoria Brunelli from Buenos Aires, Argentina

Background: Nurses and Leadership

"As the single largest group of health professionals, with a presence in all settings, nurses can make an enormous impact on the resilience of health systems,"

"By promoting the nursing voice, we can help guide improvements in the quality of health service delivery and inform health systems strengthening."

ICN Past President, Dr Judith Shamian.



Background: Nurses and Leadership

- Nursing and nurses are well positioned to lead a shift in thinking, practice and policy to facilitate a broader understanding of health locally, nationally and internationally. *(International Council of Nurses, Nursing Leadership in Primary Health Care for the achievement of Sustainable Development Goals and Human Resources for Health Global Strategies policy Brief)*

- Nurses are uniquely positioned to successfully implement prevention interventions to address these risk factors –both at the individual and community level–given their accessibility to and active role in the communities *(White paper: Strengthening the Oncology Nursing Workforce in Low- and Middle-Income Countries to Address the Growing Cancer Burden, ISNCC)*

Background

- An increasing majority of cancers occur in low and middle income countries (LMIC's) [1]
- Nurses provide most of the cancer care in LMIC's[1]
- Educational opportunities are limited for Nurses in LMIC's[2]
- Due to generally lower levels of oncology-specific education for nurses in LMICs, the availability of continuing education offers an even more important opportunity for professional development[2]
- Health workforce shortages, workforce distribution and skill mix imbalances are significant health workforce challenges in LMIC's[3]

1.So etal Enhancement of oncology nursing education in low and middle income countries: challenges and strategies doi.or/10.1016/jcpo.2016.03.002

2. Galassi and challinor strengthening the oncology nursing workforce in low and middle income countries: A call to action doi.org/10.1016/s1470-2045(15)00144-8

3. Fulton etal Health workforce skill mix and task shifting in low income countries: a review of recent evidence doi.org./10.1186/1478-4491-9-1

Nurses and Community Health Workers

Nurses

- Mexico 1.2 per 1000*
- Colombia 1.1 per 1000*
- Brazil 1.5 per 1000*

- OECD average 9 per 1000*

*2015 (or nearest year)

OECD (2017), "Ratio of nurses to population, 2015 (or nearest year)", in *Health workforce*, OECD Publishing, Paris, https://doi.org/10.1787/health_glance-2017-graph140-en.

Community Health Workers (CHW's)

- Often the first line of contact with health system in LMIC's
- Trained in general preventative and primary care functions

- More frequently used in rural and remote regions

Background

- Latin America has one of the highest rates of incidence and mortality from cervical cancer.

- Vaccination prophylactic against Human Papilloma Virus (HPV) is approved for use in most Latin American countries however few have implemented national immunization programs.

Target country profiles

- Brazil, Colombia and Mexico are all classified by the World Bank as Upper Middle Income economies.
- They represent diverse cultural and geographic countries with differences in the structure of their health care systems and population size however one of the similarities across these countries is they each have great disparity between the very affluent and very poor across the population.
- POPULATION:
  - Brazil: 207.8 million
  - Colombia: 48.23 million
  - Mexico: 127.0 million

(World Bank.org, accessed 5 July 2018)

‘Train the Trainer’ Program

- The curriculum content has been developed into a one and two day ‘Train the Trainer’ Program.
  - Iterative process to develop a bespoke program to meet the specific needs of each country based on the desk review and focus group/ survey
- The goal of the ‘Train the Trainer’ Program is to build capacity in cervical cancer screening amongst nurses, midwives and health care workers across Latin America.

‘Train the Trainer’ Program

8 ‘Train the Trainer’ Programs

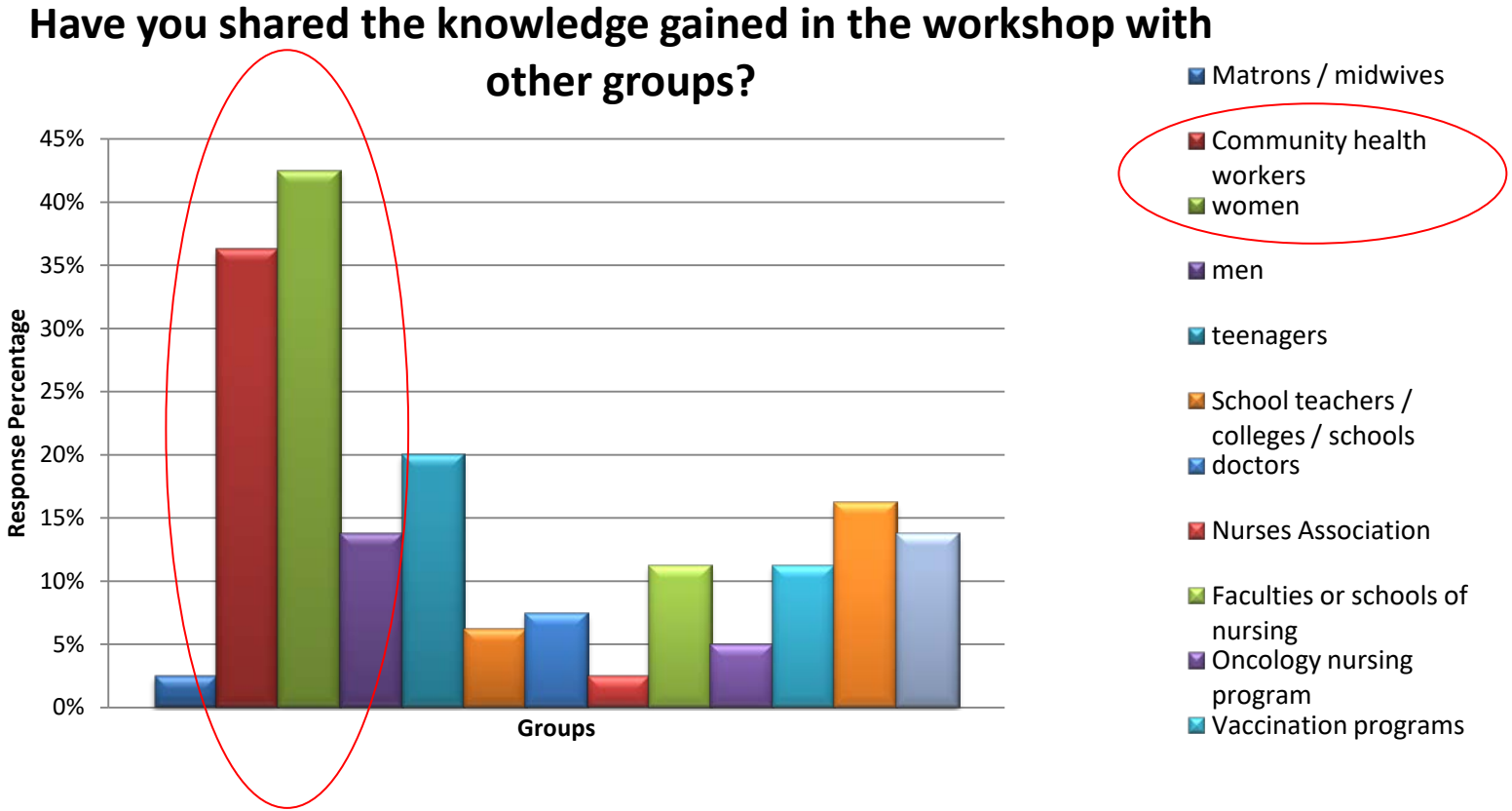
- ISNCC\ ACS funded program
  - Bogota, Colombia 37 (one day)
  - Bucaramanga, Colombia 54 (one day)
  - Teresina, brazil 64 (two day)
  - Acapulco, México 25 (two day)
  - México City, México 50 (two day)

ISNCC\ UICC funded program

Panama City, panama	98 (two day)
Lima, Perú	23 (one day)
San Salvador, El Salvador	45 (one day)
Bogotá, Colombia	32 (one day)

- **15** Small grant funded train-the trainer programs
- **428** participants in funded ToT programs facilitated by the project team.
- Over **1000** nurses and midwives have completed the train the trainer program.

Six Month Follow Up Survey



Comments from delegates

- *I will promote greater communication with the communities to which I am going to provide care on prevention*
- *The way you communicate with the patient, now I understand the importance of not stigmatizing the patient at the moment you provide information*
- *Congratulate the rapporteurs since I'm very empowered on the subject. My respect for you since I feel motivated therefore strengthen the technical capacity of nurses with this presentation*
- *Maybe carrying out working groups where we make proposals for campaigns or methods to improve our coverage. So we share ideas from other participants*
- *Incorporate it in plan of continuing education with the "Nursing" health workers*
- *I liked it, innovative. Training of this magnitude was needed. Good national and international leaders.*

Conclusion

- The curriculum and workshops provided for an unmet need in Latin America by providing education tailored to the needs of Nurses' and Midwives'.

- Positive integration of the program into the nurses and midwives practice over the medium term (6 months)

- Nurses and Midwives provided leadership in their healthcare community through the replication of the program in their local communities especially with other community health workers, women, nurses, and other health care professionals.

Conclusion

- Nurses and Midwives provided leadership in their healthcare community through the replication of the program in their local communities especially with other community health workers, women, nurses, and other health care professionals

- Opportunities to advocate for policy changes and improvements in data/ monitoring in the region to improve women's health remain.

- Focus on how to improve participation in policies and national vaccination programs.

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Sustaining nursing leadership to address cancer disparities

The Centre of Excellence in Tobacco Control Project

Iveta Nohavova

Society for Treatment of Tobacco Dependence, Prague

On behalf of Stella A. Bialous, Eva Kralikova, Linda Sarna, Marjorie Wells & country partners

World Cancer Congress
Kuala Lumpur, Malaysia
1—4 Oct 2018

Strengthen
Inspire
Deliver

uicc global cancer control WORLD CANCER CONGRESS

Track 3-22

Disclosure of interest: None declared

Acknowledgement

Society for Treatment of Tobacco Dependence (STTD) & Centre for Tobacco-Dependent in Prague, Czech Republic

International Society of Nurses in Cancer Care (ISNCC)

University of California, San Francisco, School of Nursing, USA

University of California, Los Angeles, School of Nursing, USA

Funded through the Bristol-Myers Squibb Foundation

Tobacco facts in short

Tobacco kills up to half of its users

Tobacco kills more than 7 million people each year

Around 80% of the world's 1.1 billion smokers live in low- and middle-income countries

Source: WHO

Central and Eastern Europe tobacco smoking prevalence

Higher prevalence of tobacco smoking in CEE countries

40% in men and 27% in women

than in neighboring WE countries

34% in men and 29% in women

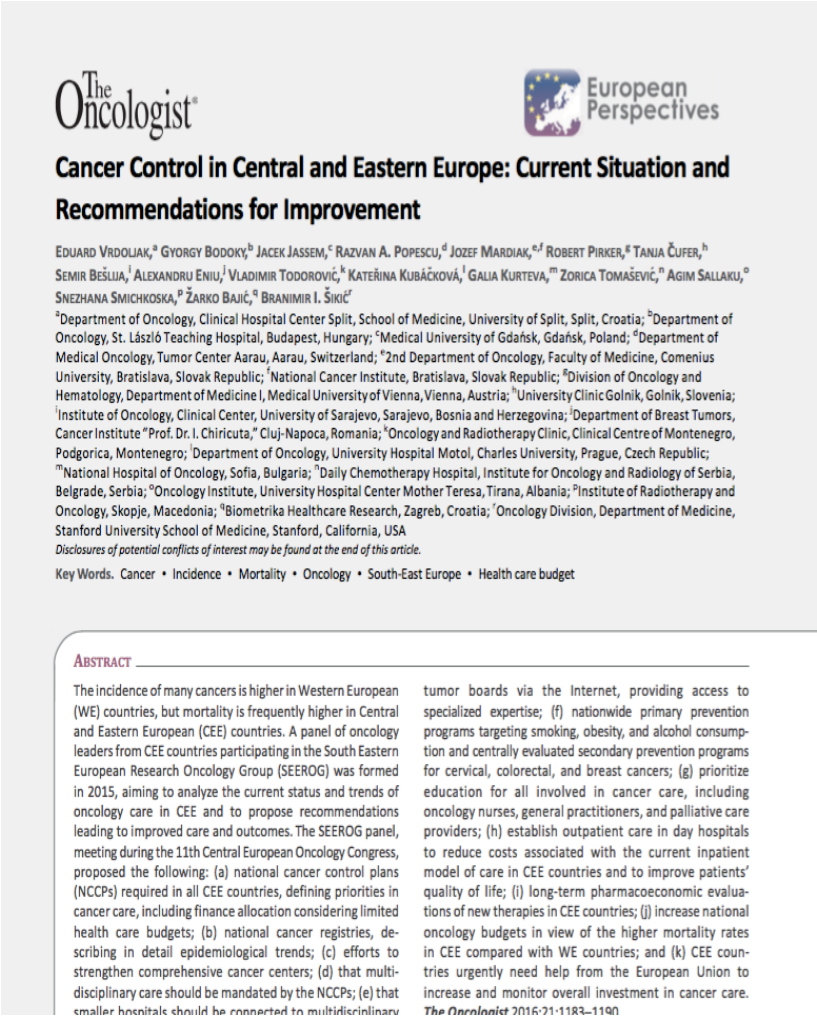
and other WE countries

28% in men and 22% in women

or Nordic countries

24% in men and 21% in women

= major cause for higher incidence of lung cancer and other smoking-related cancers; consequently higher overall cancer mortality



The Oncologist® European Perspectives

Cancer Control in Central and Eastern Europe: Current Situation and Recommendations for Improvement

Eduard Vrdoljak,[a] Gyorgy Bodoky,[b] Jacek Jassem,[c] Razvan A. Popescu,[d] Jozef Mardiak,[e,f] Robert Pirker,[g] Tanja Čufer,[h] Semir Beslija,[i] Alexandru Eniu,[j] Vladimir Todorović,[k] Kateřina Kubáčková,[l] Galia Kurteva,[m] Zorica Tomašević,[n] Agim Sallaku,[o] Snezhana Smichkoska,[p] Žarko Bajić,[q] Branimir I. Šikić[r]

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Disclosures of potential conflicts of interest may be found at the end of this article.

Key Words. Cancer • Incidence • Mortality • Oncology • South-East Europe • Health care budget

ABSTRACT

The incidence of many cancers is higher in Western European (WE) countries, but mortality is frequently higher in Central and Eastern European (CEE) countries. A panel of oncology leaders from CEE countries participating in the South Eastern European Research Oncology Group (SEEROG) was formed in 2015, aiming to analyze the current status and trends of oncology care in CEE and to propose recommendations leading to improved care and outcomes. The SEEROG panel, meeting during the 11th Central European Oncology Congress, proposed the following: (a) national cancer control plans (NCCPs) required in all CEE countries, defining priorities in cancer care, including finance allocation considering limited health care budgets; (b) national cancer registries, describing in detail epidemiological trends; (c) efforts to strengthen comprehensive cancer centers; (d) that multidisciplinary care should be mandated by the NCCPs; (e) that smaller hospitals should be connected to multidisciplinary tumor boards via the Internet, providing access to specialized expertise; (f) nationwide primary prevention programs targeting smoking, obesity, and alcohol consumption and centrally evaluated secondary prevention programs for cervical, colorectal, and breast cancers; (g) prioritize education for all involved in cancer care, including oncology nurses, general practitioners, and palliative care providers; (h) establish outpatient care in day hospitals to reduce costs associated with the current inpatient model of care in CEE countries and to improve patients' quality of life; (i) long-term pharmacoeconomic evaluations of new therapies in CEE countries; (j) increase national oncology budgets in view of the higher mortality rates in CEE compared with WE countries; and (k) CEE countries urgently need help from the European Union to increase and monitor overall investment in cancer care.

The Oncologist 2016;21:1183–1190

Source: Vrdoljak E, et al. Cancer control in Central and Eastern Europe: Current situation and recommendations for improvement. The Oncologist. 2016;21:1183–1190

Tobacco users need help to quit

Studies show that few people understand specific health risks of tobacco use

Eg: 2009 survey in China revealed that only 38% of smokers knew that smoking causes coronary heart disease and only 27% knew that it causes stroke

Among smokers who are aware of the dangers of tobacco, most want to quit

Yet, national comprehensive cessation services are available in only 26 countries (= representing 33% of the world's population)

Source: WHO

Nurses role in tobacco control

There is over 19.3 million nurses in the world → they have the power to make a substantial difference in helping with the tobacco epidemic

Nursing is trusted profession → nurses must use this trust to advocate for patients, community and for public health on national level

WHO MPOWER

One in 10 deaths around the world is caused by tobacco, but we can change that through MPOWER tobacco control measures, which have proven highly effective.

The 6 MPOWER measures are:

Monitor tobacco use and prevention policies

Protect people from tobacco use

Offer help to quit tobacco use

Warn about the dangers of tobacco

Enforce bans on tobacco advertising, promotion and sponsorship

Raise taxes on tobacco

Source: WHO

Centre of Excellence (CoE) in Tobacco Control

CoE was established in the Czech Republic by ISNCC in 2010

Poland (2012-2014)
Hungary (since 2014)
Slovenia (since 2014)
Romania (since 2014)
Slovakia (since 2015)
Republic of Moldova (since 2017)

+ Austria

EE-COE II: Goals

1. Raise **more nurse champions** through two levels of train-the-trainer workshops who will provide a short training to others on implementing brief cessation interventions
2. Increase nurses' knowledge and **leadership capacity** in tobacco dependence treatment and thereby contribute to cancer prevention efforts
3. Build **advocacy skills** in nurse champions with focus on advocacy training to address policy issues with various stakeholders
4. Create opportunities to **influence nursing education and practice standards** through advocacy in Central and Eastern Europe

EE-COE II: Activities overview

- In-person workshop level I
  - Short seminars
  - Mini-grants
- In-person workshop level II (*new): **building skills in “leadership through advocacy”**
- Online e-learning education
- Public events
- Retrospective chart review
- Quarterly newsletter

Workshop in Hungary

Public event, Czech R.

Nursing students in Slovenia

EE-COE II: Reached thus far

- In-person workshop level I = 582
  - Short seminars = 493
  - Mini-grants = (23)
- In-person workshop level II = 9
- Online e-learning education = 304

TRAINED NURSES THUS FAR = 1416

- Public events = 6810

PATIENTS/GENERAL PUBLIC EDUCATED THUS FAR = 6810

Nurses as leaders in tobacco control

Nurses ARE leaders on many health-related issues every day!

Nurses ARE advocates for their patients every day and may not even realize this ☺

Nurses CAN become leaders on tobacco control too !

Barriers to nurses involvement in tobacco control

- Traditionally not part of nursing practice
- Limited knowledge and skills
- Lack of professional leadership
- Limited nursing research
- Myths (fear of causing patients more stress)
- Smoking status of nurses themselves

Source: Internet

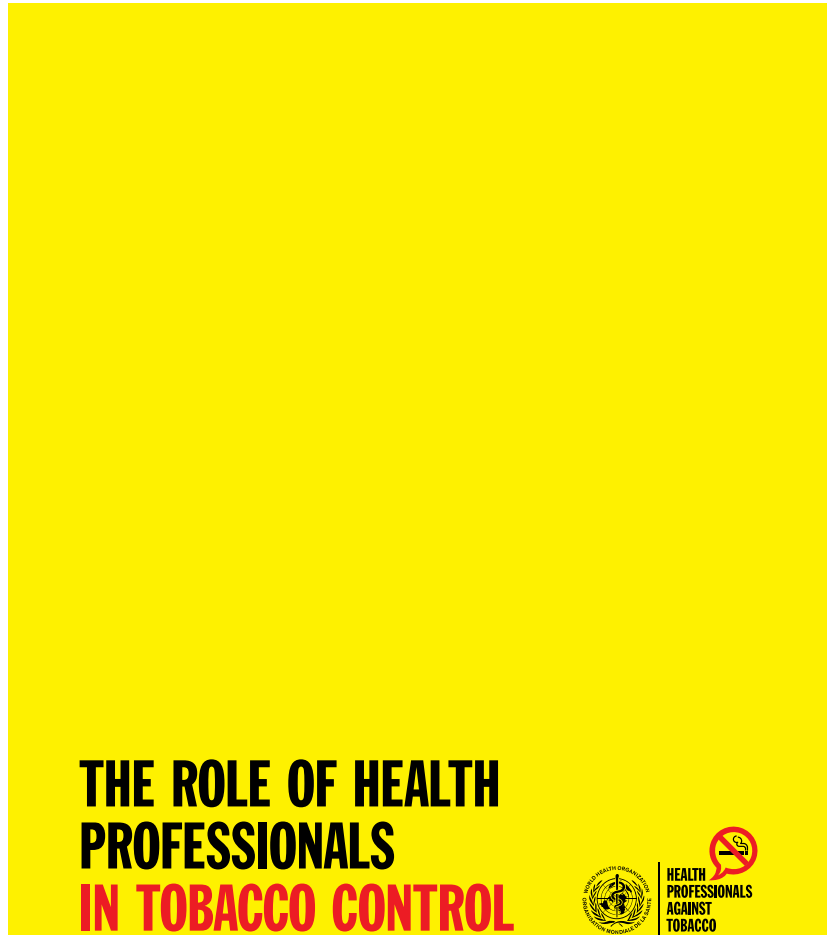
Barrier: Nurses own tobacco use

Prevalence of smoking among nurses varies across region / countries (est. from 5% in Moldova to 40% in Czech Republic)

Smoking impacts nurses' health equally

Nurses receive little support for their own quitting

Nurses-smokers are less likely to offer short intervention, or even raise tobacco use subject with their patients



Opportunities for nurse's involvement in tobacco control

There are numerous opportunities!!!

- ✓ Advocate for bans on smoking in workplaces and public spaces
- ✓ Improve the quality of tobacco cessation treatment through adoption of clinical practice guidelines for tobacco use cessation
- ✓ Take smoking status to be a vital sign on all patient records
- ✓ Help implement curriculum changes in nursing schools to enhance capacity knowledge
- ✓ Join with other NGOs to promote tobacco control advocacy and policy

Opportunities for nursing organisations in tobacco control leadership

Nursing organisations and other NGOs can be leading on tobacco control efforts, such as:

- ✓ To integrate tobacco interventions into current practice (primary and in patient care)
- ✓ To conduct further research on tobacco use prevalence, cessation needs of nurses or on the effectiveness of nurse interventions in different settings
- ✓ To lead advocacy efforts on national and international levels

There are 19,3 million of nurses and nurse midwives in the world (6,6 M in Europe alone)

If every nurse would help one patient to quit smoking per year, this would result in 19,3 million less smokers in the world every year!

THANK YOU !

Iveta Nohavova
Contact e-mail: nohiveta@gmail.com

Sustaining Nursing Leadership to Address Cancer Disparities

Building Capacity Through National Nursing Organizations

Andrew Dimech

International Society of Nurses in Cancer Care (ISNCC) &

Divisional Nurse Director / Lead Cancer Nurse – The Royal Marsden

World Cancer Congress
Kuala Lumpur, Malaysia
1—4 Oct 2018

Strengthen
Inspire
Deliver

uicc
global cancer control
WORLD CANCER CONGRESS

Track T3-22

Disclosure of interest: None declared

Objectives

- Background
- National Nursing Society’s
- Importance of Cancer Nursing Society's

International Society of Nurses IN Cancer Care

Background

- Country or region based membership network
- Represent the collective interests of members
- Generally not-for-profit

International Society of Nurses in Cancer Care

National Nursing Society's

BACCN
British Association of Critical Care Nurses

CANADIAN ASSOCIATION OF CRITICAL CARE NURSES

Critical Care Nurses Association of Nepal

HONG KONG CARDIAC NURSING ASSOCIATION

CRITICAL CARE NURSES ASSOCIATION OF THE PHILIPPINES

ANNA
American Nephrology Nurses' Association

Irish Nurses Cardiovascular Association

International Society of Nurses in Cancer Care

Established National Cancer Nursing Society's

Cancer Nurses Society of Australia

CANO ACIO

ČESKÁ ASOCIACE SESTER ČAS

UKONS Oncology Nursing Society

ONS Oncology Nursing Society

International Society of Nurses in Cancer Care

Importance of National Cancer Nursing Society's

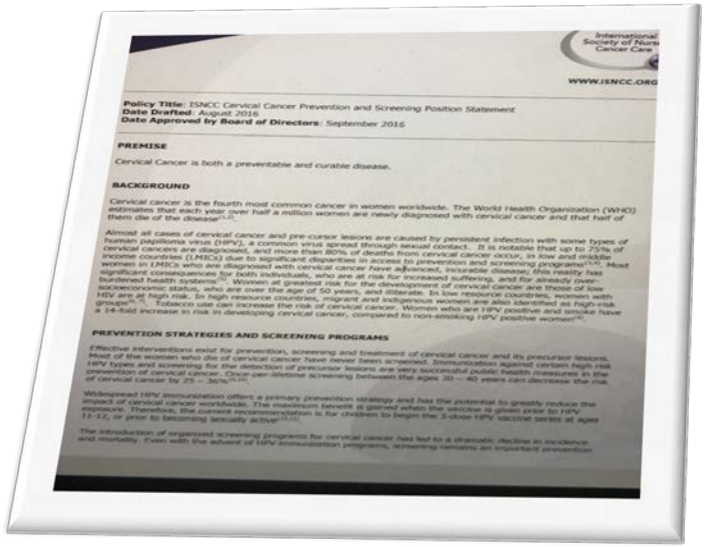
Leadership & National Voice

- Capacity to develop nurse leaders
- Local, regional and national leadership
- Develop local professional and multi-professional collaborative relationships
- Cancer nursing voice nationally

International Society of Nurses in Cancer Care

Networking

- Shared experience
- Collaboration with other national / international organizations



WWW.ISNCC.ORG

Policy Title: ISNCC Cervical Cancer Prevention and Screening Position Statement
Date Drafted: August 2016
Date Approved by Board of Directors: September 2016

PREMISE

Cervical Cancer is both a preventable and curable disease.

BACKGROUND

Cervical cancer is the fourth most common cancer in women worldwide. The World Health Organization (WHO) estimates that each year over half a million women are newly diagnosed with cervical cancer and that half of them die of the disease[1,2].

Almost all cases of cervical cancer and pre-cursor lesions are caused by persistent infection with some types of human papilloma virus (HPV), a common virus spread through sexual contact. It is notable that up to 75% of cervical cancers are diagnosed, and more than 80% of deaths from cervical cancer occur, in low and middle income countries (LMICs) due to significant disparities in access to prevention and screening programs[3,4]. Most women in LMICs who are diagnosed with cervical cancer have advanced, incurable disease; this reality has significant consequences for both individuals, who are at risk for increased suffering, and for already over-burdened health systems[5,6]. Women at greatest risk for the development of cervical cancer are those of low socioeconomic status, who are over the age of 50 years, and illiterate. In low resource countries, women with HIV are at high risk. In high resource countries, migrant and indigenous women are also identified as high-risk groups[7-9]. Tobacco use can increase the risk of cervical cancer. Women who are HPV positive and smoke have a 14-fold increase in risk in developing cervical cancer, compared to non-smoking HPV positive women[10].

PREVENTION STRATEGIES AND SCREENING PROGRAMS

Effective interventions exist for prevention, screening and treatment of cervical cancer and its precursor lesions. Most of the women who die of cervical cancer have never been screened. Immunization against certain high risk HPV types and screening for the detection of precursor lesions are very successful public health measures in the prevention of cervical cancer. Once-per-lifetime screening between the ages 30 – 40 years can decrease the risk of cervical cancer by 25 – 30%[11,12].

Widespread HPV immunization offers a primary prevention strategy and has the potential to greatly reduce the impact of cervical cancer worldwide. The maximum benefit is gained when the vaccine is given prior to HPV exposure. Therefore, the current recommendation is for children to begin the 3-dose HPV vaccine series at ages 11-12, or prior to becoming sexually active[13,14].

The introduction of organized screening programs for cervical cancer has led to a dramatic decline in incidence and mortality. Even with the advent of HPV immunization programs, screening remains an important prevention

International Society of Nurses in Cancer Care

Guidelines & Training

- Set national clinical guidelines
- Develop training programs
- Dissemination of guidelines and training programs

International Society of Nurses in Cancer Care

Education

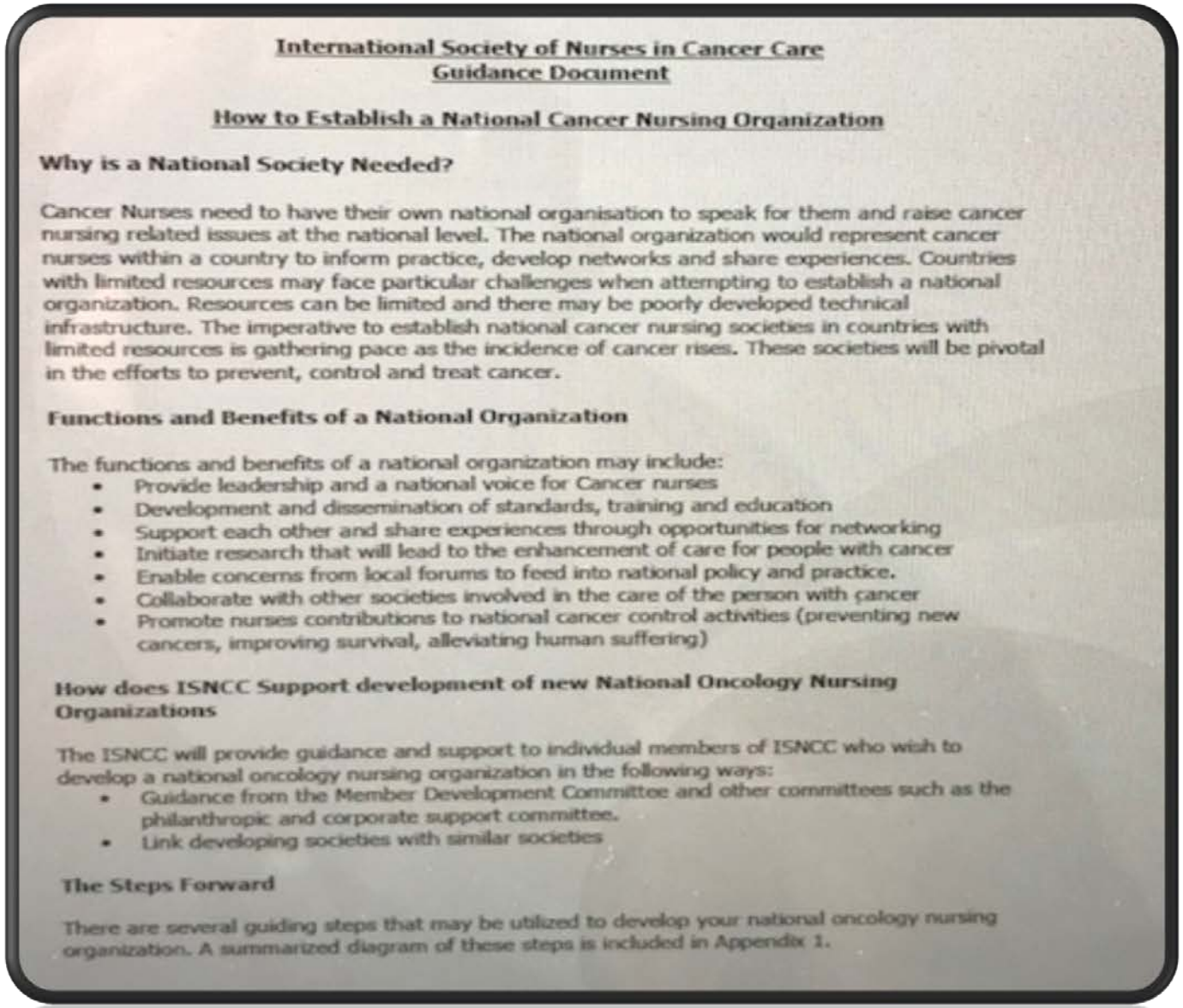
- Curriculum & academic standards development
- Standardization
- Initiate research agenda leading to enhanced & evidenced based care

International Society of Nurses in Cancer Care

National Policy

- Advocacy
- Professional advice for policy development
- Enable issues from local forums to inform national policy / practice
- Promote nurses contribution to national cancer control

International Society of Nurses in Cancer Care



International Society of Nurses in Cancer Care
Guidance Document

How to Establish a National Cancer Nursing Organization

Why is a National Society Needed?

Cancer Nurses need to have their own national organisation to speak for them and raise cancer nursing related issues at the national level. The national organization would represent cancer nurses within a country to inform practice, develop networks and share experiences. Countries with limited resources may face particular challenges when attempting to establish a national organization. Resources can be limited and there may be poorly developed technical infrastructure. The imperative to establish national cancer nursing societies in countries with limited resources is gathering pace as the incidence of cancer rises. These societies will be pivotal in the efforts to prevent, control and treat cancer.

Functions and Benefits of a National Organization

The functions and benefits of a national organization may include:

- Provide leadership and a national voice for Cancer nurses
- Development and dissemination of standards, training and education
- Support each other and share experiences through opportunities for networking
- Initiate research that will lead to the enhancement of care for people with cancer
- Enable concerns from local forums to feed into national policy and practice.
- Collaborate with other societies involved in the care of the person with cancer
- Promote nurses contributions to national cancer control activities (preventing new cancers, improving survival, alleviating human suffering)

How does ISNCC Support development of new National Oncology Nursing Organizations

The ISNCC will provide guidance and support to individual members of ISNCC who wish to develop a national oncology nursing organization in the following ways:

- Guidance from the Member Development Committee and other committees such as the philanthropic and corporate support committee.
- Link developing societies with similar societies

The Steps Forward

There are several guiding steps that may be utilized to develop your national oncology nursing organization. A summarized diagram of these steps is included in Appendix 1.

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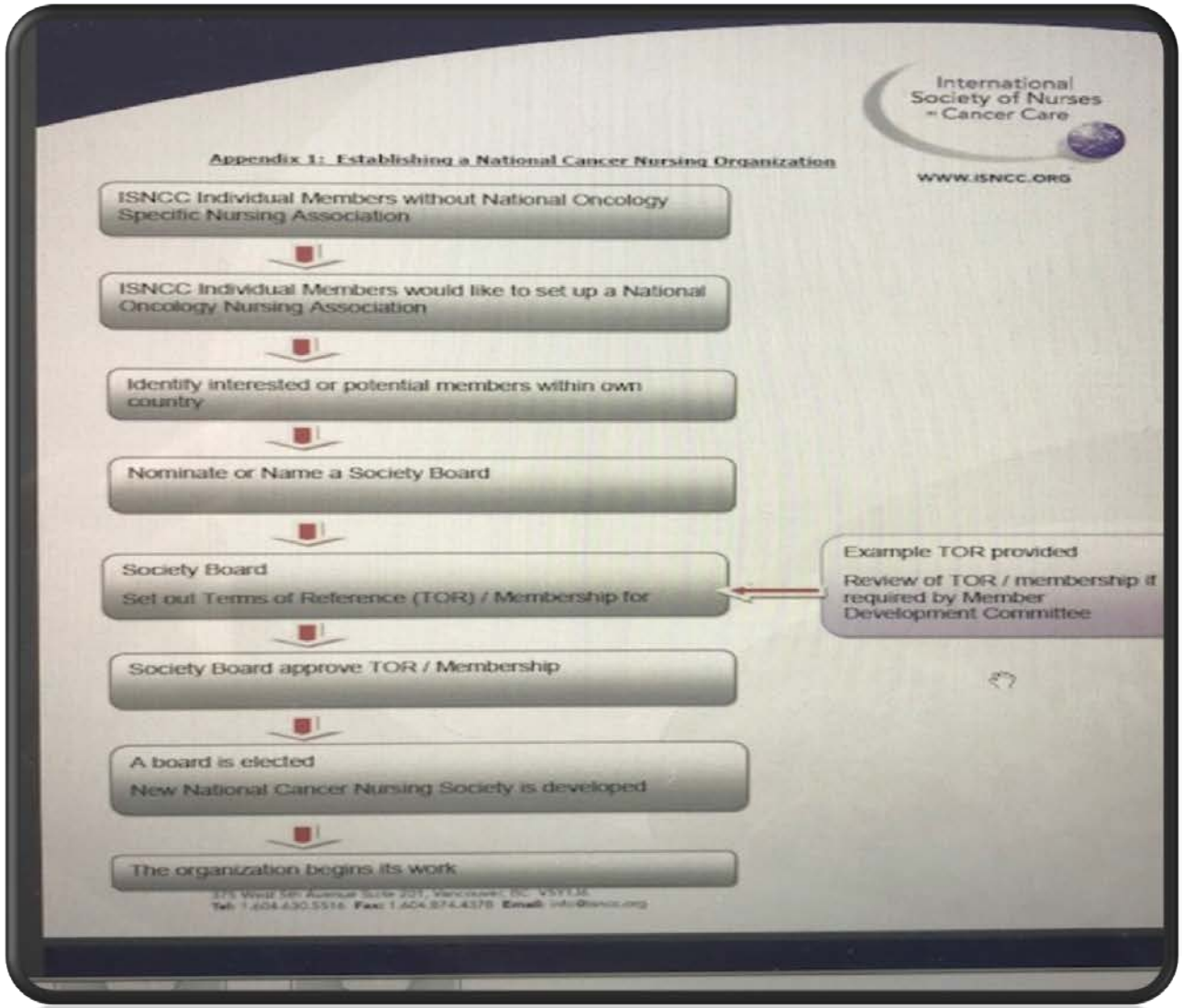

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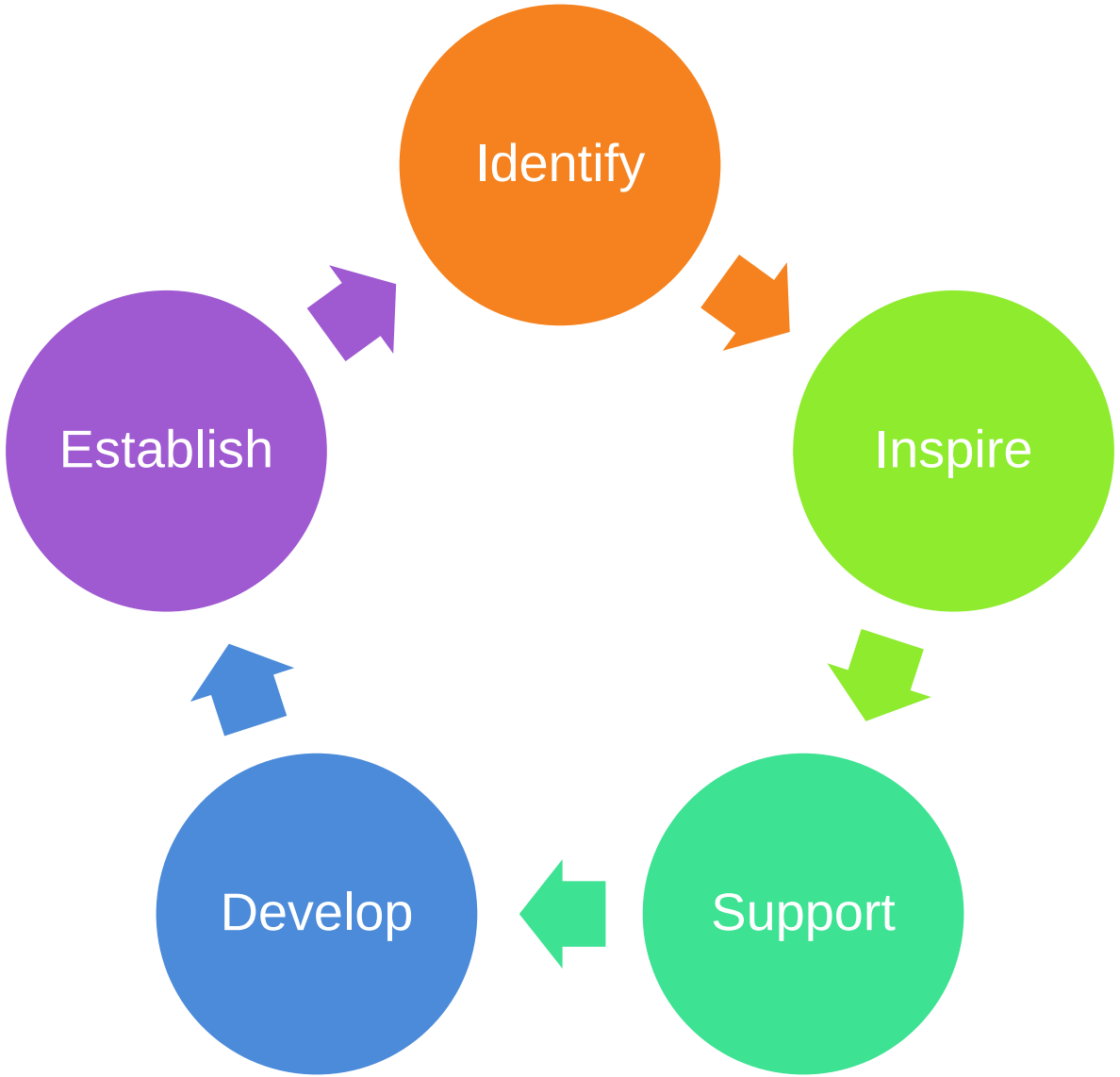
Leadership



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Emirates Oncology Nursing Society

Zambia Oncology Nursing Society

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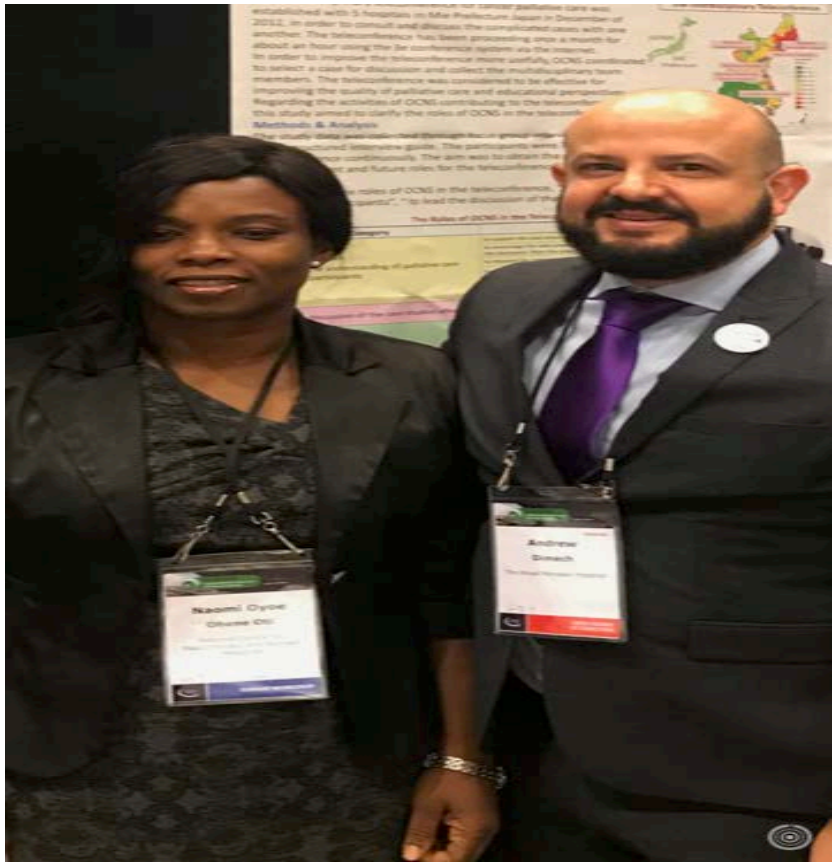
In Development Ghana



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Thank you

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