



cancernet



Editor's note

Tēnā koutou katoa. Welcome to the March 2023 edition of Cancernet newsletter.

This is the first edition for 2023 – firstly we would like to apologise for the delay in getting Cancernet newsletter out to you. Understandably this has been a challenging time for nurses in the healthcare with huge shortage of staff. The recent cyclone Gabrielle has affected hugely on our workload as well. Please remember to take time for self-care.

Ranjini Carrington has sadly left the committee, which has been a loss to our committee, but wish them well for the future, and hope to even see her back as part of the committee again!

I have been given the exciting role as editor and Katherine King has stepped up to become the secretary for Cancer Nurses College. It has been a great learning experience helping collate the information for this edition of Cancernet. I hope you all find it an interesting read!

In this edition, our focus is promoting an equity led in delivering cancer, especially in indigenous population in New Zealand. We also wanted to raise awareness about rural cancer nurses available in this country. Professor Ross Lawrenson from University of Waikato wrote a published article on the early detection of lung cancer for rural Māori communities.

We also discuss educational opportunities available, and provide advice around financial assistance that is on offer to members. We also have our 1 minute survey featuring a rural Cancer Nurse Coordinator and Haematology Clinical Nurse Specialist. If anyone fancies contributing an article to CancerNet for future editions then please let us know via our email (see below).

We would really welcome more members on our Facebook page. We are currently sitting at 226 members in the Cancer Nurses Facebook page and we have 618 members. I know not all of you may be Facebook users but the Cancer Nurses College (CNC) Facebook page is a great way to keep abreast of correspondence from us and latest news. So, we definitely encourage more of you to join if you can. You can find our Facebook page by searching for 'Cancer Nurses College NZNO - New Zealand'. We welcome discussion on this page so get in touch with us.

We can be contacted as a committee at cancernursesnz@gmail.com I hope you enjoy this edition.

Ngā manaakitanga

Kelsey Tay, Cancernet Editor

Early detection of lung cancer for rural Māori communities

Lung cancer is the single biggest cause of cancer death and the most important cause of cancer health inequity for Māori. Eighty percent of cases of lung cancer in New Zealand present with advanced disease which has a very poor prognosis. The most important factor in improving survival, is to diagnose lung cancer at an earlier stage. Delays in diagnosis can occur in many stages along the diagnostic pathway. Our research has looked at four separate intervals that can lead to diagnostic delay.

These include the appraisal interview where an individual develops a new sign or symptom and appraises whether this requires medical intervention. Delays can occur if patients are unaware that their symptoms may actually be linked to cancer or they may think they have a self-limiting illness and take some symptomatic treatment before realising their illness is more serious. The second was the help-seeking interval. This is the time from deciding a sign or symptom was important, to actually getting an appointment with a healthcare professional. The biggest cause of delay is due to a lack of trust in the system. On the other hand factors such as cost or availability of a general practice appointment also cause delay. The third interval is the diagnostic interval which is from when a cancer patient presents at the general practitioner



to the time of referral to the hospital. Unfortunately, the Health and Disability Commission's report on delayed diagnosis of cancer noted lung cancer was the second biggest cause of complaints. A common cause of delay was an early lung cancer not appearing on a chest x-ray and despite continuing symptoms no referral for a CT. Another common cause of late referral was the presence of co-morbidities such as COPD, having similar symptoms and drawing attention away from the new diagnosis.

The final interval is the pre-treatment interval. This is the interval between being referred to the

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Report from the chair

Kia ora koutou.

Welcome to another edition of Cancernet. Thanks to our wonderful committee members Kelsey Tay and Katherine King for all the effort put towards bringing members such excellent Cancernet content.

It has been a devastating couple of months in the North Island following the extreme weather events. In amongst all the damage and the acts of courage and bravery documented by media our also brave and courageous colleagues have continued to ensure that local health services continued to be available to their community. This has been despite the personal impact and losses felt by themselves, their whanau, and the community.

The full-blown effects of the damage will be felt for years to come and, as many of you will be aware, the consequences of such an event unfortunately includes increased inequities for Maori and our most vulnerable. The toll of these events will risk further delays for people at various stages of their cancer journey and so it is imperative that collectively the wider cancer network steps up to support our affected colleagues and their communities.

One way we can help is to offer our volunteer services and to grant our

affected colleagues much deserved support to meet the increased demand and mitigate inequities. Be it large or small and whatever your skill, any support would be greatly appreciated.

*Please check with your manager first before putting your name down to volunteer.

The Cancer Nurses College BGM is on the 17th of March 2023 in Auckland. This will be the first CNC BGM since October 2019 and is an important function of the College. The BGM ensures members hear reports from the committee, that the College direction is on track to delivering what members want and address any required resolutions. BGM is being run at the same time as the Cancer Nurses Conference in Auckland City. Information regarding this has been emailed out to members separately.

Lastly I would like to personally thank Ranjini Carrington who agreed to be seconded on to the committee and has now chosen to step down. Her contribution to the committee has been gratefully received and appreciated and I wish her well for the future.

Ngā manaakitanga

Shelley Shea

Whakarongorau Aotearoa is the largest publicly funded telehealth services in Aotearoa, New Zealand.



Whakarongorau Aotearoa// New Zealand Telehealth Services//

This organisation runs free, virtual telehealth services to several channels.

These following channels include the Healthline, Quitline, Alcohol Drug Helpline, 1737 service, Gambling, Depression Helpline, The Lowdown etc. These services are funded by co-funded by Manatū Hauora Ministry of Health, ACC Te Hiringa Hauora Health Promotion Agency, Ministry of Social Development, and the Department of Corrections. In addition, Whakarongorau Aotearoa is also the National Coordination Centres for breast cancer, bowel and cervical screening services.

In the interim, if you have a patient which you think could benefit from the telehealth services, please contact the mainline 09 354 7774.

Seeking contributions from nurses...

The Global Power of Oncology Nursing (GPON) Committee is seeking for nursing contribution about Climate Change: Impact on Oncology Nursing through engaging stories, presentations from oncology nurses in Aotearoa, New Zealand.



GPON vision is to universal health coverage, including financial risk protection, access to quality essential healthcare services and access to safe, effective, quality and essential care throughout globally.

Professor Annie Young from the GPON committee is seeking for expression of interest to start a steering group in NZ.

If anyone is interested in knowing more about nursing contributions in a global context, please feel free to email Kelsey Tay (CNC Committee) at Kelsey.Tay@ara.ac.nz



Factors and facilitators affecting cervical cancer screening practices in Māori, Pacific, and Asian women in New Zealand.

Cervical cancer is the fourth most frequent cancer in women, with the fourth highest fatality rate (*World Health Organization, 2022*). According to the International Agency for Research on Cancer, it is anticipated that half a million women will die from cervical cancer in 2030, (*Globocan, 2020; McGraw & Ferrante, 2014*). In New Zealand, 160 women are diagnosed with cervical cancer each year and 50 women die from this preventable illness each year (*Ministry of Health, 2018; National Screening Unit, 2020*). Research showed that 85% of cervical cancers diagnosed derived from both the unscreened and under screened ethnic groups (*Sykes, 2019*).

In 2018, the World Health Organization (WHO) initiated a global campaign to eliminate cervical cancer through screening, human papillomavirus vaccination, pre-cancer, and early cancer treatment (*World Health Organization, 2018*). The New Zealand National Cervical Screening Programme (NCSP) was established in 1990 with the primary goal of achieving health equity throughout New Zealand. The Ministry of Health revised the recommended age for cervical screening from 20 to 25 years old in 2019. (*Ministry of Health, 2019*).

New Zealand now has the highest cervical screening coverage among OECD countries (*Organization for Economic Co-operation and Development, 2019*).

The 2018 Census disclosed that Aotearoa, New Zealand's population demographics were increasingly changing into with increasing vast diversity nation. In 2013, there were 14.9% of Māori, 7.4% Pacific and 11.8% Asian. By 2018, these ethnic groups (Māori, Pacific and Asian) had grown to 16.5%, 8.1% and 15.1% respectively (*Stats Govt NZ, 2018*).

Prior to colonization, Māori had their own health system that was tailored to their traditional, cultural, and collective ideas about health. Colonization imposed a transfer of authority that was geared towards individualistic approaches and disempowered the indigenous population (*Came et al., 2019*).

Seven themes were developed from the results of this integrative review on exploring the factors and facilitators of the uptake of papsmear/HPV self-sampling in Māori, Pacific and Asian women in New Zealand. The 7 identified themes were as:

1. Cultural beliefs and embarrassment
2. Painful pelvic examination

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1
MINUTE
WITH:

Introducing and connecting us with nursing colleagues from across Aotearoa/ New Zealand - whānaukatanga in action.

Tara Cheung

Cancer Nurse Coordinator and Haematology Clinical Nurse Specialist
Te Whatu Ora - Southern

What does your job involve?

I currently have two roles with my main role being a Cancer Nurse Coordinator. This is an equity focused role looking after patients who live in rural areas assisting them to ensure they have a smooth journey from diagnosis to treatment. My other role as a Haematology Clinical Nurse Specialist focuses on supporting patients with non-malignant and malignant haematological conditions.

What attracted you to working in this field?

To be very honest, there was a job available and I wanted a change from working in the rest home, I took the leap and was able to participate in the first Cancer Nurse Training Programme.

What's your favourite part of your job?

My favourite part of the job is being able to and having the time to really be able to talk to and have good conversations with patients.

What made you smile at work today?

Being able to have a laugh with a patient who has been struggling with her memory and accidentally wrote down that she was 98 instead of 89!

What book has been all-time favourite read?

When Breath Becomes Air by Paul Kalanithi. An autobiography book by a neurosurgeon describing his battle with metastatic lung cancer.

If you didn't need the money but wanted to work anyway what would you be doing?

Something that involved looking after or caring for dogs.

What sound do you love?

The rain falling or the sound of the ocean!

Do you have a favourite charity that you wish more people knew about?

Gut Cancer Foundation - focus on improving and saving the lives of all New Zealanders affected by gut cancers. Get involved in the Give it up for gut cancer fundraising appeal this March!.

If you could have any superpower what would it be?

Definitely teleportation.

Early detection of lung cancer for rural Māori communities *continued...*

hospital and the patient actually receiving treatment. This is the focus of the Faster Cancer Treatment pathway. However in order to really make a real difference we need to address all the intervals along the diagnostic pathway.

If we want to address late lung cancer diagnoses for Māori, we need to consider the causes that can be mitigated to help close this equity gap. Our Hā-Ora study aimed at improving early diagnosis and involved both research as to the existing barriers for whanau living in high-need rural communities and then took a co-design approach to coming up with some solutions. Many of the barriers raised by our participants had been found in previous studies.

All our communities agreed that more information about cancer and lung health in general was needed. Participants really emphasised that they were more attracted to a “lung health” approach rather than a focus on cancer. There were also discussions about how information was made available and the need to avoid jargon.

There were many factors that impacted the health-seeking interval including barriers such as cost and transport. However, a key component that was identified for Māori was trust. The shortage of GPs and the rapid turnover of locum doctors means many rural Māori encounter delay because of a reluctance to present to someone who they did not know or trust. Often continuity and trust

lay with the practice nurses rather than the doctors.

Another key barrier for lung cancer patients was the stigma of smoking and the lack of understanding from healthcare professionals about the barriers to quitting. This also led to a reluctance to present. The diagnostic delay that did occur usually was due to, or reflected a lack of communication. Māori patients repeatedly talked about knowing that something was wrong but not being able to get the right attention from their healthcare professional.

When we come to our co-design process, it was interesting the variety of solutions that developed, with each community coming up with something different...



Our Opotiki collaboration designed a website: <https://haora.cms.waikato.ac.nz/> which focused on lung health and included a risk assessment tool information about a variety of lung conditions, not just cancer,

and a list of where and how to get primary care support.

Another community wanted short meaningful videos with key messages available from trusted individuals within their community. With some editing help from the University of Waikato, a number of YouTube videos were produced using smartphones.

One of our community advisors suggested the development of a health navigator role, while another sought an update of all their clinical and support staff, all about lung cancer. This last request resulted in our Cancer Nurse Specialists updating their information packs on lung cancer and then traveling to the rural east coast to deliver an interactive session for staff on the diagnosis and management of lung cancer.

The National Lung Cancer Advisory group believe that we need to take all of these learnings and those from the wider literature and update the guidelines on improving early diagnosis. This will include an emphasis on improving health literacy, updating health professionals about lung cancer, and developing improved pathways of care.

In the absence of a national lung cancer screening program, a focus on improving earlier diagnosis would seem to be our best option for improving outcomes for lung cancer and reducing the equity gap.

**Article published by
Professor Ross Lawrenson**

Factors and facilitators affecting cervical cancer screening practices in Māori, Pacific, and Asian women in New Zealand

continued...

3. Health literacy and lack of knowledge
4. The role of sexuality
5. Socioeconomical and transportation barriers
6. Language barriers
7. Lack of culturally appropriate trained healthcare professionals

Further research on rural, under screened and unscreened Māori, Pacific, and Asian populations is needed to achieve health equity across the country.

In conclusion, the current integrative review would provide strong evidence to implement strategies and policies to remove barriers, thereby increasing cervical screening rates in unscreened and under screened Māori, Pacific, and Asian women. Future research should concentrate on the involvement of primary healthcare nurses and nurse practitioners, general practitioners, other community Māori, Pacific, and Asian healthcare providers, and organizations to help these women overcome these barriers through continuity care and follow-up.

Article written by Kelsey Tay

It was a privilege that Kelsey Tay was a recipient of the Roche education grants, providing financial assistance to pursue Doctoral of Health Sciences at University of Canterbury.



Professor Ross Lawrenson is a Public Health Physician with more than 25 years' experience of research. His role is joint with Health New Zealand (Waikato) where I am an advisor in Population Health. Professor Ross Lawrenson interests are in translational health research and the importance of primary care on health outcomes. Currently, he is an investigator on a number of HRC collaborations including studies on lung and breast cancer, rural health, diabetes and the wider determinants of health for Māori with chronic disease.

Online educational resources

There are a range of different organisations that provide online learning. We have listed a few of these that may be of interest to your clinical role to explore further.

Bond University

Healthcert, Bond University, Queensland, Australia offers online Professional Certificate of Dermoscopy for registered nurses who are interested in skin cancer.

 www.healthcert.com

EVIQ (Australia, NSW)

EVIQ is a great resource for cancer nurses. Produced in Australia, it contains evidence-based protocols and clinical information supporting safe oncology care.

 education.eviq.org.au

LGBTQ communities and cancer care

A new course is aimed at cancer service workers (both clinical and non-clinical) to enhance their knowledge, confidence and practice skills in LGBTQ care and respond to the unique needs of LGBTQ people with cancer.

 [LGBTQ communities and cancer care](#)

Cancer Nurses Society of Australia webinars

21 MARCH | Changes in Early Melanoma Management

SPEAKERS:

- Associate Professor Alexander van Akkooi – Surgical Oncologist
- Shahn Coburn – Head of Nursing and Surgical CNC

This webinar will be run in collaboration with Melanoma Institute Australia

28 MARCH | Breast Cancer Under the Microscope – pathology and implications for patient care

SPEAKERS:

- Associate Professor Andrew Redfern, Medical Oncology, University of Western Australia
- Heather Martindale, Clinical Nurse Consultant, McGrath Breast Care Nurse
- Vaneeta Davis, Cancer Nurse Coordinator, McGrath Metastatic Breast Cancer Care Nurse

 cnsa.org.au/congressevents/cpd-webinars

Maranga Mai! Fund online application

CLOSING DATE:

Applications close at 4pm on 31 March 2023.

AVAILABLE AMOUNT:

The amount of any grant is determined by the Committee and will be decided based on the total fund amount available once all applications are assessed.

AVAILABLE TO:

This grant is available to all NZNO financial members and is awarded annually.

CRITERIA:

The purpose of this fund is to provide members with assistance for professional development activities to enhance health care outcomes/provision in Aotearoa/NZ.

MEMBERS CAN APPLY FOR THE FOLLOWING:

- Option 1: Fees for undergraduate and postgraduate study
- Option 2: Registration fees for ongoing education such as; short courses, conferences, seminars, workshops
- Option 3: Textbooks related to study
- Option 4: Travel and accommodation
- Option 5: Other course related costs may be considered.

The fund is not available for any mandatory training required by an employer which is the employer's responsibility to provide or fund.

To apply you must be a financial member of NZNO as at 1 January in the year for which you seek funding.

The activity for which you seek funding must:

- Be relevant to the practice of nursing in New Zealand
- Contribute to better health outcomes for the people of Aotearoa
- Not be part of employer mandatory training.

 [Further information and apply online now](#)

Categories: For Caregivers, For Enrolled Nurses, For Nurse Practitioners, For Registered Midwives, For Registered Nurses, For Student Nurses.

Would you like to contribute an article for publication in Cancernet? If so, we would love to hear from you!

GUIDELINES FOR Contributing to Cancernet...

Why contribute? Why publish?

- To share knowledge
- To advance your field of practice
- To disseminate key findings or opinions
- To contribute to policy debates

Introduction

Cancernet is a newsletter that is published three times a year by the New Zealand Nurses Organisation Cancer Nurses College. Cancernet aims to inform and encourage nurses managing people with cancer to share opinion, resources, clinical practice and continuing professional development.

Types of articles

All types of articles are welcomed...

- *Opinion*
- *Clinical practice*
- *Case studies*
- *Continuing practice development*
- *Literature review*
- *Advanced study write-ups (e.g. BSc or MSc)*

Submitting your work

- Articles should be submitted in Microsoft Word via email to cancernursesnz@gmail.com
- Acknowledgement of receipt of your submission will then
- Acknowledgement of receipt of your submission will be sent by email.

Word count

Opinion articles should be between 700–1000 words long. However, clinical-based articles and literature reviews and advanced study articles, these can range from between 1,500 and 3,500 words, including references.

Illustrative and images

Authors must obtain permission for the use of illustrative material or images and ensure that this material is labelled and captioned.

Referencing

A recognised referencing system to be used. If the reference list is long, the reference list is available on request from the author.



Important dates for your diary

Click on the titles below to link to relevant website...

Cancer Nurses College Conference & BGM

Ellerslie Novotel, Auckland
March 17, 2023

HSANZ New Zealand Annual Branch meeting

Palmerston North, New Zealand
April 2-4, 2023

ESMO Breast Cancer Annual Conference

Berlin, Germany
May 11-23, 2023

International Conference on Cancer Nursing and Patient Care ICCNPC

Sydney, Australia
May 17-18, 2023

19th National Nurse Education Conference

Gold Coast, Queensland
June 7-9, 2023

17th International Conference on Malignant Lymphoma

Lugano, Switzerland
June 13-17, 2023

25th Cancer Nurses Society of Australia (CNSA) Annual Congress

Adelaide, South Australia
June 14-16, 2023

3rd International Indigenous Health & Wellbeing Conference

Cairns, Australia
June 14-16, 2023

MASCC/JASCC/ISOO Annual Meeting 2023

Nara, Japan
June 22-24, 2023

12th Nursing, Healthcare & Patient Safety Conference

Dubai, UAE
July 25-27, 2023

6th Asian Oncology Nursing Society Conference

Bali, Indonesia
August 2-3, 2023

IPOS 2023 World Congress

Milan, Italy
August 31 - September 1, 2023

New Zealand Society of Oncology Conference 2023

Napier, New Zealand
September 21-24, 2023

ICCN 2023 International Conference on Cancer Nursing

Glasgow, United Kingdom
September 29 - October 2, 2023

35th Annual Conference - CANO/ACIO

Niagara Falls, Ontario
October 20-23, 2023

ESMO Congress 2023

Madrid, Spain
October 20-24, 2023

THE CANCER NURSES COLLEGE 2023 COMMITTEE



L-R: Celia Ryan, Kelsey Tay, Shelley Shea, Laura Ledger, Katherine King, Anne Brinkman (Professional Nursing Advisor), Becky Upston.
Absent: Robyn Segedin (inset).

Shelley Shea
Chair

Robyn Segedin
Education Grants and
Vice Chair

Katherine King
Secretary

Laura Ledger
Treasurer

Celia Ryan
Vice Secretary/Consultations/
Working Groups and
Special Interest Groups

Becky Upston
Vice Treasurer

Kelsey Tay
Cancernet and Facebook
communications

The CNC committee invites all members to join us on our Facebook group...

 Visit the CNC Facebook page...

Stay informed on upcoming opportunities for professional development + ask questions, share thoughts, ideas, research, innovative practice, or concerns.

Click the 'Join Group' button and one of our lovely Admins will add you.

Easy as that! Hope to see you there!



If you have an interesting article, case study, publication or event you would like published, please email us (Attention: Cancernet Editors), and we will include if appropriate.

Email us at:

 cancernursesnz@gmail.com