

# Advanced Practitioners as Allies and Advocates

BETH FAIMAN, PhD, MSN, APRN-BC, AOCN®, FAAN



Advanced practitioners (APs) are a growing proportion of the health-care team. As of 2019, there were approximately 325,000 nurse practitioners, 7,000 clinical nurse specialists, and nearly 140,000 physician assistants in the United States (American Academy of Nurse Practitioners, 2021; National Association of Clinical Nurse Specialists, 2020; National Commission on Certification of Physician Assistants, 2019). Although this totals up to 500,000, it is hard to say how many of these APs focus their practice on hematology/oncology, as certification is not required, which is a major method to track these data. Pharmacists are also integral members of the health-care team. As of April 2021, there were 3,600 board-certified oncology pharmacists (BCOP), although this underestimates the number of pharmacists who practice in hematology and oncology who are not BCOP certified (Board of Pharmacy Specialties, 2021).

An increasing number of hospital systems recognize the critical role that APs assume in oncology clinical practice and research. Other hospitals have encouraged APs to

select appropriate clinical trial protocols for the institution and screen patients for clinical trials, and have endorsed APs to serve as champions for the underserved. More and more hospital systems provide diversity and inclusion education and support APs as advocates for patients and research staff in clinical trial delivery.

Yet, the question remains: How can APs, most of whom are not persons of color or do not identify as LGBTQ+, become allies to support and advocate for patients when providing routine cancer care and through involvement in clinical research? Organizations such as the American Society of Clinical Oncology (ASCO), the American Society of Hematology (ASH), and the Association of Community Cancer Centers (ACCC), leading organizations for the cancer care community, have convened to discuss this important topic and bridge this gap. The AP community is also actively collaborating on this issue.

In the August issue of JADPRO, Amy Pierre, MSN, APN-BC, of Memorial Sloan Kettering Cancer Center, shared key takeaways on abstracts presented at the ASCO Annual Meeting, including a program targeting minority accrual to oncol-

ogy trials. In this issue, Josh Epworth, ARNP, of University of Washington Medical Center, shares his thoughts on becoming an ally. In the editorial, Epworth discusses his personal dilemmas, highlights the importance of ongoing conversations, and the sharing of best practices between other AP colleagues. Epworth suggests that attention to culturally sensitive and culturally competent care of patients requires a familiarity with the population of interest and personal awareness of strengths and weaknesses. Ongoing education and awareness from the large number of APs in the workforce are first steps toward individualizing patient care.

### IN THIS ISSUE

In addition to the guest editorial, you will find several interesting articles in this September/October issue. In the Research and Scholarship department, Ward and colleagues discuss the findings of a retrospective analysis of a community-based hereditary cancer program. In the same section, Warren and colleagues describe findings on short- and long-term outcomes of hematologic malignancy patients after cardiopulmonary resuscitation in a large oncological center. Two review articles by Krause and colleagues and Ten Hagen and colleagues provide insight into AP staffing models and early detection of vulvovaginal graft-vs.-host disease, respectively. McNally and Sica highlight

challenges and opportunities for APs with regard to the challenging topic of addiction in patients with cancer. In Prescriber's Corner, Fleming and colleagues share insights into sacituzumab govitecan for the treatment of refractory triple-negative breast cancer. And finally, Li shares a case study of a patient with persistent fever already on broad-spectrum antibiotics.

I hope you find this issue to be filled with relevant articles, and I would love to hear your thoughts on how APs can use our strength in numbers to provide diversity education and strive to become better allies and advocates for patients and caregivers. ●

### References

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