CNSA & ICCN 2025 Conference Review™

Making Education Easy

18–21 June, 2025

In this review:

- A leadership training programme for cancer nurses in Sub-Saharan Africa
- The Nurse Equity Assessment Tool in culturally/linguistically diverse populations
- Missed cancer nursing care in Australia
- A toolkit for LGBTIQ+ cancer patient care
- A checklist of supportive end-of-life care strategies for cancer patients
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- Australian perspectives on going ‘flat’ after mastectomy
- Job satisfaction in Australian paediatric cancer nurses

Abbreviations used in this review:

CALD = culturally & linguistically diverse;
LGBTIQ+ = lesbian, gay, bisexual, transgender, intersex, queer/questioning & more;
NEAT = Nurse Equity Assessment Tool.

Welcome to our review of the 2025 CNSA (Cancer Nurses Society of Australia) and ICCN (International Society of Nurses Cancer Care) Congress held at the Adelaide Convention Centre, Australia.

This year’s congress was a valuable opportunity for cancer nurses to network and discuss the latest developments in cancer care, and here I have reviewed ten presentations which were particularly noteworthy. We begin with a session led by Naomi Oyoe Ohene Oti which described a leadership training programme which has been implemented for cancer nurses in Sub-Saharan Africa, equipping them with the leadership skills to be involved in policy formation and to improve cancer care. This is followed by a presentation on an Australian study which is endeavouring to improve the use of the Nurse Equity Assessment Tool to enhance its applicability among culturally and linguistically diverse populations. The next session described the substantial negative impacts of missed nursing care in Australian cancer settings, with potential solutions to ensure staff are retained and patient safety is protected. Another presentation of interest reported on an end-of-life care model from China which significantly improved cancer patients’ quality of death.

I hope you find these and the other abstracts in this review valuable for the lives of your patients. Detailed abstracts are available online here. We appreciate your feedback – please continue to send it in.

Warn regards,

Anne Mellon
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Preparing African nurses to be policy leaders in cancer treatment and control

Speaker: Naomi Oyoe Ohene Oti (National Radiotherapy Oncology & Nuclear Medicine Centre, Korle Bu Teaching Hospital, Ghana, Africa)

Summary: In this presentation, Naomi Oyoe Ohene Oti discussed a leadership training programme which has been implemented for cancer nurses in Sub-Saharan Africa. The programme was designed to equip cancer nurses with the knowledge and skills to be involved in policy making, optimise quality care for patients and improve outcomes. The AORTIC/ISNCC network called for applicants, and the programme was completed by 48 nurses from ten countries in Africa. The programme covered six modules on policy development, team management, strategic thinking and mentorship. Following this, nurses worked with mentors to develop strategies and individualised plans to implement these skills into their practice environments. Nurses reported that the programme helped to strengthen their skills and confidence in leadership, advocacy and cancer care, which will help them to make progress towards improved patient outcomes and advancements in health policies across Sub-Saharan Africa.

Comment: The Oncology Nursing Leadership Programme, a collaboration between ISNCC and AORTIC, aimed to build leadership capacity across Sub-Saharan Africa. The programme, along with other education and system reforms under the leadership of Naomi Oyoe Ohene Oti, led to her being awarded the 2025 Aster Guardians Global Nursing Award in recognition of her pioneering work in cancer care and nurse training. The programme supported two nurses from ten countries to undertake a phased training programme to equip them to be able to contribute to national cancer control plans. The e-learning modules covered leadership, strategy, policy and mentorship, and led to the implementation of policy-focused action projects. Evaluation of the programme indicated that participants not only increased their confidence in leadership, but also developed vision and strategic thinking. The programme has created a community of empowered oncology nurses and supports the essential contribution of nurses to cancer control. Further support is required to scale up the programme across Africa, and in turn, result in positive outcomes for cancer patients through the empowerment of cancer nurses.

Abstract #598
Abstract

Refining the Nurse Equity Assessment Tool to identify complex care needs in CALD cancer patients: a modified-participatory action research study

Speaker: Holly Chung (Peter MacCallum Cancer Centre, University of Melbourne, Australia)

Summary: Although the Nurse Equity Assessment Tool (NEAT) was designed with and for nurses to improve the rapid identification of complex care needs related to social and medical factors, the NEAT has not been examined in patient groups who are culturally and linguistically diverse (CALD). The aim of this study was to assess and enhance the completeness, appropriateness and acceptability of the NEAT for Australian CALD patients. Phase 1 was commenced in August 2024 with CALD carers, patients and health professionals, and preliminary results revealed that while NEAT was appropriate and acceptable, it did not address barriers to care navigation and access. Phases 2 and 3 are underway and are working towards a revised NEAT to incorporate the unique navigation needs of CALD patients, and to provide recommendations for nurses as to how to best implement the NEAT with CALD cancer patients to ensure delivery of care is culturally sensitive.

Comment: The NEAT was developed to identify cancer patients at high risk of complex care needs, but with only one item related to CALD people, its relevance, appropriateness and completeness for this group needed exploring. This study undertook a three-phase participatory action research approach and engaged CALD consumers and healthcare professionals through focus groups and interviews. The barriers and enablers for the CALD community identified themes including systemic barriers to equitable cancer care, cultural negotiations and enabling better cancer care. The strategies identified to overcome barriers for the CALD community included recording language and dialect, recording preferences for written or spoken information, use of cultural navigators, religious requirements, signposting sensitive topics, use of translated resources, workforce diversity and working with patient beliefs, such as natural remedies. Phase 3 of the project is ongoing, but there are plans for the inclusion of the NEAT to be integrated into WeCan.

Abstract #427
Abstract

The impact of missed nursing care on patient safety and nurses' wellbeing

Speaker: Melanie Dowling (Peter MacCallum Cancer Centre, Melbourne, Australia)

Summary: By 2035 it is estimated that the Australian nursing workforce will have 700,000 less nurses than will be required to meet care needs, which will co-occur with increases in the number of cancer diagnoses. When nursing capacity is unable to meet demands for patient care, this is described as 'missed nursing care'. These researchers conducted a sequential mixed methods study to investigate the effects of missed cancer care in Australia and recommend potential solutions. Surveys were completed by 97 nurses at an Australian cancer centre, and responses informed subsequent focus groups and interviews with 16 cancer nurses. The key findings were that 77% of nurses reported not being able to sit and talk with patients, which predominantly occurred as a result of needing to prioritise other more complex patients. Nurses shared that time spent sitting and talking with patients was pivotal to inform patient-centred care assessments, planning and goal-setting, and to provide patients with important education. When nurses were unable to complete nursing tasks they struggled with substantial guilt, as it was not in keeping with their professional and personal values, or what they perceived as being a 'good nurse'. Nurses stated that these feelings accumulated over time, with potential ramifications including burnout and resignation. Melanie Dowling noted that Australian cancer centres need solutions to address missed nursing care to ensure staff are retained and patient safety is protected, with recommendations including non-clinical time for education/training and recruitment of non-nursing staff for resource tasks.

Comment: Australia's predicted nursing shortfall is likely to coincide with an increase in the number of cancer diagnoses, resulting in workforce inability to meet the demands of nursing care. This study investigated missed nursing care, which is care left undone or unfinished when there are inadequate resources in an already stretched Australian health system. Utilising the RN4CAST survey, researchers were able to explore and describe missed nursing care and identify opportunities for improvement. Ninety-seven survey responses were received, with 28% of responses coming from inpatient nurses. Nurses reported that many non-nursing tasks are completed during their work shifts, removing them from direct patient care. Sixteen nurse interviews and focus groups were conducted, revealing the impacts of missed nursing care such as negative impacts on patient safety, missed education, guilt, shame and distress of nurses, impaired physical and mental health of nurses, burnout and leaving the workforce. Solutions such as employing non-nursing staff to undertake non-nursing duties, as well as dedicated non-clinical time for education and training were discussed, but further exploration of the economic impact is required to ensure sustainable solutions are implemented.

Abstract #256
Abstract

Development of an LGBTIQ+ Inclusivity Toolkit for cancer care professionals

Speaker: Olivia Cook (McGrath Foundation, Monash Nursing & Midwifery, Australia)

Summary: These researchers evaluated data from the Out with Cancer study to explore the perspectives of LGBTIQ+ patients on cancer care and survivorship, as well as perspectives from caregivers and healthcare professionals. The information was used to inform the development of an LGBTIQ+ Inclusivity Toolkit. The Toolkit was developed with the aim to enhance the ability of healthcare professionals and healthcare systems to provide support and care for LGBTIQ+ patients. When professionals engage with the Toolkit, they participate in a 2-hour online training course which delivers information via four modules relating to understanding of LGBTIQ+, awareness of inequities in cancer care, creating safe and inclusive environments, and specific care considerations for LGBTIQ+ cancer patients. Professionals are equipped with understandings and skills to confidently provide care for LGBTIQ+ patients, with practical suggestions, case studies and resource links. The Toolkit will soon be made publicly available for professionals in cancer care.

Comment: Information collected from the Out with Cancer study revealed that LGBTIQ+ people experience 3 to 6 times higher distress than the general cancer population, and healthcare professionals remain unable to provide culturally appropriate care to this group. Utilising a co-design approach, an LGBTIQ+ cancer Toolkit was developed as a 2-hour online training course with four unique learning modules. It includes case-based learning of real case studies, with the voices of people with lived experience utilised throughout, as well as powerful still images. Evaluation was undertaken through a pre- and post-test format, which to date, has shown significant increases in confidence, knowledge and intent to improve inclusive practice, indicating the toolkit is both acceptable and effective. It will be publicly available on the eviQ platform once the evaluation is complete, and training should be prioritised to ensure healthcare professionals can provide safe and inclusive care to the LGBTIQ+ community. Olivia Cook was awarded the Best Paper Award at the CNSA & ICCN 2025 Congress for her presentation of this work.

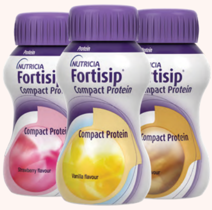
Abstract #431
Abstract

NUTRICIA
Fortisip

UP TO 80% OF CANCER PATIENTS
WILL EXPERIENCE MALNUTRITION AT SOME STAGE DURING THEIR ILLNESS[1]

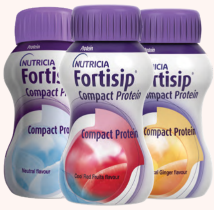
It is important to have early and continuous nutritional intervention for improved health outcomes and quality of life[2,3]

Fortisip's range of oral nutritional supplements provide small-volume, high-protein formulas to help patients reach their nutritional goals and strengthen them for improved clinical outcomes[4]



FORTISIP COMPACT PROTEIN

Vanilla
Mocha
Strawberry



FORTISIP COMPACT PROTEIN SENSATIONS

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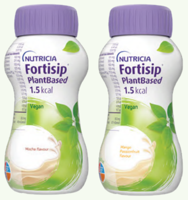
warming Hot Tropical Ginger
cooling Cool Red Fruit

- Range of 6 delicious flavours
- High-protein, high-energy
- Small compact serving (125 ml) to support patient adherence[5,6]
- Flavours specifically designed for patients with taste alterations



FORTISIP PLANTBASED

Mango Passionfruit
Mocha

- 2 delicious flavours
- 12 g plant protein per 200 ml, made with pea and soy protein
- High-energy
- Plant-based, suitable for a vegan diet

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Fortisip products are food for special medical purposes and must be used under medical supervision.
ONS: oral nutritional supplements.
References: 1. Ravasco P. *J Clin Med* 2019;8(8):1211. **2.** Maňásek V, *et al. Klin Onkol* 2016;29(5):351-7. **3.** Obukhova OA, *et al. Clin Nutr ESPEN* 2023;58:461. **4.** Watterson, *et al. Nutr Diet* 2009;66(3):S1–S34. **5.** Hubbard GP, *et al. Clin Nutr* 2012;31(3):293-312. **6.** Hubbard GP, *et al. Proc Nutr Soc* 2010;69(OCE2):E164.
Date of preparation: May 2025.

TO DISCOVER MORE ABOUT OUR RANGE OF ONS, OR REQUEST A SAMPLE, PLEASE SCAN HERE

A hospital-based program to construct and implement the supportive care strategies for dying cancer patients in the last days

Speaker: Xiaoting Hou (Key Laboratory of Carcinogenesis & Translational Research, Peking University Cancer Hospital & Institute, Beijing, China)

Summary: After conducting a literature review and consultations with experts, these Chinese investigators compiled a checklist of strategies for supportive end-of-life care for cancer patients, as well as their families. Investigators then explored how implementation of the checklist impacted on the quality of death for cancer patients, and the satisfaction levels of families. The supportive care model was implemented in the care of 114 patients across Yunnan, Nanjing and Beijing between 2023–24. Surveys of 112 nurses and 103 families revealed an average Good Death Inventory (GDI) score of 295.44 (± 50.54), which was significantly higher than previous results in 2018 ($p<0.05$). The average Family Satisfaction with Advanced Cancer Care-2 (FAMCARE-2) score was 80.52 (± 8.75), which was also significantly improved compared to previous findings ($p<0.05$).

Comment: This study examined the effect of an end-of-life care model in China, utilising a checklist of supportive care strategies to assess improvements in both quality of death and satisfaction. Prior to implementation of the model, practice standards were developed along with support materials, and stratified training was conducted. Patient- and family-centred supportive care, communication and bereavement care were assessed for 114 patients utilising the Good Death Inventory (GDI) and the Family Satisfaction with Advanced Cancer Care-2 (FAMCARE-2) scale, showing improvements compared to a previous study undertaken by the research team in 2018. The results revealed that implementing a standard of practice for end-of-life care has potential to improve quality of death for terminal cancer patients, and can streamline the nursing care for this patient group.

Abstract #398

Abstract

Optimising supportive care screening in cancer services: key findings from a self-assessment survey

Speaker: Rebecca McAllister (Hume Regional Integrated Cancer Service [HRICS], Shepparton, Australia)

Summary: To examine the current status and barriers of supportive care screening practices in cancer healthcare services, the Victorian Integrated Cancer Services (VICS) distributed a survey to all health services statewide. Surveys were completed by 45 health services, and 86 interviews were conducted. Rebecca McAllister reported that there was a paucity of defined protocols, with supportive care policies and guidelines documented in only 57% of the included health services. Moreover, there was substantial heterogeneity in screening practices, with no established schedules for the timing of patient reassessments throughout their care journey. It was also noted that documentation of referrals was sporadic, hindering collaboration across disciplines and optimal patient care. Time constraints were a significant barrier for screening among nurses, and many described participating in outdated training modules.

Comment: Nurses play a crucial role in the supportive care of people with cancer, but screening for supportive care needs varies across health services. The Victorian Integrated Cancer Services (VICS) undertook a statewide self-assessment survey of its nine integrated cancer services to identify gaps and opportunities for improvement. Utilising the REDCap platform, 53 questions based on 16 quality supportive care indicators were investigated. 68% of respondents indicated that they always or frequently screen for supportive care needs, with 82% using the NCCN Distress Thermometer. Over three-quarters of respondents did not use a digital tool for screening, and more than half indicated time constraints as the main barriers to supportive care screening. Enablers identified were experienced and motivated staff, but it is clear that a standardised approach, clear policies and specified screening time points are necessary to embed supportive care screening into practice.

Abstract #233

Abstract

What are patients saying to each other? Satisfaction survey of a cancer support group

Speaker: David Makumi (Faraja Cancer Support Trust, Nairobi, Kenya, Africa)

Summary: In 2023, a total of 2617 cancer survivors and caregivers attended support groups hosted by the Faraja Cancer Support Trust charity in Kenya, Africa, which were established to provide a safe space for social connection, and the sharing of knowledge, anxieties and fears. In this session, David Makumi shared the results from a satisfaction survey which was completed by 90 support group attendees (44.4% on active treatment; 37.8% caregivers) over a 4-week period. The results revealed that 40% of respondents experienced improved communication with healthcare professionals, 60% either improved their knowledge of procedures/treatments or experienced reduced anxiety, and 60% experienced improvements in mental health. The support groups were attended more frequently by those who were on active treatment, whereas long-term survivors attended less frequently; David Makumi suggested that this may be because long-term survivors have successfully reconnected back into society.

Comment: The Faraja Cancer Support Trust in Nairobi is a cancer charity providing services designed to complement medical treatment and support the patient's cancer journey. They provide over 100 support groups to patients and caregivers either face-to-face or via an online platform. A satisfaction survey was undertaken over a 4-week period with 90 support group members involved. 60% of respondents indicated an improvement in mental wellbeing, a reduction in anxiety and better understanding of treatments after attending a support group, and 40% reported better communication with healthcare professionals. This study has revealed the social and therapeutic role of support groups, and that patients and caregivers find it a safe sharing space, so they don't have to walk alone in their cancer journey.

Abstract #76

Abstract

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2025 Conference Review™

Expert commentary by Anne Mellon

Anne Mellon is the Clinical Nurse Consultant in Gynaecological Oncology at the Hunter New England Centre for Gynaecological Cancer in Newcastle, NSW, Australia, a position she has held for the past 30 years. Anne is passionate about the care of women with Gynaecological Cancer and as a member of many Gynaecological Cancer advisory groups she is able to provide high level expert advice to inform the promotion of best practice gynaecological cancer care and improve gynaecological cancer outcomes. Anne is the current President and Board Chair of the Cancer Nurses Society of Australia, as well as the Co-Chair of the NSW Agency for Clinical Innovation Gynaecological Oncology Network. She is also a Co-Chair of the International Gynaecologic Cancer Society Nursing Work Group.

Experiences and expectations of post-treatment care for women with high-intermediate and high-risk endometrial cancer: An Australian perspective

Speaker: Nicole Kinnane (Peter MacCallum Cancer Centre, Melbourne, Australia)

Summary: Given that 70%–100% of recurrences occur in the first 3 years after treatment in high-intermediate and high-risk endometrial cancer, there is a scarcity of data on the value of extended follow-up in these patients, and research suggests that neither survival nor quality of life are improved with long-term follow-up. The aim of this qualitative descriptive study was to explore the essential elements of person-centred follow-up care for women with high-intermediate and high-risk endometrial cancer after finishing treatment. Semi-structured interviews were conducted with 25 Australian women (median age 56 years; range 39–77), and three key themes emerged, which reflected the views that (a) current care models are focused on disease and medicine, (b) doctors are best equipped to detect early signs of recurrence, and (c) follow-up needs to go beyond recurrence. Overall, women believed that follow-up consultations would detect recurrence, and they preferred that follow-up took place in hospital with the same physician who provided treatment. Although women expressed feeling safe, they felt unprepared for follow-up, with limited communication from nursing staff and little guidance on positive lifestyle changes. Compared to the care they received during treatment and assessments, women described receiving substantially less emotional support during follow-up.

Comment: Historically, follow-up for women with high-intermediate and high-risk endometrial cancer has been medically led, but this fails to manage the ongoing survivorship and quality of life issues of these women. This study allows us to rethink endometrial cancer follow-up and take into consideration that 85% of these women have unmet supportive care needs, and are more likely to die from comorbidities than from endometrial cancer. Semi-structured interviews were undertaken with 25 women until data saturation occurred. Themes identified from the interviews were: current care is "*medically-led and disease-focused*"; "*Identifying early signs of recurrence: Doctor knows best*"; and "*More than disease recurrence*". Despite follow-up making women feel safe, they felt that they were engaged in a model that did not meet their needs and was motivated by fear of cancer recurrence. It was identified that women require emotional care, lifestyle changes and health management integrated into their follow-up, and that a nurse-led model of care could address these issues that matter most to women. This would allow nurses to work to the top of their scope of practice and provide meaningful, holistic care to women.

Abstract #408

Abstract

"*There are more important parts of your body than your breasts*": Australian women's perspectives on going flat after mastectomy

Speaker: Fiona Crawford-Williams (Flinders University, McGrath Foundation, Australia)

Summary: The aim of this quantitative survey was to explore the perspectives of Australian women who became 'flat' after undergoing unilateral or bilateral mastectomy. An online mixed-methods survey was completed by 460 women. Overall, 51% of respondents reported receiving all of the information they required to make an informed decision, while 41% were not aware of all available surgical options following mastectomy. Other results showed that 28% of women were queried by their healthcare provider on whether their decision to go flat was the right choice, and 30% stated that their healthcare provider attempted to change their decision to go flat. It was commented that a number of women felt that they needed to convince their health team to be on board with their decision, and going flat was generally perceived by women to be a safe option, with low levels of complications/risks. Many patients were thankful to be alive, even if their surgical outcome was sub-optimal. It was also noted that women perceived there to be more available information on reconstruction options than on going flat.

Comment: Going flat after a mastectomy is not an option that is openly discussed in the Australian community, and there is limited research on the topic despite a growing number of women choosing to forgo breast reconstruction. This research aimed to investigate the reasons why women go flat by undertaking an online survey and focus groups. A total of 460 women were surveyed and 70 women participated in focus groups. Results revealed that 19% of women were not told about the option of going flat, whilst 92% were happy with their decision to go flat. Themes identified from the study were satisfaction with going flat; influence of the healthcare team; information and support gaps; navigating changes to your body; and accessibility of post-mastectomy options. This research highlights the need for increased information regarding going flat as a surgical option, and increased education of healthcare professionals to be able to support women in their decision-making.

Abstract #449

Abstract

Paediatric oncology workforce survey: addressing the challenges and opportunities

Speaker: Elyce Pate (University of Adelaide, Australia)

Summary: Between 2021–22, the Cancer Nurses Society of Australia (CNSA) distributed an electronic cross-sectional survey to assess the job satisfaction of Australian cancer nurses. The survey was completed by 113 paediatric cancer nurses. Overall, 80% of paediatric cancer nurses felt that their practice had a clear scope, 65% reported sufficient levels of peer support and the overall level of job satisfaction was moderate (median 65/100). However, 52% of paediatric cancer nurses described a lack of openings for growth/promotion, 51% felt that leadership was lacking and 51% stated that quality care could not be provided due to inadequate resources. Job satisfaction was more likely with improved leadership, opportunities to utilise full skill sets and opportunities to participate in professional development. In addition, nurses with higher levels of job satisfaction were more likely to report that they intended to remain in the profession.

Comment: The CNSA launched the Cancer Nursing Workforce Survey in 2022 to better understand the workforce in relation to job satisfaction, work environment and professional development. Of the 930 respondents, 113 paediatric oncology nurses undertook the survey and highlighted the workforce challenges and opportunities in paediatric oncology. Both quantitative and qualitative data were collected, with average job satisfaction rated as 65/100. Paediatric oncology nurses also provided 76 responses to open questions, with themes identified including leadership and management; complexity of care and workload burden; and support for professional development and wellbeing. Results indicated a strong correlation between job satisfaction and intent to leave, highlighting the need to focus on solutions to retain paediatric oncology nurses in the profession. With the predicted nursing workforce shortage, institutions and the government need to prioritise this issue to ensure that we can provide safe patient care now and into the future.

Abstract #639

Abstract