Personalized medicine is expected to positively change the treatment of cancer, but early identification of patients who are most likely to benefit requires an integrated effort from interprofessional care providers. Centering care around a patient’s needs is the main task for a nurse coordinator, who is considered the core person for communication among all interprofessional care providers. This article describes a perspective on the nurse coordinator role as implemented in the lung cancer clinic at King Abdulaziz Medical City in Riyadh, Saudi Arabia.

**AT A GLANCE**
- The nurse coordinator role is highly affected by any advancement in the field of oncology.
- Because cancer treatment is a complex process, the nurse coordinator has a vital role to identify patients who may benefit from new advancements.
- Effective precision coordination will positively affect patient-reported outcomes and quality indicators of the institution.

**Precision Coordination**

The growing role of the nurse coordinator in the era of personalized medicine

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Cancer treatment is evolving rapidly, giving new hope to patients and their families. Personalized medicine is a global revolutionary modality, opening up an entirely new horizon of treatment options based on patients’ genetic characteristics and disease profile. Personalized medicine can be defined as “treatments targeted to the needs of individual patients on the basis of genetic, biomarker, phenotypic, or psychosocial characteristics that distinguish a given patient from other patients with similar clinical presentations” (Jameson & Longo, 2015, p. 2229). A crucial step in personalized medicine is accurately identifying patients with the required characteristics that make them eligible for targeted therapy and quickly guiding the oncologist to use the specific targeted treatment that may lead to the best tumor response. Patients found not to have the characteristics associated with a targeted therapy option can minimize their exposure to a costly, and possibly toxic, medication that is unlikely to benefit them, thereby decreasing their morbidity (Ong et al., 2012). At King Abdulaziz Medical City in Riyadh, Saudi Arabia, about 1,000 patients are newly diagnosed with cancer each year. The majority of these patients have an indication to undergo molecular studies at the time of initial treatment planning. More patients are undergoing additional testing during the course of their cancer therapy, making documentation and coordination of these key data critical to high-quality care.

The foundation of personalized medicine is molecular testing of a patient’s cancer cells. Findings from molecular testing lead to a patient-centered plan of care (Jameson & Longo, 2015). However, the addition of these tests increases the complexity of treatment planning at a difficult time. For patients, a cancer diagnosis is a life-changing event. It may affect their quality of life and cognitive function, leading to lack of concentration and memory difficulties (Cull et al., 1996). This may affect their ability to adhere to treatment requirements. In addition, cancer treatment itself is a complex process, and to reach the desired outcome, patients need to adhere to an extensive treatment plan that includes tests, referrals, imaging, and frequent visits with multiple providers. This is not an easy task, and patients can benefit from a case-oriented healthcare provider who can help patients overcome barriers and adhere to their treatment.

**Nurse Coordinator Role**

The nurse coordinator role was established in 1990 to reduce the time from identification of suspicious findings to treatment initiation (Freeman & Rodriguez, 2011). A nurse coordinator is an RN with experience in cancer care who is competent in providing guidance and support to patients during their treatment journey from diagnosis through recovery (Deeb et al., 2017; Swanson & Koch, 2010). Nurse coordinators are multitasking, case-oriented professionals. In addition to their major role—to ensure