Abstract

The Role of the Oncology Nurse in Cornea Procurement: Impact of a Structured Activation Procedure

Andrea Lamedica[1], Letizia Cianciolo[2], Dario Cremonesi[3], Arturo Di Maglie[4], Antonio Bonacaro[5], Simona Bertinelli[1], Giovanni Boschi[1], Laura Curti[1], Angela Bisceglia[1], Carlo Zuccone[1]

[1] UOC Oncologia Medica, Dipartimento ad Attività Integrata Interaziendale Onco-Ematologico, Azienda Ospedaliero-Universitaria di Parma, Parma, Italy
[2] Coordinamento Ospedaliero Procurement, UO Rianimazione, Dipartimento Emergenza Urgenza, Azienda Ospedaliero-Universitaria di Parma, Parma, Italy
[3] Direzione Generale, Azienda Ospedaliero-Universitaria di Parma, Parma, Italy
[4] SSD Interaziendale di Emergenza Urgenza, Direzione Sanitaria, Azienda Ospedaliero-Universitaria di Parma, Parma, Italy
[5] Department of Medicine and Surgery, University of Parma, Parma, Italy
(Corresponding Author: alamedica@ao.pr.it)

Citation: Lamedica, A., Cianciolo, L., Cremonesi, D., Di Maglie, A., Bonacaro, A., Bertinelli, S., Boschi, G., Curti, L., Bisceglia, A., & Zuccone, C. (2026). The role of the oncology nurse in cornea procurement: Impact of a structured activation procedure. *International Journal of Health Supplements*, 1(Suppl. 2), 166–167. https://doi.org/10.82051/ijhs-2026-Suppl2

Introduction. Tissue (corneal) donation from oncology patients requires a rigorous assessment of donor eligibility. The oncology nurse plays a key role in identifying potential donors; however, non-standardized pathways may limit donation opportunities. Following the introduction of a standard operating procedure (SOP), implemented as a hospital procedure and operating instruction primarily involving the nursing role, the objectives were to: assess screening and activation of corneal retrieval in the Medical Oncology Inpatient Unit; analyze the impact of the SOP on the number of donations, completeness of data collection, and cases in which potential donors were not assessed.

Methods. A retrospective comparative analysis of corneal procurement data (2024–2025) was conducted before and after implementation of the standard operating procedure, including: systematic medical and nursing screening using a checklist; a direct communication protocol with the hospital procurement coordination team and computerized data collection; donation rates, non-assessed cases, referrals, consents, and refusals.

Results. The SOP significantly improved outcomes and resulted in more consistent collection of medical history data: between 2024 and 2025, corneal donations from oncology patients as a proportion of total transplants increased by 7.44 percentage points, from 30/126 to 40/128, respectively; in 2025, the number of potential donors who were not assessed fell to zero (from 11 to 0), while corneal referrals totaled 28; in 2025, total consents (given during life and by legally entitled representatives) increased by 25% (from 15 to 20), while total refusals (during life and by legally entitled representatives) decreased by 30% (from 10 to 7).

Discussion. A structured procedure, with a central role for the oncology nurse, optimizes the corneal procurement process. Through proactive screening and accurate data collection, in collaboration

with the physician, the nurse acts as a "safety barrier," ensuring that no potential donor is excluded. Synergy with the procurement team is essential to maximize donations and ensure both the quality and safety of the pathway. The model is replicable and demonstrates that investment in training and tools for nursing staff is crucial to success in this sensitive area.

Keywords: Cornea Procurement, Oncology Nurse, Tissue Donation

Funding: This research received no external funding. **Conflict of Interest:** The authors declare no conflict of interest.