



EONS newsletter

The Quarterly Newsletter of the European Oncology Nursing Society

Fall 2003

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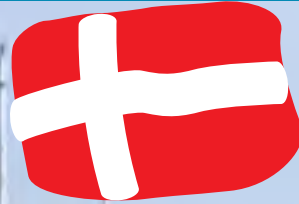
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ECCO XII Copenhagen



Colophon

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The goal of the EONS Newsletter is to inform nurses about EONS and EONS activities and to inspire nurses throughout Europe to improve the care of the cancer patient.

The purpose of this Newsletter is to provide:

- Information on EONS activities
- Practical information of interest for the EONS members
- A networking forum for cancer nurses throughout Europe

Print run: 4.000 copies,
Electronic version accessible by
18.000 EONS members

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Cover: photographs of Copenhagen taken by Helene Ekfors

EONS likes to acknowledge Amgen as sustaining member of our society

Printed in Holland

Drukkerij Trioprint Nijmegen bv
Holland



Dear Colleagues,

Welcome to the fall 2003 issue of the EONS Newsletter, the Newsletter of the European Oncology Nursing Society! This special issue of the Newsletter will not only be sent to our regular readers but will be distributed at the ECCO 12 conference in Copenhagen as well. Participants at ECCO, and new readers, will find lots of information about EONS in this issue. For example, the article, Nutrition in Oncology - Educational Program (NOEP) describes a program developed to raise awareness of the importance of nutrition in cancer care. The program, funded by Nutricia, will be officially launched at a satellite symposium at ECCO 12 on Wednesday September 24, 17:30 to 19:00. The symposium is designed as an interactive session to discuss nutrition in oncology, present and discuss results of the needs analysis performed during the 3rd Spring Convention, and to discuss the positive outcomes of a program test implementation conducted in the Czech Republic in June 2003. This cutting edge symposium shouldn't be missed! There's also exciting news about the European Journal of Oncology Nursing, the official journal of EONS. It has been accepted by the National Library of Medicine for inclusion in the Medline and PubMed abstracting and indexing services.

Also in this issue is a paper on the changing role of the cancer nurse. Cancer nursing has always been a unique speciality within the profession of nursing. Now internal and external influences have brought about numerous changes in how and where we practice; nurses are now care managers practicing in independent roles. Their pivotal role in the multi-professional team is gaining recognition. The author states that nurses in cancer care have accomplished a great deal, in part because we have taken the initiative to control and influence issues which affect our practice. Our challenge, she argues, is to continue to develop our role to achieve personal and professional satisfaction and to better meet the needs of our patients. I urge you to read the article, reflect on its contents, and use it as a basis for discussions with colleagues. One of the tasks of the EONS Editorial team is to co-ordinate communications with EONS members. To know how this may be done best, we need to hear your opinions! In this issue you can find a questionnaire with the aims to find out your satisfaction and opinions about the EONS Newsletter and Website. Please take the time to fill the questionnaire in. If you are attending ECCO 12, be sure to make the experience memorable! The nursing program includes topics of interest for everyone; clinical nurses, researchers, educators and managers. Talk with colleagues, listen to interesting presentations and take time to visit the poster presentations. Be sure to stop by the EONS stand to learn more about the Society and chat with members of the Executive Board: a Board member is always on duty to answer questions and has an ear open for your ideas and suggestions. My most important advice for ECCO participants; don't forget to enjoy yourself!

Karin Ahlberg, Editor-in-Chief

The Right Balance between Commitment and Responsibility within the Boundaries of Possibilities

During my term as President of EONS, I was often confronted with finding the right balance between commitment and responsibility within the boundaries of possibilities. The position of the President requires a complete commitment to the society and its goals. It also means that you have to take the responsibility to lead the Society in all aspects. To take the lead in the Society means that you need to be available for the members, societies, and a tremendous number of organisations with whom the Society interacts. Despite these challenges, it was a great honour to serve as President and the experience has enriched my personal life and professional career. During my presidency, I was in the position to influence the position of oncology nurses in very different ways. EONS now plays a more important role as a full member society of the Federation of European Cancer Societies and EONS is very often asked by other member societies to become involved in working groups and European Projects. I have also noted with pleasure that the oncology nurse has become a serious partner in the multi-professional healthcare team at the national level. When I look back on my goals as President and the goals set out by the Board of Directors in 2001, I realize that we are in the middle of an important discussion related to influencing and directing the future of oncology nursing practice in Europe. This discussion was the main item of the Advisory Council Meeting in Brussels in March 2003. The outcome of this two-day meeting illustrated that EONS needs to change its current policy and strategy for the future.

The proposals for the new goals will be discussed with members during the General Meeting during ECCO12. Changing a policy and strategy takes time and must be done very carefully. The proposed changes will mean a greater involvement of national societies and individual members in activities and projects. Personally I think that the involvement and commitment is the base of changing the future. I believe in the new direction and goals and I will actively support them in the future. An impressive experience for me was meeting the representatives of the diverse national societies when I was visiting their national conferences and meetings. I enjoyed and prospered from being involved in their discussions about professionalisation and the position of oncology nurses in different countries. I really believe that we can learn from each other in the future when we listen to the real messages and demands from our members. Sometimes it feels like failing when you are not in the position to give all the support they need. It was at these times that I felt the boundaries of possibilities: all problems cannot be solved because there is still a lack of human resources, financial support and time to improve the situation.

After two years as EONS President, I still cite my personal message: Creating your future can only be done by yourself.

Thank you for your confidence and friendship during my Presidency.
Giel Vaessen

Our colleagues from...Denmark

The Newsletter Editorial Board conducted an interview with Solveig Olafsdottir (President of the Danish Cancer Nursing Society or DCNS) to bring you insider information on the mission and activities of the Danish Oncology Nursing Society.

What is the Danish Cancer Nursing Society?

The Danish Cancer Nursing Society is one of approximately 30 societies included under the 'Danish Council of Nursing'. To be precise, our Society is the thirteenth as indicated in our name 'FS 13'. The society was established 23 years ago and has steadily grown to a membership of about 950 nurses from all over the country; primarily nurses from oncology and haematology departments, but also from homecare and palliative care. Most of our members are experienced cancer-nurses who have worked in cancer care for 5 years or more and have undergone post-graduate education in the field of oncology. An increasing number of members come from general medical or surgical departments.

Have you formulated a mission statement as a Society?

The mission of the society is 'to improve and develop cancer care in Denmark'. This broad formulation covers all of our activities and goals. To be more specific, we try to provide opportunities for our members to develop their skills and competencies. Further, as a society we work hard to improve the post-graduate education available for cancer nurses in Denmark. Other important focus areas are research, the development of clinical cancer nursing and the dissemination of evidence-based knowledge.

How is your society structured to achieve these goals?

Over the years, we have established 11 Special Interest Groups (SIG's). Each group consists of 10 to 12 nurses (maximum) from all regions of the country. The individual SIGs develop activities and materials to increase the knowledge about specific clinical areas such as nutrition, sexuality, fatigue, pain, radiotherapy, research, palliative care, research nurses, nausea and vomiting, transplantation, chemotherapy and ethics. The majority of the SIG's have now been in existence for 9 years. We are pleased that we will be able to their 10th Anniversary at our Annual Meeting next year. In addition to the SIGs, our Society has organised a working group which focuses on website and Public Relation activities. The working group also supports the SIG's through dissemination of knowledge of cancer nursing and cancer nurses in Denmark.

What are the benefits of being a member?

Members of the Society participate in an active nursing society that shares experience, research results and evidence-based knowledge. Our journal "Focus on Cancer and (Cancer-) Nursing" has become an important medium to share knowledge and experience among Danish cancer nurses. But above all, the Society is a platform for networking. Our annual 2-day conference is very popular and has about 300 participants. For the third consecutive year we chose to have one main theme. After 'evidence based cancer nursing' and 'rehabilitation', this year 'palliative care' will be the focus of the program.

You say the DCNS has a special working group for the website and PR-activities, how accessible is the web for Danish nurses?

Denmark is one of the countries with the highest density of Internet access. Most nurses therefore have access to the net, either through their place or employment or in private. The DCNS has a website under the Danish Council of Nurses and statistics show that it is one of the most visited sites. All the special interest groups edit their part of our site with help of the working group. Included on the web site are newsletters, articles, and guidelines. A number of interesting links

to national and international sites provide cancer nurses with access to valuable resources.

So what have you recently accomplished as a Society?

I think we are rather well organised as Society. In regard to our mission, I can say that the cancer nurses in Denmark have attained a high level of knowledge and which enables them to provide a high level of quality of care. The most difficult challenge has been to obtain the acknowledgement that postgraduate education in the field of oncology is crucial in cancer care. On a national level we now participate in the evaluation of the Danish National Cancer Plan and participate in describing competencies and skills for cancer nurses at three different levels.

How about your international contacts?

We have a strong collaboration with the Nordic countries. Although we speak different languages, we can understand each other relatively well, well enough to arrange a Nordic Conference every two years. No simultaneous translation is needed. These Nordic countries are Iceland, Norway, Sweden and Denmark. Finland is not a participant in this collaboration because of the language difference. At the ISNCC World Conference we have held Nordic/ Scandinavian Symposia for a number of years.

Besides the conferences, the Nordic representatives of the different societies meet two or three times a year and visit each other's National Conferences. Furthermore, the DCNS is a member of both EONS and the ISNCC. Our members can participate in international conferences and benefit from the international collaboration.

How would you describe your relation with EONS?

Over the last years the DCNS has become much more active in both the Nordic collaboration and in EONS. We want to actively participate to further the European collaboration of cancer nursing societies. The great challenge for DCNS, as for the other European Societies, is to influence the political agenda regarding the development of cancer care and post-graduate education for cancer nurses. It has been a pleasant experience to participate in the EONS Advisory Council and provide input to the new strategy plan of EONS. We felt supported and supportive as well. It was a milestone in the history of EONS.

On behalf of the Danish Cancer Nursing Society I'd like to welcome all the nurses that attend the 12th ECCO conference in Copenhagen. We hope you will enjoy your stay in Denmark.

Solveig Olafsdottir
President of FS 13
The Danish Cancer Nursing Society

Carol R. Krcmar, RN, MN

Political, economical, social and professional factors continuously influence changes in the role of the nurse in cancer care. Although not always easy to accomplish, nor to accept, changes in practice are inevitable. If viewed positively, change presents an opportunity for personal and professional growth. Following is a discussion of some of the issues which are influencing change in the role of the cancer nurse.

Changes in what we practice: direct care

The role and responsibilities of the nurse in direct patient care in hospitals is well-established. I once read: "a hospital without physicians is a nursing home, a hospital without nurses is a hotel". So significant is the presence of nurses in direct care, that the future of cancer nursing is contingent on promoting, supporting, acknowledging and advancing the nurse's role in this aspect of

patient care. This includes fostering skill and knowledge acquisition to develop the novice nurse into an expert. Strategies which encourage development include strong mentoring in the clinical area, establishing clinical advancement programmes which legitimise levels of practice, offering continuing education programmes and fostering collaboration with other disciplines in order to encourage the recognition of nursing expertise (Whitley, 1992).

In this light, more attention needs to be given to the retention of experts at the bedside involved in direct care. To retain experts, Whitley (1992) recommends providing a flexible practice environment in which the expert can make exceptions to rules in order to individualise care; providing incentives, such as career advancement; administrative and managerial support for the role of the expert; and offering private and group psychological support.

Roles in Cancer Nursing: Ever-changing

"a hospital without physicians is a nursing home, a hospital without nurses is a hotel"

Changes in how we practice: advanced practice

A change already occurring in cancer nursing is the extension and expansion of conventional roles as a result of changes in practice, scientific advances and the increasingly complex technical care of patients. Nurses are not only expanding their practice settings, they are also expanding the services they offer often entering into domains traditionally occupied by other health care professionals. Debate concerning the definition of and educational criteria for advanced practice is on-going in Europe. The joint EONS / EUROQUAN project on advanced practice identified the need for specially prepared advanced nurses and the need for the development of an advanced cancer nursing education programme across Europe.

Nurse involvement in genetic counselling bears mentioning as an example of the expanded role of the nurse. The number of nurses involved in genetic counselling is steadily increasing world-wide. Nurse genetic counsellors are required to possess knowledge of cancer genetics including implications for clinical practice and be well versed on models of patient decision making, ethics, and issues surrounding confidentiality (Hilton 1999).

Changes in where we practice: ambulatory and home care

Driven by the high-cost of health care, complicated treatments and procedures are being performed with increasing frequency in the ambulatory and home settings. A survey conducted in the United

States (Buerhaus & Staiger 1997) indicated that highly skilled nurses, especially in the area of palliative care, pain management and patient education are in high demand in home health care. If this is also true for Europe, experienced and specially trained cancer nurses should have no trouble changing their place of employment from hospital to the home care setting. In addition to strong clinical skills, job opportunities in home and ambulatory care involve re-examining one's personal strengths and weaknesses; these positions often require flexible working hours, the ability to work independently, strong decision-making skills and assertiveness. Employment opportunities are by no means confined to in-patient, out-patient and home care. Rather, the options are extensive; limited only by the creativity and entrepreneurial spirit of the individual nurse.

Changes in who we are: personal development

Further development and refinement of two key personal skills, communication and leadership, is crucial if professional nurses are to meet the increasing demands expected of them. Wilkinson (1999) identifies communication, together with an ability to listen, as the most important aspect of practice. Effective communication provides a basis for the development of supportive relationships which help patients cope with the effects of cancer (Northouse & Northouse 1996). Excellent communication skills, both verbal and written, between members of the multi-professional team is essential in today's high tech and high paced care settings.

Networking, a communication mode under utilised in nursing, provides nurses with the opportunity to discuss problems incurred in everyday practice with colleagues. The personal and professional advantages of networking should not be underestimated. Stronger leadership skills are needed in nursing to handle the diversity and rate of changes occurring in health care. Hilton (1999) advocates that real change leaders capable of independent initiatives are needed at all levels of nursing to keep pace with changes in health care.

External influences: technology and culture

No other single item or event is having such a significant impact on the way we think and act as the information highway. Information Technology should be taught in basic and post-basic programmes and traditional methods of information dissemination (i.e. written documentation) need to be supplemented with material in digital form. Scrutiny of publications on the world wide web is necessary to access valid information and direct patients to reputable sources.



Patient View 2003

Dr Emma Ream, Senior Lecturer and Research Fellow at the Florence Nightingale School of Nursing & Midwifery, King's College London.

On March 21st 2003 I represented EONS at a workshop at the Hofburg Congress Center, Vienna, on the informational needs of patients with cancer. It was a parallel event to the Vienna Educational Symposium on Cancer Anaemia Management. The workshop was organised by Patient View, a UK-based research and publishing organisation that designs and conducts projects that focus on healthcare issues. It was conducted in response to findings from a pan-European survey conducted by Patient View on the information provided on prescription medicines. It determined that cancer patients had many unmet informational needs relating to prescription medicines, and to other wider issues.

The workshop on March 21st allowed individuals from across Europe, with an interest in the information needs of patients with cancer, to share and discuss this important topic. Participants at the workshop included representatives from patient advocacy groups, academics, and health professionals, along with members of the media and industry. Presentations during the afternoon described the:

- Informed Patient Project (Peter Singleton, University of Cambridge)
- Information needs of patients with cancer (Kathy Redmond)
- Information needs of breast cancer patients and advocates (Susan Knox, EUROPPA DONNA)
- WHO approach: integrating patients' needs into comprehensive cancer control programmes (Andreas Ullrich, WHO)
- Active citizenship and the patients' charter (Ilaria Donatoni, Campaign for Patient Information and Education, Italy)
- EFNA initiative on patient information (Alistair Newton, European Federation of Neurological Associations).

The afternoon concluded with a panel discussion (in which I participated) that allowed reflection on the afternoon sessions, and debate on changes that need to occur to ensure that the information needs of patients with cancer are recognised and met.

Some conclusions from the workshops were:

- Patients with cancer need more information than the majority of doctors and other health professionals often provide them.
- Without information, patients' quality of life is compromised.
- Many workshop participants believed that implementation of patients' rights legislation will be the only way to increase flow of information to patients.
- Advocacy groups have a significant role to play in promoting the cause of the informed patient. To be more potent they need to form coalitions, share their experiences and above all be proactive.
- Industry needs to become more transparent and honest when supplying medical data, notably in the provision of information about side effects of medications.



As national boundaries disintegrate in Europe, nurses will be confronted with populations of people who do not hold the same health beliefs and practices as themselves. Gaining a global perspective means learning about and accepting cultural diversity. Increased awareness and involvement in 'global issues' not directly related to practice (i.e. institutional, national and European political issues) can prepare nurses to take a pro-active stance on policies and legislation which impact practice.

Making internal changes: nursing research

Nursing research conducted until now has been primarily focused on describing and documenting phenomena. Only recently has research interest shifted to the systematic investigation of the results of care and treatment. Collaboration between nursing scientists and colleagues in clinical areas is necessary to conduct meaningful intervention studies. Acknowledgement and recognition of nursing science will only occur if evidence-based practice moves from a trendy phrase to an everyday reality.

Conclusion

An exciting aspect of being a cancer nurse is keeping pace with changes and advances in cancer management and health care. One need only reflect on the state of cancer nursing ten years ago to realise how our practice has been changed by internal and external factors. Nurses in cancer care have accomplished a great deal, in part because we have taken the initiative to control and influence issues which affect our practice. Our challenge is to continue to develop our role to achieve personal and professional satisfaction and to better meet the needs of our patients.

References

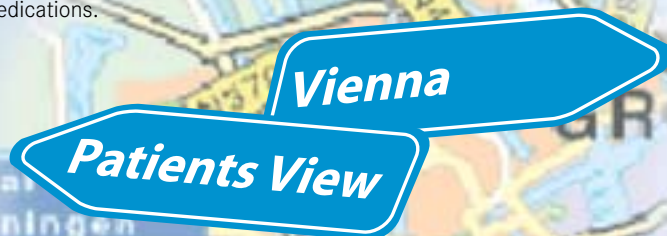
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Whitley MJ. Characteristics of the expert oncology nurse. *Oncology Nursing Forum* 1996; 19 (8) 1242-1246

Wilkinson S. Communication: It makes a difference. *Cancer Nursing* 1999; 22(1): 17-20.



There were 35 individuals from across Europe at the workshop. It was a most interesting afternoon that provided a forum for much animated debate and discussion amongst those present. The needs of patients were at the heart of the workshop and were encapsulated in the comments made by Alistair Newton of the European Federation of Neurological Associations (EFNA). He described the paradigm of chronic illness, including cancer as Life is a journey, of which illness remains but a part. Those on a journey need maps. Early diagnosis is part of the map. Early diagnosis gives better outcomes. Informed patients have better opportunities to contribute to the management of their care and positive patient contributions tend to lead to better therapeutic outcomes. Further information about the work of Patient View, the outcomes of the workshop, and related research can be found on their website www.patient-view.com.

FOCUS ON FEEDING

NUTRICIA'S NUTRITIONAL THERAPY PART OF YOUR CANCER THERAPY

Malnutrition is common in cancer patients and is associated with reduced well-being and poorer clinical outcome.^(1,2) It is, therefore, important to maintain or even improve nutritional status before, during and after cancer therapy.^(1,2) Nutritional

support has been shown to be effective in achieving this.^(2,3) NUTRICIA's range of clinical nutrition products and FLOCARE medical devices will help to improve nutritional intake, and as part of your cancer therapy will be beneficial for both you and your patients.



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⁽²⁾ Bozetti F. In: Payne-James et al (eds). 2nd ed. London: GMM, 2001:639-80.
⁽³⁾ Den Broeder E et al. *JPEN* 2000;24:351-60.

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NUTRICIA

EONS Newsletter and Website Satisfaction Survey

Thank you for helping us to serve you better

As you may be aware, in 2002 the Executive Board set into existence an Editorial Team whose task it is to coordinate communication with EONS membership through paper publications and the Internet. With this survey, we would like to solicit your satisfaction with the Newsletter and your opinions on the EONS website. We are also interested in your suggestions for future topics of interest and ideas to get more of the membership involved in the two projects. Please take a few minutes to thoughtfully answer the following questions. We value your opinion and involvement.

EONS Newsletter

- Have you read an issue of the EONS Newsletter? Yes No
- I read the EONS Newsletter on a regular basis. Yes No
- I regularly (4 times per year) receive the EONS Newsletter in paper form.
If no, how many issues did you receive in 2002?
- I regularly (4 times per year) receive the EONS Newsletter in electronic (Pdf) form. Yes No
- I download issues of the Newsletter from my national societies home page. Yes No
- I download the Newsletter from the EONS web pages. Yes No
- How would you rate the overall quality of the Newsletter on a scale of 1-10, with 10 being the best possible quality/highest personal satisfaction with the Newsletter?
highest 10 9 8 7 6 5 4 3 2 1 *lowest*
- Overall, I find the 'look' of the Newsletter
very attractive 5 4 3 2 1 *not attractive*
- Please indicate which sections of the Newsletter you like/dislike.

	Like	Dislike
Editorial	<input type="checkbox"/>	<input type="checkbox"/>
Our Colleagues from ...	<input type="checkbox"/>	<input type="checkbox"/>
Feature articles	<input type="checkbox"/>	<input type="checkbox"/>
Meeting reports	<input type="checkbox"/>	<input type="checkbox"/>
EONS News	<input type="checkbox"/>	<input type="checkbox"/>
- The feature clinical article is
always helpful for my practice 5 4 3 2 1 *never helpful for my practice*
- Please rank order the following topics from 1 (high interest) to 5 (no interest).

Treatment modalities:

<input type="checkbox"/> Chemotherapy	<input type="checkbox"/> Radiation therapy	<input type="checkbox"/> Surgical Oncology	<input type="checkbox"/> Biological therapy
<input type="checkbox"/> Gene therapy			

Disease entities:

<input type="checkbox"/> Breast cancer	<input type="checkbox"/> Lung cancer	<input type="checkbox"/> Female GU cancer	<input type="checkbox"/> Male GU cancers
<input type="checkbox"/> Leukaemia	<input type="checkbox"/> Metastasis	<input type="checkbox"/> Gastric cancer	<input type="checkbox"/> Skin cancer
<input type="checkbox"/> Colorectal cancer	<input type="checkbox"/> Head & Neck cancer	<input type="checkbox"/> Lymphoma and Hodgkin's disease	

Symptom management:

<input type="checkbox"/> Fatigue	<input type="checkbox"/> Nutritional support	<input type="checkbox"/> Body image	<input type="checkbox"/> Nausea and vomiting
<input type="checkbox"/> Pain	<input type="checkbox"/> Grief and loss	<input type="checkbox"/> Psycho-social issues	<input type="checkbox"/> Care-giver support

Cancer nursing:

<input type="checkbox"/> Documentation of care	<input type="checkbox"/> Role implementation	<input type="checkbox"/> Advanced practice
<input type="checkbox"/> Personnel management	<input type="checkbox"/> Nursing shortage	<input type="checkbox"/> Professional issues

Other issues:

12. Have you ever contributed an article to the Newsletter,
or do you think you would consider doing so in the future?

I have contributed in the past

I may consider contributing in the future

Yes

No

Yes

No

Yes

No

13. Any other comments that would help us improve the EONS Newsletter?

EONS Website

14. I visit the EONS website

1 x per week

1 x per month

1 x every 3 months

1 x every 6 months

1 x per year

never visited the site

15. I have never visited the EONS website because:

I was not aware of its existence

I do not have Internet access

I prefer to obtain EONS information from other sources

16. I visit the website to obtain information on:

(check all that apply)

Membership information

News updates

Educational materials

Upcoming events

Accreditation services

17. In my opinion, changes at the website should include:

(check all that apply)

adding an interactive section

providing more links

providing information in various languages

improving site navigation

more input from members

more information on:

Yes, I would like to become more involved with the

EONS Newsletter,

EONS website,

both.

Name:

Address:

E-mail:

Area of interest:

Please hand in your completed questionnaire at the EONS Stand or send in the completed questionnaire to the EONS secretariat.

See the address in colophon. Thank you!

Satisfaction Survey, Membership

September 2003

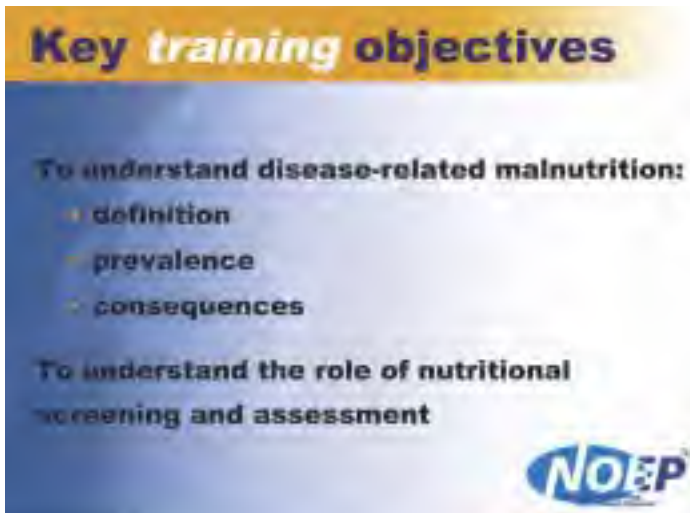
NOEP: Ready to launch in September!

The Nutrition in Oncology - Educational Program (NOEP) which was developed in co-operation with Nutricia, will be officially launched at the ECCO 12 in Copenhagen. A satellite symposium will be held on Wednesday 24th September 2003 from 17:30 to 19:00 hours in room 18/19. The symposium will provide an opportunity to discuss the lack of awareness that the role of nutrition has in oncology, to present results of the needs analysis performed during the last 3rd Spring Convention in Venice (which served as a basis to build NOEP) and to discuss the positive outcomes of a program test implementation that was performed in Czech Republic in June 2003.

Disease-related malnutrition (DRM) in Cancer

The NOEP has been developed by the EONS, in partnership with Nutricia, between April 2002 and June 2003. Following the development of the program, two test implementations were carried out in Czech Republic and The Netherlands. Nurses in both countries gave very enthusiastic and positive oral feedback and the program was evaluated in very positive light (global evaluation of NOEP: 9.44/10 in Czech Republic). Initial remarks from Czech nurses indicated that little attention is currently given to nutrition in oncology and that they have a key role to play in that respect.

NOEP was considered to be a multidisciplinary project and therefore an oncologist, a dietary nurse and a psychologist gave the workshop



Key training objectives

- To understand disease-related malnutrition:
 - definition
 - prevalence
 - consequences
- To understand the role of nutritional screening and assessment

NOEP

presentations and shared their experiences. In terms of adapting the NOEP to meet individual country needs, the Czech Republic implementation demonstrated that the translation needs a high level of attention to ensure correct interpretation and is a key factor in determining the success of the program. Speakers at the test implementations took the opportunity to add extra slides or adapt case studies that they judged to be useful and essential for the comprehension of the program. The program was very demanding on the nurses in terms of hours of concentration, and it was concluded that dividing the program into two days would provide a better opportunity for nurses to exchange ideas and benefit from information presented in the case studies.

In the coming weeks, final adaptations will be made to the program based on the results of the test implementations, and keeping in mind that NOEP must provide a solid and structured content. These improvements will also give the flexibility to add or adapt a few slides. The folder including the complete NOEP will be available at ECCO 12 at the Nutricia stand (H-089).

Spain and Belgium have already expressed their interest in launching NOEP before the end of 2003. The next steps will be to implement NOEP across Europe. As NOEP is a partnership between the EONS and Nutricia, local implementation plans must be discussed between Oncology nursing societies and Nutricia at a country level. Please feel free to contact your local Nutricia office to discuss the implementation of NOEP in your country. Preliminary meetings will be arranged to discuss your expectations of NOEP and to construct a detailed action plan including deadlines for translations, organisation of workshops, numbers of workshops, participants to the workshops etc. After submission of this action plan, Nutricia will fund the costs of the translation and the organisation costs agreed in advance. Evaluation of NOEP will be made in order to determine whether it is meeting the expectations of nurses in terms of education, and to help improve the program through the development of new and innovative ideas.

The 4th Spring Convention of the EONS in April 2004 will provide an opportunity to discuss the NOEP implementation across Europe and draw conclusions. If you wish to receive information regarding your local Nutricia contact person, please contact Jan Foubert at: jan.foubert@skynet.be or François Convent at: francois.convent@nutricia.com

The European Journal of Oncology Nursing accepted for Inclusion in the Medline and PubMed Abstracting and Indexing Services

The National Library of Medicine has accepted the European Journal of Oncology Nursing (EJON) for inclusion in the Medline and PubMed abstracting and indexing services. The Editor, Alexander Molasiotis, and the Publisher, Health Sciences ELSEVIER, put together a detailed application to Medline earlier this year and have now received notification that the application has been approved. Medline and PubMed are among the most frequently used abstracting and indexing services of the international medical community. The citation will provide EJON authors with substantial additional international profile and coverage of their articles. All issues of EJON from Volume 7 Number 1 onwards will be included.

Invitation

Dear members of the European Oncology Nursing Society, you are cordially invited to the General Meeting at the ECCO conference. The meeting is scheduled for Tuesday 22nd of September at 11:30 until 13:30 hours in auditorium 10/11 at the Bella center. During this meeting the proposal for the new Strategy Plan of our Society will be presented and discussed. Individual members who are not able to attend this meeting are invited to send in written comments to the EONS secretariat in Brussels before November 1st 2003.

PROPOSAL

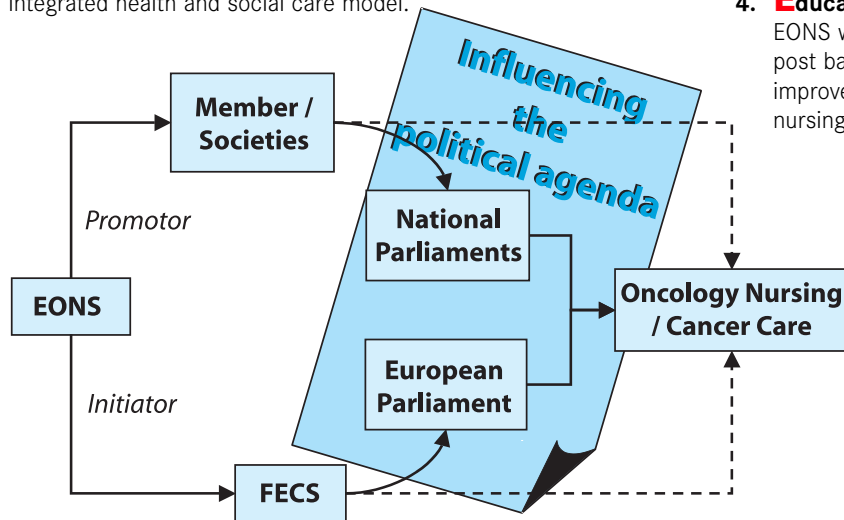
EONS Mission Statement

The mission of the European Oncology Nursing Society is to add value to the work of its individual members and societies in delivering care to patients with cancer. It aims to assist in the promotion of developing healthy communities through influencing, research and education.

Context of Strategic Plan

EONS is a European citizen, it exists within many communities across Europe (both health and social) and not in isolation. It's strength lies in co-operation and collaboration with a range of multi-professional organisations, helping to optimise the nursing contribution to cancer care. Underpinning this collaborative approach is the crucial relationship EONS must continue to develop with National Oncology Nursing Societies and individual nurses working with cancer patients.

The Society recognises the diverse economic and multi-ethnic society across Europe and will strive to represent oncology nursing to work towards equitable training and development for nurses who wish to pursue a career in oncology. To this end, EONS supports diverse educational programmes through accreditation, and instigates and supports clinical projects and research. This is in recognition that cancer nurses will need a diversity of skills, competencies and related theory to work in novel ways within an integrated health and social care model.



The Strategic CARE plan

1. Communication

EONS, as the recognised representative of European oncology nurses at the Federation of European Cancer Societies (FECS), furthers and facilitates communication between EONS and its membership, as well as the communication between the different member societies.

2. Influencing the Political Agenda

- EONS will assist and support members to lobby for recognised/agreed standards of oncology training/education, through recognition of oncology nursing as a speciality within each membership country
- EONS will provide current information to (inter)national professional representatives to raise the knowledge and awareness of the contribution of cancer nurses in Europe

3. Research

EONS will collaborate with member societies and key stakeholders to raise the profile of oncology nursing research in Europe. It will have a facilitative role helping others to initiate research through guidance with funding issues, mentoring, publication and dissemination of results.

4. Education

EONS will develop and implement, in collaboration with members, post basic education and continuing education designed to improve knowledge and competence in agreed areas of cancer nursing.



SIOG / EORTC Collaborative Course receives EONS Certification

The Accreditation Council recently granted the SIOG/EORTC sponsored course entitled 'Practical Approaches to Elderly Patients with Cancer' certification until August 2006. This course, which is targeted to a broad audience, will have taken place September 5-6 2003 in Madrid. With the number of elderly cancer patients steadily increasing, the two organisations recognised the need to teach nurses how to assess elderly patients. The course represents a first step in a pan-European initiative to develop reliable assessment and evaluation tools focusing on the elderly cancer patient. In addition, evaluations of this course will help SIOG and EORTC to plan future, more focused courses on the topic offered through regional education programs.

Upcoming Events

4-8 October 2003, Basel, Switzerland.

Gemeinsame Jahrestagung der Deutschen, Österreichischen und Schweizerischen Gesellschaften für Hämatologie und Onkologie. Nursing programme in German. Einsendeschluss für Abstracts 21. Mai 2003. Informationen: Onkologie-Hämatologie 2003, c/o AKM Congress Service, Postfach, Clarastrasse 57, 4005 Basel/Schweiz. Tel.: +41 61 686 77 11, Fax: +41 61 686 77 88, e-mail: info@akm.ch, Internet: www.akm.ch/onkologie-haematologie03.

13-14 November 2003, Monte Carlo, Monaco.

3rd European Conference: Perspectives in Breast Cancer. Information: : www.imedex.com/announcements/ebreast03.html. Contact: h.drew@imedex.com, Tel.: +1 770-751-7332, fax: +1 770-751-7334

14 November 2003, Maastricht (MECCC), The Netherlands.

Dutch Oncology Nursing Society Annual Congress. Contact: www.vvov.org, e-mail: secretariat@vvov.org.

21-22 November 2003, Rome, Italy.

4th Meeting of SIOG, 8th International Conference on Geriatric Oncology. A special nursing symposium with international speakers conducted in English with translation will be held in conjunction with the conference. Internet: www.imedex.com.

16-20 March 2004, Hamburg, Germany.

4th European Breast Cancer Conference. Contact: www.fecs.be/conferences/ebcc4/index.shtml.

28-31 March 2004, Barcelona, Spain.

European Blood and Marrow Transplantation Group (EBMT). Annual Meeting. Contact: www.ebmt.org/2RelatedMeetings/annual1.html.

15-17 April 2004, Edinburgh, UK.

4th EONS Spring Convention, Quality of life: The key in cancer care. The conference will focus on "The nursing contribution to quality cancer care". Teaching, plenary and workshop sessions will be offered and geared to the beginner through advanced level. Deadline for abstract submission and early registration is 15 December 2003. Information: www.cancerworld.org/eons.

8-12 August 2004, Sydney, Australia.

13th International Conference on Cancer Nursing The conference is organised in partnership between ISNCC and the Cancer Nurses Society of Australia (CNSA). For further information contact: Conference Office, +44 116 270 3309, Fax: +44 116 270 3673, e-mail: conference@isncc.org.



13th INTERNATIONAL Conference on
Cancer Nursing 2004
CELEBRATING DIVERSITY

8th - 12th AUGUST 2004
Sydney Convention & Exhibition Centre
SYDNEY AUSTRALIA

ICCN is the largest international meeting of cancer nurses. It offers professionals from all over the world the chance to exchange research, practical experiences and hear about the latest developments in treatment and patient care. Numerous pre-conference workshops will enable delegates to learn from international experts and enhance patient management strategies. European and UK continuing education accreditation is currently applied for. ISNCC and the Cancer Nurses' Society of Australia look forward to welcoming you.

Abstracts for oral and poster presentations are now invited. The deadline for submission is September 30th 2003.

Early Bird Discount available until 30th November 2003

Simply contact us now for details:
Tel: +44 (0) 116 270 3309
Fax: +44 (0) 116 270 3673
Email: conference@isncc.org
Conference Office:
PO Box 6626, Leicester LE2 1YU UK

Plenary themes include:

- Cancer across the lifespan
- Building an Evidence Base
- Global Issues
- Treatment Developments
- Symptom Management
- Supportive Care
- Prevention & Early Detection

Treatment issues in the elderly: focus on antiemetics

Nausea and vomiting following chemotherapy or radiotherapy can have a detrimental effect on patients' wellbeing, particularly in the elderly, who comprise the majority of cancer patients.¹ Older cancer patients are prone to complications relating to:

- impairment of major organs (heart, liver and/or kidneys)
- comorbid conditions (e.g. cardiovascular and gastrointestinal problems, arthritis)
- multiple prescriptions for other conditions^{2,3} and use of over-the-counter medications.

Cardiovascular, renal and hepatic impairment

Hypertension and heart-related conditions occur in about 40% of cancer patients aged 55 years and over.⁴ In patients over 70 years this figure can be as high as 60%.⁵ The risk to the heart is further increased if an elderly cancer patient is exposed to:

- cardiotoxic chemotherapeutic drugs such as adriamycin (doxorubicin), mitoxantrone, paclitaxel, fluorouracil or high-dose cyclophosphamide
- new biological agents (e.g. trastuzumab), which may induce cardiac side-effects⁶
- radiotherapy to the chest, which can cause coronary artery disease, pericarditis, cardiomyopathy, valvular disease and conduction abnormalities.⁷

Care is therefore needed to ensure that supportive care treatment (e.g. antiemetics) does not exacerbate the cardiovascular risk. This is particularly important since the prescribing information for several supportive care products carries cardiovascular warnings or precautions. Since many elderly patients have declining organ function, renal and hepatic impairment may further complicate the picture. Some medications will require dose adjustment in elderly patients with renal and hepatic impairment.

Comorbid conditions and multiple medications

About 80% of elderly cancer patients have co-existing conditions, such as arthritis and gastrointestinal problems, for which they require prescription medications.⁸ The risk of drug-drug interactions increases with each additional drug (Table 1).⁹ Moreover, 90% of patients over 65 years also purchase over-the-counter medications.³

Taking multiple medications, together with declining liver function, compounds their risk of drug-drug interactions. The greatest potential for drug interaction lies in the hepatic cytochrome P450 enzyme system, which clears over 50% of the most commonly used medications. The isozyme CYP2D6 is genetically 'polymorphic', resulting in variation between individuals in enzyme activity and therefore rate of drug metabolism. For example, individuals who are poor CYP2D6 metabolizers may experience increased and prolonged plasma drug concentrations, potentially increasing the risk of adverse effects and drug-drug interactions. Conversely, the duration of action of a drug, and hence its efficacy, may be shortened in those who are ultra-rapid metabolizers.¹⁰ Drug metabolism, potential for drug-drug interactions and risk of genetic polymorphism are therefore important considerations in elderly patients, since these patients take the greatest number of medications.

Table 1

The more medications an elderly patient takes, the greater the likelihood of drug-drug interactions.⁹

Number of drugs	Incidence of interactions (%)
2	5.6
3	15.8
4	34.3
6	72.0
8	100.0

Simplifying antiemetic treatment

The ideal antiemetic for elderly patients will have proven cardiovascular safety, straightforward metabolism, low potential for drug-drug interactions and no need for dose adjustments in renally/hepatically impaired patients. In addition, once-daily dosing provides a simple and convenient regimen in elderly patients with functional or cognitive impairment, which can potentially influence compliance and hence the outcome of treatment.

So why not join EONS right now?

For references please contact the EONS secretariat, see colophon.

EONS? It's all about oncology nursing!

EONS is committed to developing cancer nursing throughout Europe and this by the advancement of education of nurses engaged in caring for patients with cancer and co-ordinating educational programmes.

Why should you join EONS?

1. By joining EONS, you would become part of a large European network of cancer nurses, organisations and cancer institutions and receive up to date information on oncology in Europe.
2. The opportunity to influence the future shape of cancer nursing in Europe.
3. Involvement in European educational and research activities.
4. For full members: reduced registration rates for the European Cancer Conference (ECCO) and EONS Spring Convention.
5. Free copies of the EONS Newsletter.
6. For full members: reduced subscription rate to the European Journal of Oncology Nursing.
7. National member societies are eligible to nominate one representative for the Advisory Council.

Who can join the EONS?

Oncology nurses, Societies, institutions and organisations can join our society. Membership is composed of full and associate members.

So why not join the eons right now?

For further information about EONS and your membership application form, just contact the EONS secretariat
Avenue Mounier 83/8 B 1200 Brussels, Belgium
Phone: 0032 2 779 99 23
Fax: 0032 2 779 99 37
E-mail: eons@village.uunet.be

The European Oncology Nursing Society

The European Oncology Nursing Society which was established in 1984 is comprised of individual cancer nurses, national oncology nursing societies and institutions and agencies in Europe involved in cancer care. EONS has a membership of over 50 organisations, which in turn represent approximately 15000 nurses in 25 European countries.

Educational, consultative and research activities of EONS are aimed toward promoting and improving the quality of care received by cancer patients throughout Europe. The development and dissemination of a Core Curriculum for a Post-Basic Course in Cancer Nursing, recently revised through support from the EU Europe against Cancer Programme, has been instrumental in improving cancer care through specialised nursing education. EONS collaborates on numerous initiatives with multidisciplinary health care professionals. Working relationships have been established with the International Society for Nurses in Cancer Care (ISNCC) the Oncology Nursing Society (ONS) various European nursing organisations and speciality groups, the World Health Organisation Regional Office for Europe, the Advisory Committee on Training in Nursing (ACTN) and the Standing Committee of Nursing of the EU (PCN). EONS is a full member of the Federation of European Cancer Societies (FECS). The working language of the Society is English although every effort is made to provide translation of educational materials into the working languages of Europe and to provide translation services at educational events.

The organisational structure of EONS

An Executive Board, Advisory Council and the General Membership make up the organisational structure of EONS. These three bodies collaborate to identify the goals and strategies of the Society and to implement activities that support the mission of EONS.

A General Meeting is held annually at either the Spring Convention or the ECCO meeting. All members as well as observers are invited to attend. The next General Meeting will take place in conjunction with ECCO 12 to be held in Copenhagen in October 2003.

The Membership governs the Society through activities including voting on constitutional changes, discussion of strategic issues and nomination and election of members of the Executive Board. An Advisory Council meets once per year with the Executive Board to advise on policy and the strategic development of the Society. This council is composed of representatives of national oncology nursing societies (in Europe) who are full members of EONS. The previous Advisory Council meeting took place in March 2003 at the EONS Headquarters in Brussels. The Executive Board acts in the capacity of Trustees and conducts the affairs of the European Oncology Society (EONS) in accordance with the policies determined by the Members and the Advisory Council.



Publications

European Journal of Oncology Nursing

The official publication of EONS is the European Journal of Oncology Nursing and seeks to address issues of importance to oncology nurses throughout Europe. The journal is published 4 times a year and is a forum that provides information on contemporary practice issues and the latest cancer research. Topics of importance in cancer care are addressed through the exchange of knowledge and experience. In an effort to address language differences and difficulties among European cancer nurses, abstracts of articles appearing in EON are published in English, German and Spanish. The major articles are written in English. EON is listed in the Cumulative Index to Nursing & Allied Health Literature print index and the CINAHL database.

EONS Newsletter

The EONS Newsletter is a publication that is distributed to the membership on a quarterly basis. The goal of the EONS newsletter is to inform nurses about EONS and EONS activities and to inspire nurses throughout Europe to improve the care of the cancer patient. Further information on membership in EONS can be obtained by contacting the EONS Secretariat:

EONS Secretariat
Mr. Rudi Briké
Avenue E. Mounier 83, B-1200 Brussels
Phone: +32 2 779 99 23, Fax: +32 2 779 99 37
E-mail: eons@village.uunet.be
www.cancereurope.org/EONS.html

MASCC Summary

Study highlights need for clarification on anaemia management in cancer

A pilot survey conducted during the MASCC congress, held in June 2003, suggests oncology nurses' may need access to more information about anaemia in cancer since key findings reveal confounding views. Over 50 nurses from 25 countries participated in the survey.

The survey revealed that 95% of oncology nurses that participated were aware that fatigue is a major problem for cancer patients and that anaemia should be treated. In addition, most respondents (88%) said they felt epoetin, in some form, is the most effective treatment for cancer-associated with anaemia. However, only 10% of those surveyed felt anaemia should be treated early, at cancer diagnosis. As the awareness of anaemia is high, this is surprising and it is tempting to ask 'If patients received treatment for anaemia early on in the course of their cancer, would this be of added benefit?' Benefits of early treatment of anaemia are undisputed and supported by clinical research. Oncology nurses have a key role to play in the management of patients with cancer at all stages of their condition. This small pilot survey suggests that awareness initiatives are needed to increase the management of patients' anaemia as early as possible.

This study was supported by an unrestricted educational grant from Roche.

1. MASCC 15th International Symposium: Supportive Care in Cancer, 18th-21st June 2003, Berlin Germany. Anaemia management in cancer patients-A nurse's survey-Roche Pharmaceuticals.



4th

EONS Spring Convention

Edinburgh, UK
15 - 17 April 2004

**Quality of life:
the key in cancer care**
**"The nursing contribution
to quality cancer care"**

**Deadlines abstracts and
early registration**
15 December 2003

www.fecs.be/conferences/eons4

Organised under the auspices of
the Federation of European Cancer Societies



News Update

Congratulations to Newly Elected Members of the Executive Board

The Nominating Committee is pleased to announce the results of the election for positions on the Executive Board for the term 2003 - 2005. The following persons will be installed into office at the General Meeting to be held at ECCO:

President Jan Foubert
President-elect Yvonne Wengström
Past-president Giel Vaessen
Board Members Karin Ahlberg, Paz Fernandex, Sara Faithfull, Catherine Miller, Alexander Molassiotis, Hilda Vorlickova

Congratulations are extended to these newly and re-elected members of the Executive Board. The membership, through its election of these persons, demonstrates confidence that the Board will carry out its duties to contribute to the on-going success of EONS. EONS General Meeting at ECCO: Tuesday 23 September from 11.30-13.30

A general meeting of the Society will take place during the ECCO Conference. The meeting time is given above, the meeting place is Auditorium 10/11, Bella Center A/S. Highlights on the agenda include: A report on the financial status of the Society; An introduction to the President's Report focusing on EONS activities and projects to date; A report on progress made in revising and implementing the EONS Strategic Plan; and dismissal of old Board Members and installation of new Board Members to serve in office from 2003 through 2005.

Time has been allocated during the meeting for open discussion between members and the Executive Board. This is an excellent opportunity for members (and interested potential members) to bring their questions and concerns to the attention of the Society and to have important matters discussed in an open forum. Mark the date and time in your conference planner - it will be time well spent.

Board Members extend 'Thank You' to Amgen for Generous Support

The EONS Executive Board wishes to take this opportunity to publicly thank Amgen for a generous grant which has enabled several members of the Board to attend ECCO 12. This one time grant provided support to cover travel, accommodation and other expenses incurred by the Board in conjunction with their attendance at the ECCO conference.

4th EONS Spring Convention

Edinburgh is the site of the 4th EONS Convention which will take place from 15-17 April 2004. The theme of the convention is the nursing contribution to quality of care that will be addressed from various perspectives in teaching, plenary and workshop sessions. Participatory sessions will be offered at the basic and advanced levels giving participants the opportunity to select the session level that is appropriate to their learning needs. A joint EONS-ONS session will take place as well as satellite symposia. A special highlight of the 4th EONS Spring Convention will be the celebration of the 20th anniversary of EONS. Don't miss this special occasion.

Early registration forms and abstracts should be submitted by 15 December 2003. Late registration is available until 1 April 2004. Complete conference information is available at www.cancerworld.org/eons or by contacting the EONS Secretariat.

Cancer Nursing Research Day at the Spring Convention

For the first time, a pre-conference research workshop will take place on 15 April in Edinburgh. Participants will be given the opportunity to present their work and discuss their proposals with

peers and a faculty of experts. Teaching sessions will address the theoretical background to qualitative and quantitative research approaches including possibilities and pitfalls using different approaches when conducting research. Participants are expected to actively participate in the discussions.

A maximum of 20 applicants will be accepted for this workshop. The registration fee is € 100,-. Together with the registration form, applicants must provide a short summary of their research project. More information and detailed application procedures are available by contacting the EONS Secretariat or at www.cancerworld.org/eons.

2003 President's Report

The best way to find out about EONS projects and activities is to read the 2003 President's Report. The report provides information about educational and research initiatives as well as collaborative projects. Also included in the report is an update on administrative issues and annual summaries provided by the chairpersons of standing committees. Pick up your copy at the EONS stand during ECCO or download the information from the EONS website.

Educational Resources

Did you know that over the years EONS has produced numerous educational resources that are available to members? Teams of experts have developed the materials and most are available free of charge and in different languages.

The revised Core Curriculum for a Post-Basic Course in Cancer Nursing is available on the EONS web site for downloading. The curriculum has been translated into 9 languages. Also available on the web site is 'A practical guide to managing patients with breast cancer who are treated with Herceptin' and 'Biological Therapies and Cancer: A training manual for nurses'. The training manual is very comprehensive and includes 7 modules. The Nursing in Colorectal Cancer Initiative (NICCI) is an EONS project sponsored by an unrestricted educational grant from AstraZeneca. The package includes educational and audit components and is available in English, French, Italian, German and Dutch. This comprehensive guide to colorectal cancer is available on the web or from the Secretariat.

Satisfaction Survey: we want to hear your opinion !

Inserted into this issue of the Newsletter you will find a short survey. With this survey, the EONS Editorial Team hopes to receive input on the Newsletter and web site which will then help them to further develop these communication tools to better meet the needs of members.

Please take a few minutes to give thought to the questions. Completed surveys can be returned to the EONS stand or mailed to the EONS Secretariat. Thank you for helping us to serve you better.

'Bring a Friend' Membership Drive

The strength of EONS is grounded in its membership. The diversity of the membership provides the Society with a wealth of knowledge and experience upon which it can draw to improve cancer nursing in Europe. The Membership Committee is offering a special deal to members:

Bring along a new EONS member and you will receive the European Journal of Oncology Nursing (EJON) for free at your next membership renewal! And if you can propose a 2nd EONS member, even better: you will have your next membership for free! Further details and registration forms are available at the EONS stand at ECCO or by contacting the EONS Secretariat.

Nausea Prevention Around the Clock¹



Kytril® (granisetron) Brief Prescribing Information. **Indications** Prevention or treatment of nausea and vomiting induced by cytostatic therapy and prevention and treatment of postoperative nausea and vomiting. **Dosage and Administration** Kytril ampoules are for intravenous administration only. For details of administration including suitable infusion fluids, please refer to the full prescribing information. **Cytostatic-induced Nausea and Vomiting** **Intravenous** *Adults including elderly:* 3mg given either in 15mL infusion fluid as an intravenous bolus over not less than 30 seconds or diluted in 20 to 50mL infusion fluid and administered over 5 minutes. **Prevention:** In clinical trials, most patients have required only a single dose of Kytril over 24 hours. Up to two additional doses of 3mg may be given within a 24-hour period. Patients have received daily administration for up to 5 consecutive days in one course of therapy. Kytril should be given prior to the start of cytostatic therapy. **Treatment:** Dosage as for prevention, with additional doses at least 10 minutes apart. **Maximum daily dosage:** Do not exceed three doses (9mg) within 24 hours. Efficacy may be enhanced by the addition of dexamethasone. **Children:** **Prevention:** 40mcg/kg body weight from the ampoule (up to 3mg) diluted in 10–30mL infusion fluid administered over 5 minutes prior to the start of cytostatic therapy. **Treatment:** Dosage as for prevention. Within a 24-hour period one additional dose of 40mcg/kg (up to 3mg) may be administered at least 10 minutes apart from the initial infusion. **Oral** **Tablet** formulation only indicated for prevention of cytostatic induced nausea and vomiting. *Adults including elderly:* **Prevention:** One tablet (1mg) b.i.d. or one tablet (2mg) q.o.d. during cytostatic therapy. First dose given within 1 hour before start of cytostatic therapy. Efficacy may be enhanced by the addition of dexamethasone. **Children:** There is insufficient evidence to base appropriate dosages for children under 12 years old. Paediatric liquid is only licensed for prevention of cytostatic induced nausea and vomiting. **Children:** Single dose of 20mcg/kg bodyweight (up to 1mg) twice daily for up to 5 days during cytostatic therapy. First dose given within 1 hour before start of cytostatic therapy. For details of administration please refer to the full prescribing information. **Post-operative Nausea and Vomiting** *Adults including elderly:* **Prevention:** 1mg Kytril diluted to 5mL with normal saline and administered as a slow intravenous injection over 30 seconds. Complete administration prior to induction of anaesthesia. **Treatment:** Dosage as for prevention. **Maximum daily dosage:** Two doses (2mg). **Children:** No experience, therefore not recommended in this age group. **Contra-indications** Hypersensitivity to granisetron, or related substances, or any of the other constituents. **Precautions** Monitor patients with signs of subacute intestinal obstruction. **Pregnancy and Lactation** No experience in human pregnancy; do not give to pregnant women unless compelling clinical reasons. Breast feeding should be stopped during therapy. **Side-effects** Generally well tolerated. Mild to moderate headache or constipation most frequent. Rarely hypersensitivity reactions (occasionally severe), other allergic reactions including minor skin rashes. In clinical trials transient increases in hepatic transaminases, generally within the normal range, have been seen. **Overdosage** No specific antidote. Treat symptomatically. **Legal Category** POM. **Presentations** Kytril Tablets 1mg, each containing 1mg granisetron. Kytril Tablets 2mg, each containing 2mg granisetron. Kytril Infusion, each ampoule containing 3mg granisetron in 3mL isotonic saline. Kytril Ampoules, each containing 1mg granisetron in 1mL isotonic saline. Kytril Paediatric Liquid, each bottle containing 30mL of 200mcg granisetron in 1mL solution. **Marketing Authorisation Numbers** Kytril Tablets 1mg PL00031/0591, Kytril Tablets 2mg PL 00031/0592, Kytril Infusion PL 00031/0594, Kytril Ampoules PL 00031/0595, Kytril Paediatric Liquid PL 00031/0593. Kytril is a registered trademark. **Date of Preparation** January 2002. Please contact your local Roche company for the full prescribing information. **Reference** 1. Perez EA, et al. *Cancer J Sci Am* 1998;4:52–8.



KYTRIL®
granisetron HCl
Tablets and Injection

Less complicated 24-hour prevention
of nausea and vomiting