



EONS

eons newsletter

The Quarterly Newsletter of the European Oncology Nursing Society

Winter 2005/2006

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The goal of the EONS Newsletter is to inform nurses about EONS and its activities and to provide a forum for cancer nurses throughout Europe to network. The information published in the EONS Newsletter is intended to inspire nurses to improve the care of the cancer patient through improved knowledge.

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Letter from the Editor

Welcome to the Winter 2005/2006 issue of the EONS Newsletter!

I hope that all of you have had the opportunity to take a moment to reflect on your achievements during 2005 and your ambitions for 2006, concerning both the private as well as the professional aspects of your lives. Remember, the only person that can truly decide on what you should spend your time and energy is you!

In this issue, as always, you will find lots of information regarding EONS projects and other related issues. If you have not already been involved in an EONS activity, make it your new year's resolution to try to do so. The reward of making new contacts with colleagues with similar interests as well as the opportunity to gain new experience makes the effort worthwhile. You can, for example, become involved both on a European level as well as on a national level through running a TITAN course in your own country. Be sure to visit the EONS website (<http://www.cancerworld.org>) on a regular basis for more updated information on this exciting EONS initiative.

A group of cancer nurses just like you have already decided to make a difference within cancer nursing on a European level: I am referring of course to the newly elected EONS

Board Members. You can find learn more about these colleagues who will represent you in Europe in the present issue of the newsletter.

This is the last issue that I will serve as the Editor-in-Chief. I wish the new editor, Jan Foubert, all the best with future issues. Furthermore, I would like to take this opportunity to thank the News Team for the fine work that they have done over the years we worked together. I have really appreciated our professional collaboration! I also want to take this opportunity to thank our sponsors: without your support and involvement it would be difficult to produce such a high-quality EONS Newsletter!

Take care!

Karin Ahlberg, Editor-in-Chief



Did you know?

If you have a print subscription to the European Journal of Oncology Nursing you also have online access via ScienceDirect. Online access enables you to search, browse issues and articles, set up alerts and read the latest Articles in Press!

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European Journal of Oncology Nursing



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Our colleagues from...

Poland



The Polish Oncology Nursing Society (PONS) is an organization that unites nurses who take care of patients with cancer and who work in oncology health centers and departments all over Poland.

The decision to establish the organization was made in May 1992 when the first meeting of the initiation group took place. During the next four years, members of this group worked hard to bring the Society to life. They informed colleagues about the Society and drafted a constitution. They assembled nurses interested in helping to organize the development of oncology nursing and gathered information on problems common to cancer nursing. In April of 1996, the Society was registered.

The Society is registered in Warsaw where its head office is located. Society members are organized in 11 local divisions located at oncology hospitals in Warsaw, Bydgoszcz, Kielce, Gdansk, Bialystok, Wroclaw, Lodz, Gliwice, Koszalin, Szczecin and Lublin. A sub-group for stoma nurses is also associated with PONS.

The Statute of the Society defines its most important aims which are:

1. To determine goals, directions and principles of postgraduate education and professional training.
2. To provide professional education for oncology nurses.
3. To network people responsible for addressing issues in oncology nursing.
4. To support the development of research in the field of theory and practice in oncology nursing.
5. To maintain and improve the quality of nursing services in oncology care and cancer prevention.
6. To participate in developing a model for the improvement of oncology care in Poland.
7. To encourage the exchange of professional experience with other national and foreign nursing societies.

One of the first tasks of PONS was to enable oncology nurses to receive education on the specialist level. As a result of 10 years of activity, oncology nurses can now receive a specialist title in oncology, palliative care as well as increase their qualifications through participation in professional courses.

PONS constantly takes part in preparing, endorsing and disseminating oncology care standards. The Society helps oncology nurses in solving their problems by familiarizing them with new methods and tools which may make their work easier and guarantee higher standards of care. Additionally, to provide support to nurses, the Society has created a supervision program in oncology nursing at the national and local levels.



Members of PONS can participate in annual research and educational conferences. Topics covered at these events include all issues connected with patient care, treatment and rehabilitation. Lectures are presented by members of therapeutic groups, nurses, physicians, psychologists and rehabilitation specialists. Further, special topic seminars on the nurses' role in oncology and oncology nursing in radiotherapy treatment have been offered. Non-members of the Society are also welcome to attend these educational programs.

PONS cooperates with institutions, local governments and national and international organizations which deal with oncology nursing issues. We also cooperate in programs aimed at cancer prevention such as the Polish Committee Fighting against Cancer and patient organizations including 'Europa Donna'.

Unfortunately we have not yet been able to publish our own publications but we have had an opportunity to present our work in the country-wide monthly paper Nurses and Midwives Magazine. At present we are preparing to start our own publication activity; a bulletin prepared by oncology nurses which will publish papers written by oncology nurses.

PONS has a membership of 800 nurses. Our members are entitled to receive discounts and have precedence to participate in our Society conferences and trainings. Some conferences are organized only for members.

Some years ago PONS was a member of EONS but the membership has unfortunately expired. We are applying to again become a member of EONS.



POLSKIE STOWARZYSZENIE
PUBLICZNA ORGANIZACJA

Become a Member of EONS

The mission of EONS is to improve the care of individuals with cancer by supporting and enhancing cancer nursing throughout Europe.

Membership in the Society is open to:

- Oncology nurses
- National oncology nursing societies in Europe
- National specialist nursing groups involved in cancer care
- Inter-European specialist nursing groups involved in cancer care
- Institutions involved in cancer care
- Organisations involved in cancer care.

Membership benefits include:

- Membership of a large European network of cancer nurses, organisations and cancer institutions;

- An opportunity to influence the future shape of cancer nursing in Europe;
- Involvement in European educational and research activities;
- Reduced registration rates for the European Cancer Congress (ECCO);
- Reduced registration rates for the EONS Spring Convention;
- Reduced subscription rate to the European Journal of Oncology Nursing;
- Free personal mailing of the EONS Newsletter;
- Membership in the Federation of European Cancer Societies (FECS).

Membership application forms can be obtained by contacting the EONS Secretariat or visiting our web site.

Cancer in the Elderly

New developments, changes
and implications for nursing

Krebs bei alten Menschen

Neuentwicklungen, Änderungen und
Auswirkungen auf die Krankenpflege



new venue

*Innsbruck, Austria
20 - 22 April 2006*

**Deadline abstracts
9 January 2006**



5th • EONS Spring Convention

EONS News Update

Protocol Highlights of the General Meeting held at the ECCO 13 Conference

Many members of EONS took time out from a busy conference schedule to attend the EONS General Meeting. President, Jan Foubert, provided an informative overview of activities and projects but referred members to the EONS Presidents Report (available at the meeting and now published on the EONS website) for more detailed information. In summary, this report shows that EONS continues to increase and expand its activities. Further, Jan gave an overview of the 2003-2005 working plan as based on objectives agreed upon at previous Executive Board meetings and at meetings with the Advisory Council. Highlights of the topics Jan presented are:

Membership

The need was stressed to follow up on individual members who have discontinued their membership. It will be an important task of the new Board to achieve greater continuity in individual membership.

Education

It is important to have EONS members participating in multi-disciplinary projects. Similarly, Jan urged national nursing societies and individuals to increase collaboration with EONS by submitting ideas for educational or research projects to the Board for consideration. EONS accreditation is becoming more successful as more educational institutions seek EONS accreditation. Specifically, Jan referred to the NOEP, TITAN, and TARGET courses, which have been developed following standards of quality and which should be considered as a model for other courses.

Communication

Jan stressed the need for EONS to establish its own, individual plan for communication in order to decrease reliance on FECS. For example, EONS should be more pro active in publishing information

about the Society, in the form of press releases, and its activities. As a means of increasing two-way communication, Jan invited EONS members to send reports on ongoing activities, research studies, and articles for publication in the EONS Newsletter.

Political Agenda

EONS should strengthen its affiliations with the European nursing community rather than focus on associations with general oncology organisations. Jan informed the participants about ongoing discussions regarding the creation of a new European Cancer Society (ECS) which would enlarge the existing FECS structure with its full member societies (ESSO, ESTRO, ESMO, EONS, SIOP, and EACR) by allowing other more disease-related societies to join. The establishment of this society would provide oncology at large with a unified voice and greater political strength.

The next EONS General Meeting will be held during the 5th EONS Spring Convention, 20-22 April 2006 in Innsbruck, Austria.

Dismissal of Old Board Members and Introduction of New Board Members

An important part of the Annual Meeting was the release of Board Members who had completed their term of office and the personal introduction of the newly-elected Board Members who commenced their two-year term of office at the General Meeting (see related article on page 6). Jan expressed his sincere thanks to the departing Board Members and invited them to stay in touch with EONS and continue to provide welcome advice on the advancement of the Society. He also thanked the national nursing societies for their contribution to the growth of EONS. A special thanks was given by Jan to Denise Cullus, his mentor in oncology.

The presidency of the Society was then handed-over to Yvonne Wengström who welcomed the new Board Members and congratulated them for their willingness to volunteer and invest their time in EONS.

Developing the Political Agenda

The European Specialist Nurses Organization

Yvonne Wengström, EONS President

The first step to create a network of specialist nurses' (ESNO) has been taken. The goal of this collective group is to collaborate with the European Federation of Nurses (EFN, formerly the PCN) on a political agenda for nursing in Europe.

The first specialist group meeting was held in Brussels on June 6th, 2005 at which 12 specialist organizations were represented. EONS was represented at the meeting by Yvonne Wengström. As an introduction, the Executive Director of the EFN, Paul de Raeve, explained the mission and organizational structure of EFN. Members of EFN consist of the national nursing organizations from the 25 EU member states and the Council of Europe (32 of 45). EFN is the independent voice of the nursing profession. The outcomes of lobbying activities affect 6 million nurses in the enlarged Europe. The mission of EFN is to "strengthen the status and practice of the profession of nursing and the interests of nurses in the EU and Europe". Mr. de Raeve emphasized that the EFN is very interested in collaborating with specialist and generic groups and has made this a priority on its agenda.

The outcomes of the meeting were the following:

- 3 seats in the EFN general assembly will be allocated to specialist organizations;
- The name of the newly created network of specialist groups will be the European Specialist Nursing Organization (ESNO);

- ESNO will develop rights, responsibilities and structure for the representatives and this structure and purpose of ESNO will be transparent to EFN members;
- ESNO will be tested during a two-year trial period;
- There will be a fee structure for membership in EFN.

The following organisations were nominated for membership in ESNO for one year:

- EONS, represented by Yvonne Wengström;
- European Federation of Critical Care Nurses (EfCCNA), represented by Wouter de Graaf;
- Association for Common European Nursing Diagnosis (ACENDIO), represented by Walter Sermus;
- European Operating Room Nurses (EORNA), represented by a selected deputy;
- International Federation of Nurse Educators (FINE), represented by a selected deputy.

The newly formed network participated at the EFN general assembly which took place in Athens, 21-23 of September 2005. Following this initial meeting, ESNO held a second meeting in Brussels on the 13th of October. Currently work is underway to secure a letter of agreement between the participating organizations in ESNO. The plan for the future is to invite other European specialist organizations to become active members in the network to secure a united voice for nurses intended to influence the political agenda in Europe.

Introducing the Newly elected Members of the EONS Executive Board

The newly elected members of the Executive Board commenced their two-year term of office at the General Meeting held in October 2005. The first meeting of the Board took place in December at which time the roles, responsibilities and tasks of each member were assigned and discussed.

The new Board Members have provided a short biographical sketch to assist the membership in getting to know them better. With the broad scope of experience these individuals have acquired, and with their focused goals for moving cancer nursing forward in Europe, it should be an exciting two years for the Society – and for us all!

Ilana Kadmon, RN, PhD

Ilana Kadmon is a Clinical Nurse Specialist in Breast Cancer Care at Hadassah Medical Center, Jerusalem, Israel. She received her PhD from The University of Edinburgh. The focus of her thesis was women's participation in the decision-making process regarding their treatment and the nursing counseling role.

Since 1994, Ilana has been a pioneer in developing the post of the Breast Care Nurse in Israel. In her work, she has been following women with breast cancer, offering counseling, emotional support and advice. As a teacher at the Hadassah School of Nursing, Ilana lectures in many areas related to breast cancer care. In addition, she acts as an advocate for women with breast cancer and chairs the Israeli Breast Cancer Coalition since its onset in 1995.

Ilana has been involved in international projects with countries such as China, Cyprus and Turkey. As a Board Member of EONS, Ilana wishes to enhance collaboration between oncology nurses in Europe and the various national oncology nursing societies, to promote nursing research in the area of oncology, and to help develop high standards of quality nursing care.



Maria Munoz-Sanjuan, RN

I have been working in the area of hematology/oncology for over 12 years. In 1998, I completed a Master's Degree in Oncology Nursing at the University of Valencia, Spain. In addition to my formal education, I have taken several oncology-related courses in various countries in Europe as well as in North America. As a presenter at many international nursing conferences, I have been fortunate to be able to share my knowledge with colleagues. Further, I have served as chairperson or member of scientific committees, an experience which has provided me with a wonderful opportunity to interact academically with experts from foreign countries and to learn about different approaches to cancer care worldwide. EONS-sponsored educational



programs have been a significant component in my process of furthering my knowledge in oncology nursing. As I have attended many meetings and symposiums, one of my personal goals is to contribute back to the Society through my participation which will allow me to share my perspectives and experiences. A key goal of my desire to become more involved in EONS is to act as a bridge between northern European and the Mediterranean countries and to help standardize or harmonize cancer care practices between these two geographical regions of Europe. I consider it a privilege to serve on the EONS Executive Board.

Steve O'Connor, MSc., BSc(Hons), Grad Dip Onc., ILTM., RN

I am Senior Lecturer in Cancer and Palliative Care at Buckinghamshire Chilterns University College, situated in the picturesque village of Chalfont St. Giles, close to London and conveniently located for all of those flights to and from Brussels for EONS meetings. I live with my partner in a small hamlet nearby which boasts neither church, pub, nor village green, though we do have marvellous views of the beautiful Chiltern Hills and what passes for a 'village shop' in a neighbour's front room!

My personal goals as an EONS board member are to increase the profile of the organisation amongst cancer nurses within Europe and to support those striving towards specialist status in their home countries. I am keen to see the competencies spelled out within the new EONS core curriculum which has been adopted throughout Europe. It is gratifying to note that the core curriculum now influences pre-registration nurse education programmes, which is essential if the needs of all cancer patients are to be addressed and a new generation of cancer nurses are to be encouraged to enter into this diverse but vibrant and very special community of practitioners.



Davina Porock, PhD RN

I have been in oncology and palliative care nursing for nearly 20 years out of a career in nursing spanning over 25 years. I began my nursing career in Australia working in acute medical oncology and radiotherapy but also with a home hospice service. In 1994, I moved into the academic sector but my work in education and research draws directly on my practice experience.

Since moving to Nottingham in 2004, my links with practice are with the cancer and palliative care services at Nottingham City Hospital and the Queen's Medical Centre. My career has taken me to many parts of the world and I have worked and lived in Australia, the USA and England. I have been a member of EONS since 1998.

I am so pleased to have been elected to the EONS Board and I will make the



most of this opportunity to forge links with oncology and palliative care nurses across Europe and make a contribution to the development of nursing knowledge and practice. I aim to bring a global perspective to the Board and to use my experience to find ways to promote oncology and palliative care nursing and improve patient and family care.

Tarja Suominen, PhD, RN

I was born in Vammala, Finland in 1956. My first nursing appointment was as a staff nurse at the University Hospital of Turku in 1978. Since then, I have gained clinical expertise working on surgical and pediatric care units. I completed a Master's degree in 1989 and completed my doctorate in 1994 at the University of Turku. My academic thesis was in the area of cancer nursing.



During my 15 years at the university, I supervised several Master's theses and one doctoral dissertation on cancer nursing. I have authored several papers on cancer nursing and I currently serve as a reviewer for seven peer-reviewed scientific journals. At present, I am an acting Professor at the University of Kuopio, Department of Nursing Science; and Lecturer at the University of Turku, Department of Nursing Science. I have set the following goals for my term of office on the Board: To work to define

and evaluate the outcomes of cancer nursing practice; to promote collaboration between cancer nurses and researchers; to highlight evidence-based aspects in cancer nursing education.

Sultan Kav, Dr.

Dr. Sultan Kav holds a faculty position at Baskent University, Institute of Health Sciences, Department of Nursing in Ankara, Turkey. She has held a variety of other nursing positions during her career including positions as a staff nurse, clinical nurse, nurse supervisor, oncology nurse educator and research coordinator. She obtained her BSN, MSN and PhD degrees at Hacettepe University School of Nursing in Ankara, Turkey.



Sultan has been involved in the Turkish national oncology nursing association and served as the Secretary General of this organization from 1996 to 2002. In 2000 she was appointed to the Board of Directors of the International Society of Nurses in Cancer Care (ISNCC) and still continues to work with the ISNCC research committee. Dr. Kav is the current President of the Turkish Oncology Nursing Association. In 2004, Sultan was one of the proud recipients of MASCC's 10 Young Investigators awards. She recently accepted an appointment as co-chair of MASCC's Patient and Professional Education Study Group.



Yvon Wengström
President



Sara Faithfull
President-Elect



Jan Foubert
Past-President

Tasks and Responsibilities of Board Members

Jan Foubert, EONS past-President

During the first meeting of the newly elected EONS board in December 2005, several new Board Members agreed to take on some tasks in the future.

Steven O'Conner will be the new team leader with regard to communication.

He will be responsible for the communication with the Newsteam. Jan Foubert will be the new Editor in Chief of the EONS Newsteam. Maria Munoz will assist Steven in this task.

Tarja Suominen will take over the position of Karin Ahlberg as Associate Editor of the European Journal of Oncology Nursing.

At the Board Meeting it was decided that Davina Porock will be the new team leader for research and Tarja Suominen, Sultan Kav and Ilana Kadmon will assist Davina in the research agenda.

It was agreed that Sultan Kav will join the Accreditation Working Group and both Sultan and Steven will assist Sarah Faithfull on the education agenda.

Ilano Kadmon will develop the EONS membership promotion strategy together with Rudy Briké.

The members of the scientific committee nursing ECCO 14 are: Yvonne Wengström (chair), Jan Foubert, Sarah Faithfull, Davina Porock, Tarja Suominen, Paz Fernandez Ortega and Maria Munoz.

From January on the TITAN coordination will be done by the EONS secretary Rudy Briké. EONS wants to thank Jane Hayward (the previous TITAN Coordinator) for the work she did during the past year. Thanks to a Grant of Amgen Europe the TITAN coordination has been assured for another year.

New opening hours of the EONS secretariat will be:

Monday and Tuesday: 8-13.00
Wednesday and Thursday : 08-16.30



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Prescribing information (refer to full data sheet or summary of product characteristics before prescribing). **Therapeutic indications:** Prevention of skeletal events (pathological fractures, bone complications requiring radiotherapy or surgery) in patients with breast cancer and bone metastases. Treatment of tumour-induced hypercalcaemia with or without metastases (only IV Bondronat). **Dosage and administration:** For oral and intravenous administration. **Prevention of skeletal events in patients with breast cancer and bone metastases:** 50mg oral Bondronat daily (taken with a glass of plain water after an overnight fast (at least 6 hours) and 30 minutes before the first food), or 6mg IV given every 3-4 weeks infused over 1 hour. **Treatment of tumour-induced hypercalcaemia:** Bondronat should be used only by physicians experienced in the treatment of hypercalcaemia. Prior to treatment with Bondronat the patient should be adequately rehydrated with 0.9% sodium chloride. In most patients with severe hypercalcaemia (albumin-corrected serum calcium $>3\text{mmol/L}$ or $>12\text{mg/dL}$) 4mg is an adequate single dosage. In patients with moderate hypercalcaemia (albumin-corrected serum calcium $<3\text{mmol/L}$ or $<12\text{mg/dL}$) 2mg is an effective dose. Repeated treatment may be considered in case of recurrent hypercalcaemia or insufficient efficacy. Bondronat concentrate for solution for infusion should be infused over 2 hours. Patients with hepatic impairment: No dosage adjustment is expected to be necessary. Patients with renal impairment: No dosage adjustment is necessary for patients with mild or moderate renal impairment where creatinine clearance is equal to or greater than 30mL/min. Below 30mL/min creatinine clearance, the dose for prevention of skeletal events in patients with breast cancer and bone metastases should be reduced to 50mg oral weekly or 2mg IV every 3-4 weeks, infused over 1 hour. **Elderly:** No dose adjustment is necessary. **Children and adolescents:** Safety and efficacy have not been established in patients less than 16 years old. **Contraindications:** Hypersensitivity to the drug substance or to any of the excipients. Should not be used in children. **Precautions:** Caution: Hypersensitivity to other bisphosphonates. Clinical studies have not shown any evidence of deterioration in renal function with long-term Bondronat therapy. Nevertheless, according to clinical assessment of the individual patient, it is recommended that renal function, serum calcium, phosphate and magnesium should be monitored. Overhydration should be avoided in patients at risk of cardiac failure. Patients should receive supplemental calcium and/or vitamin D if dietary intake is inadequate. Caution is advised when bisphosphonates are administered with aminoglycosides, since both agents can lower serum calcium levels for prolonged periods. In clinical studies, Bondronat has been administered concomitantly with commonly used anticancer agents, diuretics, antibiotics and analgesics without clinically apparent interactions occurring. Oral bisphosphonates have been associated with dysphagia, oesophagitis and oesophageal or gastric ulcers. Therefore, patients should be instructed to discontinue Bondronat and seek medical attention if they develop symptoms of oesophageal irritation such as new or worsening dysphagia, pain on swallowing, retrosternal pain, or heartburn. Caution with concomitant NSAIDs. **Pregnancy and lactation:** No adequate data. Therefore, Bondronat should not be used during pregnancy. Caution should be exercised when using in breast-feeding women. **Undesirable effects:** Prevention of skeletal events in patients with breast cancer and bone metastases: IV Bondronat - infection, parathyroid disorder, headache, dizziness, dyspnoea, rash, bundle branch block, pharyngitis, diarrhoea, skin disease, ecchymosis, myalgia, arthralgia, joint disorder, asthenia, influenza like illness, oedema peripheral, throat, gamma-GT increased, creatinine increased. Oral Bondronat - hypocalcaemia, atheroma, dyspepsia, nausea, abdominal pain, oesophagitis. For other rare events, please consult full PI. **Treatment of tumour-induced hypercalcaemia:** Treatment was most commonly associated with a rise in body temperature. Occasionally a flu-like syndrome consisting of fever, chills, bone and/or muscle aches-like pain was reported. Hypocalcaemia, Hypersensitivity, Angioneurotic oedema, Bronchospasm. **Overdose:** No experience of acute poisoning. IV overdose: Kidney and liver function should be monitored. Hypocalcaemia should be corrected. Oral overdose: Possibly upper gastrointestinal events, such as upper stomach, heartburn, oesophagitis, gastritis or ulcer. Milk or enemas should be given to bind Bondronat. **Legal category:** ATC Code: M05B A 16. **Presentations:** Bondronat 50mg tablets, Bondronat 2mg/2mL, Bondronat 6mg/6mL.

References: 1. Body JJ et al. Ann Oncol 2002;14:1369-426. 2. Body JJ et al. Br J Cancer 2004;91:1103-7. 3. Body JJ et al. Pain 2004;113:306-12. 4. Diez U et al. Eur J Cancer 2004;40:1704-12.

Anti-emetic duration of action:

Polly Field, DPhil,
Caudex Medical, Oxford, UK.

The long and short of it

The nausea and vomiting that often afflicts patients after chemo- or radiotherapy is highly distressing. It can seriously impact on patients' well-being and even affect their ability to continue with therapy. The right choice of anti-emesis treatment is therefore vital to good patient care. To inform this choice, an understanding of the mechanism of action and pharmacology of anti-emetic drugs is key – as these factors can directly relate to the outcomes of treatment.

Duration of action

The acute phase of emesis, covering the first 24 hours after treatment, is thought to be caused by serotonin binding to 5-HT₃ receptors in the gut. As such, compounds that block the action of 5-HT₃ receptors are mainstay of anti-emetic therapies during this time. Drugs that bind to the receptor and stay there are known as insurmountable antagonists. In contrast, those that bind to the receptor but can be displaced by another ligand, are known as reversible, or competitive antagonists. The two binding mechanisms have been illustrated in the figure below. Clearly, all other factors being equal, an insurmountable antagonist will stay at the receptor longer (until the receptor itself has come to the end of its life and is internalised) than a reversible antagonist. An insurmountable antagonist should therefore have a longer duration of action. If a drug has insurmountable binding, its duration of action may well be longer than its elimination half-life. (The half-life is the amount of time taken for the concentration of drug in the plasma to reduce by half.) The drug will remain bound to the receptor despite declining plasma levels of the drug. Thus, inhibition of emesis with granisetron exceeds 24 hours despite a half-life of 9 hours. In contrast, palonosetron and ondansetron are both reversible antagonists and therefore their duration of inhibition are more likely to mirror more closely their half-lives. The half-lives of the 5-HT₃-receptor antagonist anti-emetics and where known, the duration of action at the 5-HT₃ receptors, are listed in the table.

Is longer- better than short-lasting?

Surely then, the drug with the combination of half-life and receptor binding that produces the longest period of inhibition would be the better drug? In reality, it is not so simple. There is a balance between too short and too long an effect.

Too short

If a drug's activity is too short, lasting less than 1 day, a patient will need to remember to take multiple daily doses to provide sufficient anti-emesis. This is inconvenient for all patients and potentially problematical in the elderly.

Too long

There is, however, no additional benefit from a drug that has a half-life of several days, as this is likely to be longer than the period of serotonin-mediated emesis. Particularly following cisplatin-based

chemotherapy regimens, after the initial 24 hours, the emetic response is primarily mediated through other mechanisms. Therefore, no benefit is gained from prolonged 5-HT₃ receptor occupancy. Furthermore, a long half-life of a 5-HT₃-receptor antagonist increases the potential for interactions with other drugs and prolongs the risk of adverse events. Both these consequences pose a particular threat to the elderly:

- Co-morbidities increase as we age, increasing the number of drugs taken. Older people are, therefore, at greater risk of drug-drug interactions.
- Constipation is one of the most common adverse events with 5-HT₃-receptor antagonists. As elderly patients often have underlying constipation, they may be more severely affected by this adverse event.

Neither too short nor too long

If a drug's inhibition lasts for 24 hours, only one dose per day is needed for the patient to gain anti-emesis for the duration the acute period. This allows a simple dosing schedule and lowers the risk of exposure to drug-drug interaction and adverse events.

Conclusions

When meeting patients' need for effective anti-emesis over the 24-hour period following chemo- or radiotherapy it is necessary to consider the duration of action of the 5HT₃-receptor antagonist. Longer acting drugs will provide anti-emetic control from a single dose. An extended duration of action may, however, increase the potential risk of drug-drug interactions and prolong the risk of adverse events. Considering the long and the short of drug action may, therefore, improve the quality of care for patients with cancer.

Table. Half-lives of the commonly available 5-HT₃ receptor antagonist anti-emetics in patients with cancer.

Agent	Mean half life (hours) (1)	Approximate period of inhibition (hours)§ (2)
Ondansetron	4.0	9
Dolasetron†	7.5	Not reported
Tropisetron	8–45‡	Not reported
Granisetron	8.95	>24
Palonosetron	43.7	Not reported

(1) Data taken from the relevant prescribing information: Zofran® (ondansetron), Anzemet® (dolasetron), Navoban® (tropisetron), Kytril® (granisetron), and Aloxi® (palonosetron).

(2) Minton NA. Br J Clin Pharmacol 1994; 37: 525–530.

†Data for the active metabolite hydrodolasetron;

‡Tropisetron is affected by cytochrome P450 2D6 enzymes polymorphism: half-life is ~ 8 hours in extensive metabolizers and ~ 45 hours in poor metabolizers; §As measured by the skin-flare response.

Figure. Receptor binding properties of the 5-HT₃ receptor antagonists: response to an emetic stimulus.



1. Competitive binding, e.g. ondansetron and palonosetron.



2. Insurmountable binding, e.g. granisetron and tropisetron.



3. Legend



Gaining momentum, achieving success

EONS's successful training initiative TITAN (Training Initiative in Thrombocytopenia, Anaemia and Neutropenia) that aims to improve the prevention, detection and management of haematological toxicities in patients with cancer is gaining in momentum and importance. TITAN was launched to educate nurses about the impact haematological toxicities have on cancer patients and provide them with a greater understanding of innovative approaches to prevent, detect and manage these serious, life-threatening conditions. New statistics about the number of courses held in the past months, published in time for the TITAN Working Group's annual meeting have shown that the Society is well on the way to achieving this goal.

TITAN's European roll-out officially started in June with highly successful and well attended TITAN courses run by Konferenz Onkologischer Kranken-und Kinderkrankenpflege (KOK, Germany) and the Hammersmith Hospital, London, in cooperation with the RCN Cancer Nursing Society. Since then 17 TITAN courses have been held in 8 countries and therefore, TITAN has reached hundreds of European cancer nurses. TITAN courses are planned in 23 European countries next year and course materials have been translated into 17 European languages. Nursing organisations in Australia and Canada have also expressed interest in running TITAN courses.

TITAN participants complete some pre-course work, attend a one-day course and then undertake a follow-up project in order for them to disseminate their newly acquired knowledge and skills. The dissemination project has proved to be an important component of TITAN. In some countries, TITAN course-organisers give an award for the best dissemination projects. This tradition has stemmed from the TITAN pilot courses and the four best dissemination projects from these courses were showcased at a special EONS symposium at ECCO 13.



Jan Foubert, immediate Past-president of EONS and TITAN Working Group Chair, opened the symposium entitled "TITAN: education with dissemination", held at ECCO 13 in Paris, by outlining why EONS is so committed to having dissemination projects as a core component of the Society's educational initiatives. He stated that dissemination projects not only allow course participants to share their newly acquired knowledge but also deepen their own understanding of the topic. This means that the educational initiative has a much larger overall impact than would have been gained from the course alone.

Each of the award winners then presented their projects. For example, the Irish team consisting of Sally O'Connor and Caitriona Duggan from Portiuncula Hospital, Ballinasloe, County Galway, developed a user-friendly flow-sheet protocol for febrile neutropenia. When evaluating their efforts they found that the flow-sheet was an excellent resource for staff and much easier to use than the previous document.

Individual French winner Sandrina Rodriques from Paris wrote poems on anaemia, neutropenia and thrombocytopenia to help explain these life-threatening complications to children of a reading age of 7-8 years. Cartoons

were used to help reinforce the messages in the written poem and make them visually more appealing .

The UK winners Anne Higgins and Dawn Brewer from Epsom and St Helier University Hospitals NHS Trust, created a learning package with the aim of improving the knowledge and understand of haematologic toxicities of non-specialist nurses. Twenty staff members attended four teaching sessions that were supported by an educational book. Anne and Dawn found the project to be a useful team-building exercise that helped foster collaboration within their work setting.

The Dutch team, led by Sylvia Verhage and colleagues from a number of cancer institutions, developed a visual tool to educate patients about anaemia, neutropenia and thrombocytopenia. This picture-based tool helps nurses communicate complicated medical information to people with literacy problems who struggle to understand written information. The team aims to expand their work to cover all the other side effects of chemotherapy and to distribute the tool to nurses working in other European countries.

The dissemination project award winners found the experience of undertaking a project very rewarding and stimulating. They enjoyed networking with colleagues and having the opportunity to share best practice. The winners provide the following pieces of advice for others starting off on developing a dissemination project:

- Keep it simple – it is only supposed to be a small project!
- Be realistic – remember you have a tight timeline!
- Don't plan an expensive project – you may not be able to find financial support!
- Secure support from other colleagues and managers – otherwise you will face an up-hill struggle to achieve your goal!

ECCO 13 also provided a valuable opportunity for EONS to promote TITAN to the wider oncology community. The TITAN booth in the exhibition area was a great success – it was inundated with visitors and a great many people took away information about how to organise a TITAN course.

It is clear that the state-of-knowledge about anaemia, neutropenia and thrombocytopenia increases on nearly a daily basis and therefore, the TITAN materials have an expiry date of mid-2006. The Working Group is currently reviewing feedback from TITAN courses and the most recent literature to decide what modifications are required. News about TITAN updates will be available at the 5th EONS Spring Convention to be held in April in Innsbruck.

Please contact the EONS Secretariat (eons@village.uunet.be) or visit the TITAN zone on the EONS Website (www.cancerworld.org) if you are interested in learning more about the TITAN project. All the abstracts from the special EONS symposium "TITAN: education with dissemination" can be viewed at: <http://ex2.excerptamedica.com/ciw-05ecco/>

TITAN is supported by an unrestricted educational grant from Amgen (Europe) GmbH.

TITAN Dissemination Project Award Winners

Caitriona Duggan and Sally O'Connor, Ireland

Anne Higgins and Dawn Brewer, UK

Sandrina Rodrigues, France

Sylvia Verhage, Vincent Keijsers, Niek Golsteijn, Carolien Juijpers and Jo Graat, the Netherlands

Implementing a Smoking-Cessation Programme

Martínez C, Méndez E and García M,
Prevention and Cancer Control Service.
Institut Català Oncologia ICO, Barcelona, Spain

Nurses play a key role as mentors in prevention

The Catalan Institute of Oncology (ICO) has been a smoke-free centre since 1998. This centre, the first one in the Catalonia region to designate itself as smoke-free, is responsible for directing, coordinating and promoting the smoke-free initiative to other Catalan health-care centres and institutes.

One of the main objectives of the initiative is to decrease the number of smokers among health-care workers, mainly among nurses. To achieve this, we started a smoking-cessation program based on a mentoring process. This process allows the person to relearn and mature during the process of stopping to smoke. During a six month period, six nurses trained in strategies to promote cessation of smoking gave personal support to other health-care workers at the centre who were trying to kick the habit. To accomplish this, they first assessed the stage of the person according to the change phases as described by the Proshaska and Diclemente model. Next, they determined the individual's physical dependence on tobacco using the Fageström test, the individual's social and psychological reliance on tobacco, as described by Russell, and last but not least, they explored the individual's daily tobacco consumption.

Once the diagnostic process was completed, mentor and mentee together developed a mutually agreed-upon plan for the mentee to follow to quite smoking. As part of the plan, they agreed to meet for a minimum of 8 sessions within 24 weeks; a maximum number of encounters was not set. A daily schedule was developed taking into account any weak moments the individual might encounter and enhancing the strong points of the person with the purpose of

limiting any prospective difficulties. The mentor serves not only as the therapist, but also as a source of personal support for the smoker during the sometimes difficult process of quitting. An important role of the mentor is to provide advice to help the individual choose the best options to achieve his goal. Further, the mentor works with the individual to set objectives and to plan the appropriate steps to reach them. As a counsellor, the mentor helps the mentee to recognize and develop self control capacities such as confidence and self-esteem. Last but not least, the mentor provides the individual with feedback on his progress.

The project was pilot-tested for 6 months. Sixteen nurses were included in the pilot, 4 of them discontinued their participation before the intervention had been initiated. The remaining 12 nurses were followed by one nurse during their smoking-cessation process. The profiles of the group were as follows: moderate dependence on tobacco with a median Fageström score of 4.7; a median of 15.67 (SD = ± 5.52) cigarettes smoked per day. 41.7% of the participants had already attempted to quite smoking. During the six-month course of the project, 5 of the 16 participants (31.25%) did not smoke. Mentoring is a useful methodology to offer support to nurses who are trying to quit smoking. The programme we developed had a level of success similar to other smoking-cessation interventions. More research on this topic, as specifically applied to nurses, is needed. The project should be implemented in other centres to validate our results. Moreover, we recommend that this type of intervention should be offered to other health-care workers in our hospital who are also smokers and policies to promote health and smoke-free environments should be implemented.

EONS announces

EPE Award Winner for 2005

Earlier on this year EONS launched the Excellence in Patient Education (EPE) Award with the aim of honouring individual nurses or organisations that have consistently excelled at enlightening cancer patients about their disease and its treatments and encouraging creative and cutting-edge approaches to the development of patient education materials.

The winner of the 2005 EPE Award is the Oncology Unit at Our Lady's Hospital for Sick Children (OLHSC), Dublin, Ireland for the booklet "Precious Times: a Handbook on Palliative Care for Parents and Children with Cancer". This original, comprehensive and highly relevant booklet conveys a deep sense of empathy and care towards parents of children who are dying. It is easy to read and written with a warm, balanced tone – an incredible achievement given the sensitivity of the topic. The authors have taken great care in the way they have portrayed this important topic and tackled the most sensitive aspects. The judicious use of pictures (drawn by children) and quotes from parents, siblings and children help clarify some difficult concepts. Moreover, the booklet contains very practical information and useful advice to help guide parents through this challenging life experience. It is written by a multi-professional team of nurses and social workers and is all the more useful because of this. Members of the EPE Judging Panel were unanimous in their praise for this booklet and in their decision to confer the 1st EPE Award to the team from the Oncology Unit at OLHSC. Fiona O'Loughlin and Miriam Mooney from the Oncology Unit at

OLHSC were presented with the Award at a special ceremony that was held during ECCO-13. The winners gave a presentation outlining the rationale behind developing the booklet and the support that it has given parents.

At the Award ceremony a special tribute was paid to the work on Gertrud Grahn, one of the pioneers in the development of group educational programmes. Her world-renowned initiative "Learning to Live with Cancer" has been implemented in over 15 European countries – thousands of European patients have benefited from this unique programme.

EONS is pleased to announce that the EPE Award will continue over the next few years with sponsorship from Amgen (Europe) GmbH. A Nomination Form for the 2006 Award can be downloaded from the EONS website at:
http://www.cancerworld.org/cancerworld/home.aspx?id_sito=2&id_stato=1

The 2006 EPE Award winner will receive a commemorative certificate and a cash award of € 1000, as well as have the right to print the EONS Excellence in Patient Education logo on the winning patient materials. The Award is open to individual nurses or organisations that have developed original and high quality patient education materials targeted at cancer patients. Nominations were judged on their ability to develop creative and innovative materials that clearly communicate relevant and accurate information to patients and their families. Further information is available from the EONS secretariat.



Cancer in the Elderly:

Theme of the 5th EONS Spring Convention

The 5th EONS Spring Convention will be held from April 20-22, 2006 in Innsbruck, Austria. The timely theme of the conference, Cancer in the Elderly – New developments, changes, and implications for nursing, reflects the impact an aging European population is having on the practice of cancer nursing.

Three types of sessions will be offered at the Spring Convention. Plenary sessions are state of the art educational lectures and presentations on key topics related to the theme of the conference. Workshops are interactive sessions in which delegates are encouraged to participate in discussions on state-of-the-art and practical topics. Discussion forums are interactive sessions focused on future aspects of geriatric oncology nursing. Some well-known and well-respected speakers within the area of cancer nursing have agreed to participate in the Spring Convention. D. Boyle (USA) will present a lecture on “The scope – geriatrics relevant to geriatric oncology” on the first day of the conference. On the second day, D. Porock (UK) will present and discuss the challenges nurses face in geriatric oncology. In her talk on vulnerability and well-being in the elderly, JPI Slaets (NL) will provide the audience with information to help them understand the tools for case finding and care coordination in a service for elderly cancer patients. Little is known about the changes in quality of life which occur in old age when a person is diagnosed with cancer; B Thome (S) will describe the experiences of older people with cancer. To foster a multidisciplinary understanding, L Repetto (I) will speak on developments in medical oncology and the importance of geriatric assessment in older patients eligible for cancer treatment.

Topics for workshop sessions will include: assessment of the older person with cancer, ethics and decisions—a case-based workshop, chemotherapy and the older person with cancer, screening and prevention in the elderly and implementing the core curriculum in practice. Scheduled workshops to be presented in German include: implementing the core curriculum and symptom management.

A special EONS-SIOG Symposium entitled “Supportive care in geriatric oncology” will provide insight into what is special about supportive care needs of the older cancer patient. Poster sessions and satellite symposia, not to be missed, will round out the educational program. The conference will conclude with a panel discussion on the future role of geriatric oncology nursing.

1 April 2006 is the deadline for conference pre-registration. As early registration rates are considerably reduced, EONS members are encouraged to take advantage of this offer. Registration on-line is available at www.fecs.be. Click on “EONS-5” under “Conferences” on the homepage. Written conference information including the advance program is available through the EONS Secretariat. The official language of the 5th EONS Spring Convention is English. For plenary sessions, simultaneous translation into German will be provided.

Innsbruck is easily reached by train or airplane and affordable hotel rooms are available. Tourist information can be found at www.innsbruck-tourism.at.



Photograph by Clare Rance

A conference dinner will take place on Friday, 22 April. Cost is € 40.

The 5th EONS Spring Convention promises to be an excellent opportunity to network, participate, contribute, and share the art of cancer nursing practice with colleagues from throughout Europe.

Novice Cancer Nursing Research Workshop

An introductory workshop in research, entitled ‘Research makes a difference to practice: demystifying research’, will be held on Thursday, 20 April 2006

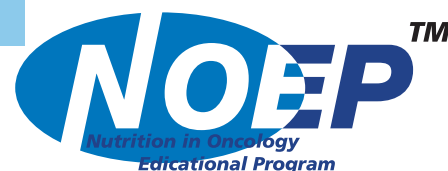
The aim of this workshop is to help practitioners understand the research process, and assist them in using research to change cancer and older people practice. This symposium is aimed at those who are novices to research and feel uncomfortable or uncertain how research is undertaken. Research is not something carried out in isolation and clinicians are essential in guiding the research agenda developing questions and in influencing practice development. Knowledge and understanding comes from finding out more about issues and often in very difficult areas. Cancer in older people and those with advanced disease raises specific ethical issues for those undertaking research but provides essential information to help older individuals and carers cope with a cancer diagnosis.

Pre-registration for the workshop is required. A maximum of 40 participants will be admitted to the English-language workshop and 20 to the German-language workshop. Nurses who feel they are novices to research will find this workshop relevant. If you are interested in research but feel that it is baffling and confusing then this is the workshop for you. Come with clinical problems that you feel research may be able to help solve and through this workshop we will guide you in developing questions for practice. The workshop will provide an opportunity for participants to discuss their ideas and challenges in relation to research.

The workshop will be taught by Dr Sara Faithfull and Prof Davina Porock as well as Christine Widmark and Dr Ingrid Eysers.

There is a € 25 registration fee for this research workshop

Educational Program for Nutrition



Malnutrition is a common, often under-diagnosed problem among patients with cancer, affecting up to 85% of patients. In severe cases, malnutrition can progress to cachexia, a form of malnutrition characterised by loss of lean body mass, muscle wasting, and impaired immune, physical and mental function.

Cancer malnutrition is associated with poor response to therapy, increased susceptibility to treatment-related adverse events, as well as poor outcome and quality of life. Early intervention with nutritional supplementation has been shown to halt malnutrition, and may improve outcome in some patients.

Because of the clinical impact of nutrition in the care of cancer patients and the relative inexperience of healthcare professionals in the assessment and interventions for malnourishment, the European Oncology Nursing Society (EONS) developed an educational program called NOEP (Nutrition in Oncology Educational Program), first launched in September 2003.

The goals of the NOEP program are:

- to create awareness of the importance of the role of nutrition in oncology care among healthcare professionals
- to provide clinicians with tools to both assess cancer associated malnutrition and

- offer effective nutritional support strategies to their malnourished cancer patients.

The nutritional management of cancer patients optimally has a multidisciplinary approach and should be incorporated as a standard part of cancer care. To foster a multidisciplinary approach, the NOEP program has been developed with all types of healthcare professional in mind.

In 2005, several hundred healthcare professionals have attended the NOEP program. The NOEP program has been offered in a vast majority of European countries -Netherlands, Switzerland, Germany, France, Sweden, Denmark, Portugal, and Spain. If you are interested in participating in a NOEP course or running this course in your Hospital or Clinic, please contact EONS or the NUTRICIA office in your area.

The NOEP program is sponsored by an educational grant from NUTRICIA. For more information please contact the EONS secretariat (see colophon)

An Exciting New EONS Educational Initiative

During a special ceremony held at ECCO 13, EONS announced its exciting new educational initiative - TARGET that has the goal of enhancing European oncology nurses' understanding of the role and relevance of the Epidermal Growth Factor Receptor (EGFR) in cancer care. Leading oncology nurses from all over the world, as well as the TARGET Advisory Committee members and representatives from Merck KGaA, attended the launch event. Participants heard about how the TARGET course and materials were being developed and plans for implementing TARGET throughout Europe.

During the launch ceremony Jan Foubert, immediate past-President of EONS and TARGET Advisory Committee Chair, stated: "TARGET is part of EONS's commitment to quality cancer care and excellence in cancer nursing practice. Nurses play an important role in administering novel targeted therapies and educating patients about side effects. We hope that through this initiative cancer nurses will achieve even higher standards in caring for patients receiving EGFR inhibitors. This will help improve cancer outcomes."

TARGET participants will complete some pre-course work, attend a one-day course and then undertake a follow-up project in order for them to disseminate their newly acquired knowledge and skills. A range of TARGET materials are being developed for use by organisations interested in running a TITAN programme. The course format and the draft TARGET materials are currently being tested in pilot courses in a number of European countries.

The first pilot course was held in Manchester, UK on November 17th. Twenty-two nurses from throughout the UK attended the course that was organised by the RCN Cancer Nursing Society. TARGET Advisory Committee members Jan Foubert, Jaqualyn Moore, Clementine Molin and Maggie Uzzell served as faculty for the course, along with Dr Tobi Arkenau, a physician from the Royal Marsden Hospital who has extensive experience in working with EGFR inhibitors. RCN Cancer Nursing Society President Shelley Dolan chaired the pilot course. In general feedback about the course format and TARGET materials was very positive and many participants expressed enthusiasm about undertaking their dissemination projects.

TARGET



Axel Doll and Rolf Bauemer from KOK.

The German pilot, organised by the KOK, will be held on December 2-3 in Dresden. The Belgian/Dutch pilot, that is being organised jointly by the VVRO and VVOV is due to be held on January 13th 2006 in the Netherlands.

Materials will be revised in the light of feedback from the pilot courses and the final version of the materials will be used during the TARGET Train the Trainer course that will be held on May 11-12th 2006 in Milan, Italy. The purpose of the Train the Trainer course is to prepare TARGET Trainers to run courses in their own country. Further details about the TARGET Training the Trainer course will be posted on the EONS website in February.

European implementation of the course will take place from June 2006 onwards. Please contact the EONS Secretariat if you are interested in learning more about the TARGET project.

TARGET is supported by an unrestricted grant from Merck KGaA, Darmstadt, Germany

Images of Hope Call for Nominations

Pictures are worth a thousand words, with no language or age barrier. We are inspired by art and stories of individuals who have fought cancer and have come through their experience with a new vision and purpose. This can be dramatically captured through the lens of a camera, creating a powerful and emotional art form which is the inspiration behind the Images of Hope® Photography Award. This can inspire and drive the development of new treatment options which give new hope to so many.

The following organisations are proud to invite nominations for the second of ESMO (European Society for Medical Oncology), EONS (European Oncology Nursing Society), FECS (The Federation of European Cancer Societies), ISNCC (International Society of Nurses in Cancer Care), MASCC (Multinational Association of Supportive Care in Cancer), SIOG (International Society of Geriatric Oncology) and SIOOP (International Society of Pediatric Oncology) is proud to invite nominations for the second Images of Hope® Photography Award.

By providing a special photograph you have taken, you can share this renewed spirit with countless others who will draw inspiration from your image. The Images of Hope® Photography Award is open to all amateur photographers who have or have had cancer, their family members, friends or care givers. Any photograph (or series, up to four photographs) may be submitted that you feel depicts "hope," or the promise of hope that you found during your fight against cancer.

Some of the photographs entered into the 2004 award and their stories can be found on www.esmo.org and



The Time of Plenitude

To age for two, without losing the other one, to go to the end together. To love is to look in the same direction.

Albert Roman, France

www.fecsc.be/imagesofhope

Prizes

The Group will provide the first prize winner and his/her partner with a trip to Istanbul, Turkey during the ESMO (European Society for Medical Oncology) Congress at the end of September 2006, and a prize of 17,000. There will also be two highly commended prizes of 11,500. All three winning photographs will be published in the ESMO newsletter, on the ESMO website, and publications of the other sponsors, and up to 200 selected photographs will be exhibited during the ESMO Congress in 2006. The Images of Hope® Award is an initiative of the Group. The worldwide promotion of the award is made in exclusive partnership with F. Hoffmann-La Roche Ltd.

Deadline

Photographs must be received no later than April 30, 2006.

We Celebrate Life

On the operation bed I promised myself to live life to the fullest. My love for my daughter, for nature, for creation, for my friends who supported me, these are the things that gave me the strength to turn pain into beauty. We celebrate life.

Eshkar Eldan Cohen, Israel



Photographs can be sent by email or standard mail.

Images of Hope

Selection criteria & guidelines: Photo submissions will be judged using a combination of your photograph, title, and description on why you feel your photograph depicts hope. Additionally, you may manipulate your photograph; which could include modifications in Photoshop™, painting or drawing on your photo or creating a collage. Submitted photographs will be reviewed by a panel of judges whose lives have also been affected by cancer, including cancer survivors, representatives from cancer support groups and medical care-givers. The choice of the judges is final.

Submission process: It's very easy! Use normal mail, or email, and send the following two items: A completed Entry Form and your photograph. Via email: Digital photos should be in .jpg format if possible. Standard mail: Photo size not to exceed A4 or 8.5x11". You may also submit your entry online by using the entry form found on our website below, filling in all the fields and attaching your photograph(s).

Ideas to help you get started: Ask yourself: "If I were to capture the feeling of hope in a photograph, what would the emotion look like?" For example, "hope" may mean: courage, love, inspiration, energy, perseverance, compassion, warmth, security, celebration, life, a journey, dreams, strength, inner beauty, reflection, confidence, happiness... Remember, there is no right or wrong image. The photograph may also be of something that you have created in another medium, for example: a painting, collage, sculpture etc. You are in total control of what you choose to share. In addition to the photograph(s) and your contact details, you will need to provide a description of why the photograph is for you an "Image of Hope" in 50 words or less.

Thank You! The vision of the Group and Roche is that Images of Hope® will bring inspiration to cancer survivors and their families as they learn that cancer can bring an opportunity to find empowered strength to begin a new life. The Group and Roche are dedicated to not only developing and supporting new treatment options to help fight cancer, they are also dedicated to nourishing the strength of the human spirit and the will to overcome cancer. For more information about Images of Hope® please email us at imagesofhope@tgcg.thomson.com, or write to: Images of Hope, c/o Gardiner-Caldwell Communications, Victoria Mill, Windmill Street, Macclesfield, Cheshire SK11 7HQ, United Kingdom, or visit our website at www.esmo.org, or www.fecsc.be/imagesofhope

"Medicine is an art, let us bring art to medicine."



EONS-Roche Research Award Grant

Summaries of Projects

EONS and Roche collaborate each year to award financial support for selected research projects in cancer nursing. In the Spring 2005 issue of the EONS Newsletter, summaries of the final reports of three of the 2002 winners were published. These projects were: Ream, E, et al, 'An exploration of the efficacy of arm massage in facilitating intravenous cannulation for administration of cytotoxic chemotherapy'; Molassiotis, A., et al, 'The management of post-chemotherapy nausea and vomiting in breast cancer patients using wristbands in acupoint P6'; and Bergkvist, K, 'Subjective experiences of nausea and vomiting following chemotherapy'.

Summaries of the two remaining projects which received the EONS-Roche Grant in 2002 follow. A complete description and report of the results of each study has been or will be published in the *European Journal of Oncology Nursing*.

Testing the effect of an educational intervention on nursing staff knowledge and attitudes on cancer pain management

Elisabeth Patiraki, Assistant Professor, Nursing Faculty, University of Athens and University of Connecticut, Athens, Greece

The purpose of this study was to explore the effectiveness of an educational intervention on nurses' knowledge and attitudes regarding cancer pain management. The specific study objectives were to: a) assess the knowledge and attitudes regarding pain relief of nursing personnel caring for cancer patients; b) explore the potential differences in knowledge and attitudes of nursing staff before and after an educational nursing intervention; and c) examine whether educational factors and personnel characteristics affect nursing personnel knowledge and attitudes.

A randomized four-group intervention-control Solomon design was used. A total of 112 nurses participated in the study. Administrative support included a paid day off and relief of duties for study participation. The nurses were randomized to four Solomon groups (two pre-, post-test groups and two post-test only groups). The following groups were tested: a) Group A: pre- and post-test intervention group, b) Group B: post-test only intervention group, c) Group C: pre- and post-test sham-intervention group, and d) Group D: post-test only sham-intervention group. Groups were formed according to Campbell's and Stanley's (1963) methodology. Each nurse was exposed to the educational program once only. Pre-intervention measurement included the validated Greek version of Nurses Knowledge and Attitudes Survey Regarding Pain (GV-NKASRP) (Tafas et al., 2002) and a participant questionnaire.

The intervention group viewed the Margo McCaffery educational videotapes translated into Greek. This series consists of 4 videotapes covering nursing assessment of the patient in pain, analgesics, the use of opioid analgesics, and the under-treatment of pain. Following the four videotape sessions, case scenarios focusing on problem-solving were discussed. Control participants received a sham videotape educational intervention of the same duration. Following all the educational interventions the participants again completed the GV-NKASRP. Participants had an average of 14.56 ± 8.63 years experience in cancer nursing. There were no significant differences between the intervention and control groups in regard to background variables (education, work setting, etc; $p > 0.508$). The most important study findings were: a) the relatively low pre-test knowledge scores among Hellenic oncology nurses; b) the significant improvement in knowledge for the majority of test items after the educational intervention; c) the persistence of some of the common misconceptions about pain management even immediately after the intervention; and, d) a trend for a potential negative effect of pre-intervention testing on knowledge acquisition. Implications for future research and continuous educational efforts in cancer pain management drawn from these results include: A potential negative effect of pre-intervention testing on nurse's beliefs and attitudes and/or knowledge in cancer pain management and assessment needs to be explored to avoid unfavorable negative

sensitization effects to education items and a covert reinforcement of fixed beliefs. Further, the effect of pre-intervention discussions and workshops may need to be carefully explored.

The evaluation of the learning and practice effects of this one-day educational intervention is ongoing with future plans to report on nurses' long-term retention of knowledge and patient satisfaction with pain control. The significant improvement in knowledge for the majority of items is promising; nonetheless the question of whether a change of this magnitude is clinically significant to improve practice remains.

Lung cancer patients quality of life and symptom distress: Comparison of patients' and their partners' perceptions

Stylianos Katsaragakis, Clinical Trial Nurse, Athens Greece

The objectives of this study were to: explore the impact of symptom distress on quality of life; explore the impact of patient's symptom distress on their partner's perception about their quality of life; and compare patient's and partner's perceptions about patient's quality of life and symptom distress.

The sample (N = 39 couples) consisted of male patients diagnosed with primary lung cancer and their female partners. Sample inclusion criteria included newly diagnosed patients with lung cancer. Data were collected on the same day from both patient and partner during patient's hospitalization. Patients and partners completed the same measurement instruments in separate rooms, one after the other under the supervision of the investigator.

The measurement instruments used were: the European Organization for Research and Treatment of Cancer (EORTC) QLQ-C30 (version 3.0), the EORTC QLQ-LC13 Symptom Distress Scale (SDS), and the Partner Relationship Inventory (PRI). The majority of the couples were married (97.4%) and the mean duration of their relationship was 31 years ($SD \pm 10.51$ years; range 3-60 years). A majority of patients were male (94.9%). Mean patient age was 60.26 years. Most of the patients had only basic education (76.9%). Almost half of the patients were aware of their lung cancer diagnosis (43.6%), and 10.3% of them reported the existence of metastasis. Partners mean age was similar to that of patients and most had only basic education (74.4%). The majority (76.9%) were aware if their partners' diagnosis and metastasis existence (46.2%). PRI measurement showed that most of the couples had conflict in their relationship. Most of the partners estimated that their relationship was better than patients reported it to be. Most of the patients and partners reported that patients experienced low symptom distress for 12 of the 13 scale questions. Almost half of the patients (51.3%) and most of their partners (84.6%) reported that they experienced high outlook distress. Patients' symptom distress experiences correlated with their perception of quality of life. The results indicated that patients experienced higher quality of life when they experienced higher functioning and less symptom distress measured by both EORTC and SDS.

Results could not confirm that partners' evaluations about patients' quality of life are correlated with partners' perceptions of patient symptom distress. Patients' perceptions of their relationship influenced their experiences of symptom distress and quality of life. Patients with poor-quality relationships reported worse symptom distress experiences and poorer quality of life. Contrary to patients, partners' perceptions of their relationship were not correlated with their perceptions of patients' symptom distress and quality of life.

Partners estimated sufficiently patients' symptom distress with the SDS scale. Although differences were observed between patients' and partners' reports on patient symptom distress, a statistically significant difference was found only for patient outlook distress ($p = 0.00$). Partners also evaluated sufficiently patients' quality of life with the EORTC scale. Twenty-six subscales of the EORTC scale were examined and a statistically significant difference was observed only for the fatigue subscale ($p = 0.030$).

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1. Green MD et al. *Ann Oncol*. 2003;14:29-35. 2. Neulasta® (pegfilgrastim) [summary of product characteristics]. Amgen Europe A.G., The Netherlands; 2004. ©2004 Amgen Inc. All rights reserved.

NEULASTA® (pegfilgrastim) Brief Prescribing Information

Please refer to the Summary of Product Characteristics before prescribing NEULASTA®. **Pharmaceutical Form:** Pre-filled syringe containing 6 mg of pegfilgrastim in 0.6 ml solution for injection, for single dose use only. **Indication:** Reduction in the duration of neutropenia and the incidence of febrile neutropenia in patients treated with cytotoxic chemotherapy for malignancy (with the exception of chronic myeloid leukaemia and myelodysplastic syndromes). **Dosage and Administration:** 6 mg NEULASTA® for each chemotherapy cycle administered as a subcutaneous injection approximately 24 hours following cytotoxic chemotherapy. Insufficient data to recommend use of NEULASTA® in children and adolescents under 18 years of age. Therapy should be initiated and supervised by physicians experienced in oncology and/or haematology. **Contra-indications:** Hypersensitivity to pegfilgrastim, filgrastim, E. coli derived proteins, or to any excipients. **Special Warnings and Precautions:** NEULASTA® should not be used in patients with acute leukaemia receiving myelosuppressive chemotherapy. Safety and efficacy not investigated in patients

receiving high dose chemotherapy. The onset of pulmonary signs such as cough, fever, and dyspnoea in association with radiological signs of pulmonary infiltrates and deterioration in pulmonary function along with increased neutrophil count may be preliminary signs of Adult Respiratory Distress Syndrome (ARDS). In such circumstances NEULASTA® should be discontinued at the discretion of the physician and the appropriate treatment given. There have been isolated cases of splenic rupture following administration of granulocyte-colony stimulating factors. Treatment with NEULASTA® alone does not preclude thrombocytopenia and anaemia. Regular monitoring of platelet count and haematocrit is recommended. NEULASTA® should not be used to increase the dose of cytotoxic chemotherapy beyond established dosage regimens. Exercise caution when administering NEULASTA® in patients with sickle cell disease and appropriate monitoring, due to the possible association of NEULASTA® with splenic enlargement and vaso-occlusive crisis. White blood cell counts of 100 x 10⁹/l or greater have been observed in less than 1% of patients receiving NEULASTA®, but no directly attributable adverse events have been reported. The safety and efficacy of NEULASTA® for the mobilisation of blood progenitor cells in patients or healthy donors has not been adequately

evaluated. **Interactions:** NEULASTA® should be administered approximately 24 hours after chemotherapy. **Pregnancy and lactation:** No adequate experience in human pregnancy and lactation. NEULASTA® should not be used during pregnancy unless clearly necessary. Do not administer to women who are breast-feeding. **Undesirable Effects:** In clinical studies the most frequently reported related undesirable effect was mild to moderate bone pain. Allergic reactions, including anaphylaxis, have been reported both with NEULASTA® and its parent compound, filgrastim. Reversible, mild to moderate elevations in uric acid, alkaline phosphatase and lactate dehydrogenase, with no associated clinical effects, occurred in 7%, 10% and 20% respectively of patients receiving NEULASTA® following cytotoxic chemotherapy. Nausea was observed in healthy volunteers (11%) and < 1% of patients receiving chemotherapy. Undesirable effects seen in clinical studies with incidence of > 10% was skeletal pain and > 1%, < 10% were injection site pain, chest pain (non-cardiac), headache, arthralgia, myalgia, back, limb, musculo-skeletal and neck pain. **Pharmaceutical Precautions:** NEULASTA® is incompatible with sodium chloride solutions. Store at 2°C to 8°C (in a refrigerator). NEULASTA® may be exposed to room temperature (not above

30°C) for a maximum single period of up to 72 hours. NEULASTA® left at room temperature for more than 72 hours should be discarded. Do not freeze. Accidental exposure to freezing temperatures for a single period of less than 24 hours does not adversely affect the stability of NEULASTA®. Keep container in outer carton to protect from light. **Legal Category:** POM. **Presentation, Basic NHS Costs and Marketing Authorisation Number:** NEULASTA® 6 mg: Pack of 1 syringe: £714.24, EU/1/02/227/001.

Marketing Authorisation Holder: Amgen Europe B.V., Minervum 7061, 4817 ZK Breda, The Netherlands. Further information is available from Amgen Limited, 240 Cambridge Science Park, Milton Road, Cambridge, CB4 0WD.

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