Contents:

Our colleagues from...

Education in Europe

Competence Based Practice

EONS News Update

Optimising Patient Education

EONS Awardees

Hitting the Target

Education: Challenges, Realities, and Achievements
Letter from the Editor

Brussels, March 25th 2006

Nurse education in Europe has undergone significant change over the last 20 years. How these changes have affected the way in which nurses are being supported is one of the focuses of this issue of the Newsletter. Further, the provision of educational programmes that ensure that students and graduate nurses are able to practice safely and competently upon completion of an educational programme is described from a management prospective.

Many European countries are struggling with the concept of education. On one side, they invest in education and teaching to deliver capable manpower. On the other side, people are not working as long, they change their place of employment more frequently, and the concept of ‘knowledge for life’ no longer exists. Questions such as "What is the output of all those investments?", "Is training and education a waste of money?", "What kind of and how much training is needed to deliver competent employees?" are being asked on a daily basis in today’s cost-conscious health care system.

The concept of providing education has changed dramatically. The traditional school is no longer the only institution offering education and because of stiff competition, it no longer has a monopoly on education.

To meet changing demands, we need flexible teaching strategies. Knowledge should be able to be transferred from one environment to another and in some instances this is already taking place. Policy makers, for example, are defining a means to transfer knowledge and skills and they are insisting that institutions should not teach what is already known. Teaching is expensive and money available to teach should be used effectively. In addition to measurements to evaluate formal education, there is a need for a transparent system which measures and acknowledges acquired skills and competences.

An institution that has a good sense of the potential and actual competencies that are represented by its employees can develop a stronger position within the labour market. Some European countries have institutionalised acquired skills, diplomas and certificates and have given those competencies a public character: in practice, this is called the recognition, validation and certification of acquired competencies. The recognition of acquired competencies is of use if stimulating the integration of individuals who have little or no formal education and helps to recognise developed competencies that can be reused.

Competencies are related to practice; a person is competent if he practices efficiently with good results. Observing practice is the best way to assess competency. However, competencies can only be correctly assessed if students receive proper instructional education and if mentors receive proper training to carry-out their responsibilities.

I hope that the content of this Newsletter will provide you with an update on education and give you suggestions to improve your education or the education you may be providing for colleagues.

Jan Foubert
Editor-in-Chief
Our colleagues from... Germany

History
The KOK was founded in 1987 as a working group of the German Cancer Society with the goal of improving nursing and outpatient care for people suffering from cancer in Germany. At that time, the emphasis was on training oncology nurses and doctors’ assistants. The KOK now has a membership of approximately 1,000.

The KOK membership delegates the President to the managing board of the German Cancer Society as an advising member. The promotion of oncology nursing and research is a goal of the German Cancer Society which was established in its charter.

The managing board of the KOK consists of three managing board members: Junior President, President, and Past President. The advisory board consists of five members who focus on different aspects of work such as education, research, outpatient care, and public relations work.

Goals
The work of the KOK has recently changed and has adapted to changes in the society at large and healthcare policy in particular. The following goals have been formulated:
• Develop and promote oncology nursing and outpatient nursing as part of the care for patients suffering from cancer;
• Improve the professional image of oncology doctors’ assistants, oncology healthcare professionals, and oncology nurses;
• Promote and develop specialized education for the nursing profession;
• Provide advanced training for oncology nurses;
• Promote standards of quality for oncology nursing;
• Organize symposia, conferences, and specialized education programmes;
• Enable networking of oncology nurses and doctors’ assistants;
• Develop and promote oncology nursing research.

Committee Work
The KOK is represented in the committees of the German Cancer Society and has direct influence on decisions concerning oncology care. The KOK is represented in the following committees of the German Cancer Society:
• Committee for the development of breast centres
• Committee for certifying oncology facilities
• Committee for the development of therapy guidelines in the German Cancer Society
• Advisory member on the managing board of the German Cancer Society.

Cooperation with other organisations in oncology care has been intensified over the past few years. Educational projects such as TITAN and TARGET were carried out successfully in collaboration with EONS and integrated into the educational program of the KOK. Cooperative work exists between the German Society for Nursing Research and the KOK. The goal of this working group is to intensify oncology nursing research in Germany and to provide specialized knowledge of nursing for the nursing profession. The goal is to improve the quality of nursing care long term.

Educational Offerings from the KOK
The following educational programs have offered by the KOK:
• Palliative care at home for people suffering from cancer
• Specialized education for side effect and symptom management
• Continued education in oncology for doctors’ assistants
• Specialized education for doctors’ assistants

Conferences
The KOK collaborates with various other organizations to offer the following conferences:
• Oncology Nursing Conference as part of the German Cancer Conference
• Special conferences on oncology
• Oncology nursing conference as part of the German Association of Haematology-Oncology in cooperation with Austrian and Swiss nursing associations
• Conference on cancer for patients.

KOK in the Future
The KOK would like to support and intensify professional cooperation in caring for people with cancer in all treatment settings. This means that a network structure will need to be established and the role of the oncology nurse will need to be defined. Research projects in nursing will be supported in order to guarantee and develop quality care in oncology nursing. European cooperation has become an important focus of the work of the KOK.

Further information concerning the KOK is available at www.kok-krebgesellschaft.de.

Individual Membership of EONS

Membership of EONS is open to individual oncology nurses working in Europe.

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 ECCO and the Spring Convention;
• Reduced subscription rate to the European Journal of Oncology Nursing.

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

EONS Secretariat
Membership application forms as well as more detailed information about EONS activities and educational materials can be obtained by contacting: EONS Secretariat, Avenue E Mounier 83/4, B-1200 Brussels, Belgium. Tel.: +32 (2) 779 99 23; fax: +32 (2) 779 99 37; e-mail: eons@village.uunet.be. Regularly updated information concerning the Society can be obtained by visiting the EONS website at http://www.cancereurope.org.
Proven prevention of bone events

Sustained relief of metastatic bone pain

Renal safety comparable to placebo

No requirement for renal monitoring prior to each dose

Go to www.BonePain.com
“To the uneducated, an A is just three sticks”

Alan Alexander Milne
1882 - 1956
Author of Winnie the Pooh

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.
Much has been written about the need for continuing professional
development for nurses to enhance practice and promote qualit-
 nursing care. However little has been written about the challenges
faced by European nurses in keeping up-to-date with health care
developments in relation to specialist areas. Moreover the need for
change within continuing professional education, in light of the
Bologna agreement [1], requires changes to current post basic
cancer nurse curriculum to emphasise practice-based learning
outcomes, life-long learning and competencies in practice. Educators
providing courses are currently facing many challenges not only the
increasing costs of specialist education provision, distance learning
but also ever increasing changes in health care requiring
modification of specialist nursing skills and knowledge within
curriculum. This means that educators need to rethink approaches to
teaching and learning and links with practice. This paper explores the
challenges ahead for European nurse educators in developing the
cancer-nursing workforce for the future.

One of the drivers for changes in educational provision is the
changing nature of cancer treatment and management. Cancer
treatment has become more acute with increasing volume and
through-put of patients with innovations in drug and treatment
delivery. The nature of cancer has changed dramatically with
subsequent improvements in cancer survival resulting in patients
requiring support over many months to years [2] [3]. Furthermore
cancer has become more specialised and sophisticated resulting in
shorter inpatient stays and more ambulatory therapy delivery [4].
Countries are increasingly developing cancer plans to map patient
care pathways from cancer unit to centre and back into the
community to improve efficiency and provide better care. Pivotal to
these service changes is education of cancer nurses and whilst bold
in vision these changes are challenging existing nursing roles and
health services. Nurses are seen as central to improving standards in
care with much greater responsibility for decision-making and in
providing support [5].

Cancer centres are often some way from a patient’s home and
primary health care teams are more frequently requiring support and
advice. One of the challenges for the future is how to shift the skills
needed for support of cancer patients out into the community,
providing quality care for those requiring outpatient and ambulatory
cancer care provision. The shift towards home care raises issues for
service providers (Figure 1). There needs to be an effective
knowledge transfer between primary health care teams and cancer
treatment centres. Patients require appropriate support and
information so that when they return to primary care they know
when to seek help and from whom. It is recognised there is a lack of
confidence and expertise among general practitioners and
community nurses for supporting specialized treatments [4]. There
are few health evaluations of how such service change influences
patient outcomes or how to facilitate this transition through nurse
education [6].

The need for supportive and palliative care within the community
poses many problems for educationalists. These are unprecedented
times of change when education is provided in an environment of
market based contracts, health service demands to provide new and
more nurses but in the context of limited resources [7]. More than
ever there is a need to consider the skills needed for such a shift
and where this cancer education is provided, whether as part of
community nurse training or as part of older people care provision or
as a speciality. Also for the specialist cancer nurse changing role
boundaries have increasingly led in some EU countries to a shift to
nurse practitioners that have taken on roles previously defined as
medical [8]. This also changes the nature of cancer nursing specialist
education and the demand from service commissioners for
competent practitioners to meet these extended roles. Educators
therefore face a difficult task to provide a range of cancer continuing
education rather than a focused specialist education.

Educational changes in academic credits reflect the Bologna
agreement a long awaited harmonisation across Europe of
educational levels [9]. This agreement between countries has been
about developing a common two-tier system of bachelors and
masters degrees. The aim is to introduce a common credit transfer
system allowing students to combine studies at different European
centres to develop their professional qualifications. These changes in
education are due to be in place by 2010. Implications of this are the
promotion of life long learning within vocational courses plus the
development of competency-based practice. Although this in many
cases is what intuitively educational programme provide, the ability
to demonstrate such outcomes and build upon previous learning is a
difficult educational concept to achieve. This requires good links with
practice and mentorship and support for students within the work-
based learning environment [10].

The American Nursing Association define continuing professional
education as “planned educational activities intended to build upon
the educational and experimental bases of the professional nurses
for the enhancement of practice, education, administration, research
or theory development to the end of improving health care”.

However continuing professional development is often encouraged
as a mechanism for delivering service training rather perceived as
developmental for the individual. This can lead to resentment and
resistance from both service providers and practitioners to
continuing professional education courses. It is also recognised that
in many countries nurses pay for and undertake continuing
professional development in their own time. Making it difficult to
undertake longer courses requiring innovative ways of delivery and
educational support. Furthermore specialist cancer nursing is not

---

**Figure 1**

The diagram illustrates the hierarchical structure of cancer care pathways, highlighting the roles of various healthcare professionals. It shows the transition from cancer unit to specialized centres, and the importance of support and education in facilitating this shift.

---

**Dr Sara Faithfull, Director of Studies: Doctorate of Clinical Practice, European Institute of Health and Medical Sciences**
recognised in some European countries making educational funding difficult. Several studies have explored the provision of continuing professional education and found that there is little empirical evidence for how best to deliver it or how it changes nurses perceptions and practice [11]. There is a need to research this area and to evaluate different models of education, we know very little of how best to provide this within a changing health context. The motivation for continuing post basic professional development, often lie with the individual and therefore the provision of continuing professional education is dependent on the attractiveness of educational courses rather than what’s really needed. This provides a dichotomy between what service providers are commissioning and what nurses want to study for their own development. Cinderella subjects such as care of older people with cancer and rehabilitation subsequently are difficult to provide because of lack of demand when it is this type of education that is pertinent to innovation in cancer services.

A further challenge is to get education to those nurses who need it. This has been debated in many areas of education. Those who are keen for professional development are those who do not necessarily need it and those who need it resist education [12]. Motivational factors may be multidimensional but increased job satisfaction; competence and increasing professionalisation of nursing are key factors [13]. Keeping those skills and promoting learning after a programme of study are also an area where little is known. Corner [14] found that 3 months after nurses undertook specialist cancer training, competence decreased so the benefits of education were not sustained. Educationalists need to be able to demonstrate how continuing professional development impacts on nurses ability to manage cancer patient care, not only to justify the resources for continuing professional development but also how best to sustain such improvements.

Are we meeting the challenges for providing cancer education in this unprecedented time of change? EONS as a society has grasped the initiative for educational development with educational needs analysis, a curriculum identifying practice as central to learning, practice related topics such as TITAN and the development of education for cancer in older people. There are enormous possibilities opening up within health care for us to develop cancer nursing in many settings and contexts, not only as a result of improved survival and treatments but because vocational education is being scrutinised as part of Bologna. Lastly educationalists need to grasp these opportunities and take the initiative and strengthen education for nurses who don’t know they need it. Improvements in specialist cancer care are shared and that lessons learnt can translate into other nursing services so that we provide better care for cancer patients throughout their cancer journey.

References

Published in association with EONS!

Nursing Patients with Cancer
Principles and Practice
Reflecting and complementing the Core Curriculum for Post Registration Courses in Cancer Nursing, 2nd Edition prepared by EONS, this major new text provides a detailed foundation for adult cancer nursing.

Features
• Includes insights from cancer care professionals in the UK, Europe and the International community
• Explains the essential social and scientific basis of modern cancer management and equips nurses with the key skills and knowledge required to work in cancer care teams
• Reflects the following core issues: Self and role awareness; Professional development issues; Problem solving strategies; Research awareness and critical appraisal; Ethical issues; Quality of life and patient experience issues; Socio-political issues

0 4430 7288 4 • 978 0 443072 88 8
Hardback • 864 pages • 84 ilus
Elsevier Churchill Livingstone • November 2005
£54.99 • EUR81.95

Also available!

Palliative Care, 2nd edition
The Nursing Role
This book lays a clear foundation of knowledge for any nurse involved with palliative care.

Features
• Offers a sound introduction for the non-specialist nurse
• Case histories help to give a firm foundation for clinically based practice
• Covers key issues such as spirituality, sexuality, ethics, loss and grief

0 4430 7458 5 • 978 0 443074 58 5
Paperback • 372 pages • 20 ilus • Elsevier Churchill Livingstone
December 2005 • £27.99 • EUR41.95

The Royal Marsden Hospital Handbook of Cancer Chemotherapy
A Guide for the Multidisciplinary Team
This brand new book is a unique resource for health care professionals caring for patients with cancer.

Features
• A CD-ROM features all the text and illustrations in a fully searchable format with video clips of procedures
• Provides a detailed overview of disease-specific management, treatment regimes and supportive care
• Divided into three sections for ease-of-use

0 4430 7101 2 • 978 0 443071 01 0
Paperback • 72 pages • 100 ilus • Elsevier Churchill Livingstone
October 2005 • £40.99 • EUR74.95
The Reality of Competency Based Practice

Sharon Divilly MA, BSc (Hons), CertEd, DipN, RN
Project Lead for Mentorship Guy’s & St Thomas’ NHS Foundation Trust

Nurse education in the U.K. has undergone significant change over the last 20 years. The purpose of this article is to outline how these changes have affected the way in which nurses are being supported and discuss the challenges from a management perspective in ensuring that students are able to practice safely and competently on completion of a programme of education. Prior to 1989 the registered general nurse training programme followed an apprentice type model based in hospitals. Students observed role models and practiced skills in the clinical areas (Glen, 2003).

Since 1989, nurse education has been delivered in higher education institutions focussing on more teaching of the sciences and health policy (Glen, 2003). This model has resulted in less time being spent in the clinical setting with students having had less opportunity to develop their practical clinical skills. Health reforms have resulted in increased pressures on clinical staff in balancing their management, educational and clinical roles. Over this time greater demands have been placed on staff in terms of time to teach and supervise students as well as carry out their clinical role. Runciman et.al. (1998) and Elkan & Robinson (1995) raised concerns as to the competence of students when they qualified. Students indicated that they felt unsure of their abilities once qualified and attributed this to their lack of practice and competence.

Competency assessments are only successful if sufficient support is given to the students in terms of their learning, and those assessing them (their mentors). In the majority of practice settings, the student, be they pre-registration or post-registration will be assigned a mentor who will facilitate their learning, support and assess them throughout their practice experience. The Nursing and Midwifery Council (NMC 2005) state:

“A mentor is a nurse, midwife or specialist community public health nurse who facilitates learning and supervises and assesses students in a practice setting.”

A mentor role is to facilitate the student in making sense of their practice through the application of theory to practice, assessing, evaluating and giving constructive feedback, facilitating reflection on practice, performance and experiences, (RCN 2005). Mentors are accountable for personal standards of practice, standards of care delivered by learners, what is taught, learned and assessed, standards of teaching and assessing and professional judgements about student performance (Stuart, 2002). Nursing and Midwifery Council Code of Professional Conduct (2004) states that:

“Nurses and midwives on the professional register have a duty to facilitate students of nursing and midwifery and others to develop their competence”

The validity and reliability of the competencies may be affected if they are assessed by practitioners who have had insufficient training, or who do not fully understand the remit of a mentor. When considering who should assess the competencies and confirm that the student is competent, consideration is given to the three purposes of assessment. Assessment is used to ascertain the level of theoretical knowledge, the level of practical skill and the level of professional attitudes (Neary 2000). The assessor should have up-to-date knowledge to be able to ask appropriate questions and test the students understanding in a variety of ways. They should have the experience to not only demonstrate the skills under ideal circumstances but should be able to transfer the skills into different situations. Does the assessor demonstrate an appropriate level of professional attitude and are they able to act as a role model for the student making professional judgements about another practitioner’s attitudes? The role is complex and it is clear that those who are assessing student competencies require training and support themselves. There are also, however practical issues to mentoring students to ensure that they are fit for purpose (they can function effectively in practice), fit for practice (they can fulfill the needs of registration), fit for award (they have the depth and breadth of learning to be awarded a diploma or degree/higher degree), (RCN, 2005). As aforementioned, time and ensuring assessors are competent are two important issues. The challenge is for the mentor to invest the time to work with their students to ensure a consistent approach to learning and skills acquisition in a competing clinical environment.

It is therefore important that as well as a valid and reliable competency document, there are robust processes in place to ensure that mentors are supported and monitored to ensure that they are themselves competent in their role. This can create challenges from a management perspective. Increasingly, less experienced practitioners who themselves need more time to consolidate and practice their skills are mentoring students. They may not feel confident to fulfil all the roles expected as a mentor and therefore may become less motivated and the student experience may then suffer as a result. They may feel pressurised to assess a student as competent during their clinical placement as they have sympathy for the student’s experience, and the students are keen to conclude completion of their competency document.

“An important issue is to develop systems to support the development of mentors...”

Mentors in the UK must attend an approved post-registration course to become a mentor in the first instance, and then undertake an annual update to promote standardised mentorship practices. As the numbers of students have increased, so has the demand for mentors, and this provides challenges for the ward sisters who are often unable to release sufficient staff from their establishments to undertake the mentorship programme. Pressure is greater on the remaining staff that has a mentorship qualification to support more students. Mentors should also be supported by academic liaison staff from the higher education institutions and by the hospital practice development/practice education teams who can help the individual mentor fulfil this role.

Implementing competencies into practice is a complex issue. Changes in the dependency and acuity of patients are adding to the challenges of supporting increased numbers of student nurses and midwives who are in a supernumerary capacity whilst on clinical placement. An important issue is to develop systems to support the development of mentors that is fair and consistent and articulates the expectations of the organisation that views mentorship as fundamental to continuing professional development.

References
Nursing and Midwifery Council, (2005) NMC Consultation on a Standard to Support Learning and Assessment in Practice, final report London, NMC.
Response to: The Reality of Competency-Based Practice

Denise Cullus, Director of Nursing, Jules Bordet Institute, Brussels

As in the UK, important changes have occurred in Belgium with regard to nursing studies: time devoted to clinical experiences including time spent in hospital settings has decreased. Further, over the last few years, we have noted an increase in the number of student nurses which has caused an overabundance of students from different schools of nursing and in different levels of education on the wards at the same time.

The existence of mentors is not generalized in Belgium clinical settings. Staff nurses acting as mentors for the students are people who like to teach or to work with students and who voluntarily add this function to their workload. They don’t receive any particular education or training in mentorship. The motivation of the head nurse on the ward to devote one nurse to work with students is also an important factor for the presence or absence of a mentor. The competency of this nurse to act as a mentor is not formally assessed. Unfortunately, nursing school faculty doesn’t have the opportunity to be present on the wards with their students as often as needed. Each clinical teacher has many students to supervise and the expectation that nursing staff act as mentors to the students is crucial to providing clinical supervision and training on the wards. However, in reality, there is often a lack of staff on the wards and mentoring students is not always a top priority.

“As nurse managers, we have a responsibility to implement mentoring programs in our hospitals.”

Assessment of the students on completion of their clinical experiences is not always consistent due to several factors. Firstly, nurses don’t like to give poor assessments. Rather, they tend to give good assessments or admit that they are not prepared to assess the student correctly. Secondly, guidance is necessary to help nurses to more accurately assess the student. When assessing students in their last year of education, we encourage nurses to ask themselves two questions to clarify their thinking: “Would I like to have this student as a nurse member of our team?” and “Would I like her (or him) to care for my parents or my children or me?” and then think about the answers when completing the assessment form. In reality, mediocre or poor assessments of clinical experiences are often counterbalanced at the end of the year by good results in theoretical courses. This means that students with poor clinical practice competency can still graduate.

We have observed several consequences of the situation described above. For one, new graduates often feel ill-prepared to competently practice as nurses nor are they prepared for the real-world hospital environment. As their practical technical skills are not yet fine-tuned, they often express the feeling that they still have a lot to learn at the end of their studies. Two of the most frequently asked questions at job interview are “What do you offer as continuing education?” and “What are the educational opportunities?”.

As nurse managers, we have observed for the last 5 – 10 years that newly graduated nurses are less and less ready to function independently immediately after being hired. Moreover, they are not at all prepared to face the emotional burden of oncology patients. Head nurses have also noticed the decreasing level of competence of new graduates over the last years with growing difficulties in integrating younger staff. To correct this situation, in Belgium since July 2000, one full-time nurse is financed in each hospital to facilitate the integration of newly hired staff, of students, and of staff coming back to work after a longer absence (due to sickness, pregnancy, etc.). At Jules Bordet, this person is so busy with the integration of newly hired nurses that she doesn’t have time to spend with student nurses.

Some nursing care techniques, sometimes very basic in oncology, have been theoretically learned but not practiced. These include the insertion of a urinary catheter, intravenous puncture, nursing care of IV devices, and stoma care. However, more worrisome are the difficulties new graduates experience in providing total nursing care to a group of patients. New graduates have difficulty determining priorities on a busy ward. Documentation in the patient chart and reporting to the team are also matters of concern and require intensive guidance from the preceptor.

Despite assistance offered to new graduates, a high rate of nursing turnover still exists. Since July 2000, 179 nurses have been hired: 40% of these have already resigned and half of the new employees didn’t stay longer than 8.5 months. The reasons for leaving were multiple but a heavy workload, too much pressure, and the emotional burden were often expressed. Clearly, new graduates didn’t expect these work conditions!

To conclude, a good mentorship program for student nurses seems to be crucial in order to better prepare them for a professional career in a hospital. As nurse managers, we have a responsibility to implement mentoring programs in our hospitals. A more important question, however, is “Does the structure of nursing education still prepare students to face the growing demands of a highly-qualified and competent nursing workforce in our hospitals — especially those required to work in cancer centres — where staff doesn’t have enough time and resources to be the providers of supplemental basic education?”
EONS News Update

Accreditation Update

The EONS Accreditation Council has awarded accreditation to the following courses:

New Governing Board elected by the Norwegian Society of Cancer Nurses

The Norwegian Society of Nurses in Cancer Care has a new board. The President is Mrs. Eli Kjøren and the representative of the Norwegian Society within the EONS advisory council will be Mrs. Randi Værholm. On behalf of the EONS Board, we would like to welcome these colleagues to the EONS and look forward to good and fruitful collaboration. We say good-bye to Mrs. Kari Herland, the previous President and representative to the Advisory Council and thank her for her contributions to and support of EONS.


EONS makes three awards available each year for those engaged in cancer education, management or clinical practice. The aim of these awards is to reward excellence in these three distinct areas of cancer nursing, promote excellence and the dissemination of good practice, and provide the European cancer nursing community with appropriate models of excellence as a stimulus to further development. The question as to how one defines ‘excellence’ is one that has exercised the minds of nurses, managers and educators, including successive members of the EONS board, for many years now, and it would appear that European cancer nurses are reticent at nominating themselves or others for one or more of these awards. Information about nominating yourself or another person for an award will be available shortly, but it seems appropriate to start thinking about the process early, and some forewarning of the criteria to be used should help you in thinking about the merits of any nomination you may wish to make once the nomination period has been announced.

The definition of excellence which will be used by members of the nominations committee in deciding this year’s winners is, ‘performance which is of outstanding merit and distinguishes the nurse as exceptional amongst his or her peers’. It is envisaged that nominees will demonstrate creativity, leadership, team spirit and vision in addition to expertise in the chosen area of cancer education, management or practical work. One important factor to consider is that excellence can be demonstrated at local, national or European level or by any combination of the three. Nominations which demonstrate excellence within your own unit, hospital, organisation or educational institution are of equal consideration as those demonstrating excellence at national or European level so long as they meet the above definition of excellence and your professional work is devoted primarily (if not uniquely) to the clinical care of cancer patients or their families, the education of those engaged in caring for them, or the management or services, staff or organisations providing cancer care. Further details of the nomination process will be announced shortly, but in the meantime, start looking for examples of excellence in your own or others’ practice and don’t be embarrassed to let others know about it!

News from the Board

CARE Strategy: Communication, Political Agenda, Research and Education.

The new EONS board is continuing to implement the CARE strategy agreed at previous EONS advisory board meetings and has been actively progressing various aspects of the strategy in recent months. At the first meeting of the new board in December 2005, it was decided to focus the efforts of board members in line with the CARE strategy which forms the basis of EONS’ strategic objectives and builds upon the expertise of individual members in respect of their EONS responsibilities. The board also acknowledges the contribution made by countless others to the many projects currently underway; many of whom have given freely of their time and expertise, and for the support of its sustaining members, without whom, many of those projects could not be accomplished.

Communication...

In respect of its communication agenda, the board would like to express its gratitude to Karin Ahlberg (Sweden), outgoing associate editor of this journal and editor-in-chief of the EONS newsletter for her contribution to both publications in recent years. Karin will be succeeded in her post as editor-in-chief of the EONS newsletter by Jan Foubert (Belgium), and in her role as associate editor of EJON by new board member Stephen O’Connor (UK), who will also join Jan, Carol Krcmar (Germany) and Emile Maasen (Netherlands) on the editorial board of the EONS newsletter. The EONS board and members of both editorial teams wish Karin every success for the future and look forward to hearing from her on a regular basis. The EONS communication team, consisting of each of the above together with new board member Maria Munoz-Sanjuan (Spain) will continue to develop the EONS communications strategy over the next few months. One short-term goal agreed with the EONS board in January, is to introduce additional content in other European languages to the EONS website, and a feasibility study is now being undertaken in respect of this. The communications team would value the opinion of EONS members on this, and any other suggestions that you would like to make about EONS communication with its members by contacting Stephen O’Connor at the following address: sjokanecon@hotmail.co.uk

Improved communication is also at the heart of the board’s decision, after many years’ discussion at both board and advisory council level, to introduce the part-time, remunerated post of EONS Executive Director; a decision made necessary by the burgeoning work of EONS in relation to its member and associate societies, the growing number of projects in which it is involved, and the society’s growing involvement with governmental and non-governmental organisations involved with cancer and related health-policy. Jan Foubert will be responsible, in conjunction with the president and designated board members for enacting the society’s CARE strategy between meetings of the EONS board and liaising with the Advisory Council, sustaining members and other stakeholders to promote the work of the society and attract additional long-term funding in order for the society to meet its strategic objectives and improve the care of cancer patients throughout Europe. Key responsibilities will also include membership of working parties and project management groups, lobbying for the implementation of multidisciplinary working, functioning as EONS spokesperson to the press, lobbyists and politicians at national and European level, and day-to-day management of the society’s resources and personnel. Jan Foubert will also participate in creative thinking, budgeting, long-term planning, liaison with members and representation of the society at meetings and conference events in Europe and elsewhere. The board believe that this is a defining moment for the society and clearly reflects the growing significance of EONS in the European health care arena. Further details of the role description and appointment will be provided at the EONS General Assembly meeting in Innsbruck on the 22nd April 2006.

Political Agenda...

Progress on EONS’ political agenda both within and beyond the European cancer nursing community has been ongoing in recent
months. EONS President Yvonne Wengstrom has attended meetings of the European Specialist Nurses Organisation (ESNO) and the European Federation of Nurses (EFN), and was the sole nurse-representative at meetings of the health think-tank, ‘Health Equality Europe’ in London at the beginning of the year. One common theme emerging from each of these influential groups is the impact of increased nurse migration into and between European states which poses significant issues for the recruitment, retention and education of cancer nurses in Europe and supports the introduction of the new EONS curriculum for post-registration cancer education which can be obtained from the EONS website at http://cancerworld.org or the EONS secretariat by e-mailing eons@village.uunet.be

Research...

New EONS board member Davina Porock (UK) has taken responsibility for leading the society’s research agenda assisted by new board members Tarja Suominen (Finland), Ilana Kadmon (Israel) and Sultan Kav (Turkey). The team will continue to develop EONS’ research agenda and will also administer the growing number of research grants made available by the generous support of its sustaining members. It is also responsible for collaborating with member societies and stakeholders to raise the profile of oncology nursing research in Europe and facilitate others in the finance, mentoring, conduct and dissemination of high quality research projects at both national and European level. Its immediate task is to establish EONS’ research priorities in association with the advisory council and member societies, secure sustained funding for cancer nursing research in association with the president and executive director of the society, and develop opportunities for the exchange of knowledge, experience, and the development of international research methodologies at a European level. The team are developing a research needs assessment tool which will be distributed to members at the EONS spring convention and made available on the EONS website in order to elicit the broadest possible agreement on the society’s future research strategy. It is envisaged that the operationalisation of this strategy may, in future, involve the commissioning of specific research projects from established researchers and/or institutions, which marks a significant departure from previous practice, and has been made possible by the provision of several unrestricted grants from EONS’ sustaining partners. This will allow the society to fund specific projects which are in alignment with the research priorities of its members, and the needs of cancer patients and their carers identified by the research needs assessment exercise.

Education...

EONS president-elect Sara Faithfull (UK) has been involved the development of the EONS Core Curriculum for Cancer in Older People which is to be launched at the EONS spring convention in April 2006. The curriculum, developed with an unrestricted grant from EONS’ sustaining partner Amgen is one of the largest EONS’ projects to date and represents the culmination of several years work and close liaison with experts in the field of oncology and gerontology. The curriculum, developed in recognition of the significant demographic changes confronting cancer nurses in Europe will complement the work of the new EONS Curriculum for Adults with Cancer now available on the EONS website. This revised version of the acclaimed EONS Core Curriculum for Cancer Nursing has been designed to meet the growing need for a competence-based post-registration curriculum for cancer nurses working in Europe and conforms with the requirements of the Bologna Convention, intended to promote speedier accreditation, recognition and the easier transfer of knowledge and skills within an ever-converging academic and professional community. A report on the uptake and progress of the new curriculum will be provided at the EONS spring convention.

Excellence in Education Grant 2005

EONS is pleased to announce that Helena Leveälahti is the recipient of the Excellence in Education Grant 2005 which she will receive in a ceremony at the 5th EONS Spring Convention. Helena will publish a short paper on her personal impressions of excellence in education in a future issue of the Newsletter.

Helena has been a lecturer in cancer care for many years at Karolinska Institute’s Department of Nursing. As a lecturer, Helena works with both undergraduate students as well as students in post-basic cancer nursing programs. For the last six years, she has been involved in the development and integration of clinical practice, education and research in cancer care. Presently, she is working with a development project in a clinical setting and her office is located in an unused patient room on an oncology ward. This allows Helena easy access to staff and students in order to better integrate clinical practice, education and research. In this project, in collaboration with co-workers, a wide range of activities for staff and students including regularly occurring lunch meetings, seminars, workshops have been organized with a focus on problems experienced in daily cancer nursing. In the past, she initiated an intensive week long educational program with theoretical and clinical components to orient nurses to cancer care. The participants were registered nurses who were enrolled in specialist education to become community nurses. This program has been very successful with 40 students completing the program in 2005. She is now planning a comparable program for nurses undergoing specialist education in geriatric nursing. She has conducted research on the problems of late diagnosis in lung cancer. She expects to finish a ‘licentiate degree in nursing’ (between a master’s degree and a doctoral degree) late this year or early next year.

“First of all, this recognition is a great honour for me and also for Karolinska Institutet and especially for the Department of Nursing. I regard this acknowledgement as support of the importance of my work and the need for further integration between clinical practice, education and research in cancer nursing. I’m proud and happy. I feel empowered by this recognition, which is particularly important because of the opposition one often meets in working for change.

As I see it, the most important message regarding education is better collaboration between and integration of education, clinical practice and research in order to improve care for patients with cancer. We must find creative ways for this collaboration and this is a challenge not only for education but also for clinical practice and research. We need to develop cancer nursing education to adapt to rapid societal changes. More cancer patients are receiving care as out-patients; these patients have contact with numerous health care professionals and health care pathways throughout their illness and it is important to increase knowledge about cancer care among all of the stakeholders patients meet. We must initiate educational programs on cancer for all individuals who encounter and care for cancer patients (i.e. community nurses, nurses caring for the elderly). During the past several years I have followed international research in the area of cancer and the elderly and I’m very grateful for EONS’ initiative in developing a new curriculum in this area.

In the future, I hope to have the possibility to continue my work because we need a structure for academisation of clinical practice. I’m convinced of the importance of integrating clinical practice, education and research and the synergetic effects this can have for all involved. I hope that my ideas, work and engagement can help stimulate others!

Last but not least, I would not have been able to carry out my work and my ideas without support from some innovative people in different positions with their great impact factor in cancer care!”
Neulasta® (pegfilgrastim) SureClick™

Abbreviated Prescribing Information

Please refer to the Summary of Product Characteristics before prescribing Neulasta®. Neulasta® SureClick™ 6 mg solution for injection is presented in a pre-filled pen. Human granulocyte colony stimulating factor (G-CSF) is a glycoprotein, which regulates the production and release of neutrophils from the bone marrow. Neulasta® (pegfilgrastim) is a covalent conjugate of filgrastim, recombinant human G-CSF (r-metHuG-CSF) with a single 20 kd polyethylene glycol (PEG) molecule. 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: Solution for injection presented in a pre-filled pen containing 6 mg of pegfilgrastim, for single dose use only. Line 6 mg dose (a single pre-filled pen) of Neulasta® is recommended for each chemotherapy cycle, administered subcutaneously approximately 24 hours following chemotherapy. There are insufficient data to recommend the use of Neulasta® in children and adolescents under 18 years of age. CONTRAINDICATIONS: Hypersensitivity to pegfilgrastim, filgrastim, E. coli-derived proteins, or to any excipients. SPECIAL WARNINGS AND PRECAUTIONS: The safety and efficacy of Neulasta® have not been investigated in patients receiving high dose chemotherapy. Limited clinical data suggest a comparable effect on time to recovery of severe neutropenia for pegfilgrastim and filgrastim in patients with de novo acute myeloid leukaemia. The long-term effects of Neulasta® have not been established in acute myeloid leukaemia; therefore, it should be used with caution in this patient population. The safety and efficacy of Neulasta® administration in de novo AML patients aged < 55 years with cytogenetics t(15;17) have not been established. Neulasta® should not be used in patients with secondary AML. The safety and efficacy of Neulasta® for the mobilisation of blood progenitor cells in patients or healthy donors have not been adequately evaluated. Rare pulmonary adverse effects, in particular interstitial pneumonia, have been reported after G-CSF administration. Patients with a recent history of pulmonary infiltrates or pneumonia may be at higher risk. Onset of pulmonary signs and symptoms in association with radiological signs of pulmonary infiltrates, deterioration in pulmonary function 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 common but generally asymptomatic cases of increased spleen size and very rare cases of splenic rupture in healthy donors and patients following administration of granulocyte-colony stimulating factors. Some cases of splenic rupture were fatal. Therefore, spleen size should be carefully monitored (eg, clinical examination, ultrasound) and this diagnosis should be considered in patients reporting left upper abdominal pain or shoulder tip pain. Regular monitoring of platelet count and haematocrit is recommended during Neulasta® therapy. Neulasta® should not be used to increase the dose of chemotherapy beyond established dosage regimens. Physicians should exercise caution and monitor appropriately when administering Neulasta® in patients with sickle cell disease and be attentive to the possible association of Neulasta® with splenic enlargement and vaso-occlusive crisis. Transient elevation of leukocyte counts 100 x 10^9/L have been observed in <1% of patients receiving Neulasta® with no attributable adverse events. Elevations were typically seen 24–48 hours after administration. INTERACTIONS: Concurrent use of Neulasta® with chemotherapy has not been evaluated in patients. In animal models concomitant Neulasta® and 5-fluorouracil (5-FU) or other antineoplastics have been shown to potentiate myelosuppression. UNDESIRABLE EFFECTS: The most frequently reported study drug–related undesirable effect was bone pain, which was generally mild to moderate, transient and controlled with standard analgesics. Reversible, mild to moderate elevations in urea acid, alkaline phosphatase and lactate dehydrogenase, with no associated clinical effects, occurred in patients receiving Neulasta® following chemotherapy. Allergic reactions, including anaphylaxis, have been reported both with Neulasta® and its parent compound, filgrastim. PHARMACEUTICAL PARTICULARS: Store at 2°C–8°C (in a refrigerator). Do not freeze. Keep container in outer carton to protect from light. Neulasta® may be exposed to room temperature (not above 30°C) for a maximum single period of up to 72 hours. Neulasta® is incompatible with sodium chloride solutions. LEGAL CLASSIFICATION: Medicinal product subject to medical prescription. MARKETING AUTHORIZATION HOLDER: Amgen Europe B.V., Minervum 7061, 4817 ZK Breda, The Netherlands. Further information is available from Amgen (Europe) GmbH, Damaststrasse 23, PO Box 1157, Zug, Switzerland, CH-6301. Additional information may be obtained from your local Amgen office. MARKETING AUTHORIZATION NUMBER: Pre-filled pen: EU/1/02/227/001-002 Pre-filled syringe: EU/1/02/227/001-002 Date of preparation: November 2005

Introducing Neulasta® SureClick™

Simple, powerful protection anywhere

A simple and secure way to provide powerful protection anywhere

- SIMPLE once-per-chemotherapy-cycle dosing
- TAILORED PROTECTION with a single self-regulating dose
- POWERFUL PROTECTION against neutropenic complications
Continuing with the EONS goal of relating research to practice, short summaries of research results from two EONS/Roche-supported projects are described below. Full reports of the projects will be published in an upcoming issue of EJON. With the support of these projects and the dissemination of their results, EONS strives to help nurses improve their daily practice through the implementation of evidenced-based practice measures.

The management of chemotherapy-related fatigue using two alternative therapies: pilot study of the effect of acupuncture and acupressure
A. Molassiotis, University of Manchester, UK; P. Sylt, H. Diggins, Christie Hospital, Manchester, UK.

Cancer-related fatigue is the most prevalent symptom experienced by cancer patients. To date, research has focused on describing the symptom with little evidence of how to manage it. Acupuncture and acupressure are forms of complementary therapy which have been shown in one study to improve fatigue by 31%.

The objective of this study was to examine the effectiveness of acustimulation with two different methods (invasive and non-invasive) for relieving fatigue in cancer patients undergoing chemotherapy. This was a randomized, controlled pilot study using a three-group design. Adult patients with a score of 5 or greater on the screening tool for fatigue and who had received chemotherapy at least one month prior to screening were eligible for randomization into one of three groups. In the acupuncture groups, patients had a 1/2-hour acupuncture session in 3 points (LI4, SP6, and ST36) bilaterally three times per week for two weeks. These points are traditionally used for ‘energy’. In the acupressure groups, patients were taught to massage or apply pressure to the same points for five minutes daily for two weeks. The sham acupressure group was taught to apply pressure in three points that are not associated with ‘energy’ in traditional Chinese medicine. Patients completed the MFI (Fatigue Inventory, Smets et al, 1995 three times: before treatment begin, at the end of the two-week treatment, and a month after completing treatments. The MFI has been validated and provides information on general fatigue, physical fatigue, reduced activity, reduced motivation, and mental fatigue. Further, patients in the acupressure and sham acupressure groups completed a daily diary in which they recorded how many times they put pressures on the two designated points.

Data were analyzed using descriptive statistics and repeated measures analysis of variance (R-ANOVA) for all five fatigue areas as assessed by the MFI.

The findings showed significant decrease in fatigue in both the acupuncture and acupressure groups (p<0.01) and ratings of fatigue remained unchanged in the sham acupressure group. In the category ‘general fatigue’, the mean improvement in the acupuncture group at the end of the treatment was 26.4% compared with 10.4% in the acupressure group. Ratings of ‘mental fatigue’ were significantly lower in the acupuncture group at the end of treatment (p<0.001) with all groups reporting lowered mental fatigue one month after treatment.

The results of this study support the use of acupuncture and acupressure in managing fatigue after chemotherapy. More research is called for to implement the interventions in a larger population and in a population concomitantly undergoing chemotherapy.

Exploring the Work of Nurses who Administer Chemotherapy: A Multi-Method Study
T. Wiseman, R. Verity, E. Ream, A. Richardson, UK.

While there is research investigating patient satisfaction with chemotherapy nursing care there is currently a dearth of research on this topic from nurses’ perspectives. It is argued that to give quality emotional and physical support to the individual with cancer and their families, the nurse’s perception and experience of work in this field of care needs to be explored in some depth (McCray, 1997).

The overall purpose of this study was to explore the process and context of nurses administering cytotoxic chemotherapy. The study sought to:
- Observe and describe nurses’ practice of chemotherapy administration.
- Explore attitudes, feelings and beliefs of nurses’ administering chemotherapy.
- Highlight any discrepancies between attitudes and behaviours.
- Understand the factors that contribute to these discrepancies.

In order to fulfil these aims, methodological and investigator triangulation was considered necessary; this research therefore, consisted of two elements. Element one involved undertaking a questionnaire survey to investigate nurses’ perspectives of administering chemotherapy. Element two was an ethnographic study exploring the work of nurses in two chemotherapy outpatient settings.

The target population was all nurses who administered chemotherapy across the five London Cancer Networks. This included nurses working across twenty-six NHS Trust Hospitals where patients received chemotherapy.

A short summary of the results from the findings of the first part of the study, including factors that influenced nurses’ attitudes and concerns, included: chemotherapy administration is frequently undertaken as part of these nurses’ current role with 171 respondents (67.6%) reporting that they administer chemotherapy on a daily or weekly basis. Approximately two thirds of the respondents (65.1%) reported that they did not receive any teaching regarding chemotherapy during their pre-registration training. Only 67 respondents (27%) reported that they had received teaching on chemotherapy during pre-registration training and these nurses stated that this teaching was typically 1-5 hours in duration. In terms of the adequacy of chemotherapy teaching, 134 respondents (53%) found the amount of pre-registration chemotherapy teaching inadequate. Only 42 respondents (16.6%) reported that the amount of chemotherapy teaching was adequate. When asked about their post-registration training, 243 respondents (96.4%) stated that they had received some teaching on chemotherapy since qualifying and that this typically amounted to over 10 hours (71.1%).

As an overview, the findings from the ethnographies from the two chemotherapy day units suggest that the context, work organization, the nursing team, education and experience and staffing levels, all impact on the nurses’ work in chemotherapy day units.

The intention of this study was to explore the process and context of nurses’ administering chemotherapy. Overall, nurses appear to have a positive attitude towards chemotherapy. They realise that chemotherapy is a more involved process than just administering intravenous drugs and have an awareness of the safety issues and consequences of administration. It is evident that nurses must have formal education and support in clinical practice before taking on this role. Both components of this study have clearly highlighted the impact of the context on nurses’ work. A number of factors were identified as key to facilitating nurses’ work in chemotherapy administration and include: organisation of work, staffing levels and skill mix, educational preparation and supervised practice, pressures of time and workload. The challenge therefore is to provide the educational underpinnings, positive physical environment and effective working practices nurses need in order to achieve optimum care.
The Launch of the Speak Up! Campaign

A Program to Encourage Dialogue and Educate Patients and Nurses about Chemotherapy Induced Nausea and Vomiting

Jan Foubert, EONS Past-President

The aim of the recently launched Speak Up! Campaign is to encourage cancer patients to speak up about their chemotherapy induced nausea and vomiting (CINV). The campaign, developed by EONS and sponsored by Merck, Sharp & Dohme provides educational materials for both patients and nurses to support increased dialogue about CINV, a serious side effect of chemotherapy. It is estimated that about 50% of the people who undergo chemotherapy suffer from nausea and vomiting, which may cause dehydration, fatigue, loss of appetite and difficulty concentrating. Some patients are more vulnerable to CINV than others. These include women (even more so if they experienced these symptoms during pregnancy), young people and patients who receive highly emetogenic chemotherapy treatments. "Nausea and vomiting are two of the most feared side effects of cancer treatment, and can have a great impact in the quality of life of patients. Many patients are unable to carry on with their daily routines and some may even consider stopping chemotherapy treatment," said Jan Foubert. “CINV no longer has to be an accepted part of receiving chemotherapy, now there are medications that can help patients overcome these side effects. However, if cancer patients do not speak up, we will not be able to help them.”

The Speak Up! Campaign is being run in several European countries including Italy (Associazione Infermieri di Assistenza Oncologica), the Netherlands (Nederlandse Vereniging van Oncologie Verpleegkundigen), Portugal (Escola Superior de Enfermagem Cidade de Porto), Spain (Sociedad Espanola de Enfermeria Oncologia) and the United Kingdom (UK Royal College of Nursing, UK Cancer Nursing Society). In addition, several local societies from throughout Eastern and Western Europe have requested materials and plan to run the campaign locally.

The Speak Up! Campaign materials include:

1. An educational brochure about CINV for cancer patients receiving chemotherapy, which includes what to expect from chemotherapy, about CINV, self assessment, tips to managing CINV, questions to ask the physician or nurse, and the importance of Speaking Up! about symptoms.
2. A guide to assist nurses in discussing CINV with patients; identifying patients at risk, assisting patients with self assessment, tips on managing CINV, and anti-emetic treatment options.
3. A poster for use in physician offices, waiting rooms and chemotherapy infusion rooms to remind cancer patient to speak up about their nausea and vomiting symptoms so that their healthcare providers can help them better manage these side effects.

The implementation steps of the Speak Up! Campaign include:

• Request the desired quantity of materials from EONS
• Contact a local office of Merck, Sharp & Dohme to partner with them to implement the campaign
• Develop a list of key hospitals you want to target to implement the Speak Up! Campaign
• Define who will be the main contact for the hospitals and clinics and who will be in charge of monitoring the development of the program in each hospital
• Contact the hospitals/clinics and present them with the campaign
• Determine how many copies of each material the hospitals want
• Discuss the logistic for materials distribution and shipping of the materials
• Assess need for training nurses on how to use the materials
• Consider developing a press announcement in local press to raise awareness among nurses and patients about the campaign

The Speak-Up! program will promote and encourage effective two-way communication enabling the patient and nurse to work together to improve the patient’s quality of life.

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.

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 €7,000. There will also be two highly commended prizes of €1,500.

Deadline

Photographs must be received no later than April 30, 2006. Photographs can be sent by email or standard mail.

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.

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.

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.fecs.be/imagesofhope.
Do you manage patients with breast or colorectal cancer?

Join over 10,000 members and sign up to www.Xeloda.Roche.com today!

Features include:
- Interactive case studies
- Slide sets and conference reports
- Materials in several European languages
- Xeloda dosage calculator
- Clinical trial data

For free registration, simply submit your details online at www.Xeloda.Roche.com

Website membership is restricted to practising healthcare professionals outside the USA
Optimising Patient Education in the Oncology Setting: A Challenge for Cancer Nurses

Kathy Redmond
Editor CancerWorld Magazine

Introduction
Cancer patients have a basic right to information about their disease and its treatment so that they can make informed decisions and take appropriate action to prevent, detect and manage treatment-related side effects. Most patients wish to be involved in decision making, with the majority preferring a shared decision-making role where the clinician makes the final decision but seriously considers the patient’s viewpoint. Involvement in decision-making allows patients to exercise some control over a difficult life situation, can improve their psychological well-being and help reduce the burden associated with a cancer experience. From a health care professional perspective patient involvement in decision-making can help reduce the uncertainty associated with the clinical decision-making.

Access to information is a fundamental prerequisite for participation in decision-making. There is a large body of evidence to show that most patients want to be told the truth and provided with as much information as possible, be it good or bad. The patient can, of course, make the choice not to receive any information – the key is that the patient’s preference for information is respected. There are a number of challenges to optimising patient and family education – some ‘external’ to the patient and family, others directly related to the patient/family situation.

Patient Factors
A patient’s ability to learn is influenced by a number of factors including the strength of any prior knowledge and beliefs, degree of stress and anxiety, normal coping style, motivation to learn, presence of cognitive impairment, hearing or sight deficits and the person’s literacy level. Health literacy is the capacity to read, understand and act on appropriate health information. It is estimated that approximately 20-25% of people in developed countries have a problem with health literacy, yet the problem is often underestimated and poorly recognised. Consequently, patient and family education programmes are not always developed with health literacy in mind and materials are frequently pitched at an incorrect level.

External Factors
Truth telling in the cancer setting has improved dramatically in recent years, however, the practice of partial disclosure and nondisclosure persists in many clinical settings today. This can have a significant negative impact on the provision of patient education and information. Problems with truth telling arise for myriad reasons and are especially prevalent in patients with advanced cancer. Some health professionals deliberately withhold information because they fear that this will evoke emotionally-charged reactions that are difficult to deal with. Others want to sustain hope and fear that disclosing the truth about diagnosis and prognosis may induce unnecessary anxiety and demoralize the patient. In this situation they often provide information based on what they think the patient wants rather than what the patient actually wants. This situation can be further complicated when families put clinicians under pressure not to disclose the truth or to disclose partial truths to the patient. Cultural values and ethical norms have a significant influence on the degree to which the family’s wishes are put before those of the patient.

The knowledge and skills of the educator are critical in delivering the right messages in the right way to the patient and family, however, not all clinicians possess adequate communication skills or the specialist knowledge necessary to provide optimal patient and family education.

The timing of the educational process is vital to a successful outcome but it can be extremely difficult to synchronize the moment when the learner is ready to learn with the time when the teacher is free to teach. Moreover, in some units the environment may not be conducive to effective learning.

Large quantities of written information materials have been created to meet the needs of patients with cancer, but, the quality of these materials is often poor. Relevant topics are frequently omitted and treatment options are incompletely covered. Information included is sometimes out-of-date, inaccurate and/or is biased in terms of focusing on benefits rather than both benefits and risks. In many cases, patients and their families have not been consulted or involved in the design and writing of educational materials. Furthermore, written materials tend to be targeted at patients with early disease and therefore, do not meet the needs of people with advanced cancer. Gaps also exist in the availability of materials targeted at patients with rare cancers.

Meeting the Challenge
Much can be done to optimise patient and family education across a range of different health care settings. The key to good education is to tailor educational programmes to the individual’s needs and therefore, education of the individual patient should be based on a learning needs assessment.

Information materials should address common concerns and misconceptions. In addition, materials should be accurate, unbiased, up-to-date and written in easily understandable language. An important first step in addressing current deficits in information quality could be to benchmark existing materials to determine if they meet the above mentioned standards. In addition the principles of clear health communication should guide the development of all new written/audio-visual materials targeted at patients.

The provision of communication skills training can help clinicians hone their communication skills and gain confidence in breaking bad news. Such training can help health professionals become more competent in providing clear, truthful and understandable information for patients and families.

“EONS is committed to improving the quality of patient education materials in Europe and is proud to launch the 2006 Excellence in Patient Education Award details of which can be found on the EONS website.”
Minimize the risk of exposure to hazardous drug substances. Eliminate the risk of needle stick injuries. Use the Tevadaptor system for compounding and administration of iv drugs.

The intuitive design makes Tevadaptor easy to use, with minimal training time.

For more information about our system for safe handling of hazardous drugs, visit our website: www.tevadaptor.com
EONS Member receives Best Young Investigator Award

Congratulations to Sultan Kav who ranked first from among the top young investigators and was awarded this year’s prestigious Best Young Investigator Award at the 17th MASCC meeting in Geneva, Switzerland in June 2005. Her research was entitled “Nurses attendance of patient education and follow-up for oral chemotherapy treatment in Turkey”. Dr. Kav holds a faculty position at Baskent University, Institute of Health Sciences Department of Nursing in Ankara, Turkey. In 2004 she received one of MASCC’s 10 Young Investigators awards. Dr. Kav recently accepted the appointment of co-chair of MASCC’s Patient and Professional Education study group.

Following is a short summary of her interesting research project.

The use of orally administered anticancer therapy is likely to increase dramatically in the coming years. Currently, only 5% of cancer chemotherapy (CT) agents are available in oral formulations; however, oral agents represent an estimated 20%-25% of all drugs in development (Bedell, 2003). Oral CT agents provide many advantages to patients with cancer, including shorter treatment time when compared to intravenous (i.v.) chemotherapy treatment, less time away from work and family, and an increased sense of independence because the agents can be self-administered, less pain and the avoidance of problems related to venous access. However, oral agents also present many challenges, including variability in absorption of medications, patient compliance in taking medications, the need for self-assessment and management of side effects, and patient costs. Patient education, therefore, becomes the cornerstone of successful oral CT treatment. Effective patient teaching promotes patient safety, optimal dosing, adherence to the treatment plan, accurate assessment of side effects and toxicities, and implementation of self-care measures (Hartigan, 2003).

The shift to treating cancer using oral agents has created a new paradigm in cancer care, and oncology nurses need to take a lead role in caring for patients receiving oral chemotherapy agents (Bedell, 2003). Primary responsibilities of oncology nurses are to facilitate patient education, communication, and proactive follow-up. These roles do not end when patients leave the clinic or office with their prescriptions (Hollywood & Semple, 2001). The purpose of this descriptive study was to identify the attention that nurses give to education and follow-up of patients who were taking oral CT treatment in oncology clinics in Turkey. One hundred and two nurses from various centers completed a 16-item questionnaire. Three-quarters (72.6%) of nurses stated there was no guideline/protocol for oral CT administration on their unit and 86.3% had not received education on CT.

Half of the study participants provide patient education on the timing and storage of CT. Of these, 26.9% stated that they provide all information but nearly 42.3% don’t give any information on drug safety, side effects or symptom management. Only 8.8% of nurses had educational materials to give patients receiving oral CT.

The main reason given for not being involved in oral CT education and follow-up was that physicians prescribe and plan oral CT and follow-up on patients. Physicians generally assume that patients are taking drugs as prescribed and, if they discuss the topic with their patients at all, assume that patients are taking their medications as prescribed (Partridge, 2002).

Both nurses and physicians described the role of nurses as “giving i.v. chemotherapy”. With the number of oral chemotherapy agents on the rise it is inevitable that nurses should interact and take an active role in patient education and follow up. Nurses have a vital role to play in encouraging optimal use of oral chemotherapy and prompt management of adverse events thereby enabling patients to achieve a better clinical outcome and maintain an improved quality of life in the home environment.

Education and tools to enhance compliance are vital to the success of oral chemotherapy treatment. Nurses caring for patients with cancer who self-administer oral chemotherapy medications can be of great service. Oncology nurses should develop policies and procedures that address the unique issues of oral chemotherapy administration. As the number of chemotherapy agents is steadily increasing, nurses must begin to take an active role in patient education and follow-up.

References

‘Gaea’

European Survey on Adjuvant Endocrine Treatment

Following successful completion of a literature review funded by the projects’ sponsors Novartis, EONS president Yvonne Wengstrom recently attended a London meeting of the steering group for this exciting new initiative designed to elicit 500 women’s experiences of adjuvant endocrine therapies in eight European countries. Ethical approval is currently being sought for this exploratory survey which will gather much needed information about subjects’ knowledge and experience of endocrine treatments including information provided about the risk of disease recurrence and their broader information and support needs. Patients in the countries selected will be approached through national cancer nursing societies and must have been receiving endocrine treatment for a minimum of one year. A website providing details of the survey will shortly be available on the Cancerworld website at http://www.cancerworld.org
SAVING LIVES IN CANCER: POLICIES AND PRACTICIES THAT MAKE A DIFFERENCE

21-22 NOVEMBER 2006, BRUSSELS, BELGIUM

Organizing Committee: P. Berman, IE - J. Higgins, UK - J. Foubert, BE - V. Kesić, CS - R. Otter, NL M. Richards, UK - H. Sundseth, BE

Co-ordinator: K. Redmond, IT - A. Wagstaff, UK

Cancer World is holding its first conference with the aim of:

- Raising awareness about the diverse factors that impact on the planning and delivery of cancer services
- Facilitating the sharing of best practice in tackling problems through the organisation and management of cancer services
- Identifying creative approaches for improving cancer outcomes

An important output from this conference will be a green paper that will be published as a Cancer World supplement and sent to national and European policy makers as well as Cancer World readers.

TARGET AUDIENCE
All the stakeholder groups involved in the planning and delivery of cancer services including health professionals, managers, policy makers and patients

TOPICS
- Cancer care in Europe: An Overview
- Integrated cancer care
- Centralisation or decentralisation: what makes sense?
- Centralising Cancer Services: the Reality
- Innovative approaches to promoting quality cancer services
- Planning cancer services: policies that make a difference
- Promoting quality cancer care: What levers can be used?
The quality of life of colorectal cancer patients, especially patients with a colostomy. The most important problems are related to acceptance of an altered body image, sexual satisfaction and marital satisfaction. Providing patients and families with information is one of the factors that patients refer to as important in improving their quality of life: providing this information will help them to cope better with their problems. With these research results, I hope to have the opportunity to contribute to the improvement of nursing skills. I intend to disseminate the results at meetings and continue to do research in other areas of oncology areas. This is important to promote nursing research in Portugal and I hope to stimulate Portuguese nurses to use nursing research in their work. I also want to teach students that we can provide our patients with better cares if we have a better knowledge about them.

Every two years, EONS recognizes the effort and patience involved in conducting sound nursing research by awarding enthusiastic young researchers grant money to enable them to carry out their research project. This grant is sponsored by the European Journal of Oncology Nursing. The award ceremony takes place at the EONS Spring Convention at which time the novice researcher is also given the opportunity to present her or his findings to an interested audience. EONS congratulates Hortense Cotrim and Maria da Graça Pereira for winning the award this year and wishes them success with future nursing research.

Colorectal cancer: Impact on patient and family

Hortense Cotrim, ESSEM; Maria da Graça Pereira, UM, Portugal

Patient and family quality of life is deeply modified when faced with the diagnosis of colorectal cancer as a result of the physical and psychological changes induced by it. Assessment of the impact of colorectal cancer in the quality of life of Portuguese people is lacking. This study was undertaken to evaluate the effects of colorectal cancer on the quality of life of patients and family members following a diagnosis of colorectal cancer.

We surveyed 153 colorectal cancer patients, mean age 64 years (64±10.7) range 27 to 88 years, 103 of whom were men who had undergone surgery for colorectal cancer. The patients completed a quality of life questionnaire between 6 and 8 months after surgery. Forty seven patients had rectal cancer and 106 patients had colon cancer. Of these, an ostomy was placed in 46 at the time of survey. The patient’s caregivers were also included in the study. The following instruments were used to measure quality of life: the EORTC QLQ – CR 30 and 38; the Index of Marital Satisfaction (Hudson, 1992); the Index of Sexual Satisfaction (Hudson, 1992); the Body Image Scale (Hopwood et al, 2001); The Hospital Anxiety and Depression Scale (Zigmond & Snaith, 1983); and the Treatment Satisfaction Questionnaire (Mcintyre et al., 1998). Caregivers were asked to complete the following assessment questionnaires: the Caregiver Reaction Assessment Scale (Given et al, 1992); the STAI (State-Trait Anxiety Inventory) (Bieling, Anthony & Swinson, 1998); and the BDI (Beck Depression Inventory) (Beck, Steer & Brown; 1996).

The researchers found a positive correlation between the index of marital satisfaction and the index of sexual satisfaction in both groups, ostomized (rs=0.87; p=0.00) and non-ostomized patients (rs =0.53; p=0.00). No significant differences were identified with respect to body image and marital and sexual satisfaction indexes. In terms of quality of life, ostomized patients reported lower overall quality of life, lower body image, poorer health-related quality of life, and poor social activity when compared with non-ostomized patients (p=0.00 for all comparisons).

Ostomized patients revealed a more marked statistically significant difference for depression (p=0.003) than non-ostomized patients. When we related psychological morbidity of patients with burden of caregivers we found that depression (rs=0.5; p=0.004) and anxiety (rs=0.6; p= 0.00) of patients were related with the burden of caregivers. In the group of non-ostomized patients we found that age was related with poor sexual activity (rs =-0.557; p=0.00).

The caregivers of ostomized patients reported more depression (p=0.03) and anxiety (p=0.02) when compared with caregivers of non-ostomized patients. In conclusion, ostomy surgery has a profound influence on patient overall quality of life, sexuality and body image; most patients suffer from high levels of anxiety and depression. However, these symptoms were more severe in the ostomized patients. Patient caregivers also experience high levels of anxiety and depression. In non-ostomized patients, age significantly influences quality of life, particularly sexual activity.
Hitting the TARGET!

By Jan Foubert

TARGET is the exciting training initiative for European oncology nurses on targeted therapies, focusing specifically on anti-EGFR (epidermal growth factor receptor) therapies. This state-of-the-art educational program was developed by EONS with the support of Merck KGaA. Targeted therapies are one of the most important developments in cancer treatment – their use is certain to increase as many more therapies of this type are currently in development phases. It is important to good patient care, therefore, that nurses have a thorough understanding of these novel drugs.

The TARGET course, devised by a multinational Advisory Board of oncology nurse specialists, consists of an introductory pre-course Revision Module, which nurses work through on their own in advance of the formal teaching course, which reviews basic biology and the immune system. This is followed by a one-day (or two half-days) course. Topics covered in the course include: the molecular biology of cancer, a consideration of EGFR – why target it and how it is targeted, and EGFR inhibitors in clinical practice. Nursing care of patients receiving targeted therapies is covered as well as informational needs of patients and providing support to patients with advanced disease.

An essential part of the design and development of the TARGET initiative was that once completed, the course would be piloted with a sample of the nurses who will ultimately be the users of the package to ensure that it really met the needs of European oncology nurses. This has proven to be no small undertaking!

The TARGET package was translated into German and Dutch and pilot courses have been held in Manchester, U.K., Dresden, Germany and Roosendaal, the Netherlands during December 2005 and January 2006. The pilot in Roosendaal was open to both Dutch and Belgian nurses. Local support for each of the pilot programs was provided by local or regional nursing associations such as the Royal College of Nursing (RCN) Oncology Society in the UK, Konferenz Onkologische Kranken- und Kinderkrankenpflege (KOK) in Germany, and Vereniging voor Verpleegkundigen Radiotherapie en Onkologie (VVRO) and Nederlandse Vereniging van Oncologie Verpleegkundigen (VVVO) in the Netherlands.

Accommodation for the participants was provided and in the UK and the Netherlands nurses met and had a social dinner together the night before a very intensive day of presentations was to begin. In addition to these informative lectures, breakout groups and discussions of case histories provided participants with an opportunity to learn from one another using patient examples. In Dresden the format differed slightly with an afternoon session, an overnight stay and the following morning spent on the course.

To date, nearly 70 nurses from a wide variety of backgrounds have attended these pilots; the only requirement was that they had some experience with anti-EGFR therapies, or would be likely to in the near future, and wanted to learn more!

It has been very rewarding to see the feedback from these pilots, which shows that TARGET has been extremely well received and has provided even experienced nurses with valuable information. Some nurses did find certain aspects of the course challenging, but worth the effort needed to get to grips with this important topic. “Fantastic course – thoroughly enjoyed the day. Would highly recommend others to attend” wrote one UK nurse. A participant at the Dutch/Belgian pilot commented “Although I had experience with targeted therapies, I learned a lot” and a German delegate reported “Very practice related and practice relevant. Engaging and very lively.” was a comment in response to a lecture on Nursing Consideration for Patients receiving anti-EGFR therapy.

While the praise has been heartening to read, more crucial was the feedback that indicated where the course was slightly “off-target” and which provided some very helpful suggestions of ways in which improvements could be made. This has enabled the TARGET package to be fine-tuned to meet the needs of those who will be using it.

As part of the TARGET initiative, participants are required to undertake a dissemination project. There are currently many oncology nurses who are busy planning and working on their projects following their attendance at the TARGET pilot course. Through these projects, nurses who have attended TARGET share their knowledge on targeted therapies with colleagues and implement their knowledge in clinical practice.

Projects, which can be undertaken by an individual or two or three nurses working together, might involve a lunchtime seminar with nursing colleagues or an information sheet for patients. It is up to the participant to think about what they want to do and how they want to accomplish their idea. Each participant, or group of participants, provides a summary of their planned project to an EONS representative who provides feedback. EONS is also there with help and support throughout the 6 months during which the project should be completed. TARGET, therefore, not only teaches nurses about exciting new therapies, but provides a good platform for them to extend and practice their own communication and teaching skills.

The next phase of the TARGET program is to produce TARGET Trainers; experienced cancer nurses who have undergone a TARGET Train the Trainers Course in preparation for running courses themselves. Once trained, Trainers will have the support of EONS and possibly their local oncology nursing society, to set up and run a TARGET course. All course materials will be available via EONS.

A Train the Trainers course will be held on 12/13th May 2006 in Milan. The revised TARGET materials are now being translated into French, Spanish and Italian and simultaneous translations into these languages and German will be provided at the meeting. Printed material in Dutch will also be available for those Dutch speakers who can follow the lectures in English. Potential trainers will be able to work in any of these languages.

If you would like to become a TARGET trainer, or if you would like to attend a TARGET course, more information is available on the EONS Website www.cancerworld.org. It is expected that TARGET courses will be held in several different countries and languages starting this summer. Keep an eye on the website for information about dates and venues – it could help to keep you on-target!
WHAT?
TARGET is an exciting training initiative for oncology nurses, on Targeted Therapies that focuses specifically on EGFR-targeted therapies and has been developed by the European Oncology Nursing Society (EONS). Oncology nurses who are interested in running a TARGET course are invited to apply to attend a ‘Train-the-Trainer’ course to qualify them as a TARGET Trainer.

The course will be conducted in English with simultaneous translation into French, Spanish, Italian and German. Course material will be available in these languages.

WHEN?
12-13th May 2006

WHERE?
Grand Visconti Palace Hotel
Milan, Italy

WHO?
Interested applicants should:
• Be experienced oncology nurses practicing in Europe
• Have some experience in caring for patients receiving targeted therapies,
• Have experience in teaching or speaking in public
• Be willing to run a TARGET course in their own country*
• Be willing to provide support for course delegates undertaking their dissemination project in the 6 months after the course.
• Be willing to comply with all TARGET course reporting requirements laid down by EONS.

*TARGET trainers will be provided with the materials they require to run a TARGET course

More than one nurse from a particular institution can apply to attend the course.
Places on the course are limited and will be awarded on a competitive basis. Successful applicants will have their travel and accommodation costs covered.

HOW?
Application forms can be downloaded from the EONS website www.cancerworld.org or directly from EONS Secretariat at the address below.

Completed applications must be returned to the EONS Secretariat, by 5pm CET on March 13th 2006. Successful applicants will be notified by email by 5pm CET on March 20th 2006.

EUROPEAN ONCOLOGY NURSING SOCIETY
Avenue E. Mournier 83/8,
B-1200 Brussels,
Belgium.
Phone: 0032 (0) 2 779 99 23.
Fax: 0032 (0) 2 779 99 37.
E-mail eons@village.uunet.be.

Generic Drugs

Tom Boot, Teva Pharmaceuticals Europe B.V.

Generic drugs may enter the market after patent expiry of the originator’s reference product. Increased access to generic medicines generates savings to the EU health care systems as much as €13 billion annually.

Development of new innovative drugs
The development of new drugs has made valuable contributions to our health care system. Diseases that once were life threatening can now be combated effectively with appropriate pharmacotherapy.

Most infections can be treated adequately with one of the many antibiotics currently available. Various levels of pain can be treated well with drugs ranging from analgesics like acetaminophen to powerful opiates. Hypertension and diabetes can often be controlled adequately with the proper medicines. Also in the battle against cancer, one of the major challenges in current health care, pharmacotherapy plays an important role.

The development of a new innovative drug is a lengthy and costly process that can take 15 years and US$ 900 million before a drug can get approval to be put on the market. This process includes the development of a new molecule, assessment of its pharmacology and safety, clinical trials and submission to and approval from the relevant authorities.

To allow the innovator the opportunity to earn back the investments made, new drugs are protected by patents that will prevent other companies to copy the drug for a certain period of time. During this time, the innovator company can sell its new drug exclusively.

A permanent monopoly on drugs however would provide little incentive to the innovator company to develop new products. Like in other sectors, competition provides a good reason for originator drug companies to continuously innovate.

Generic drugs
After patent expiry of a drug (a drug may be patent protected for a period up to 25 years), generic drug companies are allowed to develop a generic version of this drug.
A generic drug is an equivalent of the originator pharmaceutical product. It contains the same active substance as, is essentially similar to and therefore interchangeable with the originator product.

Before they are marketed, generic drugs must be evaluated and approved by the same relevant competent authorities as the originator’s products. The generic drug must demonstrate the same quality, safety and efficacy as its innovative counterpart.

Because the clinical effectiveness and safety have been established by the originator product over a long period of time, approval the generic version of this drug does not require the manufacturer to repeat the extensive experiments on humans and animals. In fact it would be unnecessary and even unethical to repeat these pre-clinical and clinical trials.

To demonstrate therapeutic equivalence between the generic drug and the originator product, so-called bioequivalence studies or...
WHAT?
TARGET is an exciting training initiative for oncology nurses, on Targeted Therapies that focuses specifically on EGFR-targeted therapies and has been developed by the European Oncology Nursing Society (EONS).

Oncology nurses who are interested in running a TARGET course are invited to apply to attend a ‘Train-the-Trainer’ course to qualify them as a TARGET Trainer.

The course will be conducted in English with simultaneous translation into French, Spanish, Italian and German. Course material will be available in these languages.

WHEN?
12-13th May 2006

WHERE?
Grand Visconti Palace Hotel
Milan, Italy

WHO?
Interested applicants should:
• Be experienced oncology nurses practicing in Europe
• Have some experience in caring for patients receiving targeted therapies,
• Have experience in teaching or speaking in public
• Be willing to run a TARGET course in their own country*
• Be willing to provide support for course delegates undertaking their dissemination project in the 6 months after the course.
• Be willing to comply with all TARGET course reporting requirements laid down by EONS.

Call for Applications
TARGET trainers will be provided with the materials they require to run a TARGET course

More than one nurse from a particular institution can apply to attend the course.
Places on the course are limited and will be awarded on a competitive basis. Successful applicants will have their travel and accommodation costs covered.

HOW?
Application forms can be downloaded from the EONS website www.cancerworld.org or directly from EONS Secretariat at the address below.

Completed applications must be returned to the EONS Secretariat, by 5pm CET on March 13th 2006. Successful applicants will be notified by email by 5pm CET on March 20th 2006.

EUROPEAN ONCOLOGY NURSING SOCIETY
Avenue E. Mournier 83/8,
B-1200 Brussels,
Belgium.
Phone: 0032 (0) 2 779 99 23.
Fax: 0032 (0) 2 779 99 37.
E-mail eons@village.uunet.be.

Generic Drugs
Tom Boot, Teva Pharmaceuticals Europe B.V.

Generic drugs may enter the market after patent expiry of the originator’s reference product. Increased access to generic medicines generates savings to the EU health care systems as much as €13 billion annually.

Development of new innovative drugs
The development of new drugs has made valuable contributions to our health care system. Diseases that once were life threatening can now be combated effectively with appropriate pharmacotherapy.

Most infections can be treated adequately with one of the many antibiotics currently available. Various levels of pain can be treated well with drugs ranging from analgesics like acetaminophen to powerful opiates. Hypertension and diabetes can often be controlled adequately with the proper medicines. Also in the battle against cancer, one of the major challenges in current health care, pharmacotherapy plays an important role.

The development of a new innovative drug is a lengthy and costly process that can take 15 years and US$ 900 million before a drug can get approval to be put on the market. This process includes the development of a new molecule, assessment of its pharmacology and safety, clinical trials and submission to and approval from the relevant authorities.

To allow the innovator the opportunity to earn back the investments made, new drugs are protected by patents that will prevent other companies to copy the drug for a certain period of time. During this time, the innovator company can sell its new drug exclusively.

A permanent monopoly on drugs however would provide little incentive to the innovator company to develop new products. Like in other sectors, competition provides a good reason for originator drug companies to continuously innovate.

Generic drugs
After patent expiry of a drug (a drug may be patent protected for a period up to 25 years), generic drug companies are allowed to develop a generic version of this drug.

A generic drug is an equivalent of the originator pharmaceutical product. It contains the same active substance as, is essentially similar to and therefore interchangeable with the originator product.

Before they are marketed, generic drugs must be evaluated and approved by the same relevant competent authorities as the originator’s products. The generic drug must demonstrate the same quality, safety and efficacy as its innovative counterpart.

Because the clinical effectiveness and safety have been established by the originator product over a long period of time, approval the generic version of this drug does not require the manufacturer to repeat the extensive experiments on humans and animals. In fact it would be unnecessary and even unethical to repeat these pre-clinical and clinical trials.

To demonstrate therapeutic equivalence between the generic drug and the originator product, so-called bioequivalence studies or
simply bio-studies are required. Bioequivalence is the key factor in developing a generic drug. The generic medicine and its reference product are considered to be bioequivalent when the bio-study demonstrates that these two formulations have no significant differences in the rate and extent of absorption in the human body. Simply put: when administered in the same dose, the two products must be equally effective.

Generic drugs are typically 20% to 80% less expensive compared to the brand-name original. Because the development of a generic medicine does not require the costly chemical and clinical research that is required for an innovative drug molecule, investments for generic drug manufacturers are smaller, allowing them to offer their products at attractive prices.

Generics Economics

Spiraling health care costs
The costs of health care in Europe are rising at a frightening pace. One of the main drivers of these increasing costs is the demographic development of Europe’s population.

The proportion of elderly people in the population increases and these people on average also reach higher ages. Health care expenditures increase with age, and are particularly high for the oldest age groups. This increasing demand for health care provision puts a high pressure on health care budgets.

At the same time, the number of working age citizens contributing to social service funds is decreasing. These parallel trends -of a narrower basis for health care funding with a larger need for these funds- cause great concern.

Another driver for the increasing cost of health care is the fact that new therapies are often expensive.

Also, in today’s society health is a hot topic and the focus on living healthy makes people demand excellent levels of health care.

How generics help public health care
Increasing patient access to generic medicines generates the following main public health benefits:

Generics reduce prices
The savings generated through lower prices make it economically feasible for health care systems to make all medicines more available to patients as required with lower co-payments. Reduced prices are achieved in two ways:

• Generic medicines are themselves more economically priced than originator products selling at 20-80% less than original prices.
• Competition from these generic rivals forces originators to reduce their own prices after -or even before- patent expiry, as in the case of ranitidine.

Generics promote competition
Generics stimulate competition
As discussed, a permanent monopoly on pharmaceutical products would not entice originator companies to discover new medicines. Competition stimulates innovation.

As an example, the USA is the country with the highest rate of global pharmaceutical innovation. It is also the country with the one of the highest rates of generic penetration (over 60% in volume terms) and boasts a history of governmental encouragement of generic competition.

The increased competition of the US off-patent sector encouraged American pharmaceutical firms to increase rates of innovation and invest heavily in R&D. As a consequence, they have improved their competitive position as global pharmaceutical innovators.

Generics create budgetary headroom for innovation
The savings made by buying equivalent generic medicines allow health care budgets to make the newer, more expensive treatments available to more people who need them.

Currently, generic medicines generate €13 billion (!) in savings each year for EU health care systems. If generic medicines were taken out of the health economics equation, the EU’s health care systems would become financially unsustainable.

This article is based on information from the European Generics Association. Please visit www.egagenerics.com for more information.
ZOMETA helps defend the functional independence of patients with bone metastases by reducing and delaying skeletal-related events (SREs) and providing pain control.1,2

ZOMETA is the only treatment proven effective against SREs in a broad range of tumor types with a convenient infusion over no less than 15 minutes.3-5

- References

ZOMETA® 4 MG POWDER AND SOLVENT FOR SOLUTION FOR INFUSION. PRESENTATION: Zoledronic acid. Vials containing 4 mg of zoledronic acid supplied as a powder together with ampoules containing 5 mL of water for injections for reconstitution.

INDICATIONS: Prevention of skeletal-related events (pathological fractures, spinal compression, radiation or surgery to bone, or tumor-induced hypercalcemia) in patients with advanced malignancies involving bone. Treatment of hypercalcemia of malignancy (HCM). DOSAGE: For “prevention of skeletal-related events in patients with advanced malignancies involving bone,” the recommended dose is 4 mg (reconstituted and diluted with 100 mL 0.9% w/v sodium chloride or 5% w/v glucose solution) given as an intravenous infusion for no less than 15 minutes every 3 to 4 weeks. Dose reduction is recommended in patients with preexisting mild to moderate renal impairment. For “treatment of HCM,” the recommended dose is 4 mg given as a single intravenous infusion for no less than 15 minutes. No dose adjustment in patients with mild to moderate renal impairment. Patients without hypercalcemia should also be administered an oral calcium supplement of 500 mg and 400 IU vitamin D daily.

CONTRAINDICATIONS: Pregnancy, breast-feeding women, patients with clinically significant hypersensitivity to zoledronic acid or other bisphosphonates, or any of the excipients in the formulation of ZOMETA.

PRECAUTIONS/WARNINGS: Patients must be assessed prior to administration of ZOMETA to assure that they are adequately hydrated. Monitoring of standard hypercalcemia-related metabolic parameters such as serum levels of calcium, phosphate and magnesium, and, particularly, serum creatinine. Severe and occasionally incapacitating bone, joint, and/or muscle pain has been reported infrequently in patients taking bisphosphonates. In view of the potential impact of bisphosphonates on renal function and the lack of extensive clinical safety data in patients with severe renal impairment with ZOMETA, its use in this population is not recommended. Dose reduction in patients with preexisting mild to moderate renal impairment. In patients requiring repeated administration of ZOMETA, serum creatinine should be evaluated prior to each dose. If renal function has deteriorated, the dose should be withheld. Limited clinical data in patients with severe hepatic insufficiency; no specific recommendations can be given for this patient population. Overhydration should be avoided in patients at risk of cardiac failure. No experience in children. Patient should inform the dentist while under dental treatment or if dental surgery is foreseen.

INTERACTIONS: Zoledronic acid shows no appreciable binding to plasma proteins and does not inhibit human P450 enzymes in vitro, but no formal clinical interaction studies have been performed. Caution is advised when bisphosphonates are administered with aminoglycosides since both agents may have an additive effect, resulting in a lower serum calcium level for longer periods than required. Caution is asked when used with other potentially nephrotoxic drugs. Attention should also be paid to the possibility of hypomagnesaemia developing during treatment. Multiple myeloma patients, the risk of renal dysfunction may be increased when IV bisphosphonates are used in combination with thalidomide. ADVERSE REACTIONS: Usually mild and transient and similar to those reported for other bisphosphonates; most commonly reduction in renal calcium excretion is accompanied by a fall in serum phosphate levels (hypophosphatemia); commonly flu-like syndrome consisting of fever, fatigue, chills, and bone, joint, and/or muscle pain; headache; elevation of serum creatinine and blood urea; renal impairment; anemia; conjunctivitis; gastrointestinal reactions such as nausea and vomiting, anorexia, serum calcium may fall to asymptomatic hypocalcaemic levels; uncommonly thrombocytopenia, leucopenia; hypersensitivity reactions; hypotension, hypertension, resulting very rarely in syncope or circulatory collapse; shortness of breath, cough, dizziness, paraesthesia, taste disturbance, hypoaesthesia, hypertension, tremor; anxiety, sleeping disturbances; blurred vision; diarrhoea, constipation, abdominal pain, dyspepsia, stomatitis, dry mouth; local reactions at the infusion site such as redness or swelling; asthma, peripheral oedema, weight increase, chest pain; rash and pruritus, increased sweating; muscle cramps, osteonecrosis (primarily of the jaw); acute renal failure, haematuria, proteinuria, hypomagnesaemia, hypokalaemia, rarely pancytopenia, confusion, bradycardia, angioneurotic oedema, hyperkalaemia, hypernatremia; very rarely uveitis and episcleritis. PACKS AND PRICES: Country-specific. NOTE: Before prescribing, please read full Prescribing Information.