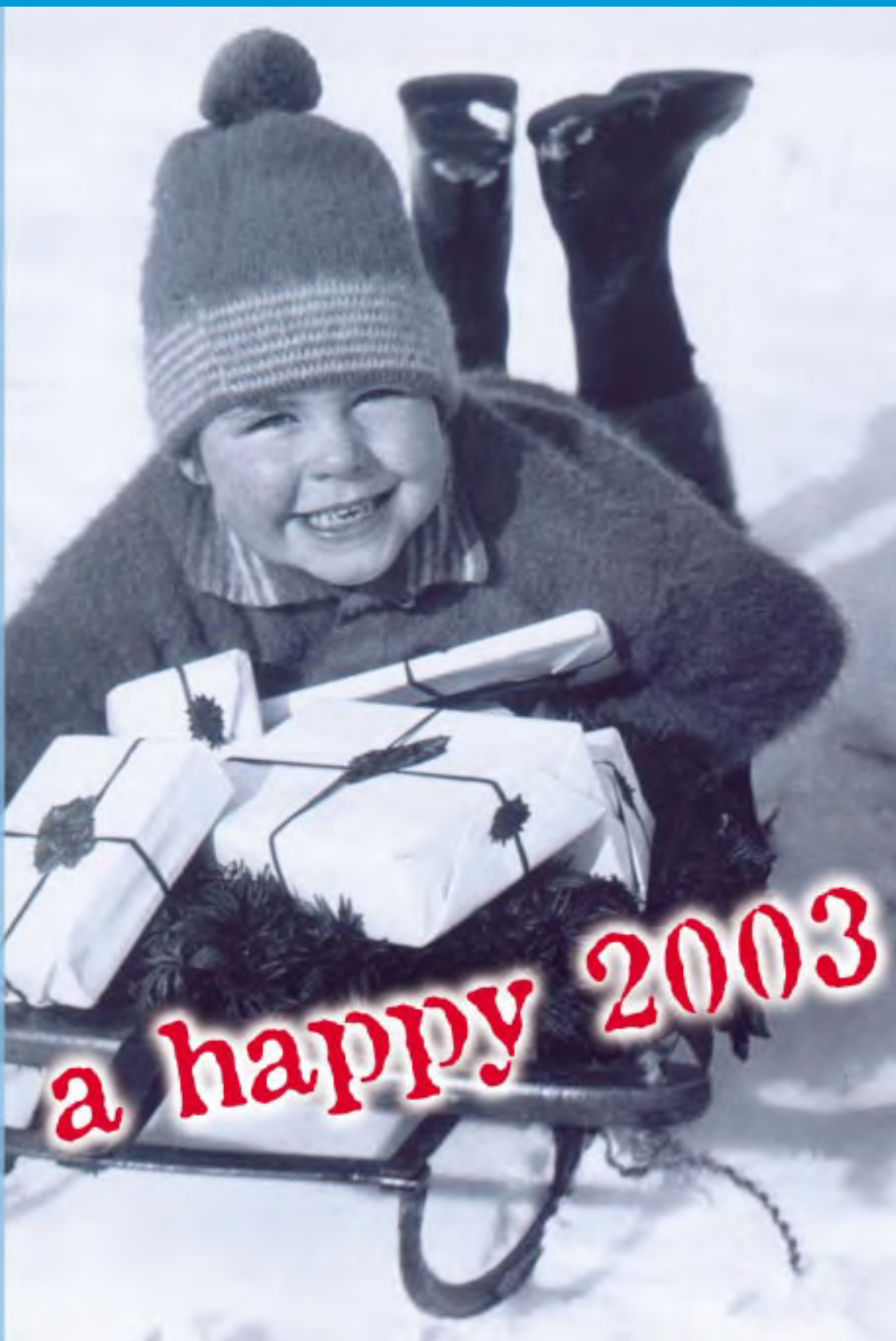
eons newsletter

The Quarterly Newsletter of the European Oncology Nursing Society December 2002



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

The purpose of this Newsletter is to provide:
- Information on EONS activities
- Practical information of interest for the EONS members
- A networking forum for cancer nurses throughout Europe

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Cover: Our future/past president?

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Dear Colleagues,

Welcome to the December issue of the EONS Newsletter!
Hair loss (alopecia), even when it occurs gradually is usually accompanied by psychological discomfort. Hair loss may be one of the most traumatic side effects of treatment for cancer patients. It may cause depression and loss of self-confidence in men and women of all ages. Nursing interventions should be directed toward helping the patient and family adapt to and cope with alopecia. Education, support of the patient and identification of available resources is highly significant in helping the patient adjust to hair loss. In this issue you can find a short paper by Wim Breed with the purpose to generate interest in establishing an international (multi-disciplinary) co-operation group to improve the availability, guidelines and the number and quality of studies in this field.

Another topic of great interest for the patient is Complementary and Alternative Medicine (CAM). Interest in CAM has grown dramatically over the past several years and recently there has been a resurgence of interest in the complementary therapies that fall outside of the traditional medicine. Patients with cancer are thought to be most at risk and a common complaint regarding the use of complementary therapies is that alternative medicine does not adhere to scientific methods. Psychosocial concerns, in particular feelings of helplessness and passivity, may drive the use of CAM. This necessitates that we as nurses provide an empowering and patient-centred approach by emphasising informed and shared decision-making.
Within the areas of both hair loss and CAM there is a need for further research. We as nurses have a wonderful opportunity for the next decade to engage in research building the evidence-base of CAM therapies and hair loss. It may be a challenge for individual members and national societies to collaborate. Use the EONS Newsletter to let colleagues know that you are interested!
In this issue you can learn more about our colleges from the Oncology Nursing Society of The Czech Republic that was established in 1986. The society's president, Hilda Vorlíčková wrote this contribution. Would you like to present your national society? If yes, please contact the Editor-in-Chief, Karin Ahlberg, trough the EONS Secretariat.

Last year, 2001, the Early Clinical Studies Group Research Nurses produced a resource. Nurses working within the research field have written the manual and its goal is to be a practical, helpful guide when dealing with clinical trials. To find out more about this project please read the review of the manual written by Joanne Håkanson, a research nurse from Sweden. This is the first time that we present a review in the EONS Newsletter. We hope it is not the last – if you have read something that you would like to share with colleges all over Europe please contact us!
As always you can find in this issue news regarding EONS activities including a preview of ECCO 12. Also, do not forget to visit EONS website (http://www.cancereurope.org) to get updated with the latest information about what is happening within EONS!

We wish you a great Christmas Holiday and a Happy New(s) Year!
On behalf of the EONS News Team /Karin Ahlberg (former Magnusson), Editor-in-Chief

Conference "Towards Greater Coherence in European Cancer Research" at the European Parliament

The Directorate General for Research of the EC organised, together with the European Parliament, a Cancer Research Conference which was held in Brussels in September 2002. Cancer Research has been established as a priority within the health research field in the EU's next Framework Programme for Research planned to be launched before the end of 2002. In this context, the objective of the Conference was to reflect on how to build a coherent European Cancer Research Area. To this aim, the programme of the conference included presentations from stakeholders involved in various aspects of cancer research (scientists, clinicians, caregivers, policy makers, representatives from public and private cancer organisations, etc.) In all, 350 invited persons attended the conference. The messages given at the conference will help to fine-tune initiatives in cancer research within the context of the European Research Area and facilitate the development of a cohesive overall effort in this field.
Dr. Agnes Glaus and Mr. Giel Vaessen presented EONS perspectives and expectations on what needs to be implemented to achieve a coherent European cancer research effort.

Our colleagues from... the Czech Republic

In the Czech Republic, almost one person in three falls ill with one or more of the many types of cancer during the course of his/her life. Unfortunately, one person in four dies from cancer. Statistical data and the data collected in our Republic illustrate a disregard of our own health. The public must be truly informed that lowering of the mortality from cancer cannot be solely achieved through new drugs or miraculous methods but exclusively through the system of primary and secondary cancer prevention. Prevention concerns especially the fight against smoking, alcohol abuse, inappropriate nutrition, some viral infections, environmental and working environment contamination with carcinogenic agents and an increasing responsibility for one's own health.

The Czech Oncology Nursing Society was established in 1986 during the traditional Brno Oncology Conference. The education of cancer nurses is a key aspect of high quality of the nursing care. This year the cancer nurses have had the opportunity to participate in the preparation of a new law on professional competency. During the review of study programs, some basic requirements were taken into consideration. The nursing profession requires accountability, maturity and ability to assess and quickly synthesise a large amount of information. The law is prepared and we believe that it will be approved by the Parliament. Through co-operation with the Health Care Educational Institute in Brno, the Specialisation Study for Cancer Nurses was launched in 1993. Today, more than 100 nurses have completed the study. This year a new program of specialisation study has been developed and was granted EONS accreditation. If the cancer nurses wish to maintain the professional standard and high quality of nursing care, they have the possibility to get the registration. Registration of nurses started in 2001 on the International Nurses´ Day. Cancer nurses are members of teams which collaborate in programs of cancer prevention and organise educational programs for the general public as well as nurse colleagues working with general practitioners.

To fulfil goals, the committee has made efforts to inform the broad professional health care public about the existence of the Society and about its goals. The existence of the Oncologic Society has gradually come to be very well known to the nurses as well as to the physicians. The main means to fulfil the set goals was the organisation of professional events both independently and in co-operation with physicians. The Brno Annual Oncology Conference, within the framework of which conferences of nurses are regularly organised, has the longest tradition. This year the 16th conference was held! The introductory speech was given by a most significant guest, Mr. Giel Vaessen, EONS President. He spoke about the main tasks of European nursing, among which ensuring quality of care of cancer patients is dominant. In recent years, foreign lecturers have been invited to participate in educational events and Czech nurses have accepted their knowledge and experience very positively. Apart from foreign experience, the programs of the events include various current topics. It is gratifying that the number of professional lectures elaborated on the basis of implemented research is increasing.

The Czech Oncology Nursing Society influences activities throughout the Republic. The program of events held in individual regions include sections of oncology nurses. Regularly every year the following events take place:

- Ostrava Conference of Supportive Care in Oncology
- Olomouc Hematology Conference
- South Bohemian Oncology Conference
- Prague Oncology Symposium
- Brno Oncology Annual Conference
- Brno Conference of Palliative Medicine

The publication activities of the Czech Oncology Nursing Society have been very remarkable. The summaries of lectures from all the conferences are regularly published and the most significant lectures are published by the nurses in professional journals. In 1997 the Society succeeded in launching publication of the journal Oncology Care (Onkologická péče) in co-operation with Bristol-Myers Squibb. It is a quarterly journal and features articles by nurses, physicians and other professionals as well as information about activities within the professional Society and about new books with book reviews.
In co-operation with Masaryk Memorial Cancer Institute the following books were published:

- The Role of a Nurse in Prevention and Early Diagnosis of Cancer
- Nutrition in Cancer
- Nursing Diagnoses in Chemotherapy
- Pain Management in Cancer and Palliative Care

Members of the committee of the Czech Oncology Society participated in development and implementation of the program of education for cancer patients and their family members called BALANCE. The program has been implemented since 1997 and the members of the Society take an active part in it. The patients and their family members evaluate the program positively.

Strategic Plan for 2003 - 2006

Cancer nurses play a central role in initiating changes and increasing quality in oncology workplaces and influence the level of patient satisfaction with the care provided. The period of accession of the Czech Republic to the European Union will be extremely demanding and this topic has to be dealt with systematically. At all levels it is necessary to inform the nurses about expected changes. The Strategic Plan for the Society includes the following points;

- prepare conditions for improvement of professional, moral and ethical level of cancer nurses. To promote inclusion of new scientific findings both into existing and newly developing roles of cancer nurses. To adopt Code of Professional Conduct for a registered nurse and to demand its observance. To promote respect to the rights of patients and the dying, to their individual features arising from ethnic, cultural and national differences. Preparation of nurses for incorporation of new information into practice – prevention, diagnosis, therapy, symptom management and care of terminal patients.

- promote, co-ordinate and participate in improvement of quality and efficiency of provided oncology nursing care. To inform the public about the features of high quality oncology care.

- promote the development of nursing research and active participation of the members of the Society in solution of research tasks.

Hilda Vorlíčková, President Czech Association of Nurses

What is wrong with the thirty years old scalp cool

Suggestions to improve by means of EONS activities

Wim Breed*

Introduction

A recent review of the literature of thirty years of scalp cooling by Grevelman and myself has learned that there are still many questions to be answered.
This is due to the rather short history of supportive care, the very little interest of oncologists for this subject, the underestimation of the impact of temporary hair loss for patients, the difficulties of clinical trials in these areas, especially of necessary multi-centre trials, the small number of pre-clinical studies to understand the biochemical and biophysical processes playing a role in the hair loss, and possibly also to the lack of financial support.

The little interest is demonstrated in literature by the inconsiderable attention for this subject. In publications of new drugs the prevalence and severity of hair loss as a side effect, is often poorly described. Of numerous drugs, used already for many years, the facts concerning the prevalence of hair loss are conflicting. The number of publications regarding scalp cooling to prevent chemotherapy-induced alopecia is limited; much less than a hundred. This is far and far less than publications on other side effects of chemotherapy such as nausea, vomiting and bone marrow toxicity. Moreover, the reports often contain merely one method of scalp cooling in a limited number of patients, regularly without control patients. There are only six randomised clinical studies; cooling versus no cooling.
Although patients are more concerned about hair loss than about nausea and vomiting, as your president Giel Vaessen mentioned in the last EONS newsletter of July 2002, the developmental history of scalp cooling makes one feel ashamed. The progress in the understanding and prevention of chemotherapy induced hair loss is moderate and inconsiderable in comparison with other side effects of chemotherapy.

After mentioning some certainties concluding from published results of more than two thousand cooled patients since 30 years of scalp cooling I will present the most important uncertainties and invite you to co-operate to improve our knowledge and results of scalp cooling in favour of the care of patients.

Generally accepted opinions

- *Scalp cooling is effective to prevent chemotherapy-induced hair loss.*

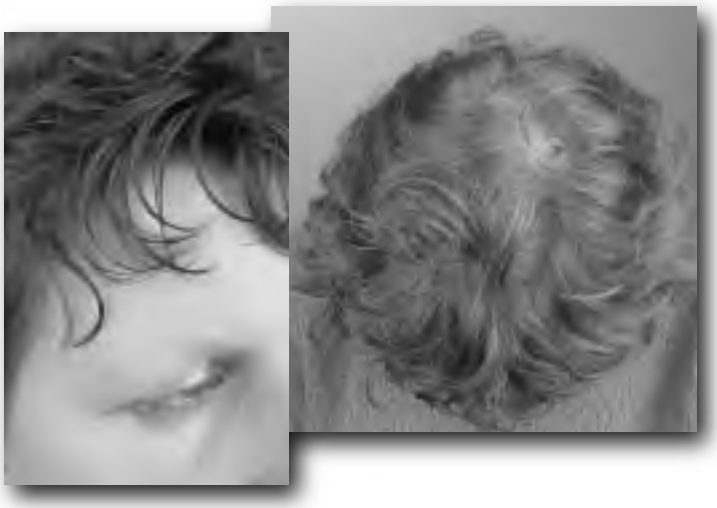
The efficacy of cooling is demonstrated in 5 out of 6 randomised studies; supported by many convincing non-randomised studies with historical controls and numerous observations in cooled patients, loosing axillary, pubic and eyebrow hairs while scalp hair is preserved. Especially when anthracyclines or taxanes are used good results have been shown, but the dose should not be too high. The results are less if these cytostatics are combined. In general at least 50% of patients have a good to excellent response with scalp hypothermia. However, this percentage may be too favourable by publication bias.

- *Chemotherapy induced hair loss is distressing.*

Although chemotherapy induced hair loss is temporary it is one of the most feared side effects of cancer therapy. This is found in many studies in several countries over some decades. There are no facts that nowadays hair loss is less distressing than in the past. Some patients refuse chemotherapy because of the fear that results from treatment-related alopecia.

- *Hair loss is a common side effect of cytotoxic drug therapy.*

The potential for epilation differs markedly among the different cytostatic agents. The ability of individual agents to cause hair loss depends upon the dosage, route and schedule of administration and combination with other cytostatics. Chemotherapy-induced alopecia most commonly affects scalp hair. However, axillary and pubic hair, and even the eyebrows and eyelashes may be lost.

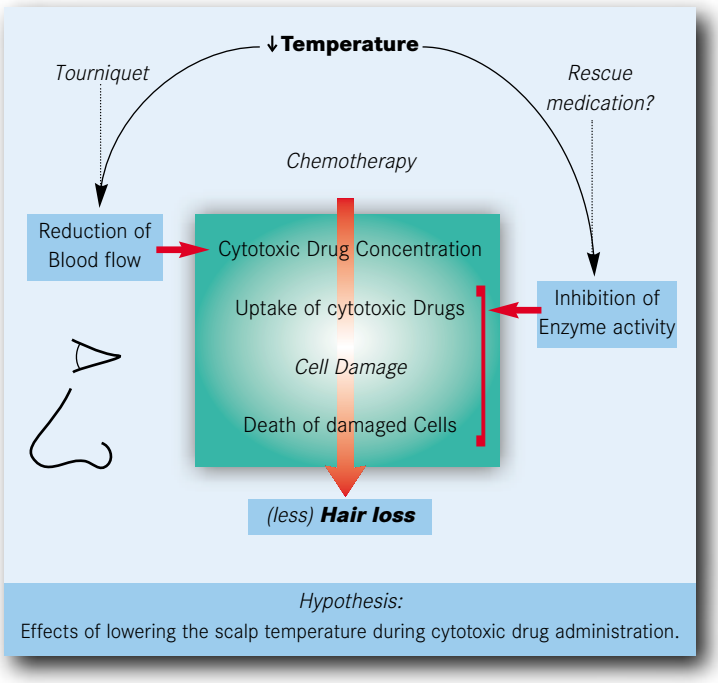


- *Currently preventive measures trying to reduce chemotherapy induced alopecia mainly focus on scalp cooling.*

Since about 1970 many measures have been tried: tourniquet, medicaments and scalp cooling. Of these nowadays scalp cooling is most commonly applied. Although experimental drugs leading to an arrest of cell cycle of hair follicles are an interesting development one can't expect that this is the end of it all.
The frequency of applied scalp cooling various in European countries. For example at present it is only used in less than five percent of the hospitals in the Netherlands, while it is much more applied in the surrounding countries.

- *The side effects of scalp cooling are acceptable.*

The majority of patients tolerate cooling very well and its side effects are not frequent and not serious. Side effects are rarely a reason to stop the cooling. Freezing or other serious side effects are not reported. Side effects are: headaches, discomfort from the heavy caps, complaints of coldness and uncomfortable sensations.



Hypothesis:
Effects of lowering the scalp temperature during cytotoxic drug administration.

ing to prevent chemotherapy induced hair loss?

- *In general the fear for an adverse clinical consequence of cooling by preventing the effect of chemotherapy on non- recognised tumour cells in the scalp skin is not justified.*

Scalp cooling should not be given in case of clinical manifestation of scalp skin metastases or haematological malignancies with generalised haematogenic metastases (e.g. lymphoma, leukaemia) if chemotherapy is given with a curative intent (see later). In case of non-curative treatment of solid tumours, with a low tendency to scalp metastases, scalp cooling can be given without hesitation.
The uncertainty of scalp cooling application in other situations will be discussed.
Scalp cooling should not be given in the rather rare case of cold sensitivity, cold agglutinin diseases, cryoglobulinemia and cryofibrinogenemia.

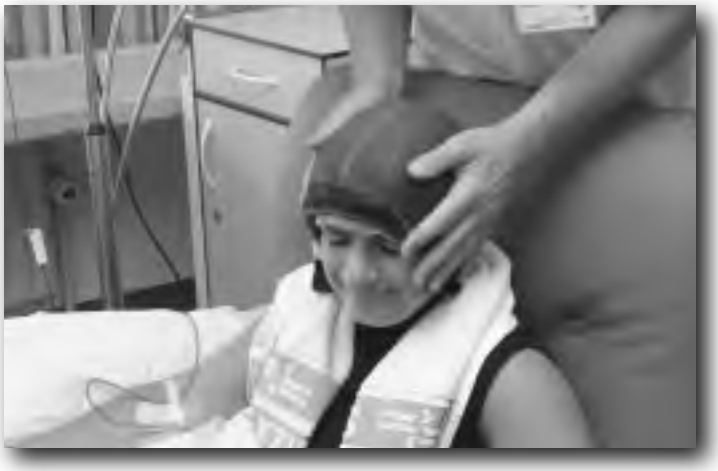
- *When comparing systems of scalp cooling connected to a cooling machine to systems in which the cold caps must be changed several times these are obviously:*
  - less time-consuming for the nursing staff; less nursing supervision
  - more appropriate for studying the very important, unknown relation between the degree of cooling and hair preservation.

Controversy and uncertainties

Scalp cooling is effective to prevent chemotherapy induced hair loss and chemotherapy induced hair loss is distressing. Consequently, you may expect that scalp cooling improves the quality of life. However, till now this essential question is hardly examined and there is not one study to support this hypothesis! Recently Protière et al. found less distress in cooled patients but the difference with non- cooled patients in this small study was not significant.

There is some controversy concerning the practical implications of the theoretical possibility of protection of some tumour cells in the scalp skin against chemotherapy by scalp cooling leading to an adverse influence on the course of a disease. Although this protection of tumour cells is never made likely in solid tumours and scalp cooling is widely applied in adjuvante setting, one has to acknowledge that, till now, this topic is studied insufficiently. To be sure that this adverse effect doesn't occur a study has to be done in a very large number of patients (e.g. adjuvante treated), with a long-term follow-up period, and an accurate evaluation of scalp skin metastases, disease free period and survival times.
Sporadically a fear is enounced that metastases in the brain or scalp bone are protected against chemotherapy by scalp cooling. There are no case histories to support this fear. Theoretically, based on a computer model, the decrease of temperature in these levels is too small to influence the cytotoxic drug effect. But a clinical study fails.

A relation between the degree of cooling and degree of hair prevention was demonstrated by Gregory et al. (1982) in 24 patients. The many problems of skin temperature measurements during scalp cooling do make it difficult to accept the challenge to study the relation between skin temperature and hair loss. But this is one of the first things that have to be done to improve the results of scalp cooling.
Another subject of discussion is the cooling time required before and after chemotherapy infusion. Once again we see a history of trial and error without thorough studies concerning this topic.
The tolerance, efficacy and user's comfort of the various systems of scalp cooling which are connected to a cooling machine are not compared with systems, in which the cold caps have to be changed several times. For that matter only one study has been made to compare the efficacy of two (older) cooling systems,
Instead of going on with a nearly endless list of uncertainties I will make suggestions of topics to study, with the ultimate goal to improve the patients quality of life by means of scalp cooling.



Topics to study

- The hypothesis: scalp cooling improves the quality of life.

Quality of life studies are also needed together with studies concerning costs of scalp cooling and wigs to try to compensate the costs of scalp cooling by the insurance companies and to make scalp cooling more available.

- Does scalp cooling lead to adverse long-term effects by preventing the effect of chemotherapy on tumour cells in the scalp skin in certain cases?
- How to improve the evaluation of hair loss by patients and nurses?
- The biochemical and biophysical processes playing a role in chemotherapy induced hair loss.
- Which processes (biophysical, psychological) play a role in side effects and tolerance of scalp cooling? Can the tolerance of scalp cooling be improved by distraction or other means?
- The further development of a computer model to assess the crucial parameters in the design and user protocol of scalp cooling.
- Relation between the degree of cooling and the degree of hair loss prevention

What is the optimal temperature at hair follicle level to prevent hair loss induced by various chemotherapy schedules? How can we get a reliable, non-invasive measurement of the temperature at hair follicle level during scalp cooling? How can we resolve the problems of superficial scalp temperature measurement during cooling? What is the relation between the temperature of the superficial skin temperature and the temperature at hair follicle level? What is the influence of the variation in sizes and shapes of scalps, various kinds of cold caps, various cooling systems with various temperatures of the cold caps, various application methods of the cold caps (degree of contact between the cold cap and the scalp skin), and hair layer (thickness, curling, moistness) on the obtained temperature of the scalp skin?

- Relation between the degree of blood flow decrease in the scalp skin (caused by cooling) and the degree of hair loss prevention.
- Relation between the degree of wetting the hair during cooling and the degree of hair loss prevention. The influence of wetting the hair on patient comfort and nurse comfort
- Relation between cooling times (pre and post drug administration) and hair loss prevention.
- Which cooling system has to be preferred as far as efficacy, patient tolerance, nurse comfort and costs?

How to study these topics? How to improve our knowledge and results of scalp cooling in favour of patient care?

An intensive co-operation of clinical, psychological, biophysical, biochemical and technical groups has to be obtained to get more insight in the processes in the hair follicle cells leading to chemotherapy induced hair loss and how scalp cooling can be optimised.

In the south of The Netherlands we started a co-operation with some hospitals, the University of Tilburg, Department of Clinical Health Psychology and the University of Eindhoven, Biomedical Technology, to reach this goal. The first results are:

- a grant for both Universities for a PhD study,
- a computer model, useful in assessing parameters in the design and user protocol of cooling systems,
- some insight in the problems of temperature measurements during cooling,
- a tolerance study of the Paxman cooling system and the Elasto-Gel cold caps (Southwest Technologies) in volunteers,
- an inquiry into breast cancer patients' opinions about the burden of hair loss; an inquiry into nurses' opinions about hair loss and scalp cooling and
- two clinical pilot studies, one on the effect of a tighter fit of the Elasto-Gel cap on the scalp and a study on cooling times.

Recommendation

The above mentioned small co-operation group ought to be part of an international co-operation group. The work of an international cooperative group can attain success in the area of scalp cooling through leadership provided by the European Oncology Nursing Society. EONS and its interested members can initiate studies involving international cooperation to explore issues related to preventing hair loss, disseminate known information on this topic, and develop guidelines for scalp cooling use in the clinical setting. Only together will it be possible to improve the results of scalp cooling and the quality of life of patients requiring chemotherapy. This is very desirable as more and more patients with cancer are given chemotherapy at some stage during the course of their disease.

Therefore I'm very grateful with the suggestion of one of the EONS Board Member, Emile Maassen, to use network of EONS to sound-out oncology nurses on on the idea to establish an international co-operation and for example organise a scalp-cooling meeting during the ECCO in September 2003 in Copenhagen. I invite the interested members of EONS to contact the EONS secretariat or myself to try to realise this excellent idea by a timely and careful preparation.

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Complementary and Alternative Medicine: a call for more research

Alexander Molassiotis, Senior Lecturer in Cancer & Palliative Care, University of Nottingham, UK

Complementary and Alternative Medicine (CAM) use has steadily increased over the last 10 years in both America and Europe; in the UK, for example, a telephone survey yielded a one year prevalence of 20%1. CAM has undoubtedly gained medical, economical and sociological importance1. Yet, little is known about the use of CAM in cancer patients.

A survey conducted in 33 countries (yielding a low of only 83 responses generated mainly from oncologists), indicated the existence of a large and heterogeneous group of unproved remedies used to treat cancer in both developed and developing countries around the world3. Some major methodological problems in the study were acknowledged by the authors themselves making the study results less exciting. A systematic review4 suggests (but by no means proves) that the use of CAM among cancer patients is common with a prevalence rate across studies of 31.4% (range 7-64%). This review included 26 surveys from 13 countries conducted between 1977 and January 1998. The most popular therapies reported were dietary treatments, herbalism, homeopathy, hypnotherapy, and imagery/visualisation. Meditation, megavitamins, relaxation and spiritual healing were also commonly used. Further, only one longitudinal survey was located, coming from Norway, in which 252 cancer patients were followed up for 5 years5. At the end of the study an average of 27% of patients were using some form of CAM, with a slight increase in use during the 5-year period.

In breast cancer patients the use of CAM seems to be even more common. Studies have reported prevalence of use up to 76% and at least 17 CAM modalities have been reported (with a varied prevalence from study to study). For example, herbal remedies were used by 54% of a sample of breast cancer patients in one study6 and by as little as 14%7 or 3.2%8 in others. This may be indicative of sample differences across studies. The findings of a UK study using a large sample size (n=714) suggests that 24.2% of women used some CAM modality with higher prevalence rates in the ages between 35-50 (49.2%) and 50-65 (36.7%) and in the period 2-4 years post diagnosis (34.6%)8. Two studies have also described CAM issues in gynaecological cancer patients in more detail. In the first study which evaluated a sample of 106 gynaecological cancer patients it was found that 66% were using CAM (significantly more than the 52% of gynaecology patients) and 72% of the women reported some benefit9. Only 39% of these women discussed use of CAM with their physician. The reported mean expenditure in this group of patients was $711. The most commonly used therapies were: prayer as medical therapy (40%), consumption of green tea (17%), nutritional supplements (17%), exercise as medical therapy (16%), use of garlic (11%)9.
In the second study, a well-conducted and very informative and detailed study, Swisher10 assessed a number of issues related to CAM use in a sample of 113 gynaecological cancer patients. Nearly half (49.6%) of the respondents had used CAM since the diagnosis of cancer. The majority used multiple types of CAM with 46% of the users ingesting some type of CAM including medicinal herbs or other plant extracts, high-dose vitamins and/or minerals, medicinal teas (green tea and essiac), non-traditional diet therapy and shark cartilage. Psychological or spiritual therapies were more commonly used than ingested therapies. The study participants cited the following reasons for using CAM: directly fight the cancer, increase the body's ability to fight the cancer, improve emotional well-being, counteract ill-effects from cancer or the medical treatments, 'might

help- can't hurt', and an attempt to do everything possible to fight cancer. Interestingly, the idea that CAM would directly fight the cancer or increase the body's ability to fight the cancer was stated as a reason for using CAM significantly more often than as a perceived benefit. The most common benefit perceived was an improvement in psychological well-being. A low percentage of CAM users in this study, 4%, reported no benefit from undertaking complimentary or alternative therapies 10.

The same study also sheds light on the sources of information employed by CAM users. For example, the majority received information from the media (TV, magazines, newspapers-54.5%), friends (75%), family (43.1%) or the internet (22.7%). Few received information from a CAM practitioner, a doctor or a nurse.
Biographical characteristics of CAM users include: significantly associated with an annual income of more than US$30,000; cancer site of origin other than the cervix; use of CAM prior to cancer diagnosis.
Finally, a study with prostate cancer patients was also identified11. Authors reported that the prevalence rates of CAM use among patients with prostate cancer and those at high risk were 27.4-38.9% and 25.8-80% respectively. A significant number of patients who used CAM did not report its use to their physician. Vitamin E was found to be the most popular form of CAM in this study.
Quality of life issues in association with CAM use were investigated in only one Canadian study. , In this study of brain tumour patients, it was shown that CAM use was associated with decreased QOL12. However, this may be a misleading conclusion as there was little information about the patients' symptoms or other clinical characteristics and users of CAM may have had poorer physical and/or psychological health status as compared to the non-users before starting CAM.

The only personality characteristic found to influence CAM use in cancer patients was that of an active coping style as reported in 2 studies13,14. CAM use is suggested to be an indicator of dissatisfaction with standard medical care in cancer patients14,15. Some surveys from the non-cancer literature also suggest that CAM users have greater psychological morbidity and more scepticism and negative experiences with orthodox medicine than non-users16. However, as the authors discuss, these may not necessarily be inherent differences between users and non-users and probably reflect the fact that people who turn to CAM therapies do so for difficult and persistent problems that have not responded well to conventional treatments.

Overall, the quality of the studies reviewed was low, with the exception of the systematic review by Ernst & Cassileth4 and the recent study by Swisher10. Thus interpretations are not so straightforward. For example, some studies targeted practitioners whereas others surveyed patients. Different definitions (or no definitions at all) of CAM used may create accuracy problems with prevalence rates. Complementary therapies given as part of traditional medical service may not be registered as CAM. Sampling methods, sample selection biases, small sample sizes and heterogeneity of the studies make conclusions even less clear. Some of these problems have been discussed elsewhere16. The use of CAM in European samples including culture-specific alternative and complementary therapies has received little attention by researchers. Also, considering the relationship of CAM use in a social and cultural context it is surprising that there is a complete absence of scientific information concerning ethnicity, culture and CAM use.

No known information is available describing how interactions differ between patients and CAM or orthodox practitioners in relation to cancer. However, in the small and anecdotal information that does exist in the general population of CAM users, it is suggested that several characteristics of CAM make it more attractive than conventional treatments. These characteristics include the relationship with the CAM practitioner, the ways in which the illness is explained, the environment in which patients receive the treatment, the amount of time available for consultation, the attention to personality and the personal experience, increased opportunities for involvement in treatment decisions, and making better sense of the illness experience17. In respect to cancer patients, it is important to fully explore the issues around patient and practitioner interactions. Both quantitative and qualitative information of the experiences of CAM users is necessary to provide a clear picture of CAM use and the reasons why these therapies are chosen. Equally important is further research in the area of effectiveness of CAM therapies. Nurses can be at the forefront of these research endeavour.

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FEDERATION OF EUROPEAN CANCER SOCIETIES

DEADLINES
Early registration
15 March 2003

Abstract submission
8 April 2003

ECCO 12
the European Cancer Conference

Copenhagen
21-25 September 2003

on behalf of **EACR - EONS - ESMO - ESSO - ESTRO - SIOP Europe**

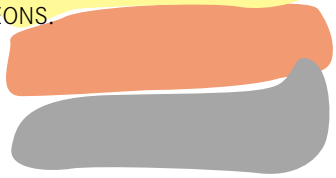
www.fecs.be/conferences/ecco12

CancerNausea.com – Helping Patients Help Themselves

A recently conducted EONS study (see September issue of the Newsletter for more details) has shown that despite effective management strategies and tools for reducing chemotherapy and radiation induced nausea and vomiting CINV/RINV, many patients continue to suffer from these debilitating side effects of cancer treatment.
A new web site can be recommended to your patients – *CancerNausea.com* – to help them better manage nausea and vomiting. CancerNausea.com gives patients a variety of valuable tools and educational materials to help them manage their symptoms and greatly improve quality of life during cancer treatment. This user-friendly site gives patients a general, clinically sound overview of the mechanisms that cause CINV/RINV. And for those patients without access to a computer, when printed, the information retrieved from CancerNausea.com becomes excellent handout literature to support your education of patients and ultimately improve outcomes. The site lists basic Do's & Don'ts on how to manage CINV/RINV and tips for returning to a normal life during treatment. It also provides basic definitions of what nausea is, as well as an explanation of the physical mechanisms causing nausea and vomiting within the body. A quick click of the mouse will take patients to *Frequently Asked Questions & Answers.* A list of *Diet Do's & Don't* stresses the importance of a balanced, nutritional diet. There is also a *Symptom Diary* to foster patient-nurse-physician communication by encouraging patients to keep track of daily CINV/RINV symptoms and report back if there is inadequate control. This two-way communication is a critical factor in the optimal management of CINV/RINV.
The site has a complete list of resources for further investigation into the subject of chemotherapy and radiation induced nausea and vomiting as well as an in-depth glossary of terms.
In the near future, the site will be translated into German, Italian, Japanese and Spanish.
The site is sponsored through an unrestricted educational grant from Roche Pharmaceuticals.

Upcoming Events

MASCC/ISOO 15th International Symposium of Supportive Care in Cancer, 18-21 June 2003, Berlin.
Information: EMC Event & Meeting Company GmbH,
Dachauer Strasse. 44a, Munich, Germany.
Tel.: +49 89 54 90 96 70 or –73,
Fax +49 89 54 90 96 75.
E-mail:
www.symposium-online.de/mascc.
EONS will take part at this meeting with a joint session of MASCC and EONS.



Recognition of Excellence granted through EONS Accreditation

Accreditation was granted retrospectively to the 'Post Graduate Course in Cancer Nursing' submitted by the Scuola Superiore Formazioni Sanitarie. The 11-week course took place between September 2000 and June 2001 in Stabio, Switzerland.
Organised in 1-week modules, the course was taught in Italian, French and English. Course goals were to strengthen knowledge of the role of the cancer nurse in the interdisciplinary care team and to improve the student's advanced clinical practice skills in oncology.

The *6th International Seminar: Advanced Practice Oncology Nursing* sponsored and organised by the European School of Oncology, German Division (ESO) has received EONS accreditation. The course took place from 22-23 August 2002 in St. Gallen, Switzerland. The aims of this course were to provide updated knowledge on advances in the field of cancer care. As participants come from German-speaking countries, a goal of the two-day course is to provide cancer nurses with the opportunity to network and exchange practical experiences.

Accreditation has been granted until 2007 to the course *Specialization Study for Cancer Nurses* sponsored by the Health Care Educational Institute, Brno, Czech Republic. This post-basic course runs for two years and will qualify nurses to practice as specialists in the care of cancer patients.

REVIEW

Manual For Research Nurses
by Joanne Håkanson, Sahlgrenska University Hospital, Gothenburg, Sweden

In all medical units where clinical trials are taking place, there is a need for reference manuals, where both theoretical and practical information is examined. One such manual released 2001 is the 'MANUAL FOR RESEARCH NURSES' produced by the Early Clinical Studies Group Research Nurses.

This concisely written, easily read, informative manual is well worth a place in the medical unit's bookshelf. It is a reference book, which hopes to motivate, guide and assist in improving the quality and consistency of clinical trials for both the experienced and inexperienced research nurse.
The manual has been written by several different authors, all nurses, working within the research field. The book is an 'on hands guide' for quick and easy reference. It is not only theoretical but has practical helpful hints taken from the author's extensive experience.

The manual has a number of different functions. It can be used in its entirety, chapter for chapter or for quick reference. Perfect reading for the nurse, novice to the world of research and clinical trials, who is contemplating taking the step to specialise within the field. It gives not only a clear outline of what is expected of the research nurse and the role she plays, but what research is about in general. The manual includes for example a chapter about preclinical and clinical drug development, one about protocol development. All the way through turned to the role of the nurse. Helpful hints are possible to find in the last chapter, "Individual practical experience and case studies".

In summary the manual is well written and concise. It is an incentive giver and will be valuable not only as a reference book to be used in the daily activities of the Clinical Unit, but also as an educational aid.

One small point that should be remembered is that authors write from their own personal experience. Therefore it is important that the book be used for the purpose that it was written: as a guideline, help-aid, and referral manual. One should never forget to follow the rules and regulations as laid down in your own centre and country, for the implementation and follow-through of safe clinical trials and always place the care of the participating patient first.

Costs for the manual will be € 16,- including forwarding costs. Ordering address: Editing Committee Manual for Research Nurses, Atie Wijk, Roosduinen 2, 2134 ZB Hoofddorp, The Netherlands.
E-mail: a.w.vwijk@hetnet.nl

Kytril.com — Providing Helpful Information for Better CINV/RINV Management

Whether or not your patient is being prescribed granisetron (Kytril®) for the treatment of chemotherapy or radiation induced nausea and vomiting (CINV/RINV), the web site Kytril.com is an excellent source of printable, educational handouts (much of which is non-drug specific) for *all* patients battling the debilitating effects of CINV/RINV.

Kytril.com is a web site intended for U.S. residents: new country specific sites are currently being developed for future release. However, nurses and patients who can translate English into their own native language can take full advantage of the web site now.

The Kytril site contains the following information that may be useful for nurses and patients:

- *"N-factor" Nausea and Vomiting Self Risk Assessment which compares types of cancers against chemotherapy agents and lists typical side effects*
- *Frequently Asked Questions*
- *Family & Friends section which discusses how patients can help a loved one or caregiver dealing with cancer.*

For easily printable, general educational handout materials for patients concerning the optimal management of CINV/RINV, Kytril.com is a valuable resource for nurses to know about. The site is sponsored by Roche Pharmaceuticals.

2003 Pezcoller Foundation FECS Recognition for Contribution to Oncology

The Federation of European Cancer Societies and the Pezcoller Foundation are pleased to announce the "2003 Pezcoller Foundation-FECS Recognition for Contribution to Oncology". Nominations for the 2003 award will be accepted for candidates regardless of race, sex or nationality. Institutions, groups or associations are not eligible. Self-nominations will not be considered. One who is, or has been, affiliated with a university or medical institution must nominate candidates on the official form. A curriculum vitae and description of the professional contribution to oncology of the candidate should be included with the application form. Nominators are requested to keep their nomination confidential and to refrain from information the nominee. A decision will be made in April 2003.

The recipient of the award is recognised for his/her professional life dedication to the improvement of cancer treatment, care and research. The award consists of a prize of Euro 30.000 and a commemorative plaque. The award ceremonies will take place in Rovereto (Italy) in September 2003 and in Copenhagen during ECCO 12.

Completed nomination forms must be received by 31 January 2003. Further information about the nomination process can be obtained by contacting the FECS office (Tel. +32 (0) 2 775 29 31, Fax +32 (0) 2775 0200, e-mail: Carine@fecs.be).

Nurses' Summary: ESO Masterclass in Clinical Oncology

The European School of Oncology recently held its first Master-class in Clinical Oncology in Montecatini Terme, Italy between 5th - 9th August. This comprehensive course provided delegates with a one-week, residential, full-immersion, clinically oriented, evidence-based programme predominantly for young dedicated physicians and specialist nurses wishing to improve their skills in the management of patients with cancer. It focused on the five major cancers of lung, prostate, breast, colorectal and ovary. Those attending had the opportunity to participate in live link-ups with cancer experts from the United States as well as taking part in discussion sessions with experts based at the Master-class.

Of the 60 chosen delegates, 10 were members of the nursing profession, based in the U.K., Sweden, Israel, Spain and Russia. During this intensive week, we appreciated the high level of evidence presented. We feel that this Master-class consolidated our medical knowledge base and we were provided with a useful clinical update of current and possible future initiatives from a truly international perspective. Some nurses were also invited to teach in Montacatini: Nora Kearney, Alison Richardson and Agnes Glaus.

Morvin Miller and the participating nurses.

As the Master-class drew to a close, we had the chance to reflect on our experiences in the pleasant surroundings of Montecatini Terme. Overall, we felt privileged to have been included in the first ESO Master-class, finding it a valuable learning and career opportunity. While the emphasis was heavily focussed on the medical management of cancer, we would strongly recommend it to nursing colleagues who are keen to consolidate and develop further their knowledge of the management of patients with cancer.

A second Master-class is being held in Tenerife, Canary Islands, from 20th – 25th January 2003. Details for application can be found on the ESO WEB-site: www.cancerworld.org.

EONS News & Updates

Call for Nominations for Distinguished Merit Award
EONS is pleased to announce a call for nominations for the Distinguished Merit Award. This award is presented every two years to a nurse in recognition of excellence in developing new nursing roles, new methods of practice and/or new approaches to care which have promoted the expansion of cancer nursing practice in Europe.
Eligible for nomination are candidates engaged in clinical practice, management, teaching or some other professional position who have played an innovative role beyond that which would normally be expected of him/her in his/her particular position. Advanced studies or academic degrees are not prerequisites.
The recipient of the Distinguished Merit Award is required to deliver an honorary presentation highlighting his/her achievements in furthering cancer nursing at the ECCO 12 conference to be held in Copenhagen, Denmark in September 2003. Registration fees for ECCO will be waived.

In honour of his or her accomplishments, the recipient will be presented with a plaque and a distinctive insignia.

Deadline for submission of applications is 17 january 2003. Further information can be obtained by contacting the EONS Secretariat or at http://www.cancereurope/EONS.org.

Nominees sought for President-elect
Members of the European Oncology Nursing Society will soon receive election materials relevant to a call for nominations for candidates interested and qualified to run for the office of President-elect of the Society. Nominations will be accepted from individual members, member organisations, institutions and agencies. One nomination per member is permitted.

The nominee for President-elect must be willing to make a commitment to EONS for six years: two years acting in the capacity of President-elect, two years as President and two years as Past-president of the Society. The term of office begins in September 2003. As the term of office of President of EONS is quite demanding, the President's employer will receive salary reimbursement for five (5) working days per month. Following paragraph 2.3.1 of the Bye-Laws of the Society, the three sequential Presidents of EONS should be from different countries. Nominations from The Netherlands and Belgium are therefore not eligible for this election.
A call for nominations for positions on the Board of Directors will also soon be issued. Board members are elected for a two-year term of office with the option of standing for re-election for a second term. The term of office commences in September 2003.

Busy Meeting Schedule for President-elect
The President, President-elect and Past-president of EONS travel very often throughout Europe, and the world, to represent EONS and the interests of cancer nurses at various meetings and conferences. Below is a description of some of the events at which President-elect Jan Foubert was recently in attendance.

'Cancer Leads in Practice' (CliP): support, education, discussion and networking took place in London from 20-21 September.
At this educational meeting, participants were giving the opportunity to listen and to contribute to discussions about the clinical and professional challenges facing cancer leads. The purpose of the CliP meeting was to gain a better understanding of the emerging needs of cancer leads based on the participants' own experiences. The meeting programme included discussion on cancer leads current initiatives and future needs, palliative care strategies, cancer treatments present and future and new directions in primary care. Jan Foubert presented a selection of European experiences including Belgian cancer services, European Union Initiatives, the development of cancer nursing in Europe, EONS and quality of life initiatives for cancer patients.

Program: Cancer leads current initiatives and future needs, palliative care strategies, cancer treatments- the present and the future, new directions in primary care.

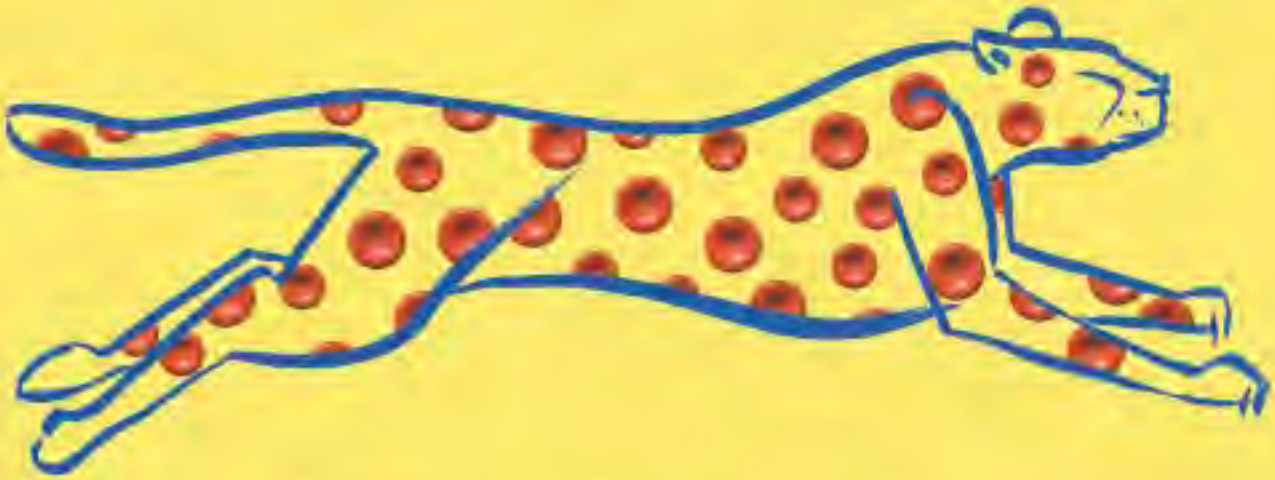
Press Conference held in Milan on 19 September.
(La fatigue: malattia della rassegnazione ?).
A fatigue awareness campaign was launched at this press conference at which Jan presented the various programmes initiated by EONS to address the fatigue problem in cancer patients including educational initiatives aimed at raising nurses' awareness of the significance of the problem of fatigue.
Results of a study which addressed the perception of quality of life in Italian cancer patients and was conducted by Bocconi University were presented at the press conference. Additionally, patients, General Practitioners, psychologists and oncologists provided valuable testimony to the devastating effects of fatigue in cancer.

7th European Network of Nursing Organisations (ENNO) Meeting, 12 October, Brussels. The meeting was organised by PCN (Standing Committee of Nurses of the EU) which presents itself as the independent voice of European nurses.
Two presentations were held. The first was a presentation of the EU 6th Framework Programme on Research and included areas of interest to nurses and how to access funding. Scientific excellence is the base of the 6th framework as less money is being spent on research in Europe than in other developed countries. Additionally, in Europe there a fewer young people interested in research.
The procedure to apply for grants will be simplified. Areas of interest for nurse researchers include: clinical cancer research, multi media health telematics, social science (role and place of nursing in the society), clinical research, thematic research (bringing societies together to define research program agendas).
The second presentation focused on the new EU directive on mutual recognition of qualifications. Future links between PCN (in its current organisational form) and specialist groups was discussed at an afternoon session. A working group will establish procedures to define a formal relationship between specialist groups and PCN.

Programme for ECCO 12 offers something for everyone
The Nursing Scientific Committee for ECCO 12 has been hard at work shaping the structure and content of the nursing conference. With the programme, the Committee has strived to provide state of the art information which will be of interest for nurses practising in all aspects of cancer care. Teaching sessions will continue to start the programme each morning addressing topics such as cancer across the lifespan and leadership issues. Joint sessions with EBMT-NG, SIOP-NG and ESO have been organised with the intention of facilitating and strengthening inter- as well as intra-disciplinary team collaboration.
As was the case at previous ECCO conferences, workshops will be held each day in an effort to bring nurses from across Europe together to exchange ideas and discuss issues encountered in cancer nursing practice. For a number of reasons, the Nursing Scientific Committee feels strongly that workshops should remain an integral part of ECCO. In this light, some of the benefits of small group discussion for a culturally diverse audience include providing networking opportunities and fostering communication. The achievement of these two objectives is a fundamental principle upon which the planning of each and every ECCO conference is based.
Some of the topics to be addressed in workshop sessions at ECCO 12 include: Parents with cancer and their children; Spirituality and suffering; Radiotherapy; Children and cancer; Critical care in oncology nursing; Guidelines for anti-emetic treatment; Generating questions for cancer nursing research; and Central venous catheter practice guidelines.
Special lectures are again planned and will address prevention and early detection, focus on living well – rehabilitation, and clinical pathways. The Committee is pleased to have been able to confirm lecturers for these presentations who are experts and renowned speakers in these fields.
Pre-conference symposia and satellite symposia will round out the educational offering at ECCO. In addition, nurses are invited to participate in the medical programme and visit the extensive industry exhibit. ECCO 12, the European Cancer Conference, will take place from 21-25 September 2003 in Copenhagen. Complete conference information including abstract forms and submission dates can be obtained by contacting.

New from Amgen

The power to rapidly correct anaemia with one dose per week



Aranesp® has the power to rapidly correct chemotherapy induced anaemia in patients with solid tumours*

- Unique molecular design results in increased *in vivo* biological activity[1]
- Rapidly achieves high Hb increases[2,3]
- Significantly reduces the number of patients receiving red blood cell (RBC) transfusions[4]
- Simple, once-weekly administration with low-volume, prefilled syringes
- Improves patients' fatigue[5]
- Well tolerated[6]

*Aranesp® is indicated for the treatment of anaemia in adult cancer patients with solid tumours (non-haematological malignancies) receiving chemotherapy.

Aranesp®
(darbepoetin alfa)

The power to rapidly correct anaemia

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Aranesp® (darbepoetin alfa)
Brief Prescribing Information

Please refer to the Summary of Product Characteristics before prescribing Aranesp®.

Pharmaceutical form: Solution for injection presented in pre-filled syringes containing 100 to 300 micrograms of darbepoetin alfa for single-dose use only. **Indication**: Treatment of anaemia in adult cancer patients with solid tumours (non-haematological malignancies) receiving chemotherapy. **Dosage and administration**: Aranesp® should be administered by the subcutaneous route to patients with anaemia (e.g. haemoglobin concentration ≤ 11 g/dl (6.8 mmol/l). The aim of treatment is to increase haemoglobin concentration to greater than 12 g/dl (7.5 mmol/l) and to reduce the requirement for blood transfusions. The recommended initial dose is 2.25 µg/kg body weight given once weekly. If the increase in haemoglobin is inadequate (less than 1 g/dl (0.6 mmol/l) after four weeks the dose should be doubled. The therapy should be continued for approximately four weeks after the end of chemotherapy. If the haemoglobin reaches and remains adequate four weeks after chemotherapy has ceased, therapy may not be effective. If haemoglobin exceeds 14 g/dl (8.7 mmol/l), the dose of Aranesp® should be withheld until the haemoglobin falls to ≤ 13 g/dl (8.1 mmol/l) and then restart the treatment at approximately 40% below the previous dose. **Contraindications**: Hypersensitivity to darbepoetin alfa, r-HuEPO or any of the excipients. Poorly controlled hypertension. **Special warnings and special precautions for use**: Evaluate iron prior to and during treatment; supplementary iron therapy may be necessary. Non-response to therapy should prompt a search for causative factors. Aranesp® should be used with caution in patients with liver disease, sickle cell anaemia or epilepsy. Misuse of Aranesp® by healthy persons may lead to an excessive increase in packed cell volume that may be associated with life-threatening complications of the cardiovascular system. As there is insufficient clinical experience, Aranesp® should not be administered to patients suffering from lymphoproliferative malignancies (e.g. Hodgkin's disease and non-Hodgkin's lymphoma). Due to the limited experience with erythropoietic agents, Aranesp® should not be used in patients with early stage tumours receiving adjuvant or non-adjuvant chemotherapy. Long term surveillance on tumour progression and survival in cancer patients has not indicated an adverse effect of Aranesp® compared to placebo. **Interactions**: If darbepoetin alfa is given concomitantly with drugs that are highly bound to red blood cells e.g. cyclosporin, tacrolimus, blood levels of these drugs should be monitored and the dosage adjusted as the haemoglobin rises. **Pregnancy and lactation**: An adequate experience in human pregnancy or lactation. Caution should be exercised when prescribing to pregnant women. Do not administer to women who are breast feeding. When Aranesp® therapy is absolutely indicated, weight-feeding must be discontinued. **Undesirable effects**: Undesirable effects considered related to treatment with Aranesp® from controlled clinical studies were arthralgia, peripheral oedema and injection site pain (~ 1% - < 10%). The injection site discomfort was generally mild and transient in nature. **Overdose**: The therapeutic margin of Aranesp® is very wide. In the event of polycythaemia, Aranesp® should be temporarily withheld. If clinically indicated, phlebotomy may be performed. **Pharmaceutical precautions**: Aranesp® should not be mixed or administered as an infusion with other medicinal products. Store at 2°C to 8°C in a refrigerator. Do not freeze. Keep container in outer carton, to protect from light. For the purpose of ambulatory use, Aranesp® may be removed from storage once for a maximum single period of seven days at room temperature (up to 25°C).

Legal category: Medicinal product subject to restricted medical prescription.

Presentation and Marketing Authorisation Numbers:
Aranesp® 100 µg: 1 prefilled syringe: EU/1/01/189/001
Aranesp® 150 µg: 1 prefilled syringe: EU/1/01/189/005
Aranesp® 200 µg: 1 prefilled syringe: EU/1/01/189/021
Aranesp® 300 µg: 4 prefilled syringes: EU/1/01/189/007

Some packages may not be marketed in all countries.

Marketing Authorisation Holder: Amgen Europe B.V., Minervum 7061, NL-4817 ZK Breda, The Netherlands. Further information is available from Amgen (Europe) AG, Affentrasse 30, P.O. Box 3063, Lucerne, Switzerland CH-6002. Additional information may be obtained from your local Amgen office.

Date of preparation: August 2002

AMGEN