



# EONS

## **eons** newsletter

The Quarterly Newsletter of the European Oncology Nursing Society

Spring 2003

### **Contents:**

**Supporting  
chemotherapy  
patients 'out of  
hours'**

**4th EONS Spring  
Convention**

**Our colleagues  
from...**

**NOEP project update**

**Synopsis on EONS  
Accreditation  
Service**

**Hb Level; more than  
a lab value?**

**Life as a President**

**Society News  
Updates**



# Colofon

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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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# Dear Colleagues,

## The New EONS Strategy: A means o tide over the past with our common future

During the last two meetings of the EONS Executive Board of Directors, the main topic was how to define the best procedure to develop a new strategy for the Society. EONS is at a crucial point in its development: finding the best way to update the strategy for the Society while at the same time finding the best way to bridge the old strategy with new directions and perspectives. The Board is aware that we have to keep in mind that the previous strategy brought the Society to a high level of functioning, but we also realise that the future will require new activities and setting of goals. A new strategy must include the important experiences and achievements of the last years. I strongly believe that without the vision and strength of previous Presidents and Board members we would not have become the strong and confident Society we are at this moment.

Since the establishment of the Strategic Plan, EONS has been able to realise many of its goals. EONS is pro-active in the field of education and accreditation and we play an important role in evidenced-based practice through investments in nursing research. In addition, the Society succeeded in establishing the nursing programme at both ECCO and the Spring Convention as a well-known event in the nursing scientific community. EONS also plays a major role in ESO courses and there is a growing demand from other professional organisations to offer nursing programmes at their congresses and educational events. The acceptance of EONS as a Board Member in FECS provided an excellent opportunity to get oncology nursing on the main agenda of the medics.

One of the major discussion points at the next Advisory Council meeting will be how to strengthen the collaboration between the national oncology nursing societies and the Board and to define a new strategy with a strong involvement of the member societies. For this reason EONS has invited the representatives of the 24 national member societies to attend the two-day strategy meeting in Brussels on March 21-22, 2003.

My greatest wish is to create together with the national societies the new strategic plan for the next years and of course to create working groups to move the strategy further.

February 16, 2003

Giel Vaessen  
President EONS

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## 4th EONS Spring Convention, 15-17 April 2004, Edinburgh

President-elect and Chairman of the 4th EONS Spring Convention, Jan Foubert, recently confirmed that for the first time a pre-conference research programme will take place on 15 April 2004 in Edinburgh. Yvonne Wengström will coordinate and prepare the programme. Following review of applications, 20 nurses will be selected to participate in this event. Further information will be available soon.

The educational program planned for Friday will include 2 plenary lectures on quality of life in the morning session (concepts and implications, the status of quality of life studies) followed by interactive small group discussions which will be offered at the basic to advanced levels. Lecturers from the morning session as well as other experts will participate in a round table discussion on "Quality of life : the value and impact of measuring" to finish out the Friday programme. Also on Friday, a special EONS/ONS joint symposium with international speakers will be presented.

The program on Saturday will start with proffered papers on quality care and quality of life followed by small group interactive sessions on related topics. The EONS Young Researcher Award Lecture will start the afternoon session and the Spring Convention will close with a plenary lecture on 'Hope and quality of life: two central issues for cancer patients'.

Satellite symposia will take place prior to and during the convention. Poster presentations will be available for viewing throughout the event.

An EONS Advisory Council meeting as well as a general EONS membership meeting will take place during the 4th Spring Convention. A conference dinner and other social events will provide participants with the opportunity to debate issues with colleagues and catch-up with friends.

The complete conference announcement will soon be available from the EONS Secretariat and at the EONS web site.

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# Our colleagues from...

# the Netherlands

*In this issue, we present the series 'Our colleagues From' in a different way - by an interview with Erwin Bomers, President of the Dutch Oncology Nursing Society (DONS). The interview questions were posed by Emile Maassen from the EONS Editorial Team.*

## What is DONS?

The DONS has a membership of 1900 oncology nurses who elect a Board of Directors consisting of 7 members. The Board is responsible for the execution of the policy or business-plan of the Society. Five permanent commissions have been installed, each responsible for one identified activity (see box). The members of the commissions serve for a 4-year period. Each commission has the authority to appoint a temporary workgroup to execute one or more activities that result in a well-defined product, goal or service obtained within a certain time frame.

## Mission of the Society

The DONS contributes actively to optimise nursing care in all its aspects to cancer patients in the Netherlands. The goals of the Society are to develop cancer nursing, to promote the expertise of nurses involved in cancer care and to improve and enhance the position of nursing in health care.

## 3 Pillars provide Foundation of the Society

The activities of the Society are based on three principles:  
Development of the nursing domain  
Promotion of expertise in practice  
Improvement and enhancement of the oncology nurses' position

## 5 Categories of Activities

The following permanent categories of activities were created to realise the goals of the Society:  
Promotion of expertise  
Quality care  
Development of the profession and speciality  
Positioning  
Products for third-party relations

## What are the benefits of being a member of DONS?

Membership in DONS offers oncology nurses many advantages. For example, members receive four publications: two quarterly journals *Oncologica* and *Kanker*, and the quarterly newsletter from EONS and the ISNCC. The Society organises annually two symposia and one congress. One of the symposia is organised the evening prior to our congress. A thousand nurses visit this one-day congress. Congress registration is available on-line at our web-site and of course members are entitled to a reduced registration fee. We are also happy that with the support of the Dutch Cancer Society our members can apply for grants that cover up to 50% of the costs to attend an international conference.

## In which phase of development does the Society find itself?

We've gone through several phases of development. The Dutch Oncology Nursing Society in its present form was established in 1985. Prior to that it was a foundation for four years, a period that we consider as our pioneer-phase. The new Society has developed into a solid organisation. The confidence in DONS has steadily increased; in the early 1990s, DONS became the largest nursing organisation in the Netherlands. During that period the Society was particularly focussed on 'professional content'.

Changes in political policy in the mid-1990s forced the Society to become more focussed on the enhancement of the position of the oncology nurse. This led to the restructuring of our Society in accordance with our first business plan established in 1999. We now find ourselves in the middle of the process of professionalisation. Although we are pleased with our current membership numbers, it is still our wish to reach more oncology nurses within the Netherlands.

For that reason we are evaluating the following: the possibility to extend services offered to our members; the financial feasibility to hire employees / staff; our relationship with sponsors; and the creation of the first Chair in Oncology Nursing within the Netherlands before 2010.

## What has been recently realised or accomplished at DONS?

We have changed our policy in relation to sponsorship. We now play a more 'pro-active' role by formulating a package proposal and presenting our ideas to possible sponsors. This way we can better meet the goals of our business-plan and, most importantly, guarantee continuity for other products or services that need financing. We are now better able to meet the demands of our members. The actual acquisition is handed over by the Board to one of our members.

Another milestone in our history is the fact that we recently appointed two part-time Executive Directors. This means that together with our Secretary, three people are now employed by DONS.

As to research activities, through a grant from a pharmaceutical company (Amgen) we are conducting a study on the effect of chemotherapy on both patients and healthcare workers.

## What is the relationship between DONS and EONS?

When I think of EONS, I think of ECCO and the Spring Convention. More importantly, I see EONS as a facilitator in service of the different national cancer nursing societies. For example, the publication and distribution of the EONS Newsletter, the availability of translation services in either printing or speech such as simultaneous translations at ECCO and the Spring Convention.

I believe that this facilitating role of EONS can be further extended and become more prominent in the future. For example, the further development of European educational programs in collaboration with the different national societies, the development of self-test programs based on the European Curriculum for Post-Basic Education, etc.

## Do you mean the possible establishment of the European Certified Oncology Nurse?

Well... yes.

Furthermore I would encourage the Board of EONS to raise funds for international studies on oncology nursing. The European Union does offer money for research projects, however the attainment of these funds is unfortunately out of reach for most national oncology nursing societies. On a European level the medical disciplines have access to these funds.

I'm looking forward to the strategy meeting with the Advisory Council in March. I think it is desirable to meet once a year with Board Members of the different national societies to discuss European nursing issues.

## Does DONS collaborate with any other European countries?

For the past several years we have invited our Flemish colleagues from the Belgium society to our annual national congress. Since we both speak the same language, we suggested combining our mutual conferences this year similar to the bilateral conference of our Scandinavian colleagues. Unfortunately this was not yet possible. Maybe in the future we can realise this next logical step.

In the past the DONS participated in several EONS projects. Subsequent to the role we see for EONS, we are very interested in collaboration with other national cancer nursing societies to conduct international studies in the field of cancer nursing. In our view a realistic goal that is within reach now.

## Is this a signal for an EONRTC (European Oncology Nursing Research & Trial Centre) of the future?

Why not? As nurses we have the knowledge, the expertise, the network of EONS and FECS and possible access to funds through the European Union. Let's join forces and connect on the content of our profession!

## What about preparation for the Spring Convention 2010?

The Convention is still far away but we hope to welcome many international colleagues to the Netherlands at the 7th EONS Spring Convention to celebrate the 25th anniversary of the Dutch Oncology Nursing Society with us.

# NOEP:

## Project status report



On 22 January 2003 the NOEP correction team had a meeting in Zoetermeer, The Netherlands.

NOEP (Nutrition in Oncology Educational Program) is a European program developed by the European Oncology Nursing Society (EONS) and Nutricia. The goals of the NOEP program are to create awareness on the importance of the role of nutrition in oncology patients, to improve the general knowledge and the clinical practise in nutrition and cancer and to emphasise the importance of the role of the multidisciplinary team (especially with the dietician).

Participants of the NOEP project are: Yvonne Coull (Queen Margaret University College Edinburgh UK), Chris Corten (Medical Sales Director, Nutricia, Belgium), Mireille Simon (Chief Dietician, Centre Anti Cancereux Alexis Vautrin, France), Christine Russel (Nutritional Consultant, UK), François Convenant (Cancer project leader, Nutricia Healthcare, The Netherlands), Alexander Molassiotis (EONS Board member, UK) and Jan Foubert (President-elect and EONS project leader).

At the meeting, the following materials were presented:

- An implementation book (steps to take and overview of the project);
- A pre-course exercise, which will be distributed to the participant prior to the workshop, to prepare at home;
- A PowerPoint presentation for use by the trainer which could be a dietician, a nutritionist or a nurse;
- Notes for the trainer to accompany the slide presentation and

supplemental information for preparation of and use during discussion with workshop participants;

- Handouts which will be distributed at the start of the workshop to help participants follow the presentation and to take notes;
- End of unit assessment using a directed case study which the participants will undertake at home upon completion of the educational program. This can be linked to an accreditation point system.

By the end of February 2003, the amendments to materials should be made by the NOEP correction team. The first presentation of the project will be made to the Advisory Council at its meeting on 21 March 2003 in Brussels.

In January, all the national societies received a letter explaining the NOEP project in detail. The final success of NOEP depends on the commitment and willingness of national societies to implement the program in their countries in co-operation with NUTRICIA subsidiaries. In this letter, national societies were asked if they were interested in participating in the NOEP test implementation. As of this time, the following national societies have shown interest: S.I.O. (Belgium), Czech Oncology Nursing Society, Spanish Oncology Nursing Society, Danish Oncology Nursing Society, Swedish Oncology Nursing Society and individual Portuguese nurses.

The NOEP project will be launched in full at ECCO 12 in Copenhagen.

## Life as the EONS President

My election to the position of EONS President changed my life dramatically in many ways. Firstly, I had never anticipated that the President of EONS seems to be on-call 24 hours a day. Even though this around the clock availability is not in the job description, a lot of colleagues and organisations expect this from the President. Secondly, it is not always easy to say no to requests and demands because it is of absolute importance that the President stays in touch with the membership and is willing to help them with their questions.

I am fortunate that I am supported in my role by the President-elect, Jan Foubert, and the Past-president, Agnes Glau. Members of the Board of Directors provide their expertise and advice in making decisions about the future of EONS. Without these people, I couldn't survive or live a normal life.

I must admit, some days I am hesitant to open the mailbox of my computer because it is normal to receive on a daily basis more than 20 e-mails regarding EONS and ECCO all expecting a prompt answer! On the other hand, it is an extraordinary opportunity and challenge to act as President. It is exciting to receive invitations to attend meetings of national societies, to represent EONS in FECS, to meet colleagues from all over the world and to negotiate with companies about projects and funding issues.

In the previous issue of our Newsletter you read about the busy schedule of the President-elect. I can also be found at various European airports and train stations underway to represent our Society at cancer nursing events. For example, last year I attended the Spring Convention in Venice, the national conference of the Czech Society, the ONS annual meeting in Washington, the ONS Institutes of Learning in Seattle, the UICC meeting in Oslo, a task force meeting about fatigue in Vienna, the ISNCC Conference in London, the ESMO Conference in Nice, the ESO anniversary in Rome, as well as meetings with companies in Switzerland, the UK, Germany, and Sweden. On nearly a weekly basis, I attend a meeting in Brussels with the FECS Board or one of the FECS Committees and touch base with the Secretariat. And be sure all these meeting are very fruitful.

Although it is at times hectic, I am aware that it is a very important task of the President to emphasise the value of oncology nursing through participation at various events.

The most rewarding activity and greatest advantage to the presidency is the opportunity to meet enthusiastic colleagues in Europe who really believe in the strength of oncology nursing.

Giel Vaessen, President EONS

# FOCUS ON FEEDING

## NUTRICIA'S NUTRITIONAL THERAPY PART OF YOUR CANCER THERAPY

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



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



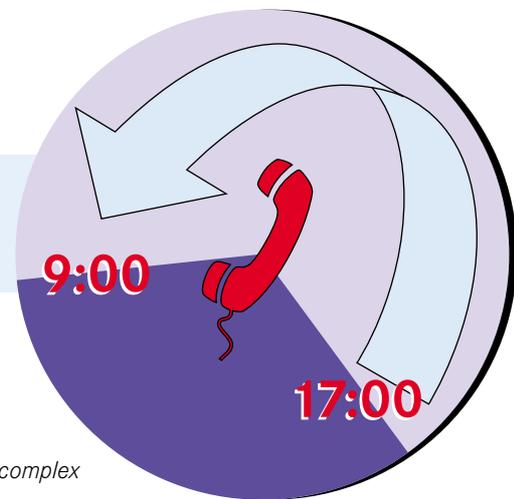
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**NUTRICIA**

# SUPPORTING CHEMOTHERAPY PATIENTS 'OUT OF HOURS'



## BACKGROUND

*Patients who are receiving chemotherapy are at risk of developing a number of distressing or life*

*threatening chemotherapy-induced side effects. With the increasing trend for the administration of complex*

*chemotherapy treatment protocols as day cases patient care delivery focuses on patient education concerning home*

*management of symptoms and on the presence of an effective system for assessment and intervention should patients experience problems.*

*Patients receiving chemotherapy, within the author's trust, who experience problems during normal working hours are encouraged to contact their nurse specialist or one of the specialist chemotherapy nurses so that immediate, appropriate action can be taken.*

## THE PROJECT

The 24 hour nurse led on call service was established in 1998 to provide continuity for patients during non-clinic hours and is funded by a local charity. It was established in response to results of a local study 'Listening to what the patients' say' which was commissioned from the College of Health, and led by market research specialists BMRB Qualitative, to explore the experiences and attitudes of users of the cancer unit. The study showed that many patients were confused as to whom to contact out of hours or had lacked confidence in out of hours support which, at that time, was provided by non specialist staff on a general medical ward.

The on call service is offered to all cancer patients receiving treatment within the cancer unit or on discharge from the ward. It is run by specialist cancer nurses who are on call for one week at a time. The nurses carry a pager and patients are encouraged to contact them if they have any problems at home between 5pm and 8am or at weekends. The nurse then calls the patient back and assesses their symptoms. She then provides self care advice, refers them to their GP or hospice nurse, requests patients to attend the unit on the next working day or arranges immediate medical assessment on the ward where a bed is allocated for this purpose. If the nurse is unsure what action to take she phones the Haematology Consultant on call for assistance. The nurse documents details of the call and her actions taken on a 'triage' sheet and follows up the patient the following day.

These service goals reflect, in part, the reported benefits of telephone nursing cited by Greenberg (2000) as being 'client education, increased client satisfaction, improved access to care and reduction of drop in and unnecessary visits'.

Data from the triage documentation is collected at the end of each year for staff education and development. Data show that calls made to this on-call service have

increased yearly and in the last 12 months the nurses received 200 calls. The most common reason for a call was pyrexia or infection (43 calls) followed by nausea or vomiting (n=20), pain (n=15), medication queries (n=10), breathlessness (n=10) central line queries (n=8), diarrhoea (n=7), general information (n=7) and anxiety (n=5). In addition, callers complained of indigestion, haematuria, depression, disruption of menstrual cycle, sore gums or concern about catching an infection from an infective relative.

Of the 200 calls 94(47%) were given self care advice by the nurse; 27(14%) were advised to see their GP; 3(1.5%) were referred to the hospice homecare team; 14(7%) were asked to attend the unit on the next working day; 9(4.5%) were sent to A+E because no bed was available on the ward or because had cardiac symptoms, bleeding or other severe symptoms which could not be dealt with on the ward; 52(26%) were assessed on the ward and 43(22%) subsequently admitted. The majority of these were neutropenic and required intravenous antibiotics.

These figures suggest that many of the goals of the service are being fulfilled and anecdotal evidence suggests that this service is well received by patients. Patients seek advice and they receive immediate, appropriate management of their problems; visits to GPs or A+E are minimal. Additionally patients feel supported by knowing they can always contact a nurse who knows them or has specialist knowledge of their treatment. A local study, which has just been completed by BMRB Qualitative, exploring whether the needs of

carers are met within the author's unit, indicates that the provision of a 24 hour telephone number had helped to relieve their anxiety even if they had not actually called the service. These concepts reflect work by Oakley, Wright and Ream (2000) who explored the experience of cancer patients living at home with an intravenous access devise. Patients in their study reported enhanced confidence and

### The aims of this service, at its introduction, were as follows:

- To provide support to patients, and their carers, from nurses who know them and are known by them;
- To encourage patients to seek advice early and therefore prevent problems;
- To assist in symptom management and self care behaviours;
- To facilitate referral to the appropriate health care professional;
- To reduce the burden on GPs;
- To reduce inappropriate admission to hospital or 'Accident and Emergency Department' (A+E).

comfort due to their access to specialist cancer nurses who could provide them with relevant information, problem solving advice and emotional support. No formal evaluation has yet been carried out but is planned for later this year. It is expected that the findings from this study will identify strengths and weaknesses of the service from the users' perspectives and demonstrate whether it meets the needs of clients, providers and the organisation. An evaluation study has the potential to provide a benchmark of what the users currently think about the level of service being provided and an indication of areas where development may be needed. In addition it is hoped that study findings will help to address the paucity in the literature concerning out of hours care for cancer patients by providing detailed descriptions of the experiences of patients.

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## Upcoming Events

### 14-16 April 2003, Heidelberg, Germany.

13th Krebskrankenpflegesymposium: Krebs und Krebskrankenpflege – eine Frage der Zeit oder eine Zeitfrage. The symposium will be conducted in German and has been awarded EONS accreditation. Contact: Universitaetsklinikum Heidelberg, Burkhard Lebert. Tel: +49 6221 566 129, Fax: +49 6221 563 3717, e-mail: burkhard.lebert@med.uni-heidelberg.de, Internet: www.krebs.uni-hd.de.

### 1-3 May 2003, Frauenfeld, Switzerland.

8. Internationales Seminar: Palliativbetreuung von Tumorkranken. The seminar will be conducted in German and has been awarded EONS accreditation. Contact: Kongress Sekretariat ESO-D, Tel.: +41 71 243 0032, Fax: +41 71 245 6805, e-mail: eso-d@sg.zetup.ch.

### 18-21 June 2003, Berlin, Germany.

MASCC 15th International Symposium: Supportive Care in Cancer. A special EONS symposium will be held for the first time during MASCC. The symposium will deal with the topic 'Body Image' focusing on hair loss and scalp cooling. Contact: EMC Event & Meeting Company Gmb, Tel: +49 89 54 90 96 -70 or -73, Fax: +49 89 54 90 96 75, e-mail: mascc@emc-event.com, Internet: www.symposium-online.de/mascc.

### 4-5 September 2003, St. Gallen, Switzerland.

7. Internationales Seminar: Onkologische Krankenpflege – Fortgeschrittene Praxis. The seminar will be conducted in German and has been awarded EONS accreditation. Contact: Kongress Sekretariat ESO-D, Tel.: +41 71 243 0032, Fax: +41 71 245 6805, e-mail: eso-d@sg.zetup.ch.

### 21-25 September 2003, Copenhagen, Denmark.

ECCO 12. Nursing program organised by EONS. Contact: Internet: www.fecs.be/conferences/ecco12, or the EONS Secretariat.

### 21-22 November 2003, Rome, Italy.

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

### EONS Accreditation Services: a short synopsis

Written by Anne Murphy, Accreditation Council Member

The first course to receive accreditation through the EONS Accreditation Council was organised by the Belgian Society of Oncology Nurses in September 2000. Surprisingly, a call for applications for accreditation was announced in September 1999 and it took a full year until a response was received. During this year of waiting, the members of the Accreditation Council pondered the reasons why the accreditation services were not being utilised: was there a problem with information dissemination, a lack of interest, a lack of need for such services, or a lack of financial resources? Perhaps all these reasons played a role and it became a real challenge for the Accreditation Council to adapt their aim of « improving the quality of continuing education courses offered to cancer nurses throughout Europe» to the reality of cancer care education in different European countries. The greatest challenge, however, was to help nurses and educators to start thinking on a European or even international level and not just consider their learning needs in terms of what is available at a local or regional level. It is foreseeable that one day nurses will not only travel on holiday throughout Europe but perhaps also live and care for cancer patients in other countries which will require a high quality of nursing education.

It was obvious from the outset of the activities involved in developing an accreditation service that only EONS, whose goal it is to represent cancer nurses and promote cancer care in Europe, could offer this assessment and recognition of educational programs. As of 2003, nearly twenty different courses have been accredited in more than twelve European countries including France, Germany, Portugal, Switzerland, Greece and the Czech and Estonian Republics.

Surely, nurses involved in the organisation of these courses and conferences are now aware of the benefits of offering accredited educational programs in their countries. These benefits include: an objective evaluation of the quality of cancer nursing educational courses, promotion of European level educational standards for practice, attracting participants from other countries and ultimately the improvement of patient care through education.

Considering the growing interest among European nursing societies and organisations involved in cancer care and treatment to apply for accreditation for their educational offerings, the Accreditation Council, consisting of seven experts, is examining further measures which could lead to European recognition and promotion of cancer care. These measures include the establishment of a schema of credit points awarded to nurses upon completion of educational courses. This schema would encourage nurses to maintain a high level of education in cancer care and at the same time recognise their efforts to keep their cancer knowledge up to date.

## About EONS

The European Oncology Nursing Society (EONS), founded in 1984, is comprised of individual cancer nurses, national oncology nursing societies and institutions and agencies in Europe involved in cancer care. EONS has a membership of over 50 organisations, which in turn represent approximately 15000 nurses in 25 European countries. The Society is governed by an advisory council and a board of directors.

Educational, consultative and research activities of EONS are aimed toward promoting and improving the quality of care received by cancer patients throughout Europe. The development, dissemination and implementation of a Core Curriculum for a Post-Basic Course in Cancer Nursing has been instrumental in improving cancer care in Europe through specialised nursing education. The biannual EONS Spring Convention provides interactive education and networking opportunities for cancer nurses. EONS organises the Nursing Program at the multidisciplinary ECCO conference also held every two years.

The European Journal of Oncology Nursing is the official journal of the Society. The EONS Newsletter, published quarterly, is available to members free of charge.

The working language of the Society is English although every effort is made to provide translation of educational materials into the languages of Europe and to provide translation services at educational events.

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## Become a Member of EONS

Membership in 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 Information

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](mailto:eons@village.uunet.be).

Regularly updated information concerning the Society can be obtained by visiting the EONS web site at

<http://www.cancereurope.org>.

*The aim of modern medicine is to treat not just the disease but rather the patient as a whole. The major focus of this course was one of many key issues in oncology: the importance of the haemoglobin (Hb) level.*

## Hb level: more

Fatigue occurs in most cancer patients and can have a devastating effect on their daily lives.

Anaemia, as one of the possible causes of fatigue has been studied together with treatment options in large-scale clinical trials. The importance of Hb levels for the appropriate response of cancer cells to therapy was discussed at this course. A growing body of evidence suggests that this relationship might be crucial for the success of some treatments. Furthermore rHuEPO may be more than a red blood cell reproduction factor and can benefit cancer patients by correcting or preventing an anaemic condition that diminishes their quality of life and might hamper optimal outcome of cancer therapy. Guidelines for maintenance of an appropriate Hb level were the subject of a panel discussion. The panel members included all speakers (M. Aapro, P. Vaupel, M. O'Brien, H. Ludwig, S. Van Belle, J. Foubert, P.

Beris, F. Farrell, J. Dunst, G. Pangilis, M. Mittelman)

### Topics discussed at the conference included

- Frequency of anaemia
- Patient's quality of life and anaemia
- Pathophysiology and anaemia and tumour biology
- Treatment of anaemia and its possible effect on chemotherapy, radiotherapy, CLL and Myeloma.
- Is rHuEPO more than a growth factor?
- Optimal Hb level definition.

The participants on the panel discussion, all agreed on the fact that quality of life is more important than survival. However, but the course I had the impression that the discussion was often very medical and research related and that the patient was sometimes forgotten.

There are still a lot of unanswered questions and maybe a new course with a panel of nursing experts and nursing participants could bring an answer to the open questions.

### About 100 physicians attended the two-day conference.

In my presentation "The fatigue triangle: education, evidence and knowledge", I presented background information on fatigue. As an introduction to the lecture, I provided information on the Belgium Fatigue Project, including the development and dissemination of patient information materials (brochures, information sessions, website offerings and fatigue consultation).

The second part of my presentation dealt with the treatment of related anaemia focussing on current and future indications and nursing implications.

Historically, the treatment for this type of anaemia has been either been grossly ignored or limited to red blood cell transfusions. New generations of promising but increasingly more myelosuppressive agents continue to emerge and producing more profound toxicity's requiring aggressive anaemia treatment.

The increasing severity of anaemia combined with the increasing number of patients experiencing this treatment side effect,

**Evolution from fatigue management to improved treatment outcome, European School of Oncology, Milan November 15-16 2002.**



*Jan Foubert, EONS President-elect recently attended this course organised by the European School Of Oncology and has provided a short report of the educational event as well as a synopsis of the lecture he presented.*

# than a lab value?

challenges oncology nurses to identify and manage this often overlooked and under treated condition. Oncology nurses are in a key position to anticipate, implement interventive measures, and minimise adverse symptoms related to this problem. Patients often require information on anaemia, including its potential impact on daily life activities, as well information on complete blood cell count measurement (what the test measures, what the result indicate, etc.). The benefits of exercise, distraction techniques, diet and diagnoses of the confounding symptoms of depression have been studied extensively.

A number of educational programs on the topic of fatigue and anaemia have been organised in various European countries and are intended to support oncology nurses to better deal with this distressing symptom.

Many unanswered questions still remain regarding the optimal treatment and nursing management of anaemia and fatigue. Some of these include:

When is epoetin Alfa safe and effective (for example: higher initial doses and less frequent maintenance dosing?). Is iron supplementation recommended and how can the associated side effects best be treated? When is red blood cell transfusion appropriate? How can the cost of fatigue treatment be calculated? What is the incidence of cognitive dysfunction as a sequel to cancer treatment?

## Conclusion

Nursing research is needed to identify the incidence of discomfort and explore alternate cost-effective methods in relation to common strategies for Epoetin Alfa injections. Oncology nurses practising in the clinical area are well positioned to reduce the extreme adverse effects of cancer-related anaemia by anticipating and assessing the problem. The definition of anaemia is vague in practise and in research and the treatment is equally vague. Hb level is an (independent) prognostic factor. Hb level at the end of treatment is important, the stabilisation of a normal Hb level and continuous increase of initially low Hb level is desirable. Preliminary studies show increased local tumour control rates and improved overall survival with the use of epoetin during radio (chemo) therapy. It is known that anaemia (even mild forms) impairs tumour oxygenation. As a starting point EPO should be used, as detected in meta analysis, for Hb lower then 10g/dl.

**Jan Foubert, MSc, RPN, PGDip, Ed RNT.**  
Lecture in Nursing and Midwifery, Erasmushogeschool, Brussels  
Fatigue Consultant; Jules Bordet Institute, Brussels

## Fatigue interventions

*Casual therapy\**



Pain	Anaemia	Depression	Sleep	Other
<ul style="list-style-type: none"> <li>rule out incorrectly treated pain</li> <li>pain anamnesis (location, type, duration, intensity)</li> <li>assess use of prescribed pain medication</li> <li>with a VAS of &gt;30 mm: consult with the physician on adjusting the medication</li> </ul>	<ul style="list-style-type: none"> <li>rule out blood loss, inadequate dietary intake, iron deficiency etc</li> <li>treat anaemia in consultation with the physician               <ul style="list-style-type: none"> <li>– severe anaemia: blood transfusion</li> <li>– moderate anaemia (Hb&lt;11g/dl): recombinant human erythropoetin</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>rule out depression secondary to cancer therapy</li> <li>recognition of depression</li> <li>check use of anti-depressive medication</li> <li>start treatment in consultation with the physician</li> <li>psychological counselling</li> <li>pharmacological intervention</li> </ul>	<ul style="list-style-type: none"> <li>rule out difficulty falling asleep and sleeping through the night</li> <li>analyse sleeping habits and sleeping medication</li> <li>start/adjust medical treatment in consultation with the physician</li> </ul>	<ul style="list-style-type: none"> <li>rule out electrolyte balance disorders (Na-K-Ca-Mg-N)</li> <li>rule out overmedication / hypothyroidism / metabolic disorders (glucose,...)</li> <li>make adjustments in consultation with the physician</li> </ul>

# FEDERATION OF EUROPEAN CANCER SOCIETIES

## DEADLINES

Early registration  
15 March 2003

Abstract submission  
8 April 2003



*Copenhagen*  
21-25 September 2003

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



# Society News Updates

## **IMPORTANT: Nominations for President-elect and Board of Directors**

The EONS Nominating Committee has issued a call for nominations for candidates for President-elect and positions on the Board of Directors. The term of office for all positions begins in September 2003 and ends in October 2005. Nominations may be submitted by Full and Associate Members of the Society. One nomination per member will be accepted. All requested documents must accompany the nomination in order to verify candidate eligibility.

Nominations for election including accompanying acceptance documentation from the candidate must be received by the EONS Secretariat **by post** no later than **31 March 2003**.

Questions regarding the election procedure, eligibility criteria and responsibilities of the President-elect and Board of Directors can be obtained by contacting the EONS secretariat or at [www.cancereurope.org](http://www.cancereurope.org).

## **EONS Members vote for Recipient of Distinguished Merit Award**

Members of EONS are reminded that voting ballots for the Distinguished Merit Award must be received in the Secretariat no later than **April 2 2003**. All members should have received candidate biographical information as well as voting ballots per mail in mid-February.

The EONS Distinguished Merit Award is presented in recognition of an outstanding contribution to the advancement of the art and science of cancer nursing within Europe. Candidates are individuals who have contributed to strengthening or enhancing the profession of cancer nursing through practice, research, education or through community work or political lobbying activities.

The Nominating Committee is pleased to announce the following 5 candidates nominated for the 2003 Distinguished Merit Award:

*Carol Tishelmann*, Senior Lecturer, Acting Dean of Nursing and Assistant Department Chair, Department of Nursing, Karolinska Institute, Sweden.

*Eileen Furlong*, Lecturer in Cancer Nursing, School of Nursing and Midwifery, University College Dublin, Ireland.

*Nuka Vibeke Hove*, Oncology Department Aarhus University Hospital, Denmark.

*Alison Richardson*, Professor of Nursing in Cancer and Palliative Care, Florence Nightingale School of Nursing and Midwifery, London, UK.

*Elisabeth Patiraki*, Assistant Professor of Nursing, University of Athens, Greece.

## **The European Cancer Conference – ECCO 12**

In case you haven't already done so, mark your calendars to attend the 12th ECCO conference to take place from 21-25 September 2003 in Copenhagen. As in previous conferences, the Nursing Scientific Programme has been thoughtfully prepared to provide attendees with state-of-the-art information on all aspects of cancer nursing. Teaching lectures and corresponding proffered paper sessions will strengthen existing knowledge on topics such as: Cancer across the lifespan; Relevant issues in clinical practice; Developing guidelines to inform practice; Leadership in cancer nursing. Internationally recognised cancer nursing experts have agreed to share their knowledge through plenary lectures on topics including: Prevention and early detection (A. Glaus, CH); Do patients benefit from nursing research? (A. Languis, S); Implementation of new biological knowledge into practice and the implications for oncology nursing (M. Piccart, B); Quality of life – patients and care givers view (L. von Essen, S); and Clinical pathways – an interdisciplinary challenge (M. Landenberger, D).

A number of joint symposia will be offered during the Nursing Scientific Program at ECCO. The challenge of providing care to adolescents with cancer will be the topic of the SIOP-NG/EONS joint symposium to be held on Monday, 22 September. A panel of international experts will discuss various aspects related to cancer in adolescents including the role of care-givers and ways to engage adolescents in research. The traditional ESO/EONS joint symposium entitled 'Cancer in the Elderly' will take place on Monday afternoon. This inter-professional session will examine the impact of cancer on the physical and psychosocial well-being of the elderly. The EBMT-NG/EONS joint symposium on new developments in bone marrow transplantation is planned for Tuesday the 23rd. Rounding out the offerings on joint symposia is a ISNCC/EONS session on the timely topic of 'Continuity of care – a global view' presented by M. Fitch (Canada), S. Aranda (Australia), G. Oliver (UK), and H. Vorlicova

(Czech Republic). Not to be missed, a special keynote symposium entitled 'The status of cancer nursing tomorrow' featuring A. Glaus (EONS), J. Lundgren (ONS), M. Fitch (ISNCC) and S. Olafsdottir (Danish Nursing Society) will provide participants with a look into the future forecasted by global players in nursing.

Workshop sessions dealing with topics of relevance to the practice of cancer nursing will be offered daily. These small group sessions offer participants the opportunity to discuss one particular topic in-depth with an expert and to gain insights on that topic through viewpoints expressed by other participants. Workshops also offer networking possibilities for collaboration.

Due to the small number of participants who utilised simultaneous translation services at past conferences, translation of the main nursing sessions will no longer be offered.

Conference registration entitles nurses to attend not only the nursing program but the Basic Science/Medicine scientific program as well. A visit to the comprehensive exhibition area featuring representatives from pharmaceutical companies, publishers and cancer organisations should not be missed.

The official local agent of ECCO 12, Nordic Hotel Group, is offering a variety of guided tours to accompanying persons and ECCO 12 participants. All tours will depart from Ameliehaven in the centre of the city and will be conducted in English. Early booking is recommended.

## **EONS General Meeting**

As in previous years, a meeting of the general membership will be held on Tuesday, 23 September from 11:30-13:30 during ECCO. The newly elected President-elect and members of the Board of Directors will be installed into office during this meeting. The EONS President, Giel Vaessen, will address the membership providing updates on activities as well as the state of the Society. Members will receive further information including an agenda in due time. All members are strongly encouraged to attend!

## **Key Dates for ECCO 12**

15 March 2003	Early registration deadline
8 April 2003	Deadline abstract submission
1 August 2003	Mid registration deadline Hotel reservation deadline
1 September 2003	Pre-registration deadline

## **Abstract Submission**

EONS members are encouraged to submit an abstract for oral presentation or poster format presentation. Topic categories are provided in the Advance Programme or at the FECS web site. Abstracts submitted for presentation will be reviewed by an international panel of experts. The presenting author will receive a letter with the result of the review and the Nursing Scientific Committee's decision on the abstract by 15 June 2003. Only on-line submission of abstracts is possible. Consult [www.fecs.be/conferences/ecco12](http://www.fecs.be/conferences/ecco12) or [Pat@fecs.be](mailto:Pat@fecs.be) for complete details.

## **Registration**

Conference registration is available per written form (see Advance Programme) or via Internet at [www.fecs.be/conferences/ecco12](http://www.fecs.be/conferences/ecco12).

## **Hotel Accommodation**

Forms for accommodation reservation are available in the Advance Programme brochure, through [ecco12@nhg.dk](mailto:ecco12@nhg.dk) or on-line via [www.fecs.be/conferences/ecco12](http://www.fecs.be/conferences/ecco12).

## **Fellowship Grants**

Are available to nurses from countries with limited resources to attend ECCO 12. Each fellowship grant shall be worth a free registration and 1000 Euro to meet travel and accommodation costs. The deadline for receipt of applications is 8 April 2003. The applicant should meet the following criteria:

- Submit an abstract; applicants with abstracts accepted for oral or poster presentation will be considered first;
- Under the age of 40, primary focus in cancer nursing;
- Provide letter of support from Head of Department stating that the applicant is not the recipient of any other financial support;
- Submit two-page curriculum vitae (including date of birth).

# Nausea Prevention Around the Clock<sup>1</sup>



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



**KYTRIL®**  
granisetron HCl  
Tablets and Injection

Less complicated 24-hour prevention  
of nausea and vomiting