



# EONS

## eons newsletter

The Quarterly Newsletter of the European Oncology Nursing Society

Summer 2003

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# 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

Print run: 2.500 copies,  
Electronic version accessible by  
18.000 EONS members

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Cover: by Emile Maassen

EONS likes to acknowledge Amgen  
as sustaining member of our society

## Printed in Holland

Drukkerij Trioprint Nijmegen bv  
Holland



# Dear Colleagues,

## Welcome to the Summer 2003 issue of the EONS Newsletter!

The theme for this issue is breast cancer which is presented from a number of viewpoints. First, is a paper describing standards for the training of the breast care specialist nurse. The authors of the paper conclude that the introduction of this specialist role is one strategy to improve the psychological well-being of women. The second paper examines the goals, expectations and limitations of follow-up visits for breast cancer patients. Interestingly, from the patient's view, these visits are not deemed satisfactory. The third paper is a summarisation of a resolution on breast cancer care put forth as a proposal to the EU Parliament. Hopefully, the issues presented in these three papers will give you food for thought. What are your opinions? Are you keen on debating? The EONS Newsletter Editorial Board welcomes feedback: please send your thoughts, and possible personal experiences, on these topics to the Editor in Chief. You can find the address to the left. Recently, a two-day meeting of the EONS Advisory Council was held in Brussels. In attendance at the meeting were members of the Executive Board and 17 Advisory Council members. The purpose of the meeting was to discuss the previously established EONS goals and to update strategies necessary to attain those goals. A summary of the meeting as well an update on EONS initiatives is provided. The Editorial Board would like to wish you all a wonderful summer! Enjoy as many leisurely moments and days as you can! Then get ready for ECCO 12 - we look forward to seeing you in Copenhagen!

Karin Ahlberg, Editor in Chief

## In Memoriam: George Evers

03/04/1950 - 07/06/2003

Professor George Evers died at home on 7 June after being diagnosed with prostate cancer in March 2003. In a mail I received from him in April, he informed me of his diagnosis and told me that in the best case he had 2 to 3 years, in the worst case 1 year. He himself was shocked by the news and the situation was difficult on his family. Treatment side effects caused him to discontinue professional activities. His goal was to spend time with his family and enjoy life to it's fullest. Both he and his family needed and received support, and friendship from colleagues and friends from whole over the world. George Evers was Professor at the Centrum voor Ziekenhuiswetenschappen at the Catholic University in Leuven. George initiated the Master's Degree program in Belgium, published numerous articles, and was known for his expertise in pain management.

He was a founding member of the EONS Accreditation Council and helped develop the accreditation process as it is implemented today. I had the pleasure of collaborating with George on numerous projects related to cancer fatigue. We presented the results of our fatigue project in Belgium at the 3rd EONS Spring Convention. George always demonstrated an interest in colleagues and was enthusiastic about furthering cancer nursing in Europe through his active involvement in EONS. George's untimely death poses a loss to the nursing community: he will be remembered as a leader, pioneer, role model and dear friend. Dear George, I will always remember you, thank you for all the work you did, for your unyielding support, your friendship and for being yourself.

Jan Foubert

## EONS-Roche Research Grant: 2002 winners

*If you attended the EONS Spring Convention in 2002, you will have had the opportunity to hear presentations by three oncology nurses who were recipients of the first EONS-Roche Research Grants. This joint initiative began in 2001, with an invitation by Roche and EONS for applications from oncology nurses for an unrestricted grant towards the financial support of projects related to education, research and/or practice in cancer care.*

At the 2002 Spring Convention, four winners of the second round of EONS-Roche grants were announced. The grant winners received a total of US\$40,000 towards their research.

The recipients of the 2002 grants will present full details of their projects during the nursing session of the 12th European Cancer Conference (ECCO 12) on Tuesday 23 September 2003 at 09.30 in Copenhagen, Denmark. Roche has contributed another grant of US\$40,000 to assist the winners in their research through 2004. Invitations to apply for future research grants are mailed to members of the EONS: members are invited to submit an application form to the EONS secretariat by September each year.

### The winners are:

#### Elisabeth Patiraki

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

#### Stylianos Katsaragakis

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

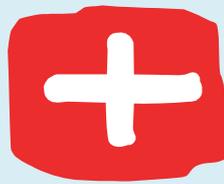
#### Emma Kate

'An exploration of the efficacy of arm massage in facilitating intravenous cannulation for administration of cytotoxic chemotherapy'

#### Alexander Molassiotis

'The management of post chemotherapy nausea and vomiting in breast cancer patients using wristbands in acupuncture point P6'.

# Our colleagues from...



# Switzerland

*The Newsletter Editorial Board conducted an interview with Irène Bachmann-Mettler (President, Onkologiepflege Schweiz) and Anita Margulies (Swiss Advisory Council representative) to bring you insider information on the mission and activities of the Swiss Oncology Nursing Society.*

## What is “Onkologiepflege Schweiz”?

For as long as 20 years, nurses throughout Switzerland have met to discuss questions and solve problems related to the treatment and care of cancer patients. The first official group, the Swiss interest group for oncology nursing was founded in 1987. In 1998, the interest group, in conjunction with the national nursing organization, developed into the “Vereinigung für Onkologiepflege” (Swiss Oncology Nursing Society). During this period, formation of cantonal (regional) interest groups and intensive collaboration with institutions took place. A Board consisting of 9 members governs the SONS and meets 4 times a year. The Board coordinates activities and the flow of information to members including special project group work. A General Assembly takes place once a year at the national convention held in March.

*The goal of SONS is to make an active contribution toward the continuous improvement of nursing care for all cancer patients and their relatives, during all phases of the illness.*

In which phase of development does SONS find itself at the present? In March 2002, the general assembly voted for an autonomous oncology nursing society that could include other interest groups. This allowed the SONS to revise its goals to concentrate on promoting oncology nursing at different levels of training, education, etc. However the political function in connection with the Swiss national nursing society ceased to exist. At present, 420 members are registered representing all geographic and language areas of Switzerland. The financing of projects and activities is for SONS, as with other nursing societies, a problem. Here we have to decide carefully which projects are priorities for furthering care of the cancer patient.

## What are the benefits of being a member in SONS?

### The benefits of membership are:

- Receipt of the society newsletter two to three times a year, and the quarterly news bulletin representing various official Swiss oncology societies;
- Reduced fees for the annual convention and regional events;
- Price reduction for special material published by the Swiss Oncology Nursing Society;
- Free consultation and support regarding oncology nursing problems and questions in a network forum;
- Collaboration in projects between regional interest groups and the Swiss Oncology Nursing Society;

## How does SONS communicate with its members?

The fact that Switzerland officially has four languages makes the distribution of information somewhat difficult. Just the same, we try to communicate in three main languages (German, French and Italian) in all our publications. Simultaneous translation is offered at our conventions. The new semi-annual newsletter as our website [www.onkologiepflege.ch](http://www.onkologiepflege.ch) is published in three languages as well. Members are very tolerant with the other language groups and often try to speak a second or third language to make themselves understood: hands, feet and in the worst case English improves communication among the members!

What has recently been realized or accomplished at the Society?

As a specialized professional society, it is very important for us to clearly define the competent, evidence based care possibilities and to

implement them in practice. The standard on “Fatigue” was recently published which includes a background concept to understand the problem as well as guidelines for the practical application in daily activities both at the patient and staff level independent of the working place. Our national congress this year was based on this theme. We had the pleasure of having Jan Foubert as one of the main speakers. Our goal is to complete one additional standard each year that will become available in printed form to be compiled in a ring binder to all members. Educational programs will be offered for furthering the implementation of the standards. A pilot project for continuing education courses on treatment and therapy options is in progress. Here, our policy is for a partnership for success in oncology utilizing financial support for the project by sponsors.

## What is your relationship with EONS?

Switzerland has been actively involved with EONS projects and politics over many years. We are proud that two of our members, Agnes Glaus and Yvonne Willems, have been recipients of the Distinguished Merit Award. Up to now, SONS has implemented at least two EONS educational resources, Care Priority Series (Altered Body Image) and the NICCI project for colorectal cancer, in schools of nursing and hospitals.

## What changes would you like to see in the future involving the relationship between EONS and SONS?

SONS would like to be able to take a more active part in the development and implementation of projects. We feel that through the involvement of national societies from the beginning of a project, various levels of knowledge and practice, cultural needs, as well as individual expectations can be accommodated. For many of our members, language differences present problems for understanding the EONS Newsletter and attending conventions.



## Does SONS collaborate with other national societies?

Onkologiepflege Schweiz is represented in and actively collaborates with many different (mono- and multidisciplinary) Swiss organizations, both on cantonal as on national level. At international level we are participating with other societies in a nursing study chaired by Alex Molassiotis.

Many new ideas and projects are in the pipeline from Swiss oncology organizations. Usually, the SONS is asked to participate in these activities and projects. We feel that through collaboration, a greater awareness from these groups has grown implying their understanding that oncology nurses are an important part of further development and success in cancer care. There is, of course, still a way to go before full integration is accomplished.

# 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



# Keep the breast cancer patients away from the health care system!!

IngaLill Koinberg RN, MNsc

## What do we mean?

Breast cancer patients perceive the purpose of the follow-up visits as unsatisfactory; they often see different physicians at each visit, only their medical problems are addressed, and they consider that the examination is too quick (Tomiak E). Patients feel there is little time for them to talk about their psychological and social situation. Interestingly, the randomized Givio study (GIVIO) concluded that the frequency of follow-up does not affect health-related quality of life or survival (the follow-up regime was four times per year during the first two years after surgery, followed by bi-annual examinations for up to five years, and yearly after five years). In a Cochrane review (Rojas MP), follow-up program after breast cancer treatment based solely on regular physical examination and yearly mammography appeared to be as effective in terms of survival as more intensive approaches. It has been proposed that the follow-up be changed so that patients feel that they are being cared for in a better way as well as having ready access to advice when they suspect a relapse or when they have questions about their disease (Snee M). The value of routine follow-up with frequent visits to a breast cancer specialist - both in terms of detection of recurrence and patient satisfaction - has been questioned (4). Both prospective randomized trials and observational studies indicate that 60-90% of recurrences are detected by the patients themselves in between the regular follow-up visits (Rosselli Del Turco M, Morris S).

## What do the patients need?

In two qualitative studies "Breast cancer patients' satisfaction with a spontaneous system of check-up visits to a specialist nurse" and "Breast cancer patient's needs and satisfaction with routine follow-up visits to the physician" the findings indicate that the needs after surgery were, confirmation, trust, continuity, accessibility, information and self-care. Additionally, the findings emphasise the need to introduce more flexible solutions to the follow-up programmes, one alternative being specialist nurse-led check-ups (Koinberg I-L). There is accumulating evidence that a nurse-led outpatient clinic may be an attractive alternative to routine follow-ups by a physician, the follow up system can probably be changed to better meet the psycho-social needs of individual patients (Koinberg I-L, Helgesen F, Brown L, Earnshaw JJ, Garvican L, Loftus LA).

## Who shall follow-up the patients?

A well designed nurse-led follow-up can potentially increase continuity, devote more time to patient education, reduce costs, allow for the reallocation of physician time from follow-up to diagnosis and treatment, and utilise the skills of specially trained nurses in an optimal way (Boekhorst D, Donnelly J).

## Trust the patients

Feeling powerless is perhaps the most devastating aspect of illness for a patient. A well informed patient and self care education are the most effective means of returning control to the patients by reducing feelings of helplessness and enhancing the ability to be the chief decision maker in the management of one's health and illness (Rankin SH). Patients with cancer want and benefit from information, especially when making treatment decisions. Education helps patients manage side effects and improves adherence (Chelf et al.) Patients should be presented accurate information about the goals, expectations and limitations of the follow-ups (Grunfeld E). In a setting with less frequent follow-ups, it is necessary to offer a high degree of accessibility to the healthcare system.

Correspondence to: (also for detailed references) IngaLill Koinberg Oncology department/Surgery clinic Varberg Hospital S-432 81 Varberg Sweden

The text below is a summarisation of a draft report on breast cancer prepared by the Committee on Women's Rights and Equal Opportunities of the European Parliament. The aim of the report is to draw attention to health policy on breast cancer. The Motion for a Resolution, to be voted on in June by the plenary, consists of 11 recommendations to the member states and a call for action directed at the European Commission. The full report in several languages can be found on the EP website (meeting documents point 12) at [www.europarl.eu.int/meetdocs/committees/femm/20030317/FEMM20030317.ht](http://www.europarl.eu.int/meetdocs/committees/femm/20030317/FEMM20030317.ht).

## EU to address Health Policy on Breast Cancer

World wide, there are large disparities in the incidence rate of breast cancer. In Europe, the regions in western and northern Europe have the highest incidence rates, while countries in southern and eastern Europe have lower rates. The risk of developing breast cancer is 60% higher in western Europe than in eastern Europe. In 2000, the countries with the highest incidence rates (morbidity per 100 000 women) were the Netherlands (91.6), Denmark (86.2), France (83.2), Belgium (82.2) and Sweden (81), while other countries such as Greece (47.6) and Spain (47.9) had lower rates. In most of the Member States, the number of new cases of breast cancer is increasing annually by about 1.5%. Although trends indicate higher survival rates in European women with breast cancer, it is difficult to quantify these rates with any accuracy since not all countries have established national cancer registers. The Eurocare II Study (1999) indicated that the 5-year survival rate varied between 81 % (S and F) and 58% (PL and Slovakia). The authors of the study ascribed this disparity to differences in access to and quality of breast-cancer treatment. Recently conducted studies in Italy, the Netherlands, Sweden and the UK indicate that improvements in survival rates could be achieved through better screening, specialised training of surgeons and the introduction of the latest scientifically recognised pharmaceutical forms of therapy (chemotherapy, hormone treatment).

### In brief, the 11 recommendations call on the EC and the Member States to:

Make the fight against breast cancer a health policy priority, and develop and implement strategies for improved prevention, screening, diagnosis, treatment and aftercare. Create conditions to reduce breast cancer mortality by 25% and reduce to 5% the disparity in five-year survival between Member States. Adapt mammography-screening standards; achieve a voluntary participation rate of over 70%. Establish a network of certified multidisciplinary breast centres; the multidisciplinary team shall consist of physicians, radiologists, oncologists, pathologists and nurses specialised in breast disease.

- Provide more funding for breast cancer research, improve coordination of European researchers and hasten the implementation of research findings into practice.
- Draw up national action plans against cancer.
- Update evidence-based guidelines on breast cancer screening, diagnosis, treatment and aftercare.
- Ensure and protect the psychological well-being and physical integrity of women.
- Involve patient organisations in health policy decisions.
- Improve data compilation through national cancer registers.
- Promote cancer-related projects; create a common EU website on cancer.
- Attain legal and regulatory arrangement for clinical research.
- Summarise successes and failures of the Europe Against Cancer programme.
- Summarise measures taken, progress achieved, and further action to be taken in the fight against breast cancer.
- Forward this resolution to the Council, Commission and the parliaments of the Member States.

This document pertains to the training of the nurse specialist in breast care. In the United Kingdom, endorsement of Clinical Nurse Specialist (CNS) roles (a title adopted by the Royal College of Nursing in 1975) served as an attempt to retain and promote the value of clinical experts within practice whilst also raising the profile of nursing as a whole. Historically, many nurse specialists in breast care were based within surgical environments, with caseloads largely comprising women undergoing investigations or definitive surgery for breast cancer. In recent decades however, breast cancer detection and management strategies have changed dramatically e.g. implementation of national breast cancer screening; identification of BRCA1 & 2 genes; increasing use of breast conserving surgery and breast reconstruction procedures; increasing use of adjuvant therapies. These developments, together with growing acknowledgement of patient autonomy and nurses' accountability, have shaped the contemporary roles of nurse specialists in breast care.

# Standards for Specialised Professional Breast Care

These specialist nurses all provide information, monitor physical and psychological progress, provide emotional support and counselling, and give practical advice at all points in the disease trajectory about all aspects of the diagnosis, management and impact of breast cancer (Royal College of Nursing 1999). While core aspects of the role facilitate continuity and co-ordination of care (Armstrong 2002), considerable diversity exists. Implementation of individual roles is influenced by factors such as specific clinical setting, funding, and

1988, UKCC 1995). The core elements necessary for demonstrating competency associated with these multi-faceted sub roles, are presented in Table One. These specialist nurses all provide information, monitor physical and psychological progress, provide emotional support and counselling, and give practical advice at all points in the disease trajectory about all aspects of the diagnosis, management and impact of breast cancer (Royal College of Nursing 1999). While core aspects of the role facilitate continuity and co-ordination of care

**Table One: Core elements demonstrating competency in each sub role**

|   |  |
|---|--|
| <p><b>Clinical Practice</b></p> <ul style="list-style-type: none"> <li>• Specific clinical expertise (in-depth, knowledge &amp; understanding of breast cancer &amp; treatments)</li> <li>• Carries caseload of patients, providing support &amp; advice for patients &amp; families</li> <li>• Develops, implements &amp; improved standards of nursing in breast care</li> <li>• Facilitates informed choice by patients</li> <li>• Awareness of contributions from MD colleagues &amp; refers as appropriate.</li> </ul> <p><b>Education</b></p> <ul style="list-style-type: none"> <li>• Contributes to planning &amp; delivering breast care education</li> <li>• Provides effective teaching to staff, students, patients &amp; their families</li> <li>• Assists in developing educational materials for patients &amp; staff</li> <li>• Assists in evaluating teaching strategies for patients &amp; staff</li> </ul> | <p><b>Management (leadership/consultation)</b></p> <ul style="list-style-type: none"> <li>• Acting as a role model for colleagues and students.</li> <li>• Understands theory and concepts of mentoring</li> <li>• Proactive in staff development</li> <li>• Makes best use of resources</li> <li>• Motivates and inspires others</li> <li>• promoting change at a local level</li> <li>• promoting multi-disciplinary approach.</li> </ul> <p><b>Research</b></p> <ul style="list-style-type: none"> <li>• Appreciates significance of evidence-based practice</li> <li>• Knowledge of research designs and some critical analysis skills</li> <li>• Participates in activities such as journal clubs</li> <li>• Contributes to audit and quality initiatives</li> <li>• Functions as a reflective practitioner</li> <li>• Maintains an up to date knowledge base</li> <li>• Participating in Nursing Research Projects and clinical trials.</li> </ul> |
|---|--|

(Armstrong 2002), considerable diversity exists. Implementation of individual roles is influenced by factors such as specific clinical setting, funding, and interpretation. For example: roles may be based in the community, surgical areas, or oncology settings, which directly influences the nature of the patient caseload; remit may or may not include benign disease, genetic counselling, screening, prosthesis fitting, lymphoedema management, recurrent and metastatic disease.

More recently, nurse practitioner (NP) roles have been emerging within the specialty, incorporating extended role tasks (such as nurse-led follow-up). A list of the clinical fields of practice associated with the traditional CNS and the extended NP roles in breast care is presented in

interpretation. For example: roles may be based in the community, surgical areas, or oncology settings, which directly influences the nature of the patient caseload; remit may or may not include benign disease, genetic counselling, screening, prosthesis fitting, lymphoedema management, recurrent and metastatic disease. Authoritative definitions of specialist nursing practice emphasise that in addition to providing expert clinical care, education, management and research are also integral components of contemporary specialist roles (RCN

Table Two. Adoption of extended skills into specialist nursing roles has arguably validated the position of nursing as an equal partner in the multidisciplinary team, facilitating collaborative care models and pathways. It is now generally accepted that both clinical nurse specialists and nurse practitioners have the capacity for advanced level practice and therefore both should be subject to the same minimum standards with regards to the training, experience and academic level of post holders.

**Table Two: Clinical Practice associated with breast cancer nursing.**

|   |   |
|---|---|
| <p><i>Areas of clinical practice associated with breast cancer nursing</i></p> <ul style="list-style-type: none"> <li>• Family history and genetics, includes prevention and ethics.</li> <li>• Benign breast disease</li> <li>• Breast Screening</li> <li>• Patients newly diagnosed with cancer</li> <li>• Breast Surgery &amp; Breast reconstruction</li> <li>• Chemotherapy (and related side effects)</li> <li>• Radiotherapy (and related side effects)</li> <li>• Endocrine therapy (and related side effects)</li> <li>• Prosthesis fitting</li> <li>• Management of menopausal symptoms</li> <li>• Management of disease related symptoms (e.g. lymphoedema, fatigue)</li> <li>• Management of psycho-social impact.</li> <li>• Management of fungating wounds</li> <li>• Treatment induced infertility issues</li> <li>• Metastatic (advanced) disease</li> <li>• Recovery, rehabilitation &amp; follow-up (including lifestyle changes)</li> </ul> | <p><i>Extended roles undertaken by experienced breast cancer nurses.</i></p> <ul style="list-style-type: none"> <li>• Family history screening and surveillance</li> <li>• Diagnostics (palpation, Fine Needle Aspiration Cytology, Ultrasound)</li> <li>• Admitting/discharging</li> <li>• Seroma drainage</li> <li>• Implant inflation/deflation</li> <li>• Nipple tattooing</li> <li>• Nurse-led follow-up consultations and examinations</li> <li>• Accepting direct referrals (e.g. for breast pain, fatigue, psycho-emotional problems).</li> </ul> |
|---|---|

# the Training of Healthcare Professionals: Breast Cancer Nurse

## Specific Aims of Training

### *For the individual:*

- To equip the student with the knowledge and skills necessary for the provision of nursing care to patients with breast cancer
- To facilitate an understanding of the physical, psychological, cultural and social impact of breast cancer, associated treatments and related morbidity for the patient and their family.

### *For the profession:*

- To ensure minimum standards of knowledge and ability among nurses caring for breast cancer patients throughout Europe
- To develop clinical expertise in relation to the specialist nursing needs of individuals with breast cancer
- To achieve consistency with regards to how nurses are prepared for nursing roles in breast care

## Entry Requirements

### *Essential*

- First level qualification of a nurse
- Minimum of two years post registration experience in cancer care
- Currently working in a setting where breast cancer patients are treated.

## Theoretical Content

### *The nature of breast disease:*

- Epidemiology and risk factors of breast disease
- Benign Breast Disease
- Breast Cancer Genetics (including strategies for prevention)
- Breast Screening and early detection
- Diagnosis including clinical examination, radiology and cytology
- Classification and Staging

## Entry Requirements

### *Essential*

- First level qualification of a nurse
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- Currently working in a setting where breast cancer patients are treated.

## Theoretical Content

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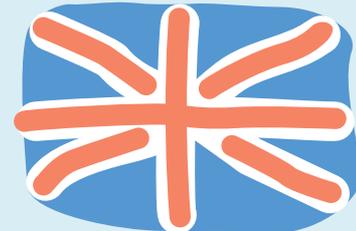
- Epidemiology and risk factors of breast disease
- Benign Breast Disease
- Breast Cancer Genetics (including strategies for prevention)
- Breast Screening and early detection
- Diagnosis including clinical examination, radiology and cytology
- Classification and Staging

### *Treatment Approaches, Implications and Impact:*

- Surgery
- Chemotherapy
- Radiotherapy
- Endocrine Therapy
- New approaches (including biological therapies)
- Management of Advanced Breast Disease

### *The Experience of Breast Cancer:*

- Reactions to diagnosis
- Cultural aspects relating to the disease.
- Treatment Options
- Recovery and Rehabilitation
- Follow-Up and Survivorship
- Supporting patients with Recurrence and Advanced disease
- Altered Body Image and Sexuality
- Premature menopause & management of oestrogen deficiency symptoms
- Lymphoedema
- Prosthetics
- Treatment induced fertility issues
- Malignant wound management



### *Issues for Nurses*

- Shared Decision Making
- Informed Consent
- Principles of Clinical Trials
- Principles of research and evidence based nursing.
- Audit and Standards (National and Local)

## Practical Content

### *Some examples include*

- Develop an evidence-based teaching package for his/her own clinical area
- Identify potential psychosocial problems for the patient and family coping with a breast cancer diagnosis
- Assess the potential information needs of the patient going through one treatment modality of your choice
- Reflect on relevant clinical practice
- Practice based clinical learning outcomes

## Assessment Strategy

### *Some examples include*

- An evidence based patient profile (case study of the care given to a selected patient) (3000 words)
- A Literature Review focusing on a specific area of breast cancer care, highlighting the nurses role in care delivery (3000 words)

## Duration

### *Number of Hours:*

- 200 hours (Bologna is talking about credits and study points, no longer in hours, 200 hours is approx. 20 study points, one trimester)
- Lecturer contact time 50 hours (8 days of classroom teaching)
  - Self-directed study 70 hours (independent learning)
  - Reflective practice/completion of clinical learning outcomes 80 hrs

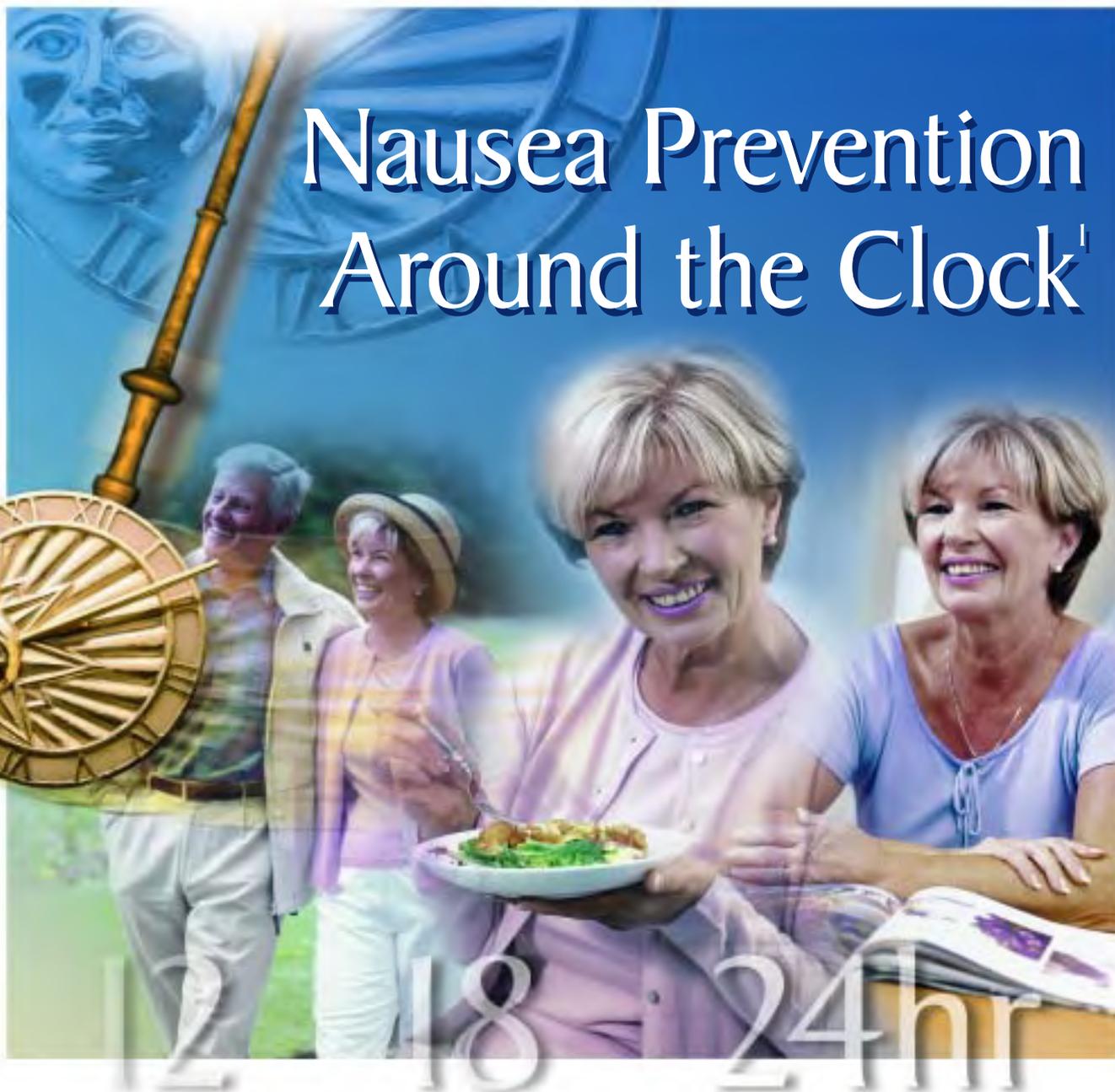
## Outcome Measures

### *On completion of training, individuals will be able to:*

- Explain the rationale behind early detection of breast cancer
- Outline the principles, applications and rationale of contemporary treatment modalities used at different stages of breast cancer care and their associated toxicities
- Describe the nursing interventions which may be employed to minimise both morbidity and mortality in this type of patients
- Understand the political and professional issues which influence breast cancer care
- Consider ways in which nurses participate in the development of breast care services in their local area.

*Supporting References can be obtained by contacting the EONS secretariat*

# 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

# Report of the Advisory Council Meeting

## MEMBER SOCIETIES MEET IN BRUSSELS

Members of the Executive Board and 17 Advisory Council members met in March for a two-day meeting in Brussels (see related report on strategy discussions). Following a brief summation of EONS activities, EONS President Giel Vaessen announced that EONS is now a member of the FECS Board. This position allows EONS to have items of relevance to nursing placed on the FECS agenda. EONS is also represented on the Financial Committee of FECS, the Committee of Special Projects and the FECS Council.

EONS is a partner in the Leonardo da Vinci Project (a joint project involving various member societies of FECS) which surveyed the need for accreditation and continuing medical education (CME) in Europe. The survey is completed and end results will soon be available. One of the outcomes of this project will be an educational website. In relation to the European Commission, Mr. Vaessen stressed the importance of maintaining contacts with the Commission in order to improve the visibility of nursing and encourage the inclusion of nursing issues on the political agenda.



The number and types of collaboration with other societies and organisations continues to increase and presently includes:

- *ESO* - a number of joint activities are planned for 2003;
- *Multinational Association of Supportive Care in Cancer (MASCC)* - EONS will participate at a joint session during the MASCC/ISOO 15th International Symposium of Supportive Care in Cancer Care in Berlin, June 2003;
- *International Society for Geriatric Oncology (SIOG)* - EONS has been invited to participate in a one seminar on cancer in the elderly during the 4th meeting of the SIOG in Rome, November 2003. The SIOG would also like to cooperate with EONS in order to establish a European nursing group;
- *International Society of Paediatric Oncology (SIOP)*, SIOP will become a full member of EONS as a European specialised nursing group;
- *ISNCC* - a joint symposium will be held at ECCO 12;
- *ONS* - An ONS/EONS symposium to take place at ECCO 12. EONS has been asked to become a partner in organising a future symposium;
- *UICC* - Contact has been established with the educational manager, future collaboration is planned.

President Vaessen also provided an update on educational activities. EONS is involved in several courses in eastern European countries and the Society is negotiating with the European Society for Medical Oncology (ESMO) on future courses. As of October 2001, Alexander Molassiotis is the new chair of the EONS Accreditation Council. The Council is working on updating the accreditation criteria and the initiation of a credit point system will be an important future issue.

Interest in EONS accreditation is clearly increasing. Mr. Vaessen emphasised that collaboration with the European School of Oncology (ESO) will continue to increase during 2003. Agnes Glaus provided a short overview of recent EONS research projects including:

- the Action on Fatigue grants;
- the nurse survey to explore needs for education related to antiemetic treatment;
- the CINV Merck research project (results are now available);
- the EC: (EONS is involved as an independent partner. A previous application to the EU has not been accepted, a new proposal to the EU is under preparation)
- Late treatment outcomes
- Leonardo da Vinci (the project will be finished by the end of 2003)
- European survey Status of cancer nursing (replies are received from 18 countries. Though some data are not complete, the information gathered is providing interesting information and this project can be the core for further projects)

Karin Ahlberg, Newsletter Editor and Associate Editor of EJON, informed the participants that The Newsletter is now distributed to the societies in hard copy form, as a PDF-file and available on the EONS website. She stressed the importance of communication between the EONS Board and the national societies and the need to know in which way this communication can be improved. Mrs. Ahlberg also informed the Council that Alex Molassiotis is the new Editor of EJON and that following company mergers, Elsevier Science is the new publisher of the journal. New members have been appointed to serve on the EJON Editorial Board: Faith Gibson and Karin Ahlberg are the new Associate Editors and Yvonne Wengström and Ruud Uitterhoeve serve as EONS representatives.

Kath Miller provided a report on the activities of the Nominating Committee including the issue of a call for nominations for the Distinguished Merit Award. Voting for President-elect and Board Members is currently in progress and proceeding according to specifications and time plan.

Mr. Foubert, President-elect, indicated that the second announcement of the 4th Spring Convention to be held in Edinburgh, 15-17 April 2004, will be available in May. He expressed his thanks to the Advisory Council for their input on the program. Mr. Foubert pointed out that the 4th Spring Convention will have an interesting program with sessions on basic and advanced levels. The program should also be more appealing for students. A pre-conference cancer nursing research workshop will be offered in conjunction with the 4th Spring Conference. To celebrate the 20th anniversary of EONS, Mr. Foubert is planning to have a meeting organised with all past presidents of EONS.



*4th*

*EONS Spring Convention*

**Edinburgh, UK  
15 - 17 April 2004**

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

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

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**[www.fecs.be/conferences/eons4](http://www.fecs.be/conferences/eons4)**

Organised under the auspices of  
the Federation of European Cancer Societies



# Report from the Advisory Council Meeting on Strategic Development

A two day meeting of the EONS Advisory Council was held in Brussels in March 2003. In attendance at the meeting were members of the Executive Board and 17 Advisory Council members. The purpose of the meeting was to discuss the previously established EONS goals and to update strategies necessary to attain those goals. An external consultant, Raf Goossens, served as meeting moderator.



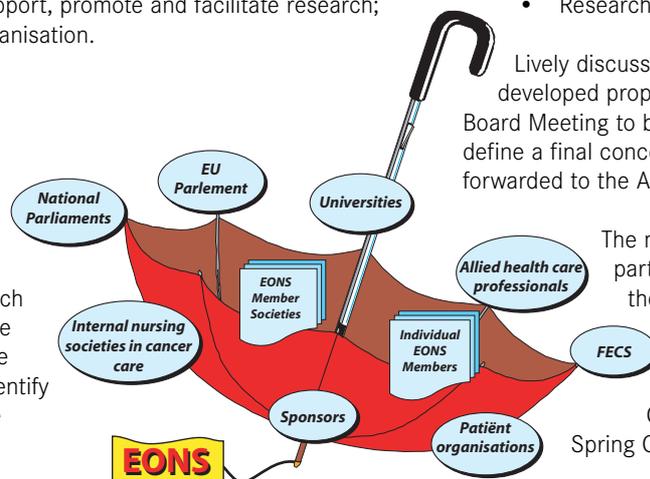
Giel Vaessen, EONS President, opened the strategy discussion by providing Advisory Council members with a summary of the EONS Board meeting on strategic development held in January 2003. An important issue for EONS is to strengthen collaboration with national nursing societies including the development of an updated common strategy which should reflect the ideas, expectations and shared objectives of these members. It is essential that the strategy is realistic and measurable. During the meeting in January, the EONS members (national societies, individual members, associated members) were identified as the focal point of EONS. The EONS Board outlined what they believed to be the expectations of the members towards EONS and at what level they believed these expectations were being met (1= below expectation, 4= outstanding). *The results were as follows:*

- Provide information on cancer nursing issues (2);
- Provide opportunities for collaboration (1);
- Provide support for professional development (i.e. education) (3);

At the March meeting, Advisory Council members were requested to outline their expectations of the Society. The Council identified the following list of issues presented in their order of priority:

- Influence the political oncology agenda;
- Improve continuing education for nurses;
- Foster exchange of knowledge;
- Accredite educational programmes;
- Institute measures to empower patients, improve communication and interactions, and support, promote and facilitate research;
- Serve as a reference organisation.

Members of the Advisory Council were divided into four working groups; two members of the EONS Executive Board were in each group. During the first stage of the groups' activities, the members were asked to identify key actors in oncology. The identified actors were:



In a second stage, the working groups were asked to define common standards and verbs that should characterise EONS activities. The results are as follows:

#### Standards:

- professionalism
- advocacy
- service and flexibility
- ethical principles
- transparency
- leadership
- visibility
- support and motivation
- effective communication
- quality of care
- consistency

#### Verbs:

- to support
- to facilitate
- to create
- to empower
- to develop
- to enhance
- to initiate
- to consolidate
- to implement
- to collaborate
- to evaluate
- to communicate
- to stimulate
- to be present

Each of the four working groups drafted a mission statement.

1. EONS will influence the political oncology agenda together with prominent international cancer organisations with professional visibility to enhance cancer nursing in Europe.
2. EONS will collaborate with national societies to develop and implement continuing educational programs.
3. EONS is a referent in oncology and will develop and influence the political agenda with the European and national parliaments for the professional recognition of oncology nurses.
4. A professional EONS shares knowledge and experience with FECS and the national organisations by communicating quality standards and facilitating educational programs.

*These four drafted statements will serve as a base for the development of mission statements in the future.*

At the start of the 2nd day of the meeting, the Advisory Council members and the EONS Board Members met again in the four working groups. The goal was to prepare draft proposals regarding the strategy goals, each with a specific theme and using the common verbs, actors and standards identified during the previous days' activities.

The themes for discussing the strategy goals were:

- Influencing the political oncology agenda;
- Education and knowledge;
- Communication;
  - Research.

Lively discussion and brainstorming led to fruitful results. The developed proposals will be further discussed at the next EONS Board Meeting to be held in May. During this meeting, it is hoped to define a final concept of goals for the future. The final draft will be forwarded to the Advisory Council members.

The meeting ended Saturday afternoon with lunch. All participants were very positive in their evaluation of the event. Participants agreed that the meeting was productive and produced results which will play a pivotal role in the future development of the Society. The next meeting of the Advisory Council will take place around or during the 4th Spring Convention in Edinburgh, April 2004.

# Nausea and vomiting in breast cancer patients – Who is at risk?

*Nausea and vomiting are frequent and debilitating side-effects of high-dose systemic chemotherapy for breast cancer, and may be experienced for days or weeks during recovery. If nausea and vomiting persist and are uncontrolled, they can result in loss of appetite, poor nutritional intake, dehydration and potential electrolyte abnormalities, as well as fatigue, cardiac, hepatic and renal toxicities, and deterioration of the patient's general physical and psychological condition. Significant numbers of patients undergoing radiation therapy may also experience nausea and vomiting, with similar consequences. Furthermore, ongoing emetic symptoms may adversely affect the prognosis of breast cancer patients by decreasing their willingness to accept future treatment.*

Nausea and vomiting can be divided into three distinct types – acute onset, delayed onset and anticipatory – based on when the symptoms occur in relation to the trigger event, as outlined in Table 1.

Many breast cancer patients receive cyclophosphamide, which causes nausea and vomiting of late acute onset and around 6–36 hours' duration. Cyclophosphamide and methotrexate – components of some breast cancer chemotherapy regimens – have moderate or high emetogenic potential, depending on their dosage.

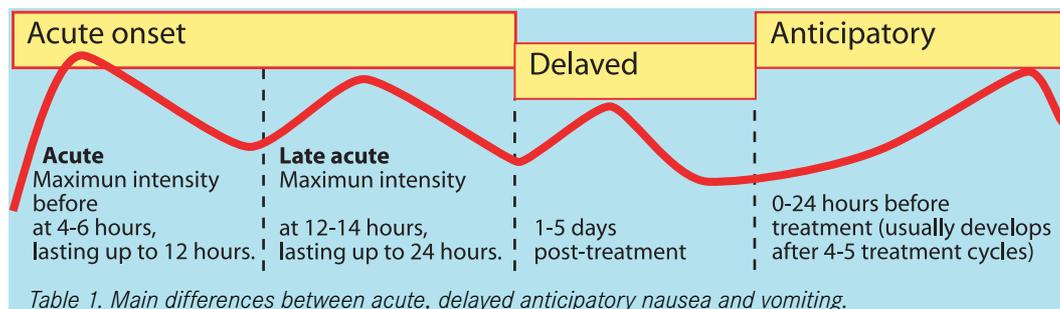
For patients receiving radiotherapy, nausea and vomiting typically occur within 0–24 hours, though fractionated radiotherapy, which may involve up to 30 fractions over 4–6 weeks, causes prolonged symptoms (Feyer et al. 1998). Over 80% of patients undergoing upper abdominal irradiation, and many who receive treatment at other sites, experience emetic symptoms. Anticipatory nausea and vomiting is a learned response that typically occurs when symptoms have been poorly controlled during previous therapy.

Although the type of treatment used is the major determinant of nausea and vomiting incidence, since agents vary in their emetogenic potential, patient demographics also play a part. Increased risk is associated with female sex, younger age, low alcohol intake and motion sickness. A significant interaction between age and gender has been shown, with younger women being at greatest risk of nausea and vomiting (Roila et al., 1987). This has important implications, particularly for the supportive care management of younger women with breast cancer. Elderly breast cancer patients, though at slightly less risk of nausea and vomiting, also need careful management because of the increased likelihood of comorbidity (e.g. cardiovascular conditions, depression), multiple prescriptions and the potential for drug interactions.

The management of nausea and vomiting has greatly improved in recent years, and effective control of symptoms is now considered to be the standard of care in patients receiving chemotherapy. Of the different drug classes found to be effective in the treatment of nausea and vomiting – which include the 5-HT<sub>3</sub>-receptor antagonists, dopamine-receptor antagonists, and corticosteroids – the 5-HT<sub>3</sub>-receptor antagonists are widely regarded as the most efficacious. At equally effective doses, the four agents currently available – granisetron, ondansetron, dolasetron and tropisetron – demonstrate broadly equivalent clinical antiemetic activity and safety. However, pharmacological differences have important practical implications for factors such as duration of action, potential for drug interaction and

side-effect profile (Blower, 2003). It is also important to be aware that caution should be exercised with the administration of dolasetron and tropisetron in patients with cardiac rhythm or conduction disturbances – a potential consideration in some women receiving treatment for breast cancer.

Some patients are at greater risk than others of experiencing nausea and vomiting following chemotherapy or radiotherapy for breast cancer. However, with modern treatments available that offer effective 24-hour control of symptoms, breast cancer patients are entitled to expect and receive timely and appropriate best supportive care.



## References

- Blower PR. Granisetron: relating pharmacology to clinical efficacy. *Support Care Cancer* 2003; 11: 93–100.
- Feyer PC, Stewart AL, Titbach OJ. Aetiology and prevention of emesis induced by radiotherapy *Support Cancer Care* 1998; 6: 253–60.
- Roila F, Tonato M, Casurto C et al. Antiemetic activity of high doses of metoclopramide combined with methylprednisolone versus metoclopramide alone in cisplatin-treated cancer patients: a randomised double-blind trial of the Italian Oncology Group for Research. *J Clin Oncol* 1987; 5: 141–9.

## The 13th International Conference on Cancer Nursing

The 13th International Conference on Cancer Nursing will be held from August 8 - 12th 2004 at the Sydney Convention & Exhibition Centre, Sydney Australia. The conference is being organised in partnership between ISNCC and the Cancer Nurses Society of Australia (CNSA). Sydney is a city with everything: a glorious harbour, sunny beaches, world class sporting activities, a superb climate and friendly, easygoing people. It has an endless program of festivals and special events, inspiring art and cultural activities, exotic restaurants, exciting nightlife and Australia's best shopping. Sydney is clean and safe, has a colourful multicultural influence, natural wonders and a relaxed lifestyle.

Abstracts are also invited for the following topics: Symptom management, Supportive care, Treatment developments, Workforce issues, Models of care, Ethics, Politics & economics, Prevention & early detection, Genetics, Global perspectives, Palliative care, Technological developments.

Early bird registrations are now available with further discounts for group bookings. Holidays can be organised to individual requirements and discount flights can also be sourced. For further information please contact the Conference Office on +44 116 270 3309, Fax: +44 116 270 3673 Email: [conference@isncc.org](mailto:conference@isncc.org).

# EONS News

## **Alison Richardson Recipient of 2003 Distinguished Merit Award**

The EONS Nominating Committee is pleased to announce that Dr. Alison Richardson was voted by the membership to be the recipient of the 2003 Distinguished Merit Award.

Alison completed her basic training in England and was awarded a PhD in nursing from King's College London in 1995. She has worked in a variety of clinical settings including the Royal Marsden Hospital. Since 1999, she holds the Chair in Cancer and Palliative Nursing Care at the Florence Nightingale School of Nursing and Midwifery, King's College London.

In addition to her teaching responsibilities, Alison plays an active role in shaping policy and practice at many different levels through her membership of committees, working groups, practice and research activities. When it comes to research, Alison is passionate about building an evidence base of relevance for practising cancer nurses and enabling effective research dissemination and utilisation through practice development both in the UK and the European and international cancer nursing community. She is best known to the EONS membership for her tireless research work in the area of assessment and management of symptoms, particularly cancer-related fatigue.

Alison served on the EONS Board of Directors from 1997-2001. During her term of office, she took the lead on research-related initiatives including the Nursing Initiative in Colorectal Cancer, establishment of the Novice Researcher Award and the Action on Fatigue Research Award. She chaired the 2nd EONS Spring Convention held in Prague in April 2000. Alison was the founding Editor of the official EONS journal, the European Journal of Oncology Nursing, and although she recently relinquished her position as Editor, she now maintains a connection with the journal in the position of Founding Editor.

Congratulations are extended to Alison not only on the occasion of her receipt of the Distinguished Merit Award, but also in recognition of her enthusiastic effort to advance the art and science of cancer nursing within Europe. Alison will present an award lecture on Tuesday, 23 September from 9:30-10:30 during the Nursing Programme at the ECCO 12 conference in Copenhagen.

## **ECCO 12 just around the Corner**

The 12th European Cancer Conference (ECCO 12) will take place from 21-25 September 2003 in Copenhagen. The conference begins on Sunday, 21 September with an opening ceremony and other festivities intended to set the mood for 4 days of learning, networking and socialising. The nursing programme addresses issues of relevance for nurses with various experience and expertise in cancer nursing. Not only practising clinical nurses but also educators, researchers and managers will find that their present level of knowledge will be enhanced through participation at ECCO 12. Mid-rate conference registration is available until 1 August,

late registration until 1 September. Registration and hotel accommodation can be booked on line at [www.fecs.be/conferences/ecco12](http://www.fecs.be/conferences/ecco12). The conference programme is also available at this web site. For non-web users, conference information including registration and accommodation forms can be obtained by contacting: ECCO 12 Secretariat, Federation of European Cancer Societies, Avenue E. Mounier 83, 1200 Brussels, Belgium. Fax: + 32 (0)2 775 02 00.

## **EONS General Meeting**

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 and interested potential members are invited to attend!

## **French course receives EONS Accreditation**

'Nursing Care in Oncology: specificity of holistic nursing care for cancer patients' a course offered by Soins Infirmiers en cancerologie, Federation Nationale des centres de Lutte contre le cancer, Ecole de formation Européenne en Cancerologie (FNCLCC-EFEC), Paris, has received EONS Accreditation until April 2006. The aims of the course are: To demonstrate specific aspects of holistic nursing care to allow nurses to recognise the various stages of cancer and to assist nurses to develop individualised care taking into account the patients' specific needs and medical treatment. The course is open to graduate nurses with at least 2 years experience in oncology and is offered in January, March and November 2003. Course language is French.

## **We want to hear your opinion !**

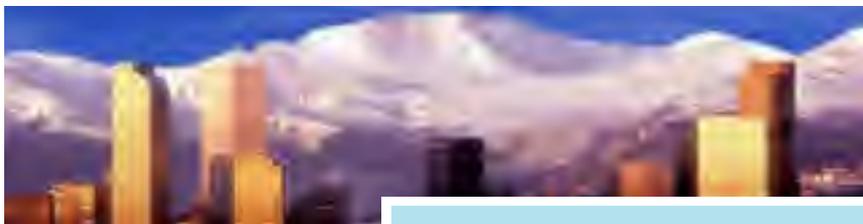
As you may be aware, in 2002 the Executive Board set into existence an Editorial Team whose task it is to coordinate communication with the EONS membership through paper publications and the Internet. Informal response to the EONS Newsletter in its new style and form has been positive. As the Newsletter is intended as a tool to foster communication between the Executive Board and the membership as well as between members and member societies, the Editorial Team feels it is time to provide readers of the Newsletter with the opportunity to provide input on their Newsletter. In order to obtain your opinion, a 'Reader's Satisfaction Survey' will be inserted in the Fall issue of the Newsletter. With this survey, we would like to solicit your satisfaction with the Newsletter's overall 'look' and content. We are also interested in your suggestions for future topics of interest, feature articles and especially your ideas on ways to involve more of the membership in contributing to the Newsletter content. Therefore, as you read this issue, please give thought to and make a few mental notes on your feelings toward this publication. We value your opinion and involvement in making the Newsletter a success.

## **Call for applications: Novice Researcher Award 2004**

*As part of the Society's ongoing strategy to promote the conduct, dissemination and utilisation of oncology nursing research, EONS is pleased to announce a call for nominations for the Novice Researcher Lecture 2004. The successful candidate will be invited to attend the Spring Convention where he/she will deliver the Award Lecture. Conference fees, hotel and travel expenses will be covered.*

Applications will be accepted from novice nurse researchers who are currently actively involved in nursing research and who are willing to present their work at the Spring Convention. Applicants should submit an abstract and a summary of their project in English ( $\leq 1500$  words) accompanied by a brief curriculum vitae with a passport size photo. Only members of EONS are eligible for consideration for this award. Results will be communicated in early October 2003. More information is available from the EONS Secretariat or at [www.cancerworld.org/eons](http://www.cancerworld.org/eons).

Deadline for application submission is  
**AUGUST 29TH 2003.**



# The 28th ONS Congress, Denver, Colo



## News from ONS 2003

### Treating chemotherapy-induced nausea and vomiting safely – focus on drug interactions

With two new agents on the horizon for the prevention of chemotherapy induced nausea and vomiting (CINV), there was significant activity at the recent ONS meeting (May 1–4 2003) surrounding supportive care for cancer therapy. Specifically, five sponsored symposia were held with presentations on this topic. While it is encouraging that research is ongoing into improving antiemetic therapy, the introduction of additional agents to the cancer patient's array of pharmacotherapy leads to increasing concern regarding the potential for drug–drug interactions. Emend® (aprepitant) is the first of a new class of antiemetics (NK1-receptor antagonists) and has recently received approval from the US FDA to be used in conjunction with a 5-HT3-receptor antagonist and dexamethasone for highly emetogenic chemotherapy. This particular combination has demonstrated improved efficacy in preventing delayed onset nausea and vomiting, traditionally a challenging period for the clinician.

A new addition to the 5-HT3-receptor antagonist class could also be imminent with an application for approval being made to the FDA for Onacit® (palonosetron). This agent is also aimed at improving treatment of delayed symptoms with a prolonged half-life of about 40 hours in healthy volunteers. The route of metabolism for the antiemetics and how this relates to possible interactions with other co-administered agents was therefore the subject of some discussion at the ONS meeting. Emend for example has been found to interact with a number of other drugs including dexamethasone, the antidepressant, paroxetine, oral contraceptives and the anticoagulant, warfarin. Data presented recently to the FDA also suggest that Emend may interact with the i.v. formulation of ondansetron. The long half-life of the new 5-HT3-receptor antagonist Onacit, may also present complications for some patients in that it takes several days to wash out of the body in cancer patients, and therefore increases the time window for interacting with other agents.

The possibility of adverse reactions between co-administered drugs is particularly relevant for elderly cancer patients. The over 65s constitute a high proportion of cancer sufferers and frequently have comorbid conditions such as arthritis or cardiovascular disease for which they will be receiving drug treatment. Combined with potential organ impairment and slowed drug clearance, risk of drug–drug interactions should always be a consideration in this age group. The conclusion reached by many at the ONS meeting is that antiemetic treatment must always be individualised based on factors such as the likelihood of the patient developing nausea and vomiting, the presence of comorbid disease(s) and which other drugs the patient is receiving.

#### Jan Foubert

For the first time, I had the pleasure of attending the ONS congress. I had heard a lot about the ONS congress and indeed, it is another world. To start, Denver busses advertised pharmaceutical companies, stores displayed congress advertisements and attendees with conference badges and bags were everywhere! The conference centre was very near the hotels with enough space for all the 5000 participants and all the exhibitions. At the exhibitions, on-line education was available and all conference activities were accredited.

Sessions on the first day included topics on advances in pain (what's hot, what's not) and oncologic emergencies (old problems, new solutions). On the second day, I attended sessions on advanced practice issues and the role of the advanced practitioner nurse, and an instructional session on evidence about nebulized Morphine for dyspnea, exercise for fatigue and assessing sleep disturbances. This instructional session gave a brief summary of research results to date and showed that there is a lack of evidence in these topics and that further research is needed. Recommendations for future research were given. A session on translating research into practice examined the relationship between clinical practice and research as it relates to quality patient care.

The Distinguished Researcher Session entitled 'Clinical excellence through evidence-based practices; fatigue management as a model', was presented by Victoria Mock. She described the development of research in fatigue management that has contributed to the evidence base for clinical practice. Of interest was the final session on research which examined nursing behavioural interventions and number of hospitalisations, outcomes of complementary therapy, and sleep, fatigue and depressive symptoms in breast cancer survivors.

As lunch is not provided, participants seem to rush to morning, noon and evening satellite symposia for interesting lectures and a bite to eat. One satellite I attended consisted of an interactive game-show format; participants examined the latest advances in assessing and managing chemotherapy-induced neuropathic pain, anaemia and neutropenia. The "show" is designed to enable attendees to apply their newly acquired expertise to specific patient populations and to develop innovative practice strategies for their clinical settings. I attended the annual business meeting and it was impressive to learn what ONS has achieved and to experience the professional management of ONS.

One of the differences I noted in relation to ECCO was that few young nurses and novice researchers were invited to lecture; the majority of speakers held a doctorate in nursing or public health. Men are "rare" at this conference and this year the first male was elected to the ONS Board. I was approached and asked to become a member of the special interest group for men in oncology nursing.

My visit to this congress has provided me with ideas for the future of EONS. It is clear that nursing research is very important and necessary in order to become an equal partner in oncology.

I can recommend this congress to all my colleagues.

Giel Vaessen,  
EONS President

My most recent travels took me to the U.S. where I was privileged to visit the ONS office in Pittsburgh (April 22-25) and attend the ONS Annual Meeting in Denver (May 1-5). The Executive Director of ONS, Pearl Moore, invited me to the newly completed headquarters of ONS. The purposes of this important visit were to learn more about the organisation of ONS and its activities and to strengthen the relationship and collaboration between EONS and ONS. Additionally, I wanted to find out more about the function and responsibilities of the ONS Executive Director.



For me, and of course for EONS, the visit was an excellent opportunity to experience first-hand the management of a large professional organisation. An Executive Board of Directors governs ONS. ONS employs an Executive Director who manages 127 staff members. During my visit, I had meetings and discussions with the directors of various departments at ONS including education, certification, publishing, public relations, and The Foundation. I also had the opportunity to work with Pearl Moore on a common strategy for the future collaboration between EONS and ONS. The outcome of two days of discussion was an agreement to explore further possibilities to collaborate on education and research initiatives. ONS will invite the EONS Research Coordinator to become a member of the scientific committee of the research conference, which is organised every two years. This represents a first step in future joint research projects between ONS and EONS: it is anticipated that collaborative research will improve the quality of studies and help to avoid the "re-inventing the wheel" syndrome in nursing research.

Further, it was agreed to organise a course for leaders in oncology in Europe. Worthy of mention is the offer from ONS to share educational materials and publications. In the future, joint EONS / ONS symposia will take place at both ECCO and the ONS annual convention: the first joint symposium will be held at the ONS conference in Anaheim in 2004.

With high expectations, I attended the ONS Annual Meeting in Denver. More than 5500 oncology nurses were registered attendees. I wasn't disappointed: the presentations and teaching lectures were of outstanding quality. However, I strongly believe that the nursing

programme at ECCO and the programme offered at ONS are equally matched – the only difference is in the number of participants! During the conference I had the opportunity to meet colleagues from all over the world representing international oncology nursing societies and professional cancer organisations. I also met with several potential sponsors for future EONS activities.

In conclusion, my visit to ONS provided me with insight to develop EONS as a pro-active society which offers member-related services in a variety of ways. Utilising our resources and talents, supported with a little help from our trans-Atlantic friends, EONS can and will expand and prosper in its own way and at its own tempo.

*Giel Vaessen visiting Pearl More, Executive Director of ONS, at the office in Pittsburgh*



## Upcoming Events

**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.cancerworld.org/eons, or the EONS Secretariat.

**4-8 October 2003, Basel, Switzerland.** Gemeinsame Jahrestagung der Deutschen, Österreichischen und Schweizerischen Gesellschaften für Hämatologie und Onkologie.

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

**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.cancerworld.org/siog.

**15-17 April 2004, Edinburgh, UK.** 4th EONS Spring Convention. Information: www.cancerworld.org/eons.

**8-12 August 2003, Sydney, Australia.** 13th International Conference on Cancer Nursing. The conference is organised in partnership between ISNCC and the Cancer Nurses Society of Australia (CNSA). For further information contact: Conference Office, +44 116 270 3309, Fax: +44 116 270 3673, e-mail: conference@isncc.org.

# FOCUS ON FEEDING

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even improve nutritional status before, during and after cancer therapy.<sup>(1,2)</sup>

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<sup>(1)</sup> Nitenberg G, Raynard B. *Crit Rev Oncol Hematol* 2000;34:137-68.  
<sup>(2)</sup> Bozetti F In: Payne-James et al (eds). 2<sup>nd</sup> ed. London: GMM, 2001:639-80.  
<sup>(3)</sup> Den Broeder E et al. *JPEN* 2000;24:351-60.

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