



# EOMS

## **eons** newsletter

The Quarterly Newsletter of the European Oncology Nursing Society

Winter 2003 / 2004

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# Colophon

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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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EONS likes to acknowledge Amgen  
as sustaining member of our society

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## Dear Colleagues,

Welcome to the Winter issue of the EONS Newsletter!

By the time you receive this Winter 2003 issue of the Newsletter, a new year will have begun. I hope that you all enjoyed a peaceful Christmas holiday, and that you are full of energy and ready to continue the important work within the field of cancer nursing.

About two years ago, EONS decided to undertake a survey to assess the status of cancer nursing in its national member societies. The purpose of the study was to identify key indicators of status and characteristics of cancer nurses, working conditions, education, and issues related to the development of nursing. In this issue, you can find a short paper on the results of the survey written by Dr Agnes Glaus. The message her paper relays is the wonderful news that nurses' important contribution is increasingly recognised in member states of the EU and there is agreement that nursing should be strengthened to provide better health care for all Europeans. The World Bank even identified nursing as "the most cost-effective resource for delivering high quality public health and clinical packages"!

The theme for this issue is clinical trials. Nurses in general report that clinical trials are important to improve standards of care; however, attitudes concerning patient participation in clinical trials and the nurses' roles and responsibilities differ greatly. In some countries the involvement of nurses in clinical trials has dramatically changed during the last years. The importance of the nurses' role in supporting medical clinical trials in oncology is well established compared to other medical areas. It is commonplace for oncology nurses to care for patients entered on clinical trials. Today the nurse can also be the person working with the preparation and review of a study protocol as well as evaluating the ethical issues for the study. She/he can also take a responsibility for accruing patients through working with the patient information process and decision making. The nurse may have her/his own role as a research nurse in the team of professionals that are performing a clinical trial. You can read more about the role and function of the research nurse in the paper by Clementine Molin on behalf of the Oncology Research Nurses Group of the EORTC. The extension of the nurses' roles and responsibilities can be seen in a lot of areas today. I am sure that this may improve the overall quality of care, besides giving the nurse different possibilities.

When undertaking research involving children, the research team needs to work according to special guidelines and rules. Find out more about this through reading the paper by the newly elected EONS President, Jan Foubert, who has written the paper: 'The multidisciplinary approach to new agent trials in children'.

A meeting of nurses from countries joining the EU (Czech Republic, Cyprus, Estonia, Hungary, Latvia, Lithuania, Malta, Poland, Slovak Republic, Slovenia, and Croatia) was held October 2003 in the Czech Republic. The title of the meeting, organised by the Czech Association of Nurses and the National Centre of Nursing and Allied Health Professions, was "The Nursing challenge - what can we learn from each other". In this issue you can find a report from this very interesting meeting. 'Our colleagues from' for Winter 2003-2004 highlights the Haematology/Oncology Nurses' Working Group (Arbeitsgemeinschaft Hämatologischer Onkologischer Pflegepersonen) from Austria.

Did you miss the ECCO conference in Copenhagen from 21 to 25 September 2003? Not to worry. Thanks to Amgen, you can find a summary report attached in this issue. The conference attracted nearly 10,000 oncology professionals from all over the world, including over 500 oncology nurses who participated in the nursing programme developed by EONS. Themes identified in the nursing programme included symptom management, quality of life, and care of the elderly patient with cancer. In the report you can also read a summary of the presentation by the EONS Distinguished Merit Award 2003 recipient, Professor Alison Richardson. In her lecture, Professor Richardson described the need for improvement in supportive care and steps to achieve this goal.

The Editorial Board has decided to present the following themes in the Newsletter in 2004: cancer in the elderly (Spring); quality of life (Summer), and gynaecological cancer (Fall). The Winter 2004-2005 issue will include tips and tricks on how to write an abstract, create a poster and prepare an oral presentation. These helpful hints are intended to assist you in preparing an abstract for submission to ECCO 13 to be held in Paris in 2005.

Sincerely, Karin Ahlberg

## Cancer Treatment Induced Bone Loss

The use of bisphosphonates as an adjunct to standard antineoplastic therapies in patients with advanced cancer is becoming widespread. The President of EONS, Jan Foubert, was asked to represent EONS at an advisory board meeting which met to brainstorm on Cancer Treatment Induced Bone Loss (CTIBL). In preparation for this meeting, a questionnaire was sent out to a small group of members in order to obtain input from the European oncology nursing community on issues related to this problem from the nursing perspective.

Forty questionnaires were received back from respondents representing different countries within Europe. Appreciation for time spent completing the questionnaire is extended to: Italy, Germany, France, UK, Ireland, Sweden, Norway, Denmark, Iceland, Belgium, Switzerland, Spain, Cyprus, Portugal, Greece, Czech Republic and Israel. In answering the questions, the respondents have provided valuable insight which will be of help when developing further educational initiatives. Look for a report of the questionnaire results in the Spring 2004 issue of the EONS Newsletter.

# Our Colleagues from . . . Austria

## **Please tell us something about your organisation!**

AHOP (The Haematology/Oncology Nurses' Working Group - Arbeitsgemeinschaft Hämatologischer Onkologischer Pflegepersonen) was started 9 years ago to encourage the collaboration and networking of nurses working in the area of haematology/oncology in Austria. Today, AHOP has a membership of 170.

The goals of the working group are as follows:

- Improve the image and status of nurses working in haematology/oncology in Austria;
- Foster communication and networking among nursing colleagues working in haematology/oncology;
- Disseminate information about continuing-education programs in cancer nursing;
- Inform nurses about advances made in haematology/oncology;
- Regularly publish information of interest;
- Organise and offer continuing-education programs;
- Organise a yearly congress for nurses in haematology/oncology;
- Provide advice for nurses with questions and problems about their practice in haematology/oncology.

## **Could you tell us something about current activities of AHOP?**

At present, we are working on standardising the curriculum for a Post-Basic Course in Cancer Nursing in Austria. The content of existing programs varies greatly and governmental guidelines for post-basic courses in nursing recommend a much lower number of study hours than is recommended in the EONS guidelines. We are striving to collaborate with the Ministry of Education to develop a standard curriculum which would closely follow the guidelines created by EONS for curriculum content and length of study. Once completed, institutions would hopefully be required to follow the guidelines.

## **How is AHOP structured?**

Our organisation has a Board which consists of the President, two Vice-presidents and a Treasurer. The Board carries out most of the work of the organisation. As of this year, we have begun to nominate representatives from each of the different States to act as contact person for their region. Hopefully, this will improve communication between the Board and the membership. The representatives are also responsible for organising educational events. Unfortunately, up until now only 5 of the 9 States are represented.

## **What are the advantages to membership in AHOP?**

Members of our organisation receive „AHOP News“ and early announcements about educational programs being offered in haematology/oncology. This information helps them to better plan attendance at events and conferences. Another benefit is much reduced – or free – registration fees at educational courses.

## **How does AHOP communicate with its members?**

Our major communication tool is our newsletter. In addition, we send information per post and publish announcements on our website. Members receive the newsletter 2-3 times per year.

The members of the Board and the State representatives communicate with each other per e-mail or by Telephone. We plan to organise regular meetings of the Board and representatives in the near future. Although Austria isn't so large, it will be somewhat difficult to organise meetings due to time required for travel. At present, we find it helps to organise Board meetings in conjunction with our yearly convention.

## **How does your organisation collaborate with EONS?**

AHOP has been a member of EONS since 2002 – we are relatively new. We hope to take a more active role in EONS activities in the future.

## **Do you collaborate with other national or international organisations?**

AHOP is a member of the Austrian Nursing Conference which is a union of all Austrian nursing organisations. The goal of the Conference is to coordinate and direct activities related to the profession of nursing and to assist in implementing changes. The Conference unites nursing in Austria with one voice which has political benefits.

## **What changes would you like to see in the future in regards to collaboration with EONS?**

Through collaboration with EONS, we expect improved flow in the receipt of information of relevance to oncology nursing in Europe. Also, we expect support from EONS to help us with our efforts to initiate changes in cancer nursing in Austria.

*New Board Member EONS*

## **Sara Faithfull, PhD, MSc. BSc(Hons), RGN**

**Director of Studies, Advanced Practice, European Institute of Health and Medical Sciences, Surrey, UK**



I have worked in oncology for the past 20 years, training in Oncology nursing at the Royal Marsden Hospital in 1986. In recent years I have been working in education and research around supporting the patient with cancer and in developing education for advanced practice. My passion is radiotherapy, in raising awareness among nurses and health care professionals, highlighting the needs of radiotherapy patients. Identifying and describing patient issues as well as researching radiotherapy side effect management approaches keeps me in touch with patients. I work with and facilitate practitioners to develop innovations in cancer and palliative care practice and help in practice development initiatives within my local cancer network. I believe supportive care is fundamental to quality cancer and palliative care services.

- To facilitate practice development and innovation Europe wide in the support of patients undergoing cancer treatments
- To encourage networking and connections between cancer and palliative care researchers and practitioners
- To develop European approach to educational activities and studies in order to advance cancer and palliative care practice

Jan Foubert PhD, MSc, RPN, PGDip, EdRNT,  
President European Oncology Nursing Society.  
Lecturer in Nursing and Midwifery  
Fatigue Consultant

### Introduction

*Phase III studies aim to define the role of a new treatment (drug, drug combination, procedure, etc.) in the management of the patients in terms of survival and quality of life.*

*A phase III trial is conducted only if the new treatment is equivalent or better as compared to standard therapy and are generally controlled studies (with an experimental and control group); they are randomised (i.e. subjects are assigned to treatment by chance); outcomes are established by statistical analysis; and an adequate number of patients must be recruited which requires the participation of several institutions following the same protocol (collaborative or multicentre studies). In the context of paediatric oncology, once a drug has successfully completed phase I and II trials it can be compared with the current standard treatment protocols in a continued effort to find treatments with maximum benefit and minimum side effects.*

## The multidisciplinary approach to new agent trials

### Research involving children (guidelines from the CIOMS publication 2002)

Before undertaking research-involving children, the investigator must ensure that:

- The research might not equally well be carried out with adults;
- The purpose of the research is to obtain knowledge relevant to the needs of children;
- A parent or legal representative of each child has given permission;
- The agreement (assent) of each child has been obtained to the extent of the child's capacities, and
- A child refusal to participate or continue in the research will be respected.

### Clinical research in paediatric oncology

Survival rates for childhood cancer have improved considerably as new drugs, treatment protocols and supportive therapies have developed through clinical trials. Such studies take a considerable amount of time and organisation and alongside scientific and medical staff, the research nurse plays a vital role.

Research involving children is an area that brings about many discussions regarding ethics, patient's rights and informed consent. For these reasons trials must be closely monitored and controlled to minimise the risk of any harm to a patient.

Patients must be treated fairly and have their decisions respected, they and their families have the choice to participate in trials and never be coerced. The child should be involved in the decision-making process as appropriate and their views and opinions should be respected.

Justice involves the patient's right to fair treatment, privacy and confidentiality, data is shared only with appropriate persons and families are aware of this. At all time they have access to healthcare professionals who can answer questions and discuss aspects of the study and their case so they are kept fully informed. There can be barriers to trial participation. Disadvantages associated with trial entry could include financial burdens associated with travel or loss of earning while the patient is participating in the trial. As yet unknown side effects may be a problem, a parent may also find difficult that a computer chooses his or her treatment plan.

### Responsibility of clinical research nurses

The most obvious responsibility that the nurse has to his or her patients is to ensure that informed consent to participation in the trial has been obtained. Nurses must know about research protocols, standard treatment, what the experimental arm involves and the side

effects of any treatment offered. It is an important responsibility of the research nurse to report any misuse of the research process.

### The role of the research nurse

Their work involves multi-centre clinical trials of new chemotherapy agents, pharmacokinetic and pharmacology studies, research, studies and audits. The research nurse is office-based and often works separated from their ward nurse colleagues.

- To screen and recruit suitable patients
- Educate both the patient and other staff members who may be involved in clinical trials
- To act as the patient's advocate; or point of contact for all information relating to the trial
- To manage the protocol, a good understanding of the protocol and the specific disease to be studied is essential
- To administer the treatment, it is often the nurse's role to administer chemotherapy, vaccines or other aspects of the trial management
- To collect and manage data
- To co-ordinate the patient care and research process, the link between the trial and the patient.

In the past, a nurse's role was mainly identified as that of medical-clinical data collector. Nurses are now considered as an essential component of the clinical trials research process. Collaboration between doctors and nurses and an experienced multidisciplinary team is, in fact, pivotal to the initiation and conduct of a trial. Nurses can organise independent trials or studies associated with a clinical trial.

Collaborative companion studies are those studies associated with an existing medical study, which may involve interdisciplinary efforts of both nurse and physicians. The main topics that nurses companion studies have focused upon include treatment effects or symptoms such as pain, nutritional concerns, mucositis, nausea and QoL (Ferrel & Cohen 1991) other common areas are cancer control and rehabilitation. Companion studies represent the opportunity to promote easier access to patients, to improve subject accrual and to share the organisational burden and costs.

The right of each family to receive uniformity of care and information Ensuring that parents and children are able to make fully informed choices about their participation in research is recognised as being of great importance within the informed consent process. Each family should be given the same fundamental information and care,



Illustration: F. van der Loo 'Sombner Slikken'

in the same manner, regardless of when they are approached to participate in research, or which team member is involved. It is recognised that some families may indicate a desire for different levels of information; as such, every family is treated individually and the information given is documented in the records. Wide variation in quality can occur between nurses, between shifts and between different days of the week if a care delivery model is not thoughtfully selected and followed. It is confusing for patients to be exposed to several different delivery systems and therefore it should be discussed before problems are appearing.

### The need of the multidisciplinary team to kept informed and up to date

Other members of the multidisciplinary team (e.g. clinicians, other nursing staff/specialists, play specialists, physiotherapists, dieticians, social workers an the primary healthcare team) still contribute to the care of children participating in clinical trials, audits or other research studies co-ordinated by the research nurse team. As such it is important that they are kept informed of the child's care and or appointments in other to prevent duplication or unnecessary visits. Poor information management is costly, not only in terms of financial costs; it may also be in terms of bad time management, patient dissatisfaction and poor continuity of care. Organisational effectiveness is built on two central concepts. One is the ability of the organisation to define its mission and shared goals. If these are clear understood and shared by the staff, the organisation 's direction and mission will be apparent in every day's activities. The second concept is the prevalence of team learning in the organisation.

Nurses involved in clinical trials (especially research nurses) should inform or educate other colleagues on the principles of clinical trials and the contents of the research protocol, in order to improve patient observation and care. The high workload of oncology units often leaves nurses with little time to read entire protocol documents. Nurses summaries or clinical research protocols can be prepared by the protocol team and provides nurses with a short and easy-to-read selection of relevant information about the study that stress aspects of daily treatment and observation.

The level of detail to be provided should be discussed locally in order to render the nursing summary a helpful instrument in different local situations.

### How to prepare nurses for clinical trials?

In some cases, nurses' participation in clinical trials is rendered very difficult by the lack of clarity associated with their role, by the high workload, the conflict of responsibilities, the lack of nursing education in research methodology, and the poor recognition generally awarded to nurses involved in research activities.

One of the important responsibilities of the educator in preparing staff for the initiation of a new protocol, is to analyse the impact of the study on nurses and nursing care.

Questions important for such evaluation involve an assessment of toxicity's, the time required for assessing the patient, for administering treatments, and for monitoring the patient (laboratory examinations, specific storage or handling requirements).

A clear knowledge of the incidence and severity of side effects in order to plan the intensity of nursing care required to balance patient needs is required.

The roles and activities are important not only to guarantee the patients' safety but also to protect nurses' rights.

### Conclusions

The primary nurse should be provided with the right information and support and we need to keep in mind that besides participating in clinical trials, she must continue to deliver patient care.

Nurses may undertake a number of different roles and their involvement may vary.

Companion studies should be promoted to offer the possibility of interdisciplinary work.

The role of the nurse in the informed consent can be of a great emotional and informational support and often they are the professionals from whom the patient ask for further information and clarification. All members of the multidisciplinary team should respect the guidelines consisting research-involving children. Clinical research in paediatric oncology must continue trough trials co-ordinated by organisations, clinicians, nurses and support staff. The staff should be trained and experienced within the clinical preparations and running of the trials and be able to support the needs of the patient and family during emotional and potentially traumatic times.

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# READERSHIP SURVEY

The *European Journal of Oncology Nursing (EJON)* last May completed a survey among its readership about the quality of the journal and its future developments, with more than 1/3rd of its individual members returning questionnaires. Five prizes (free books) were also included in a lucky draw. The survey gave some interesting information about the journal itself and its readership.

The majority of people read EJON at least once a month. EJON was also the most often read journal among all the cancer nursing journals available. Respondents gave some good examples of what they want to see developed in EJON, including evidence-based reviews (almost all respondents), practice guidelines, clinical perspectives and international/European perspectives. These are some of the ideas the EJON will try to develop in the near future (already the 'European Perspectives of Cancer Care' has been initiated recently as a new section of the journal). Some people commented that they wanted to see articles aimed at or written by more junior authors and on expansion of the pool of authors. Although this is an issue that relates directly to who is writing the articles and a journal can have little influence over that, we hope that in the future we will see more junior authors writing for publication. An education section specific to cancer nursing and more collaboration in terms of publication with Allied Health Professionals were some other ideas expressed and we strongly encourage, but again this has to do with who writes and submits articles for publication.

The majority of research-active participants (81%) would consider publishing their work in the journal, which suggests potential authors think that EJON is the most appropriate medium of communicating their work with others in the field. In terms of quality ratings, on a scale from 1-10 (with one being lowest quality and 10 being the highest quality), EJON had a mean score of 7.43 (mode=8, range 5-10), which again reflects the high opinion participants had of the journal. The only disappointing finding was that the online version of

the journal was little used. This may be the result of the online version being a new service to readers (from early 2003). We would draw your attention to the fact that EONS members have access to the online version of EJON as part of their membership.

It was also interesting to see who reads EJON: the majority (45%) were clinical nurses working in adult cancer care, with another 17% working in a teaching institution and 13% working in management positions. The rest encompassed people working in research, paediatric settings, palliative care facilities, haematology units, charities or industry. The majority (55%) were working in a hospital setting while 24% were working in an academic setting. The rest were working in the community, hospice, publishing or industry settings. Further, most participants (56%) had a Master's degree as their highest qualification. Almost all had more than 5 years experience in cancer care. This gives us a good idea of who is the target population of anyone wishing to disseminate his/her work.

A number of new initiatives in the future will be introduced, partly in response to this survey, with the hope that we can improve the journal's quality even more in the years to come.

Also, congratulations go to the winners of the lucky draw, who received a free book of the 'Cancer Nursing Practice' edited by Kearney N, Richardson A, Di Giulio P (2000), Elsevier Science. These were:

Mrs S Varvel - England  
Mrs P O'Dea - Ireland  
Mrs D Borthwick - Scotland  
Ms M Grundy - Scotland  
Ms J Moselen - New Zealand

Dr Alexander Molassiotis, Editor  
Prof. Alison Richardson, Founding Editor  
European Journal of Oncology Nursing



## Did you know?

You can upgrade your EONS membership on renewal to include the *European Journal of Oncology Nursing*. At a cost of only €67/£41, your society membership brings you four issues of EJON per year – including full text electronic access!

Contact the EONS secretariat office to take advantage of this offer, details in the newsletter colophon.



## European Journal of Oncology Nursing



The Official Journal of the European Oncology Nursing Society

Editor: Alex Molassiotis, University of Manchester, UK

Founding Editor: Alison Richardson, London, UK

Associate Editor: Karin Ahlberg, Gothenburg, Sweden and Faith Gibson, London, UK

For more information on the journal, including details about writing for the journal and information about online access via Science Direct visit the EJON homepage:

[intl.elsevierhealth.com/journals/ejon](http://intl.elsevierhealth.com/journals/ejon)

# European Thematic Network Project

Following is a description of an EU project in which EONS plays a key role. FECS, representing EONS, ESMO, EARC, ESSO, SIOP and ESTRO, has submitted the project proposal to the ERASMUS division of the Socrates Program of the EU. The official start is pending approval of the application by the European Commission.

To date, 158 institutions have expressed interest in participating as partners in the project; of these, approximately 20 are involved in nurse training.

EONS is represented by Giel Vaessen. The implementation of the EONS 'Core Curriculum for a Post-Basic Course in Oncology Nursing' will be evaluated as a part of the project.

## Background of the Thematic Network

At present, there is no standard curriculum for most of the specialty training programs for healthcare professionals in oncology in Europe. In many countries, the government and educational institutions offer training programs; however, more often than not, specialist training programs do not exist. Areas of specialist training include: basic science in oncology, medical oncology, surgical oncology, pediatric oncology, radiation oncology and oncology nursing. Core curricula for radiation oncology (radiotherapy), pediatric oncology and oncology nursing have been established at the European level providing Member States with guidelines for content, hours of study, etc. To date, no survey has been carried out to assess if these guidelines are being applied as intended.

The lack of homogeneity in specialty training programs in oncology has a number of important implications:

- A lack of well-defined specialty training as pre-requisite to managing complex cancer cases is one of the factors contributing to the significant differences in treatment outcomes (unequal access to quality treatment in Europe);
- Incongruences in training constitute a barrier to the free movement of medical oncologists and other healthcare professionals. At the same time, the EU strives to achieve a single

market (free movement of goods, citizens and professionals) and in this context is reviewing its Directive on the Recognition of Professional Qualifications (COM (2002) 119). In addition to a lack of standardization of training programs, mutual recognition of professional qualifications between European countries is also lacking;

- The EU has provided support to other thematic networks in the medical field. However, the scope and breadth of oncology is so vast (accounting for 3 million new cases/year in Europe and 1.8 million deaths/year in Europe) that the specialty warrants a separate thematic network.

## Focus of the Project

The project will focus on identifying the disparities between training programs and their perceived strengths and weaknesses. Further investigation will be conducted to evaluate if it is desirable to have common core elements in the training programs among the participating European countries.

## Objectives of the Thematic Network

The key objective of this proposed thematic network is to obtain a clear picture of the training programs offered in oncology in the participating European countries. On the basis of this overview, the partners involved will analyze any disparities between programs and identify the advantages of having common core elements in the specialty training programs for various oncology disciplines. Recommendations will be made based on the study findings and be specific for each oncology discipline targeted by the network. Should the survey conclude that there are clear advantages to a standardized core curriculum, the partners involved may seek further support from the EU under the 'curriculum development' measure within the Socrates program to achieve this end.

The measures outlined in this proposal provide universities the opportunity to collaborate on key health issues in the field of public health within a European framework.

## Upcoming Events

**27 February – 1 March 2004, Berlin, Germany.** 26<sup>th</sup> Deutscher Krebskongress. A 4-day cancer nursing programme will run parallel to the medical programme (in German). Information: [www.krebskongress2004.de](http://www.krebskongress2004.de)

**16-20 March 2004, Hamburg, Germany.** 4<sup>th</sup> European Breast Cancer Conference. Contact: [www.feecs.be/conferences/ebcc4/index.shtml](http://www.feecs.be/conferences/ebcc4/index.shtml)

**28-31 March 2004, Barcelona, Spain.** European Blood and Marrow Transplantation Group (EBMT). Annual Meeting. Contact: [www.ebmt.org/2RelatedMeetings/annual1.html](http://www.ebmt.org/2RelatedMeetings/annual1.html)

**15-17 April 2004, Edinburgh, UK.** 4<sup>th</sup> EONS Spring Convention, Quality of life: The key in cancer care. The conference will focus on "The nursing contribution to quality cancer care". Teaching, plenary and workshop sessions will be offered and geared to the beginner through advanced level. Deadline for abstract submission and early registration is 15 December 2003. Information: [www.cancerworld.org/eons](http://www.cancerworld.org/eons)

**29 – 30 April 2004, Liverpool, UK.** Cancer in the Elderly. European School of Oncology Advanced Course. Information: ESO, Tel.: +39 02 4335 9611, Fax +39 02 4335 9640, e-mail: [teaching@esoncology.org](mailto:teaching@esoncology.org) / [www.cancerworld.org](http://www.cancerworld.org)

**13 – 15 Mai 2004, Kartause Ittingen, Switzerland.** 9. International Seminar: Palliative Care of the Cancer Patient. European School of Oncology, German language programme. This course will be conducted in German and has received EONS accreditation. Information: ESO Secretariat, Tel.: + 41 71 243 0032, Fax: +41 71 245 6805, e-mail [eso-d@sg.zetup.ch](mailto:eso-d@sg.zetup.ch)

**14-15 June 2004, Edinburgh, UK.** 9<sup>th</sup> International Paediatric Haematology and Oncology Update Meeting. Information: IPHOUM 2004 Conference Secretariat, Index Communications Meeting Services, Tel: +44(0) 1794 511331/2, Fax: +44 (0) 1794 511455, E-mail: [icms@indexcommunications.com](mailto:icms@indexcommunications.com), / [www.iphoum.com](http://www.iphoum.com)

**8-12 August 2004, Sydney, Australia.** 13<sup>th</sup> 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](mailto:conference@isncc.org)

New Board Member EONS

# Hilda Vorlíčková RN

Director, Nursing Department, Masaryk Memorial Cancer Institute, Brno, Czech Republic



The status of nurses in the countries of central and eastern Europe developed under completely different conditions than in the other European countries. Although a lot of things were successfully changed during the last 14 years that passed after the fall of the totalitarian regime, nevertheless, there are still problems waiting for solution.

As a member of the EONS Board and a woman who experienced similar development as the nurses in these countries I would like to contribute to making up the differences between our countries and

the western states with stable democracy. I see my role especially in the following areas:

- To improve the professional image and political assertivity of nurses
- To promote EONS membership in the countries of central and eastern Europe
- To support oncology nursing research and education in oncology

*The Nursing Challenge:*

## What can we learn from each other

Hilda Vorlíčková, Czech Republic

*Changes in nursing in eastern European countries has been truly remarkable since the fall of the Berlin Wall. During the time of the communist regime, the nursing process, nursing documentation, clinical pathways, holistic approach to nursing care or accreditation were all considered to be of little importance or interest. Today, enthusiastic nurses are changing the nursing picture not only at university hospitals but also in other health care institutions.*

While attending the recent Permanent Committee of Nursing of the EU (PCN) meeting in Dublin, nurses from former eastern block countries had an opportunity to discuss important nursing issues with representatives of PCN. For some time now, nurses from accession countries have considered organising a meeting to provide a forum for the discussion of issues including practice, image and the status of nurses in the multidisciplinary team. These topics are not only relevant for Czech nurses, but for nurses in other countries that are preparing for accession to the EU. For these reasons, we were interested in organizing an exchange of information, ideas and experiences that would help us more efficiently and effectively realise needed changes.

The Czech Nursing Association, in co-operation with PCN, invited nursing representatives from accession countries – Czech Republic, Cyprus, Estonia, Hungary, Latvia, Lithuania, Malta, Poland, Slovak Republic, Slovenia, and Croatia to a meeting which took place from 17-18 October 2003.

The title and core topic of the meeting was “The Nursing challenge – what can we learn from each other”. The meeting, organised by the Czech Association of Nurses and the National Centre of Nursing and Other Health Professions, took place under the auspices of the Minister of Health of the Czech Republic, M. Součková.



Mr. Franz Wagner  
ICN representative



Individual participants of the meeting were sent a questionnaire in advance concerning the following topics:

- Nursing Image
- Education
- Control of professional practice
- Nursing in clinical setting
- NNA activities
- Nursing research

At the meeting, the topics were discussed in workshop form. At the start of each workshop, two speakers gave presentations which provided structure for the discussion as well as goals and strategies intended to accelerate the initiation of the required changes and help the group achieve their goals. Suggestions derived from the discussions were recorded and later sent to meeting participants.

The two-day meeting was evaluated by a representative of the International Council of Nurses (ICN), Mr Franz Wagner. In his opinion, the meeting was important in preparation for the expansion of the EU which will take place in 2004. Mr. Wagner highlighted the need for more international and European nursing collaboration to further the profession.

The Czech Minister of Health expressed her support for the work done at the meeting and noted the importance of the international meeting for the future development of nursing. She declared 2004 a year of ‘nursing’ in the Czech Republic.

The success of the meeting shows that it will not be the last of its type. Nurses from accession countries realise that now is the time of opportunities - and challenges. We must act to persuade politicians and the public that we want to achieve quality nursing care to benefit patients.

Edinburgh, UK  
15 - 17 April 2004



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



[www.fec5.be/conferences/eons](http://www.fec5.be/conferences/eons)

## 4<sup>th</sup> EONS Spring Convention - EONS 20<sup>th</sup> Anniversary meeting

### Thursday 15 April 2004

- 09:00 – 17:00 Shuttle bus service between Edinburgh airport and the Heriot-Watt University campus
- 09:00 – 14:00 Registrations and poster set-up
- 09:00 – 17:00 Novice Cancer Nursing Research Workshop – see separate programme
- 13:00 – 17:00 **Exhibition open**
- 13:30 – 15:00 *Satellite symposium Nutricia: Nutrition and cancer*
- 15:00 Coffee
- 15:15 – 17:15 *Satellite symposium Novartis: Nursing insights in cancer management*
- 17:30 – 19:00 EONS-WISECARE Symposium
- 17:30 – 18:30 EONS/ROCHE Research Award presentations chaired by G. Vaessen (NL)
- 19.00 Welcome Reception

**Dinner at the Campus on Thursday evening is only possible if pre-registered. See registration (€ 15)**

### Friday 16 April 2004

- 08:30 **Plenary session 1** Chair: Nora Kearney
- 08:30 Opening address: J Malcolm Chisholm, Minister of Health and Community care
- 08:40 Quality of life – concept and implications Kristin Bjordal (Norway)
- 09:20 The status and result of quality of life studies Andrew Bottomley (EORTC - Belgium)
- 10:00 Coffee
- 10:30 **Workshop session 1**  
Pre-registration for one of the workshops is required. See registration form (free of charge)
- **Quality of life methodology (advanced level)**
  - **Concepts and methods of nursing research (basic level)**
  - **Supportive care and impact on quality of life (basic level)**
  - **Radiotherapy and quality of life (advanced level)**
- 12:30 Luncheons
- 13:30 *Satellite symposium Amgen: Minimise therapy to maximize the benefit: state of the art treatment for anaemia and neutropenia*
- 15:00 Coffee
- 15:30 **Plenary session 2**  
**Round Table:** The value and impact of measuring  
Moderator: Nurgun Platin  
Panel: Alex Malassiotis – Yvonne Wengström – Sara Faithfull
- 16:30 **EONS-ONS Symposium: New developments in oncology – implications for nursing** Chair: Giel Vaessen – Pearl Moore

- New developments in oncology – dilemmas in care. Giel Vaessen (NL)
  - Consequences of new developments for nurses and management. Pearl Moore (USA-ONS)
  - Establishing an oncology nursing research agenda, consequences for different ages. Deborah Boyle (USA)
  - New developments and the impact for home-care technology. Ton Van Boxtel (NL)
- 18:00 – 19:00 Poster viewing
- 19:30 Reception and Conference dinner; Celebration EONS 20<sup>th</sup> anniversary

### Saturday 17 April 2004

- 08:00 – 09:30 *Satellite symposium Merck Sharp & Dohme: Emerging trends in treatment of chemotherapy induced nausea and vomiting: a clinical update*
- 09:40 **Plenary session 3** Chair: Candy Cooley (UK)  
**Proffered Papers:** Quality care and quality of life
- A study to identify European oncology nurses' learning needs in relation to haematological toxicities. J.A.D. Foubert (B)
  - Healthy scepticism, healthier patients? D. Smyth (UK)
  - Exploring the information needs and information seeking behaviour of men who are newly diagnosed with cancer. E. McCaughan (IRL)
  - Nurse led early discharge following axillary clearance surgery: a randomised controlled trial. M. Wells (UK)
- 10:45 Coffee
- 11:15 **Workshop session 2**  
Pre-registration for one of the workshops is required. See registration form (free of charge)
- **Evidence based guidelines (advanced level)**
  - **Haematological malignancies and quality of life (advanced)**
  - **Needs of carers and family members (advanced level)**
  - **The use of complementary and alternative medicine (basic)**
- 13:00 Luncheons
- 14:00 **Plenary session 4** Chair: Catherine Miller (UK)
- 14:00 **EONS Best Poster Award presented**  
**EONS Young Researchers Award Lecture:** Cancer related fatigue in children and adolescents with cancer Pantelis Perdikaris (GR)
- 14:30 Hope and quality of life – central issues for cancer patients Tone Rustoen (Norway)
- 15:20 **Plenary session 4** Chair: Jan Foubert
- EONS 20<sup>th</sup> anniversary**  
**Nursing contribution to quality cancer care - viewed by EONS Past-Presidents:** Rosette Poletti, Liz Holter, Hansruedi Stoll, Kathy Redmond, Nora Kearney, Agnes Glaus and Giel Vaessen
- 17:00 – 18:00 EONS General Assembly meeting
- 17:00 – 19:00 Shuttle buses to the airport

# Oncology Research Nurses Group of the EORTC

Cancer clinical trials are designed to assess the effectiveness and tolerability of new therapies and treatments. This includes the assessment of new drugs and the impact of new supportive interventions on study participants' health outcomes as well as the documentation of drug and treatment related side effects. Properly designed cancer clinical trials establish scientifically reliable evidence for the treatment of various illnesses on which recommendations for future treatment can be based.

The importance of the nurses' role in supporting medical clinical trials in oncology is well established. Whereas nurse participation was once limited to data collection, nurses are now principal investigators in clinical trials and this area has become an important dimension of cancer nursing research. The most important role of nurses in medical clinical trials, however, continues to be the care of patients involved in studies.

From the nursing perspective, the organisation and conducting of clinical trials varies widely in Europe. In some countries or hospitals the patients enrolled in clinical trials are followed and cared for by formally appointed, specially trained research nurses. In other countries and hospitals the work and activities of research nurses is performed by ward nurses.

The EORTC-Oncology Nurses Group first published a survey in 1994 (1) in which the involvement of nurses in clinical trials across Europe was assessed. The survey was the first attempt in Europe to describe the nurses' role and tasks in clinical trials. The results reinforced the necessity of research nurses to be members of the clinical trial team.

The role and function of the research nurse compliments and overlaps with that of the staff nurse. Ocker and colleagues (2) proposed a role which differentiated the activities of the research nurse from the oncology nurse clinician not on the basis of activities performed but on the focus and function of the role. While the main focus of the staff nurse is to provide patient care in order to meet the psychosocial, physical and emotional needs of the patient, the main focus of the research nurses' role is the implementation of the protocol. This includes the coordination of the care of the patient according to the specific protocol guidelines as well as the coordination and supervision of medication administration, documentation of treatment effects, attainment of diagnostic and observational laboratory tests, and data collection. The research nurse coordinates the activities of the members of the clinical trial team during the entire clinical trial process and serves as a consultant for staff nurses in dealing with problems related to conducting the clinical trial and the care of patients involved. As teacher and consultant, the research nurse informs staff nurses about the specifics of the research protocol including goals of the study, medication administration and schedules, and expected side effects. Training of staff is important to ensure adherence to study guidelines and to enable staff nurses to be more competent participants in the clinical trial team (2, 3). Most research nurses also collaborate in the selection of eligible patients and perform patient assessment.

Several factors have recently contributed to an increase in the complexity in the workload of the research nurse involved in clinical trials. These are:

- the introduction of Good Clinical Practice (GCP) with increasing regulatory requirements and demands for quality assurance and quality control;
- the increasing use of multi-modality treatment regimens; and
- the incorporation of translational research in most new clinical trials.

As a consequence of these factors, the role of research nurses has been expanded and extended. Sharing knowledge and experiences and networking with colleagues are strategies utilised by research nurses to better cope with their demanding role.

Within the European Organisation for Research and Treatment of Cancer

(EORTC), the Early Clinical Study Group (ECSG) Research Nurses Group was founded in 1984 to give nurses involved in ECSG phase I and II trials a forum to share experiences and problems related to patient care. In 1990 the Oncology Nurses Group (ONG) was established to focus on promoting the quality of care for patients with cancer who participate in clinical studies. The group has collaborated on numerous educational projects. During ECCO 12 in Copenhagen, the ONG and ECSG Research Nurses Group merged to become the EORTC Oncology Research Nurses Group (ORNG). One of the main aims of the ORNG is to create a forum for research nurses to share their knowledge and experiences and collaborate in projects with research nurses throughout Europe.

The ORNG is a member of the EORTC Research Coordinators Group (CRC), an umbrella organisation of the Data Management Group, the Radiation Technologists Group and the Oncology Research Nurses Group.

For more information on ORNG, please contact: clementine.molin@ks.se

1. Arrigo C, Gall H, Delogne A et al. The involvement of nurses in clinical trials. Results of the EORTC oncology Nurses Study Group. *Cancer Nursing* 1994, 17, 429-433.
2. Ocker B, Planck DM. The research nurse role in a clinic based oncology research setting. *Cancer Nursing* 2000, 23, 286-289.
3. Fishwick K et al. The EORTC Clinical Research Coordinators Group. *European Journal of Cancer* 2002, 38, 54-59.

## Publications, Projects and Activities of ORNG and EORTC-CRC

- Manual for Research Nurses, (2001), ECSG Research Nurses Group. ISBN number 90-90 4937-6.
- A Core Curriculum on Cancer Clinical Trials for Oncology Nurses (2002), EORTC-ORNG, endorsed by EONS.
- "The development of a workload measurement instrument for cancer clinical trials". The aim of this current study is to measure the workload of clinical research personnel involved in clinical trials and to develop an appropriate measurement instrument.
- Organisation of a bi-annual course for clinical trial coordinators.
- Organisation and presentation of a joint symposia at ECCO and ESTRO conferences. Various group members offered participation at session.

## Clinical Trials in the Elderly with Cancer

The problems encountered by the elderly cancer patient population in terms of receiving appropriate and adequate management of their disease are well-known to EONS nurses. These problems were the major focus for discussion at the recently held 8<sup>th</sup> International Conference on 'Geriatric Oncology: Cancer in the Elderly' held in November in Rome.

Numerous speakers addressed the fact that patients over 65 years of age are very often excluded from participation in clinical trials. Further, there are to date only a handful of studies which have examined the course of cancer in older patients and an even smaller number of studies which have dealt with treatment side effects and outcomes in the elderly.

In order to accrue older patients for clinical trials, it will be necessary to design studies specifically with the needs of this population in mind. Some suggestions made to tailor studies to this growing group of patients included: limit the number of clinical visits for follow-up examination as well as the number and type of laboratory tests; include supportive care in the study design; limit the number of drugs in the study to 2; simplify the length and language of consent forms and use larger size print; simplify accompanying quality of life measurement instruments.

# The Status of Cancer Nursing: A European Perspective

Agnes Glaus, Past-president, European Oncology Nursing Society  
Centre for Tumour Prevention and Detection, St. Gallen, Switzerland

Nurses are the largest group of health care professionals in Europe. They promote health, prevent disease and provide care. Their important contribution is increasingly recognised in member states of the EU and there is agreement that nursing should be strengthened to provide better health care for all Europeans. The World Bank identified nursing as “the most cost-effective resource for delivering high quality public health and clinical packages” (1). Despite increasing recognition, the effective delivery of nursing services is negatively affected by many factors including: the absence of nurses in policy-making bodies in health care systems; a shortage of qualified nurses; insufficient resources for education and development; and an undervaluing of the importance of nurses. Nursing shares characteristics of other female-dominated occupations in many European countries: low pay, low status, poor working conditions, few prospects for promotion and poor education.

Within the context of general nursing, oncology nurses in Europe are considered *avant-garde* because of the pro-active stance they have taken to develop cancer nursing as a clinical specialty. They have gained respect among nursing professionals because they formed early on a European association to share skills and knowledge and to ensure that those who work in cancer provide safe and competent care (2). Despite these advances, there exists within and between European countries vast differences in competencies, education, working conditions and professional status. While cancer has been identified as one of the major disease entities in Europe, the management of cancer is dramatically changing and demands on nurses are increasing.

## Survey aims and methods

The European Oncology Nursing Society (EONS) decided to undertake a survey to assess the status of cancer nursing in its national member societies. The purpose of the study was to identify key indicators of status and characteristics of nurses, working conditions, education, and issues related to the development of nursing. In 2001, a postal survey was sent to the members of the Advisory Council of EONS (22 countries). The questionnaire included 27 questions, mainly quantitative in nature. The survey recipients received two reminders to complete the questions after which time the data was descriptively analysed and tabulated.

## Results

Information was received from representatives of 20 European countries: England, Austria, Germany, Switzerland, Belgium, the Netherlands, France, Italy, Spain, Greece, Denmark, Finland, Sweden, Estonia, Iceland, Israel, Turkey, the Czech Republic, Slovenia and Serbia. The mean age of respondents was 43 years, mean work experience in nursing 21 years, 13 had an education at diploma and 7 at academic level and 19 worked in an acute care hospital. Sixteen were females and 4 males and together they spoke 19 different languages.

Data collection presented a major challenge in many countries. Availability of data was either very limited or difficult to access and generally information about the nursing profession was very scarce and sometimes rather vague. Language and cultural diversity factors made it difficult to find comparable terms for professional issues.

## Workforce and work conditions

Data on the nurse / patient ratio per 100,000 inhabitants was provided by 7 of the 20 respondents: the ratio varied from 1000 nurses in Finland to 458 nurses in Spain. With the exception of Spain and Estonia, respondent countries indicated that the nursing shortage was a very urgent topic. Germany reported 40,000 position vacancies compared to 34,000 in Turkey, a vacancy rate of 10% in Iceland, 10% in Belgium and 35% in Greece. The average age of the professionally active nurse is

highest with 45 years in Sweden and lowest with 41 in France (representing responses obtained from 5 countries).

Working hours per week ranged from 42 to 38, annual approved vacation time between 6-2 weeks. Salary averages ranged from € 3000 to € 120 Euros per month. Salaries in Denmark, Switzerland, the Netherlands and Sweden were reported to be above € 2000 while Turkey, Serbia, the Czech Republic and Estonia reported salaries to be below € 500 per month.

## Nursing education

Age at entry into nursing school was reported to be 15 in Turkey and Slovenia. Fifteen of the respondents indicated an entry age of 18 years. Duration of basic education ranged from 3-4 years. In 16 of the 20 countries, Diploma education is most common. Academically-based education was offered in 14 countries.

## Cancer nursing as a specialty

Post-graduate cancer nursing programmes were available in 16 of 20 countries; duration of the programme ranged from 6-24 months and from 40-800 teaching hours. The ‘EONS Core Curriculum for Post-Basic Cancer Nursing’ was utilised in some form as a guideline in 18 countries.

The impact of cancer nursing education has not been analysed in any country to date. Only England and Iceland provided data on the number of certified specialist cancer nurses. Cancer nursing is recognised as a specialty in 11 countries; financial remuneration for specialty status is paid in Belgium, the Czech Republic, Greece, Iceland, Israel, the Netherlands, Sweden, Switzerland, Turkey and England. Application for accreditation of post-graduate cancer nursing education to the EONS Accreditation Council has been submitted by Austria, Germany, Switzerland and Israel.

Palliative care specialist roles exist in 17 countries but not in Greece, Turkey and Serbia. Specialist roles in cancer prevention are in their infancy and slowly evolving. Positions for advanced practitioners at the Masters’ level are available in 4 countries. Nursing practice development units have been established in England and Sweden.

## Conclusions

The information received reflected a variety of professional characteristics, working conditions, undergraduate and post-graduate education and professional development. A strong indicator of diversity was the presence of 17 languages associated with diverse cultural patterns.

Data suggest that the nursing shortage is an alarming issue in most European countries. Aside from this factor, there is a paucity of available information on vital indicators for the survival of the nursing profession. Conclusions are limited by the fact that the information collected was provided by one institution in each country and that information was not equally accessible in all countries; comparable data was not collected. However, collected data indicates that there is little awareness at the political and socio-economic level of the present situation of nurses nor of possible future scenarios. It is evident, that the nursing profession in the respondent countries has not yet been successful in effectively communicating current and future needs nor have leaders in health care recognised that nursing urgently needs care. Despite this, cancer nurses have always been, and most likely still are and will be, highly motivated professionals. Although the value of nursing care is well recognised, there are urgent demands to improve the status of nursing. If individuals, societies and politicians are unwilling to help resolve the situation, ultimately patients will have to pay the price.

1. World Health Organisation, Nursing practice around the world. Geneva, 1997
2. Fawcett-Henesy Ainna, Foreword, in: Kearney N, Richardson A, Di Giulio P, Cancer nursing practice. Churchill Livingstone, Edinburgh, 2000

# EONS News & Updates

## **Future Bright and Challenging for EONS Executive Board 2003 – 2005**

With élan, President Jan Foubert (Belgium) and newly elected Executive Board Members Sara Faithfull (UK) and Hilda Vorlickova (Czech Republic) were installed into office during the General Meeting of EONS at the 12<sup>th</sup> ECCO congress (see biographies on both new Board Members in this issue). The three are joined by Executive Board veterans Yvonne Wengström (Sweden) (President-elect), Giel Vaessen (The Netherlands) (Past-president), Karin Ahlberg (Sweden), Paz Fernandez Ortega (Spain), Cathrine Miller (UK) and Alexander Molassiotis (UK).

Under the leadership of past Executive Boards, EONS has grown and prospered during its almost 20 years of existence. The incoming Board will be able to build on the sound foundation the Society has established over the years in cancer nursing in Europe as a platform for new initiatives.

Collaboration and creativity will be needed to meet challenges facing the Board during their two-year term of office. The on-going implementation and evaluation of the Strategic Plan will require close collaboration with the Advisory Council and the general membership to obtain the desired goals. To foster continued growth and development, the Board will need to draw on the rich resources to be found in the EONS membership. From an economical standpoint, in a time when sources of financial support have dwindled, it will be the Board's charge to keep EONS on its budgetary tract and to explore ideas to create new sources of financial income.

All things considered, the task ahead is not an easy one for the Executive Board. There is no doubt that the Board members will rise to the challenge and move EONS forward to lead the transformation of cancer nursing in Europe.

## **Novice Researcher Award Winner**

Mr. Pantelis Perdikaris, RN, MSc from Greece has been unanimously selected to be the recipient of the 2004 Novice Researcher Award. The area of research for which Pantelis received the award deals with cancer related fatigue in children and adolescents with cancer. The aims of the study are:

- to describe and define fatigue through children's attitude, behaviour, mood and actions as it is met by them and their parents;
- to evaluate the variation of fatigue in children and adolescents with cancer during their treatment;
- to study causative and alleviative factors of fatigue in paediatric patients with cancer;
- to study the variation of fatigue in relation with the type of cancer, the type of treatment and other demographics.

Using fatigue scales, young patients between the ages of 7 and 15 and their parents will be studied to find possible positive or negative relations between fatigue and depression and quality of life.

Pantelis works as a nurse in the Oncology Department of the General Paediatric Hospital of Athens "P & A Kyriakou". His research is being done in collaboration with the Faculty of Nursing at the University of Athens and is part of the requirement for his PhD degree.

The 2004 Novice Researcher Award will be presented at the 4<sup>th</sup> EONS Spring Convention. Mr. Perdikaris will present his research in detail during a plenary lecture at the convention.

## **Cancer Nursing Research Day at the Spring Convention**

For the first time, a pre-conference research workshop will take place on 15 April in Edinburgh. Participants will be given the

opportunity to present their work and discuss their proposals with peers and a faculty of experts. Teaching sessions will address the theoretical background to qualitative and quantitative research approaches including possibilities and pitfalls using different approaches when conducting research. Discussion will be included on the ominous question "How do I get started with a research project?". Active participation is expected at the session.

A maximum of 20 applicants will be accepted for this workshop. The registration fee is € 100.

Together with the registration form, applicants must provide a five-page summary of their research project. More information and detailed application procedures are available by contacting the EONS Secretariat or at [www.cancerworld.org/eons](http://www.cancerworld.org/eons). Applications are due now.

## **Spring Convention Fellowships**

A number of fellowships will be awarded to nurses from countries with limited available financial resources to support attendance at the Spring Convention. Applicants should submit a brief biographical expose of themselves and a statement explaining benefits to be gained through attendance at the Convention. The application should be accompanied with a letter from the Head of Department stating that the applicant is not the recipient of any other financial support. Applicants must be fluent in English.

The fellowship, in total € 1000,00, includes:

- Free conference registration;
- Free accommodation (arrival Thursday, departure Saturday);
- Free admission to conference dinner;
- € 500,00 travel grant to cover travel costs (travel grant will be paid onsite).

Applications for fellowships should be sent to the Secretariat as soon as possible. Successful applicants will be notified in the course of February 2003.

## **Important Dates to Remember for the 4<sup>th</sup> Spring Convention**

Please note the following dates to better plan your attendance at the 4<sup>th</sup> EONS Spring Convention to be held from 15-17 April 2004 in Edinburgh. The conference program can be obtained by contacting [www.cancerworld.org/eons](http://www.cancerworld.org/eons), the EONS Secretariat, or FECS Conference Unit: Tel. +32 (0) 2775 0201, Fax +32 (0) 2775 0245, E-mail [EONS4@fec.be](mailto:EONS4@fec.be).

Early registration rate deadline	15 December 2003
Late registration rate deadline	1 April 2004
Hotel reservation deadline	1 March 2004

Thinking about attending the 4<sup>th</sup> Spring Convention? Consider this:

- The Spring Convention is the premier interactive educational conference for cancer nurses in Europe;
- Edinburgh is a beautiful and historic city providing visitors with a taste of Scottish life;
- An international faculty will provide state of the art information pertaining to quality of life and the cancer patient;
- Workshop sessions provide the opportunity to share knowledge and network;
- Nurses enrolled in post-basic cancer courses eligible for registration discounts;
- Economical accommodations available on the Heriot-Watt University campus;
- The 20<sup>th</sup> anniversary of EONS will be celebrated at the convention.

# EONS–Roche Research Grant

2003 grant winners re



LtR: Giel Vaessen (past president), Emma Ream, Alexander Molassiotis, Beth Odeh (Roche)

The Summer 2003 issue of the EONS Newsletter announced the winners of the EONS–Roche Research Grants for 2002–3, who were due to present their research at the recent ECCO 12 meeting in Copenhagen. However, those who attended ECCO 12 will remember the 2-hour blackout that led to the cancellation of much of the Tuesday afternoon programme – including the presentations by the four winners of the EONS–Roche award! It is therefore a pleasure to be able to provide an overview of their research here.

- Alexander Molassiotis: *The management of post-chemotherapy nausea and vomiting in breast cancer patients using wristbands in acupuncture point P6*
- 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 Ream: *An exploration of the efficacy of arm massage in facilitating intravenous cannulation for administration of cytotoxic chemotherapy.*

## EONS and Roche – a continuing partnership

Submissions for the 2003–4 EONS–Roche Research Grants have recently been received by the EONS secretariat; the winners for the coming year will be announced at the EONS 2004 Spring Convention in Edinburgh. Previous recipients have described this as a “great scheme, giving the opportunity for nurse researchers to start some work when funding in an area is minimal”. They and others hope the initiative will continue. The projects are summarised below.

### Can acupressure alleviate nausea and vomiting?

#### Alexander Molassiotis, University of Manchester, UK

Several studies since the late 1980s have suggested that acupuncture and acupressure can help to control nausea and vomiting related to chemotherapy, surgery or pregnancy. Dr Alexander Molassiotis, University of Manchester, UK, used his EONS–Roche award to conduct a study to determine the effectiveness of acupressure in treating nausea in women receiving combination chemotherapy for breast cancer.

Dr Molassiotis and colleague Anna Maria Helin, University of Nottingham, UK, aim to recruit 50 chemotherapy-naïve breast cancer patients to their two-centre study. So far 17 patients have joined the control group (antiemetic treatment with ondansetron) and 6 are receiving acupressure via a wristband for 5 days in addition to the antiemetic. Initial results have shown:

- no vomiting in either group

- no retching in the experimental group and mild retching at days 3 and 4 in the control group (not significant)
  - a reduction in the frequency and duration of nausea
- Recruitment into the study is continuing, with the aim of accruing a large enough sample with the power to detect significant differences between the two groups.

### Helping nurses to manage cancer pain

#### Elisabeth Patiraki, University of Athens, Greece

Cancer pain management remains a major worldwide clinical challenge and has been hampered by a lack of knowledge and misconceptions on the part of healthcare providers, patients and the general public. There is some evidence that re-educating nurses can help to improve their attitudes to pain management and promote the active use of current knowledge (Dalton et al. 1996; Howell et al. 2000). With this in mind, Elisabeth Patiraki, University of Athens, Greece, designed a study to test the effect of a specific educational intervention on 200 nurses working at the 375-bed St Savas Cancer Hospital in Athens. Among the questions posed by the study were:

- what knowledge and attitudes do the nursing staff in the hospital currently have with regard to pain?
- do factors such as age, years spent nursing and personal or professional experience of pain affect their attitudes?
- what personal or professional factors might affect nurses' ability to learn about pain management?

All participants were invited to a full-day session, comprising four translated educational videotapes by McCaffery, a world-renowned educator in pain management, and discussion of case scenarios. The results from this randomised, controlled four-group Solomon design study were assessed using the validated Greek version of the Nurses Knowledge and Attitudes Survey Regarding Pain (Tafas et al. 2002) and a participant questionnaire. So far, 112 nurses have been recruited into the study, and preliminary results suggest that pain education has had a significant effect on total knowledge scores and on specific pain knowledge items ( $p < 0.0001$ ). Recruitment efforts are ongoing, and the final outcome is awaited with interest.

### Quality of life perceptions in newly diagnosed lung cancer

#### Stylianos Katsaragakis, Greece

Stylianos Katsaragakis, Greece, is conducting research to discover whether:

- symptom distress among Greek male patients with lung cancer influences their quality of life (QOL)
- the distress that men experience from their symptoms influences their partner's perceptions of their QOL
- partners of lung cancer patients adequately comprehend patients' experiences of QOL.

The study will use EORTC QOL questionnaires, the Symptom Distress Scale and the Partner Relationship Inventory to measure the results. The author hopes that improvements in the understanding of QOL-related issues will enable nurses to support patients and their partners more effectively in coping with news of the diagnosis and throughout their treatment.

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**“Great scheme, giving the opportunity for nurse researchers to start some work when funding in the area is minimal, and develop new initiatives. Hope it will continue!”**  
**2002–3 Grant Winner**

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# Recipients

cognised at ECCO 12

## Arm massage – a measure to ease cannula-related problems?

Emma Ream, King's College Hospital, London, UK

Repeated cannulation for chemotherapy is costly, time-consuming and causes anxiety to patients and nurses. An exploratory trial has been designed by research grant winner Emma Ream from King's College Hospital, London, UK, to investigate whether arm massage prior to cannulation for chemotherapy can help to:

- reduce procedural pain and anxiety
- improve the state of patients' veins before cannulation
- reduce the time taken for cannulation
- reduce the number of cannulas used.

Following 10 minutes of arm and hand massage with sunflower oil, gentle effleurage and petrissage, the patient's arm is covered with a towel and cannulated as soon as possible. The view of patients, therapists and nurses will be taken into account when evaluating the effectiveness of this procedure. A pilot study involving 23 patients has been completed, and data collection from the main study – which aims to enrol 50 patients – is due to finish in March 2004.

## References

Dalton JA, Blau W, Carlson J *et al.* Changing the relationship among nurses' knowledge, self-reported behaviour, and documented behaviour in pain management: does education make a difference? *J Pain Sympt Manage* 1996; **12**: 308–19.

Howell D, Butler L, Vincent R, Watt-Watson J, Stearns N. Influencing nurses' knowledge, attitudes and practice in cancer pain management. *Cancer Nurs* 2000; **23**: 55–63.

Tafas C, Patiraki E, McDonald D, Lemonidou C. Testing an instrument measuring Greek nurses' knowledge and attitudes regarding pain. *Cancer Nurs* 2002; **25**: 8–14.



Elisabeth Patiraki and Stylianos Katsaragakis



## TITAN (Training Initiative in Thrombocytopenia, Anaemia and Neutropenia): An EONS Initiative in partnership with Amgen (Europe)

The US Oncology Nursing Society (ONS) has developed an innovative programme called ATAQ (Appropriate Treatment Assures Quality) that aims to update nurses about the prevention and management of haematological toxicities. This programme is supported by an educational grant from Amgen (US). A European delegation met with ATAQ project leaders to learn more about the programme. As a result of this meeting, EONS, in partnership with Amgen (Europe), has decided to implement a modified version of the ATAQ programme in Europe. The European initiative - TITAN (Training Initiative in Thrombocytopenia, Anaemia and Neutropenia) - aims to improve the prevention, detection and management of haematological toxicities in Europe. A TITAN Working Group, with representatives from both EONS and Amgen (Europe), has been established to oversee the project's implementation. Members include:

Jan Foubert (chair) (Belgium)	Karin Ahlberg (Sweden)
Françoise Charnay-Sonnek (France)	Shelley Dolan (UK)
Maria Munoz (Spain)	Jan Ouwerkerk (The Netherlands)
Mary Uhlenhopp (Amgen Europe).	

ONS has developed numerous materials as part of its ATAQ programme, however, since there are variations in cancer nursing practice between the US and Europe the TITAN Working Group has evaluated the materials to determine their suitability for a European audience. The evaluation process involved two steps – first a learning needs assessment (LNA) was undertaken with the aim of clearly delineating European oncology nurses' learning needs in relation to haematological toxicities. The LNA questionnaire was distributed at ECCO-12 and by national oncology nursing societies (NONS) in some countries. Second, an EONS expert delegation consisting of Jan Foubert, Karin Ahlberg, Shelley Dolan, Jan Ouwerkerk, Maria Munoz, Giel Vaessen attended ONS's National Conference on Haematological Toxicities to evaluate the ATAQ programme and recommend modifications.

The TITAN Working Group has developed a core curriculum for a short course on haematological toxicities and course materials based on the feedback from the LNA and the expert evaluation of the ATAQ materials. The TITAN programme includes pre-course work, attendance at a short course (7 student contact hours) and a follow-up dissemination project. In order to establish the suitability of this format and the programme content for a European audience the programme is currently being piloted in three countries – France, the Netherlands and the UK/Ireland. These countries were chosen because they were represented on the TITAN Working Group and because the Amgen national offices were eager to support the pilot project (both financially and with in-kind support).

National Working Groups have been established in the three pilot countries with representative from the European TITAN Working Group, the National Oncology Nursing Society and the Amgen local office. The national group has the responsibility of organising the pilot courses and providing guidance for dissemination project implementation. The goal is to run at least one pilot course prior to the EONS Spring Convention in April 2004.

The pilot programmes will be implemented throughout 2004 and further modifications may be made to the TITAN curriculum and materials once feedback is received from all the pilot programmes. TITAN will then be implemented in other European countries from 2005 onwards.

## Further details about the TITAN programme are available from:

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There will be presentations on the initiative at the EONS Spring Convention (Edinburgh, 15–17 April) and the International Conference on Cancer Nursing (Sydney 8–12 August). In addition, regular TITAN updates will appear in future issues of the EONS Newsletter.

# FOCUS ON FEEDING

## NUTRICIA'S NUTRITIONAL THERAPY ADD-ON TO 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 an add-on to your standard therapy will be beneficial for both you and your patients.



<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.

