



EONS

eons newsletter

The Quarterly Newsletter of the European Oncology Nursing Society

Fall 2004

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The goal of the EONS Newsletter is to inform nurses about EONS and its activities and to provide a forum for cancer nurses throughout Europe to network. The information published in the EONS Newsletter is intended to inspire nurses to improve the care of the cancer patient through improved knowledge.

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Letter from the Editor

In an ideal world, research, education, professional development, and practice are integrated. Current realities of diminishing resources, restrictions on spending and organisational change within the health care system have, however, caused us to awaken to reality.

Evidence based nursing attempts to integrate the clinical information obtained from a patient with the best evidence available from clinical research and experience. An evidence-based approach applies a systematic and rigorous methodology to the process to ensure that the evidence applied is relevant and of high quality. Clinical problems are often complex and need to be broken down into separate components. Once the evidence has been found, the next step is to appraise it for validity (whether it is worth taking into account) and usefulness (whether it is applicable to the patient). The evidence may then be transformed to clinical practice guidelines (CPG). Evidence-based nursing is not a new concept but may be an effective method for evaluating and developing CPGs and evaluating research literature within cancer care. A CPG could be seen as translating assessments of evidence and values into practice. So, since all this is old knowledge – do we use enough evidence in clinical practice? Is the practice of evidence based nursing is continuing to evolve. I am afraid the answers to these questions is no. In 1981, a paper published in the Journal of Advanced Nursing written by Hunt presented the following reasons why there is a lack of implementation of research findings by nurses:

- unaware of research findings,
- lack of understanding of research findings,
- research findings are not believable,
- lack of knowledge on how to use research findings,
- not allowed to use research findings.

In the same paper, the author also stated that nurse researchers do not

- produce their findings in usable form,
- study the problems of practitioners,
- manage to persuade and convince others of their value,
- develop the necessary programmes for the acceptance and introduction of innovation,
- have the necessary authority of access.

Now, almost 25 years later, are these reasons still the barriers to using research results in practice? Or do you already use CPGs in the clinical practice? Or, do you have CPGs ready to use but don't know how to implement them? I am certain that there has been a lot of work done within this field all over Europe. At least for the patients sake! Please tell us and other readers about how you are integrating research into practice. Send in a paper to the EONS newsletter, short or long, describing your experiences.

In this issue you will find a presentation about ESMO, the European Society for Medical Oncology. Further a paper entitled 'Sexual care in cancer: the forgotten question' describes the results of a research project which indicated that a persons' sexuality may be forgotten when she or he becomes a patient and that there is a lack of initiative on the part of health professionals to detect and treat problems of a sexual nature. You can also find new and updated information on EONS projects, a report of a recent EONS Advisory Council meeting and, and, and.

Karin Ahlberg, Editor-in-Chief

In search of personal and professional growth?

Duties, Responsibilities and Benefits of being an EONS Board Member

Board Members are expected to:

- act from a European perspective;
- display leadership skills;
- be committed to the EONS philosophy and strategy;
- be available;
- act independently;
- demonstrate a willingness to participate in projects;
- be a critical thinker.

Duties of Board Members include:

- attendance at all board and Advisory Council meetings;
- assume responsibility for on-going development and implementation of EONS goals;
- assume leadership for projects and activities;
- represent EONS at national and European meetings;
- represent EONS at FECS meetings;
- act as a role model.

Some of the numerous benefits of serving on the Executive Board include:

- making new friendships;
- building new networks;
- experiencing personal and professional growth;
- enhancement of your curriculum vitae;
- recognition among peers and colleagues.

Candidates for the Executive Board should have experience in an area of cancer nursing. Before starting the formal application process, it is advisable that candidates seek and establish commitment from employer and colleagues. It is also essential that the candidate gain support from their national cancer nursing society and/or EONS members in her/his own country.

Our colleagues from...



Become part of the global oncology network!

The European Society for Medical Oncology (ESMO) is reaching out to colleagues as well as other healthcare professionals in the field of oncology. Medical oncologists work very closely with oncology nurses in their daily practice. Increased interaction between oncologists and oncology nurses would help identify needs on both sides as well as provide a forum to propose effective solutions. However, being a member of several societies can be a financial challenge. Therefore, ESMO is offering special conditions for oncology nurses to become Associate members of their society. "ESMO is seeking partnership in all areas of oncology," comments ESMO Executive Director, Dr. Åge Schultz. "In addition to being members of EONS, we feel that ESMO membership will provide oncology nurses added value to both their education and professional experience as our two Societies begin to organize more and more interdisciplinary activities to meet common needs."

About ESMO

Founded in 1975 as a non-profit organization, ESMO has its headquarters in Lugano, Switzerland. The Society is recognized as an authority in its field and offers a comprehensive program covering all facets of cancer care.

ESMO has grown to include representatives from every European country and the six major geographical regions of the world, with more than 4,000 ESMO members representing over 90 countries. ESMO's membership is comprised of medical oncologists representing all oncology disciplines and subspecialties, physicians and healthcare professionals participating in approved oncology training programs, oncology nurses, and other healthcare professionals with a predominant interest in oncology. ESMO strongly supports all types of scientific cancer research and, in particular, patient-oriented clinical research.

Become an ESMO member and be part of a global network. ESMO offers three basic categories of membership: Full, Associate, and Junior. Every three months, fully completed applications are reviewed for approval.

Associate membership

ESMO Associate membership is available to physicians and other healthcare professionals (assistants, oncology nurses, etc.) who are not medical oncologists. Special annual membership fee for oncology nurses € 25.- (with only online access to Annals of Oncology)

Application requirements

- Sponsor endorsement signature from one (1) ESMO Full member (please provide ID number)
- Curriculum vitae
- Copy of certificates or equivalents
- List of publications

Application and information may be obtained at any time from the ESMO Web site www.esmo.org under About ESMO/Membership, or by writing or calling the:

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Via La Santa 7
CH-6962 Viganello-Lugano
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Benefits

- Receive ESMO Newsletter, the Membership Directory and the ESMO Annual Report (Annals of Oncology only online)
- Register at reduced fees for ESMO, ESEC, and ECCO Congresses and Educational courses
- Entitled to submit abstracts
- Access the ESMO Web site
- Participate in ESMO Career Development and Training Programs, Educational Courses, Central and Eastern European Countries and Developing Countries events

Examples of ESMO Educational Resources are:

Patient and Family Seminars Through its European Patient Seminars, in Nice, France (2002), Edinburgh, Scotland (2003), and the forthcoming 30-31 October 2004 during the 29th ESMO Congress in Vienna, Austria, ESMO has widened its mission to embrace patients' needs.

ESMO Minimum Clinical Recommendations Prepared and updated by specialists in their field, the ESMO Minimum Clinical Recommendations provide standard clinical guidelines on various cancer types. They are freely downloadable from the ESMO Web site in full text with live reference links to PubMed, in PDF format, or in Palm version in either color or black and white.

Web site The Educational Committee has developed a faculty list composed of international experts willing to participate in ESMO courses and activities. Through the Clinical Discussion Forum on the ESMO Web site, members can discuss difficult cases with the ESMO Faculty.

Palliative Care Training ESMO is offering workshops on palliative care in collaboration with local oncologists. The aim is to integrate supportive care into existing healthcare facilities.

Central and Eastern Europe A special educational program for Central and Eastern Europe has the objective of promoting a high standard of professional qualification by offering courses tailored to the specific oncology needs of this geographical region.

ESMO has worked in close cooperation with EONS in the past and would like to continue to do so in the future. Expanding existing programs or jointly developing new ones that cater to the needs of oncologists and oncology nurses provides the basis for collaboration between our two societies.

In order to adequately face the challenges that lie ahead, ESMO warmly invites EONS to unite forces and work together for the benefit of all cancer patients.

ISNCC 13th International conference on Cancer Nursing

August 8-12, 2004. This year's conference was held in Sydney, Australia and for the entire conference Sydney showed itself from its best side with sunny skies and fair temperatures. The theme of the conference was "Celebrating diversity" this was evident in the opening ceremony where more than 30 countries were represented during the flag ceremony. The program included presentations of examples of nursing practices where nurses have an impact in the lives of patients living with cancer and their families. Other presentations included the latest scientific and societal trends that will impact on cancer nursing practice. A plethora of topics covered paper and poster presentations including; clinical developments, health promotion, evidence based practice, role development, research, education and future development of cancer treatment and care. During the first day of the conference one of the sessions was an interesting panel discussion with the theme "Global perspectives on nurses contributions to cancer care". The panel included participants from South Africa, Singapore, South America, Australia and EONS and Jan Foubert represented the European perspective. It was a humbling experience to listen to the representative for oncology nurses from the African countries and realise that curative treatment for breast cancer seldom is an option for their patients. Palliative and preventive measures were a foundation for their work as oncology nurses. The concurrent sessions in the afternoon showed the diversity of working as an oncology nurse by the broad subjects that were covered this included, innovative models of supportive care, support in the practice setting, treatment developments, advocacy and ethics and testing nursing interventions. Several of the conference days ended with evening symposia's full to the last chair. There were also breakfast symposia's for the early birds that started the days off at 7am.

Evidence based cancer care and innovations in supportive care gave ideas of developments in family cancer care, nutritional issues and mucositis management and also gave ideas for how to implement evidence into practice. The concurrent session for the second day of



the conference included building partnerships were Sanchia Aranda gave a presentation concerning Leading for change – a structure for the future? In her presentation she talked about how radical changes implemented in the nursing care structure of a cancer centre has lead to almost no nursing vacancy, good retention and raised morale. The changes included a joint appointment of leadership team for nursing combining leadership skills and management with those brought by through research and academic developments. The partnership emphasise the primacy of nursing as a practice discipline and rewards practice efforts and seeks to breakdown the traditional roles and input of nurses at the organisational level. Her presentation focused on lessons learned and recommendations for the future, we can learn so much from each other!

Cancer treatment developments included an update in cancer genomics, radiotherapy update and targeted therapies the concurrent sessions covered topics such as understanding patient experiences, coping an rehabilitation, advancing clinical care and models for co-ordinated and primary cancer care. A roundtable session provided nurses interested in getting started in research and opportunity to meet and discuss with experts how this may be achieved. The dinner during this conference was a magic experience and Australia's own "ABBA" group delivered entertainment for a lively group of nurses that all claimed to be Swedes for one night!

Developing the workforce for the future was the theme for the last day of the conference, this included presentations on creating the new workforce for the future. Tracy Gosselin from the US gave a presentation of a model of professional development for oncology nurses that has been developed and implemented at Duke University medical centre. The model targets four areas of professional development, nursing grand rounds, nursing research, developing an abstract/ poster and writing for publication. The program is successful and aims at developing nurses both clinically and professionally by not only enhancing patient outcomes but also nursing satisfaction and retention.

The conference provided a wonderful opportunity to learn new things, to meet new colleagues and to network with cancer nurses from all over the world.

Yvonne Wengström 2004-10-10

Sexual Care in Cancer – The forgotten problem?

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Sexuality is without a doubt an important aspect in our lives. How often, however, is a persons' sexuality forgotten when she or he becomes a patient? Patients with germ cell testicular cancer experience alterations in their sexuality. Fortunately, this form of cancer has a rather low incidence (1.5 %) and a high curability (90%) rate. Unfortunately, it affects predominantly young males from 15 to 35 years of age at a time when the development of secondary sexual characteristics, an interest in sexual activity and the desire to develop mature sexual relationships contribute to an individuals' sense of sexuality. As cancer nurses, we detected a lack of information in these patients regarding potential sexual problems. Most of the literature reports physiologic dysfunction's (erection, libido, and ejaculation) and both the disease and treatment can be the origin of these alterations. The emotional impact of the diagnosis and treatment may influence significantly the way a patient perceives their sexuality We believe that, as part of the integral care our patients, we should be aware of patients concerns to help them with their questions to improve their quality of life.

The aims of the study were:

- to describe patient's sexual dysfunction
- to describe the impact of sexual difficulties on their lives
- to identify patient information needs about the possible changes in their previous sexual activity pattern

Methodology

A questionnaire was designed and sent to the patients together with informed consent and a detailed explanation of the study. Patients with a diagnosis of testicular germ cell tumours were included in the study. In follow-up to the questionnaire, patients were approached by telephone to solve questions and increase participation. Univariate analysis (statistical index) and multivariate (contingency tables) were used as statistical analysis with the SPSS statistical programme version 10.0.

Study Design

This was a descriptive, retrospective study. Patients were obtained through the Institutional Registry of Germ Cell Tumours at the Institut Català Oncologia 1998-2004; a total of 231 patients are registered. Sixty-eight patients (30%) responded to the questionnaire.

The Questionnaire

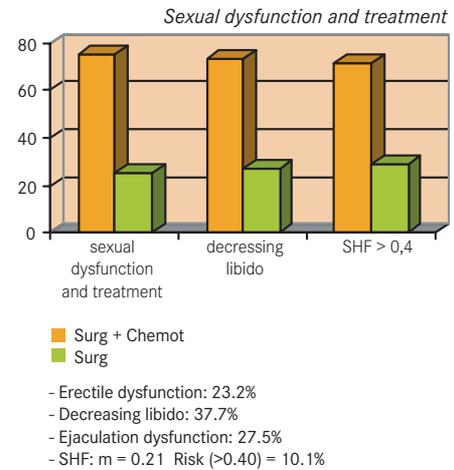
The questionnaire contained 39 questions taken from the Sexual History Form (SHF33), the International Index of Erectile Functions (IIEF54), and diverse scales of sexual function for males⁵, several questions regarding emotional impact on sexuality and needs for information.

Study Variables

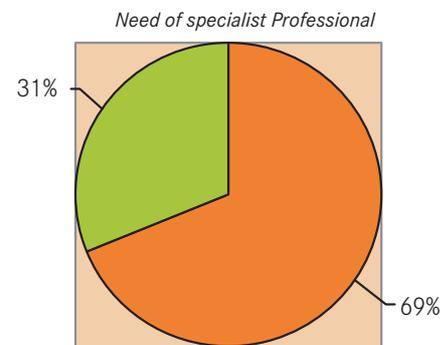
Study variables included:

- Type of treatment: surgery alone or surgery plus adjuvant QT
- SHF scores from 0 to 1. (0 non pathology. 1 pathology)
- IIEF-5: scores < than 21 indicate a risk of erectile dysfunction
- Test of sexual function: scores less than 11 for sexual arousal indicate decreased sexual desire.
- Impact of having sexual dysfunction (erection, decreasing libido, ejaculation dysfunction): measured as a range in worry (not worry, little, moderate, pretty much)
- Need for information: perceived information, demand for information, to specialist professional.

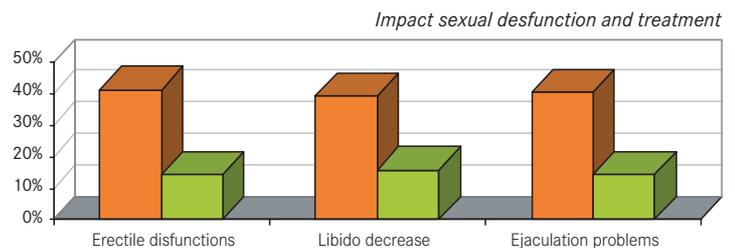
Results Objective 1: To describe patients sexual dysfunctions



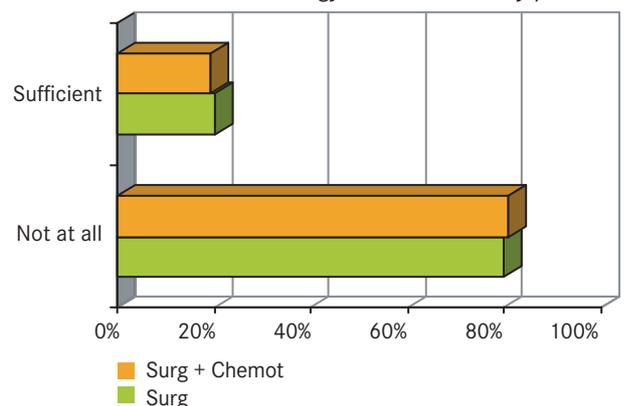
Results Objective 2: To describe the impact of sexual dysfunction on their lives



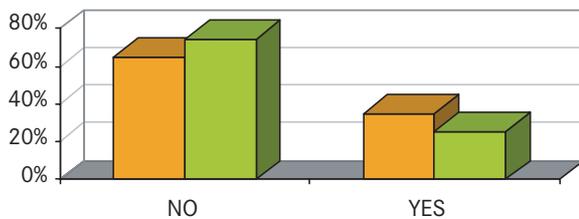
Results Objective 3: Identify information needs from the patient about possible changes in their previous sexual activity pattern



Sexual information from the oncology team received by patients



Specific sexual information solicited by patients



Conclusions

Attending to sexual dysfunction in patients with germ cell testicular tumours, our results are similar with those reported in the literature.

- Most patients expressed their concerns regarding sexual alterations: erection, sexual desire and ejaculation.
- Patients receiving adjuvant chemotherapy reported increased emotional impact and worries regarding physiological sexual dysfunction.
- The study results revealed lack of initiative by health professionals to detect and treat problems of sexual nature.
- In our setting, "Sexual talk" is still taboo and patients with testicular germ cell tumours rarely demand information despite their concerns.
- It would be desirable to include an expert professional in sexual counselling in the multidisciplinary team attending to this population of patients.

Correction

You may have noticed that the article on 'Reducing the impact of nausea and vomiting on quality of life', which was published on page 15 of the Summer 2004 issue of the Newsletter, regrettably contained some formatting errors. Our apologies to the authors and to our readers for this slip in the quality control of the text. Interested readers are referred to the cited article (*Cancer, 2004;100(10): 2261-2268*) for more information on the topic.

The Editorial Team does its utmost best to produce a Newsletter of high standards, however none of us are professional publishers and occasionally mistakes occur. We pledge to do better in the future!

Core Curriculum on Cancer in the Elderly

The development of a Core Curriculum on Cancer in the Elderly is steadily progressing, as reported by the EONS working group charged with this task. Thus far, 2 meetings have taken place at which a foundation for the framework of the curriculum were developed and refined. At the start of the project development, a questionnaire was sent out to national oncology and general nursing societies and the results identified a need to have a specific curriculum on cancer in the elderly in most of the responding countries.

The overall objectives of the project are to develop a curriculum which is flexible enough to be used in diploma/degree programmes as well as one that can be broken down into modules to be used in continuing education. The curriculum content is aimed at improving the knowledge and skills of nurses caring for the elderly with cancer through an interdisciplinary approach to managing problems common to this population. To achieve this aim, a multi-professional working group was established with expert representatives from oncology and gerontology.

The core curriculum will provide a framework for education to enable students to achieve and demonstrate the following learning and practice outcomes (practice competencies) relevant to care of the elderly cancer patient: assessment, early detection and diagnosis of cancer in older people, biological nature of cancer in older people, cancer treatments for older people, the impact of cancer treatment and symptoms on older people, supportive management of cancer in the elderly, decision making and communication, and professional issues.

Further educational aims of the new programme include:

- Raise awareness of ageism in cancer care and highlight the need for appropriate treatment and nursing for the older person with cancer;
- Enhance assessment skills and improve health care management for older people with cancer;
- Promote the use of relevant geriatric assessment tools for older people with cancer to identify individual needs;
- Improve the care and management of older people undergoing cancer therapy;
- Empower nurses to offer input into the multidisciplinary team for both older people and cancer services;
- Improve the general health status of the elderly cancer patient;
- Foster the development of strategic capacity and capability within the context of older people cancer practice in any setting.



A first report of the project was presented at the EONS Advisory Council Meeting in Brussels in September 2004. During a workshop at this meeting, it was decided to develop guidelines on how to implement the core curriculum either in its entirety or the implementation of modules into existing programmes. The working group announced that the German as well as the Swedish oncology nursing societies will organise a pilot implementation in April/Mai 2005. The official launch of the Core Curriculum on Care of the Elderly Patient with Cancer will take place at ECCO 13 in Paris during a special EONS educational symposium.

Managing bone metastases

Up to 75% of women with breast cancer will become affected by bone metastases, and once this condition is diagnosed, the average survival time for these patients is approximately 2.5 years.^{1,2} The development of bone metastases is a sign that the disease is now most likely incurable, so it is essential to develop a management plan that specifically addresses the individual needs of the patient. Patients will experience tremendous suffering from bone pain and pathological fractures that considerably reduce their ability to lead a normal life (Table 1). Oncology nurses are therefore central to the patient's treatment success, helping to reduce the impact that the disease can have on the patient and her family.

Table 1. The patient burden of bone metastases

- Impaired mobility
- Severe bone pain
- Pain and paralysis from spinal cord compression
- Long and painful recovery from pathologic fractures
- Dependence on family/caregivers
- Limited functional capacity
- Treatment side effects
- Inconvenience of hospital/clinic visits

Treating bone metastases

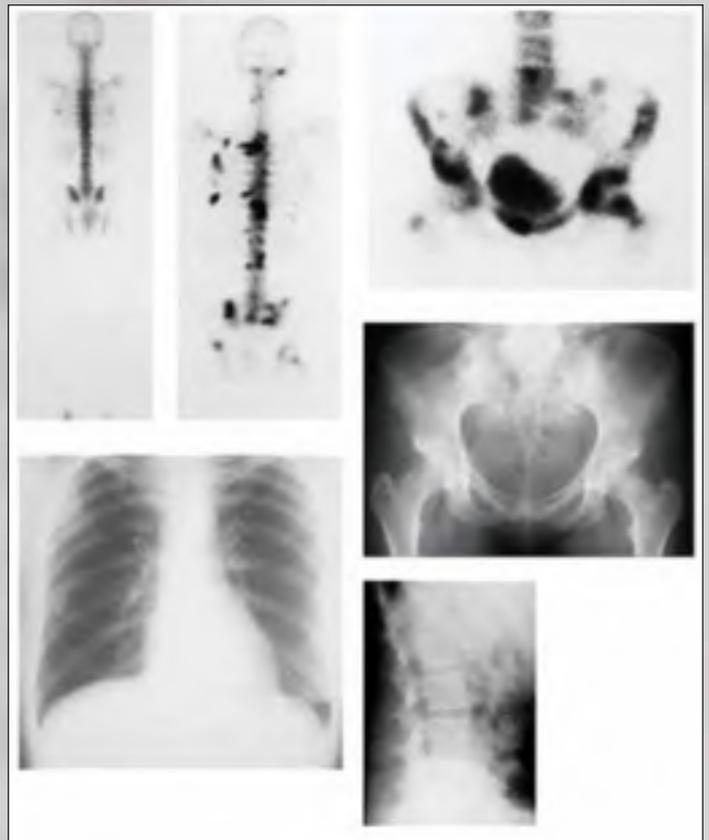
Successful management of bone metastases should aim to relieve pain and stabilise the skeleton to restore normal quality of life for the patient. Bisphosphonates are the standard of care for bone metastases, 3-5 with the most widely used drugs including ibandronate, clodronate, pamidronate, and zoledronic acid. Although all of these bisphosphonates treat bone metastases effectively, there are some important differences between them such as their ability to provide sustained relief from metastatic bone pain, renal safety and monitoring requirements, and also their route of administration (oral versus intravenous).

Special considerations for managing bone metastases

Metastatic bone pain is the most troublesome complication of bone metastases and is usually the main reason that patients visit their physician. Despite the fact that up to 80% of patients with metastatic breast cancer may have at least one episode of severe bone pain,² many patients may under-report their pain. Nurses have a key role to play in encouraging patients to discuss their pain levels, one way is to encourage them to record their pain in a diary.

Careful attention is particularly crucial when treating elderly patients with bone metastases. The existing physiologic decline and comorbidities that are normal with an elderly patient population provide additional challenges for treatment. For example, ensuring compliance with oral bisphosphonate therapy can be difficult, and travelling to hospital for regular intravenous treatment can be time consuming and particularly disruptive to the elderly patients' family/friends. It is also important to ensure that bone metastases treatment does not worsen patient outcomes - elderly patients are particularly prone to renal problems as they may have reduced renal function and are more likely to be taking potentially nephrotoxic medications. Certain intravenous bisphosphonates can impair renal function, and therefore care is needed to avoid further compromising the patient.

Despite the welcome benefits of bisphosphonates, there are some uncertainties about their role in metastatic breast cancer. Treatment guidelines on bisphosphonate use are needed, particularly management considerations for elderly patients. All members of the healthcare team have a role to play in the management of bone metastases and it is important they choose the most appropriate bisphosphonate intervention for their patients to maximise treatment success.



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Controlling combination chemoradiotherapy-induced emesis for cervical cancer

Despite advances in screening, cervical cancer remains a major health problem. Over the last few years, the potential survival benefits of combining cisplatin-based chemotherapy with radiotherapy for neoadjuvant and concurrent treatment of locally advanced disease has been under scrutiny. Studies looking at cisplatin-based chemoradiation have demonstrated significant survival advantages compared with radiation alone or radiation with hydroxyurea (Rose 2000). Based on the results of these trials, cisplatin-based chemoradiotherapy is now recommended for high-risk early stage and locally advanced stage cervical cancer (National Cancer Institute Clinical Announcement, mailed February 1999). Patients are, however, likely to experience additive toxicities as a result of combined treatment, and indeed acute toxicities (e.g. gastrointestinal) were more common with chemoradiation in recent studies than with radiation alone.

The benefits of combined treatment are clear, but the potential impact on quality of life needs careful management. Nausea and vomiting are common and distressing side-effects of both chemotherapy and radiotherapy, and are likely to be more prevalent, severe and prolonged with combined treatment. Poorly controlled nausea and vomiting can lead to potentially serious complications (e.g. dehydration, electrolyte imbalance) and may result in extended hospitalization, thereby increasing the burden on nursing time and pharmacy resources.

Currently, none of the available antiemetic guidelines provide formal guidance for the treatment of nausea and vomiting following combined chemoradiotherapy, which perhaps reflects the absence of well-controlled, randomized clinical trials in this treatment modality. The 5-HT₃-receptor antagonists are, however, recommended for the treatment of symptoms resulting from both chemotherapy and radiotherapy. Only oral granisetron and ondansetron are indicated for radiotherapy-induced nausea and vomiting, but dolasetron, tropisetron and palonosetron might be used by physicians in some clinics due to their formulary status. Nevertheless, when determining which 5-HT₃-receptor antagonist to prescribe, various patient- and treatment-related factors should be considered, including the following.

Duration of antiemetic action. Effective 24-hour control of emesis is particularly important for patients receiving fractionated radiotherapy regimens as part of their combination treatment. Antiemetics that can provide 24-hour control with once-daily dosing are therefore preferred.

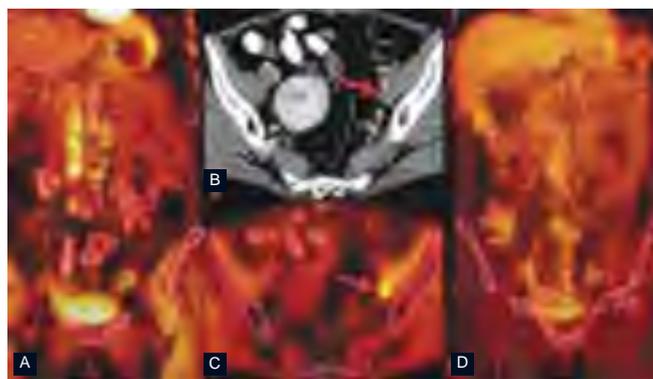


Image B (b&w) CT-scan showing a cervical mass and para-aortic lymphadenopathy. Image A and C: more detailed PET-CT images of Cervical Cancer. Image D: PET-CT after radiation therapy.



Antiemetic side-effect profiles. The 5-HT₃-receptor antagonists are generally well tolerated; with side-effects such as headache, constipation, diarrhoea, asthenia and somnolence generally reported to be mild and transient. Compared with ondansetron, granisetron has been linked with a lower incidence of central nervous system side-effects (Goodin & Cunningham, 2002; Sprung et al., 2003; Perez 1998a and b), possibly due to its highly selective binding to the 5-HT₃ receptors.

Patients requiring special consideration. Patients at risk of cardiovascular events (e.g. those with a history of heart disease) should be given an antiemetic with the least potential for cardiovascular complications. Of the 5-HT₃-receptor antagonists, dolasetron, tropisetron and palonosetron all include cardiac warnings in their prescribing information. In addition, patients receiving multiple medications also need careful consideration, with the risk of drug-drug interactions known to increase with increasing numbers of medications.

With combined chemoradiotherapy showing promise in the treatment of a number of cancers (e.g. oesophageal, breast, pancreatic) as well as cervical disease, the use of these regimens in clinical practice is set to increase. Effective preventative treatment of chemoradiotherapy-induced emesis is therefore becoming increasingly important. The introduction of guidelines for antiemetic care following combined treatment would be welcomed. In the meantime, it is up to the healthcare team to determine the most effective antiemetic regimen for prevention and control of these symptoms for each of their patients.

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A meeting of the EONS Executive Board took place on 3 September and a meeting of the Board together with members of the Advisory Council took place in Brussels on 4-5 September 2004. Although these two groups have often met to plan and discuss strategies to provide direction and purpose to the activities of the Society, this was the first time that individual members were invited to attend as observers at the meeting. Altogether, 17 national nursing societies, 1 full member and 4 observers were in attendance.



Joint Meeting of the EONS Executive Board and Advisory Council yields Positive Results

To open the meeting and catch all in attendance up to speed, President Jan Foubert supported by project managers, provided an overview of the status of EONS initiatives. The TITAN project (Training Initiative in Thrombocytopenia, Anaemia and Neutropenia) was given special attention. The project, which arose from EONS' commitment to education and improving the quality of care provided to cancer patients, is supported by an unrestricted educational grant from Amgen. Background of the project has been reported in previous issues of the Newsletter. Thus far, the programme has been piloted tested in 3 countries (Ireland, France, and the Netherlands) in association with national oncology nursing societies. A fourth pilot is now planned for November in the UK. Feedback from the pilots is very positive. Participants have responded that the content is aimed at the right level and is relevant to daily practice. From the standpoint of EONS, greater involvement in adopting and implementing TITAN by national societies is being sought. Institutions or nursing organisations wanting to implement the course can apply to do so. National societies are urged to report updates on the TITAN project in their newsletters and on their web sites. Continuing updates and information on TITAN will be available on the EONS web site.

Although highly praised for the quality of its content, the EONS Newsletter is still not being distributed by national societies to all of their members due to the high costs of mailing. Difficulty in understanding English remains a major barrier to reading the



publication for most. Ideas to overcome these obstacles were discussed concluding that national societies will need to explore their own financial and language resources to find solutions. Editor of the Newsletter, Karin Ahlberg, urged all potential authors in the audience to submit papers for publication in the Newsletter even if they are unsure of the English: the Editorial Team is more than willing to help edit papers. News from national societies and reports of issues related to cancer nursing and cancer nursing practice are always welcome!

President Foubert was pleased to announce that increases in membership fees for individual or national societies are not foreseen in the near future. However, fees will be increased for members who do not subscribe to EJON. Strategies were discussed to track members who have discontinued their membership or are substantially late with payment of their fees. In an effort to reduce the amount of administrative work needed to process payment of membership dues, it was suggested that fees be paid for a period of 2 years. This proposal will be further discussed by the Board.

It was announced that FECS is considering holding the ECCO conference on a yearly basis. An informal poll of the attendees revealed that most were not in favour of the proposal. Members of EONS are reminded to register for ECCO as nurses and members of the Society; members of national societies are members of EONS through their membership and are thus entitled to a discounted conference registration fee. Of note, some sessions of the nursing programme at ECCO 13 (those taking place in the main auditorium) will be translated into French.

The framework has been prepared for a new initiative, the development of a core curriculum on cancer in the elderly. Results of a questionnaire sent to national societies indicated a need to have specific curriculum content guidelines on care of the elderly. It is planned to adapt the curriculum for diploma or degree programmes and/or to create modules for continuing education. A multi-professional team is involved in the development. The development team will devise content as well as a strategy for implementation; pilot testing will be done in Germany and Sweden. The core curriculum will be launched at ECCO 13.

President-elect Yvonne Wengström presented preliminary plans to develop grant programmes to provide financial support of activities of cancer nurses. The proposed areas for funding are: excellence in clinical practice, excellence in education, management, and research/mentoring. Grant awards would range from € 500-1000. The concept will be further developed and announced at ECCO.

The working relationship between EONS and EJON, the official journal of the Society, has been good over the years. The Journal has made steady progress and both the publisher and editor are pleased with the accomplishments to date. Starting in the fall, authors will be able to submit manuscripts online via the Elsevier Editorial System. A strategy has been devised to further develop EJON in six areas: content, diversity of authors, submission by new authors, relationship between Elsevier and EONS, circulation, and commercial involvement through sponsorship.

The main purpose of the two-day meeting was to devise strategies for the further implementation of the EONS Strategy 2004-2006. Jan Foubert emphasized that EONS is not an office, but rather an organisation which exists to serve its members by reaching out to

them and integrating them into its activities. Thus, maintaining the number of present individual members and making membership attractive to attain new members is a priority.

Working groups were formed to brainstorm on the 4 areas of focus of the EONS Strategy. These are education, communication, research, and influencing the political agenda. A summary of the proposals generated by the groups is as follows:

Communication

It is important to foster communication between members and EONS. All are aware that language is an obstacle to optimal communication, however a structured approach to dealing with the problem is lacking. Even among nurses who are native English speaking, awareness of EONS and the EONS Newsletter is lacking. To overcome this situation, a type of marketing strategy was proposed in which EONS activities are promoted as making a difference to practice, research, and management. Short term goals involve the development of an EONS promotional packet to be distributed to national societies, potential contacts, FECS, and the press, and to more extensively develop the web site to be more informative and interactive. Long-term strategies include language sections on the web site and greater involvement of the national societies in promoting EONS including inviting EONS to participate in national events.

Political agenda

Issues related to the availability of cancer nursing educational programmes at both the basic and advanced levels contributes to the problem of a lack of recognition of the speciality of cancer nursing in many countries. Strategies to correct the situation lie with individual nurses, national societies and EONS. A proposal was made to initiate a European-wide 'Cancer Nursing Awareness Day'. More explicit strategies will be forthcoming.

Research

To better plan future research programmes, the 1st EONS Research Day will be further evaluated: future research seminars will focus on topics related to the initial phases of developing ideas into a research project. As a means of promoting research activities, the working group proposed creation of a structure for the awarding of grants. Results of the 'Status of Cancer Nursing in Europe' will be discussed further. Short term goals include using the web site as a



source of information and assistance for creating a poster, writing a grant proposal and writing a scientific paper. Long term goals include establishing priorities for research for the Society and integrating research results into practice.

Education

As background to their proposals, the group acknowledged the theory / practice gap and recommended that the Core Curriculum be used as a tool to address this growing problem in nursing. A second situation which needs to be addressed via educational initiatives is getting nursing students involved in and enthusiastic about the difference nurses can make in cancer care. The group proposed developing a framework for competencies in cancer nursing; this would take the form of a framework or guidelines similar to the Core Curriculum.

NOEP Programme Update

Nutricia, supporters of the NOEP educational programme, report that training sessions are progressing as planned. In the Netherlands, 5 dieticians were trained to, in turn, become trainers themselves for this educational initiative. At least 4 NOEP courses are planned to be implemented from September until the end of the year with a goal of training at least 100 nurses. In Switzerland, course materials have been translated into German and collaborative preparations are ongoing between the national cancer nursing society and schools of nursing. Denmark, Norway, Sweden and Finland have all translated NOEP into local languages for a planned start of the programme in the fall.

In the meantime, new scientific developments have impacted on the programme contact. For example, recently published information on EPA and fish oil and their relationship to cancer together with inquiries from cancer nurses on these topics have given us reasons to review this content. As new studies have presented some interesting information about the use of EPA in cancer patients,

Nutricia has updated slides and written information to reflect these developments.

A description of the NOEP programme has been published in past issues of the *Newsletter*. Further information can be obtained by contacting the EONS Secretariat.



Ever thought of becoming an EONS Board Member? Consider this . . .

Have you ever thought about becoming more involved in EONS?

If so, the opportunity may be closer than you think. Very soon, a call for nominations for Executive Board members will be issued. Elected candidates will assume office in October 2005 (at ECCO 13) and serve a two-year term. Several current Board Members will finish their terms of office and their vacant spots are waiting to be filled by people like you!

You may have a thousand and one reasons why you don't think you are fit for a position on the Board. But, all of us have something unique to offer EONS and working closely with EONS can also be of personal and professional benefit to us. Following is the first of a series of interviews with present Board Members to provide you with some insights into what it is (really) like to serve on the Board.

An interview with Paz Fernandez Ortega, from Spain, who has served on the EONS Board for 6 years.

Paz, what motivated you to become a Board Member?

Before I had ever really thought about becoming more closely involved with EONS, I was approached by a Board Member and asked to consider becoming a candidate. There was little representation on the Board from Mediterranean countries and therefore not much was known about the nursing situation in those countries. I discussed the idea with our national society in Spain who encouraged my involvement and gave me their full support. I also discussed the idea with my employer and of course with my husband; both encouraged me and supported me. The possibility to serve on the Board was a great opportunity for Spanish nurses and a great chance and challenge for me personally.

How did you manage to combine work, personal life, and responsibilities as a Board Member?

I have flexible working hours which allowed me to prepare for and attend meetings. It was good that I gained the support of my employer before I started on the Board. My husband was very understanding and supportive.

What valuable lessons have you learned and what are some memorable experiences?

My most memorable experience was my first board meeting. I was totally confused during and after the meeting: the English was so fast, I didn't understand all the abbreviations, and I couldn't keep track of all the projects that were being discussed!

It has been a real privilege to serve on the Board. I have met lots of nice, friendly people from all over Europe. I now know that there are problems common to nursing regardless of where nurses live and work and that cancer patients have the same needs to be met regardless of their nationality. Through meeting other nurses, I have been able to compare my own situation to that of others and learned a lot.

Were you able to influence or change anything about cancer nursing?

I don't know if I directly changed anything, but through my presence on the Board, I was able to draw attention to the situation of nurses in Spain and other Mediterranean countries. Nurses in my country have also learned that we are a part of European nursing and we can profit from our contact with European colleagues. No country works in isolation. Twenty-two Spanish nurses attended the last ECCO and were also presenters at the conference – a record for us.

Did you experience any frustrations as a Board Member?

No, not really, except my own frustration at not being able to write English better and faster. I always saw opportunities to do more, but one is limited by time and other obligations. The other Board Members were very helpful and I thank them for their support over the years.

EONS Website now New and Improved

NEWS FROM EONS

You may have noticed that not much activity has been taking place at the EONS web site at www.cancereurope.org. The situation will soon change. We are pleased to announce, that the EONS web site has been extensively worked on and is now more user-friendly and the contents are more interesting to visitors.

We encourage you to visit this new site. It will help you to stay informed and up-to-date on EONS activities and projects and you can read the Newsletter soon after it is published from your own computer.

The EONS website has a new look and a new feel.

Visit www.cancereurope.org/EONS and see for yourself!

Please mail your feedback to eons@village.uunet.be

