eons newsletter

The Quarterly Newsletter of the European Oncology Nursing Society Spring 2005

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Colophon

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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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EONS acknowledges Amgen, Astra Zeneca, Merck KGaA, Merck MSD, Novartis, Nutricia and Roche for their continued support of the Society as Sustaining Members.

Print run: 3500 copies
Electronic version accessible to 18000 EONS members

Printed by
Drukkerij Trioprint Nijmegen bv
The Netherlands

Letter from the Editor

Dear Readers, Welcome to the Spring issue of the EONS Newsletter!
Interest in Complementary and Alternative Medicine (CAM) - a span from acupuncture and aromatherapy to herbalism and homoeopathy - has grown dramatically over the past several years. More than a third of cancer patients in Europe make use of CAM according to one of the largest surveys of CAM use in cancer (1). The survey of 956 patients was carried out through patient questionnaires in clinics in 14 countries. It found that CAM users tended to be female, younger and more highly educated and that patients with a poorer prognosis (pancreatic, liver, bone and brain cancer patients) used CAM significantly more often than patients with other diagnoses. Length of treatment ranged from one month to 18 years, with a mean of 27 months. About a third of patients in each assessed country reported using CAM. A total of 58 different CAM therapies were used: the five most frequently used broad categories were similar across countries. Herbs were the most commonly used treatment (13 of the 14 countries) and the number one CAM treatment in 9.

Homeopathy was among the top five in 7 countries as were medicinal teas, with vitamins/minerals featuring in the top five in 9 countries. Six countries, Israel, Denmark, Italy, Spain, Greece and Iceland, featured strongly where spiritual therapies were concerned. Patients spent on average € 123 a month on CAM. The maximum monthly reported amount was € 4,140. However, more than half paid nothing as most remedies were available without cost (e.g. herbs collected or supplied by family or friends). Most patients said they used CAM because they wanted to increase their body's ability to fight the disease (50%), or to improve physical (40%) or emotional well-being (35%). However, there were some differences in the reasons for using CAM and the actual benefits experienced. For example, although the primary reason for choosing CAM was to boost the ability to fight cancer, only 22% found it of benefit while 42% found it helped their emotional well-being although only 35% gave that as their reason for use. Thirty-three different types of CAM practitioners were consulted, while just over 6% of patients were treated by their family doctor. Most had learned about CAM from friends (56%), family (29%) or the media (28%), 18% were given information from their physician, and just under 10% used the internet to obtain CAM. These interesting results have several implications for nurses. Nurses must be updated and well-informed about methods and therapies within the area of CAM. Enthusiasm for CAM should be tempered by an appreciation of its potential hazards. Optimal dose, schedule, and route of administration of CAM are rarely formally evaluated. As patients seek information and attempt to make decisions about unconventional therapies they often consult the opinion of nurses. The nurse's attitudes and beliefs about these therapies will very likely influence the patient's actions. Many nurses express concerns that patients are being misled about therapies and spend money on useless products in a vain attempt to achieve cure. As health care professionals, we must be very careful when we are given recommendations about CAM. Psychosocial concerns, in particular feelings of helplessness and passivity, may drive the use of CAM. This necessitates that conventional medicine provide an empowering and patient-centred approach by emphasizing informed and shared decision-making.

On behalf of the Editorial Board,
Karin Ahlberg

1. Use of complementary and alternative medicine in cancer patients: a European survey. Ann Oncol 2005 16: 655-663.

EONS/ROCHE education pack on bisphosphonates

EONS is partnering with Roche Oncology in an exciting new project to develop an education pack which will assist oncology nurses in determining the best course of advice and treatments for patients with metastatic bone disease, providing up to date information about the use of bisphosphonates in this area. The education pack will be designed as a self-learning course to fit in conveniently with busy lifestyles and job responsibilities. It will contain modules on metastatic bone disease, the use of bisphosphonates, patient management issues, and a questionnaire which will enable you to test your knowledge of the subject and obtain accreditation points.

The education pack is currently being piloted by a small group of nurses and is expected to be formally launched in Autumn 2005. Nurses will then be able to apply for a copy of the pack via their national society.

Our colleagues from...

Background

The European Blood and Marrow Transplantation Nurses' Group (EBMT-NG) was set up twenty years ago in January 1985 by a small group of nurses with the aim of supporting colleagues from across Europe working in the then relatively new field of blood and marrow transplantation. Since the original meeting attendance has grown and now nurses working in both adult and paediatric settings have been joined in their membership by other health care professionals (HCP). The first of the annual meetings of the Nurses Group was held in Bad Hofgastein, Austria, as a 1 day conference, at present, a 3 day nursing and HCP conference is held in conjunction with the medical group.

Blood and marrow transplant (BMT) nursing and supportive care is at a very exciting evolutionary stage. Over the last two decades BMT nursing and health care practice has grown rapidly and has addressed the care needs of patients, their families and donors. More and more, BMT nurses and HCPs are conducting research on topics based on clinical practice, and are formulating their own research programme. Forums such as the annual conference and national study days are increasingly needed for exchanging knowledge and practice.

Annual Conference

Last years EBMT conference in Barcelona was attended by two and half thousand delegates with over six hundred of those being nurses and HCPs attending their own scientific programme, a similar number are expected this year at the 21st conference of EBMT-NG in Prague. Addressing a broad range of issues including symptom management, ethical and psycho-social issues, sexuality, donor support, standards, education, staff support and much more, nurses and HCPs share their practice developments and research projects happening on local, national, European and international levels in a European arena. The conference is also an opportunity to informally meet with colleagues and renew friendships.

Membership

EBMT-NG membership is open to nurses and HCP who are actively working within the fields of blood and marrow transplantation or haematology, or who are committed to developing this sphere of transplant care. The central aim of the group is to improve nursing and related care of patients and families undergoing blood and marrow transplantation through:

1) Promoting excellence in the provision of blood and marrow transplant and haematology care by supporting nurses and HCPs in the provision of evidence based practice
2) Recognising and building upon good practice the group aims to provide information and forums to support and share knowledge in research, education and training and clinical practice.

The board of EBMT-NG is made up of the President (Barry Quinn UK), President Elect (Monica Fliedner CH), Secretary (Mairead Ni Chonghaile IRL), Treasurer (Myra Jansen NL) and local organising nurse (Eva Bystricka CZ) and local physician (Samuel Vokurka CZ). There are two working parties: a research group led by Becky Stone (UK) who in the coming year are planning three European projects, and an editorial group led by Anne-Marie van Walraven (NL).

Members are kept informed of developments through their own national meetings, the bi-annual BMT Nurses' Journal and the EBMT newsletter that is produced and distributed three times a year. At present there are six national groups affiliated to EBMT in: Germany, Netherlands, Switzerland, United Kingdom, Spain, The Czech & Slovak Republics. The national groups hold meetings/study days aimed at supporting colleagues and have carried out nationally based projects. The national groups in turn support the European projects carried out by the EBMT-NG research group. Every European country has a contact person. The annual general meeting takes place during the conference each year when members discuss issues with each other and vote on current plans and projects for the forthcoming year.

Developing Practice

While blood and marrow transplantation and the care it requires continue to develop, these related procedures still carry a substantial degree of potential morbidity and mortality. Blood and marrow transplantation is constantly changing and developing and is currently used successfully to treat an extensive range of malignant and non malignant disorders, including: leukaemia, multiple myeloma, lymphoma, solid tumours, sickle cell disease, thallassaemia, auto-immune disorders and many others. Due to the wide variety of diseases treated by transplantation and because of the different types of transplant and related side effects the challenge to nurses, AHPs and the medical team to improve treatment and care continue. As medical procedures and treatments continue to develop the members of EBMT-NG believe that these developments must be matched by continually looking at ways to improve the overall care we offer to patients and their families undergoing transplantation.

With this focus in mind during the past year the EBMT-NG have carried out three European projects looking at: I) the care offered to patients and family post transplant, II) the nutritional advice and support given to patients undergoing transplantation and III) mouth care practice in the transplant setting. These projects will enable EBMT-NG to suggest best practice in these care issues.

Grants

EBMT-NG offers two grants to encourage members to look at ways at developing clinical practice, an educational grant is available to enable a member to access an educational opportunity by attending the EBMT conference, another grant enables an exchange visit to take place between colleagues in different units and countries with the aim of sharing and developing practice. This year an exchange visit took place between University Hospital Basel and San Paulo Clinic in Barcelona, both nurses involved in the project will present their work at the conference in Prague.

EBMT & EONS

EBMT is keen to foster relations with other organisations and is already working closely with JACIE (European transplant accreditation) with the aim of raising and addressing the nursing and HCP agenda. With colleagues in EONS, EBMT-NG have continued to develop European educational initiatives addressing lymphoma and multiple myeloma. Later this year a group of specialist nurses from EBMT-NG will join EONS colleagues to deliver a joint symposium at ECCO 13 in Paris focussing on the advances in transplantation. Two of the EBM-NG board contributed to a chapter in the soon to be published EONS cancer book.

This year's conference in central Europe marks a new development in EBMT-NG history with an educational study day on transplant issues taking place on the day preceding the conference. Both the educational day and the educational sessions occurring during the conference have successfully gained educational credits from EONS.

With the Prague conference nearly upon the group, board members have begun to plan for the 22nd EBMT-NG Conference in Hamburg 19-22 March 2006. EBMT-NG continues to look at constructive ways of sharing resources and ideas with members and with other European and International groups and looks forward to the continued supportive working relationship with EONS.

Barry Quinn
President EBMT-NG

Managing patients with bone metastases: renal safety matters

Bisphosphonates play an important role in the treatment of patients with malignancy-related bone disease (e.g. breast, prostate, lung) or multiple myeloma. These agents effectively treat bone complications by stabilizing the bone, reducing pain and improving or delaying the decline in patient quality of life[1]. Bisphosphonates are considered to be well tolerated, but it is less well known that some intravenous bisphosphonates are associated with renal safety issues which can have severe implications for patient outcomes. Along with other healthcare professionals, nurses have a key role in helping to avoid or limit this toxicity.

In addition to improving patient prognosis, avoiding renal toxicity will also alleviate the burden on the nurse and on wider resources; reducing the time taken for the management of renal adverse events.

Recognising risks

There have been increasing numbers of publications voicing renal safety concerns with some intravenous bisphosphonates. Renal toxicity can lead to increased serum creatinine, renal impairment, and rarely renal failure. After such complications patients can be left with limited kidney function, or needing regular dialysis. In some cases, renal toxicity of bisphosphonates can even cause death. It is clear that renal safety can affect patient prognosis, however by being vigilant and taking proper precautions adverse effects may be avoided. When treating patients with certain bisphosphonates it is important to know the signs of renal toxicity. Characteristic laboratory findings, such as increased serum creatinine or blood urea nitrogen levels can warn of potential renal problems[2]. Many patients with cancer may have underlying renal impairment related to their disease. In addition, they often take concomitant medications with known renal toxicity, these include many chemotherapy agents. Therefore, some degree of dysfunction is common in advanced cancer. Nurses should also be aware that there are some patient groups at greater risk. Kidney function failure is one of the major complications of multiple myeloma, affecting up to 20% of these patients at onset and up to 50% during the course of the disease[3]. Other high-risk groups include the elderly (i.e., age-related kidney function decline) and patients recently receiving potentially nephrotoxic medications or some intravenous bisphosphonates.

Renal safety profiles influence choice

Adopting reliable measures to better evaluate renal safety may help reduce the risk of unwanted adverse events and even save lives. It is recommended that patients receiving certain intravenous bisphosphonates should have their serum creatinine monitored before each infusion (Table 1)[4-5]. Monitoring is particularly important in patients with existing renal impairment to ensure that drug-related toxicity does not make the problem worse. Measuring renal function may also be needed to determine the correct dose of bisphosphonate to use. While some bisphosphonates may be used at standard doses in patients with mild-to-moderate renal impairment, others may require dose adjustments to minimise the toxicity risk[4-8]. Patients with severe renal impairment should select their bisphosphonate carefully as some are not recommended for this group. Other less toxic agents can be used at reduced doses (Table 1)[4-8]. Thus, the vigilance of the nursing staff in ensuring required serum creatinine monitoring is essential for the patient's safety[1].

Bisphosphonates vary in their renal toxicity risks. Avoiding or limiting renal toxicity should be considered a crucial part of managing patients with bone metastases; and appropriate treatment choice can play an integral role. The time taken travelling to and from hospital and waiting for the results of monitoring adds to the inconvenience of renally-toxic agents. Patients may need to visit to the hospital twice in one day in order to receive monitoring and bisphosphonate infusion. The intravenous bisphosphonate, zoledronic acid requires laboratory results and administered dose to be documented at each infusion, further adding to the inconvenience and time-burden. Choosing an oral bisphosphonate or an intravenous bisphosphonate that is less renally toxic may avoid renal side effects and reduce the need for regular, time-consuming monitoring. These agents therefore, decrease resource use and alleviate the burden on the nurse; reducing the time taken for the management of renal adverse events, and removing the potential confusion of dose adjustments.

Bisphosphonate	Standard dose regimen	Recommendations for use
Pamidronate	90mg, every 3–4 weeks, over 2 hours	- Renal function monitoring recommended prior to each dose[4]. - No dose-adjustment required in patients with mild-to-moderate renal impairment[4]. - Pamidronate not recommended in patients with severe renal impairment[4].
Zoledronic acid	4mg, every 3–4 weeks, over 15 minutes	- Renal function monitoring recommended prior to each dose[5]. - Patients with renal deterioration must be discontinued and medication withheld until levels return to within 10% of baseline[6-7]. - Dose-adjustments required in patients with mild-to-moderate renal impairment depending on creatinine clearance – >60 mL/min = 4mg – 50–60 mL/min = 3.5mg – 40–49 mL/min = 3.3mg – 30–39 mL/min = 3.0mg[6-7]. - Zoledronic acid not recommended in patients with severe renal impairment[5].
Ibandronate	6mg, every 3–4 weeks, over 1 hour	- Specific monitoring of renal function with ibandronate is at the physician's discretion[8]. - No dose-adjustment required in patients with mild-to-moderate renal impairment[8]. - Ibandronate is indicated for use in patients with severe renal impairment, at a 2mg dose to maintain drug exposure where renal elimination is reduced[8].

Table 1. Renal safety recommendations for the infusion of intravenous bisphosphonates

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6. *Novartis Pharma GmbH. New insights on Zometa® use (a letter to German physicians). November 2004.*
7. *Novartis Pharma nv. New findings on the use of Zometa® (a letter to Belgian physicians). December 2004.*
8. *Bondronat® (ibandronic acid). Summary of Product Characteristics. Roche. December 2004.*

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Nursing management in surgery for thyroid cancer

This paper was presented at the 1st Milan Thyroid Cancer Conference, Milan, July, 2004.

The thyroid is a richly vascularized endocrine gland located in the lower-anterior neck. The small central portion is the isthmus and the two larger lateral parts are defined as right and left lobe. The isthmus lies over the second, third and sometimes the fourth tracheal rings. The thyroid has other important anatomical connections to the esophagus and recurrent laryngeal nerve medially and to the carotid sheet containing the carotid artery, jugular vein and vagus nerve, laterally. Lymphatic vessels of the thyroid gland mainly follow the arterial vessels.

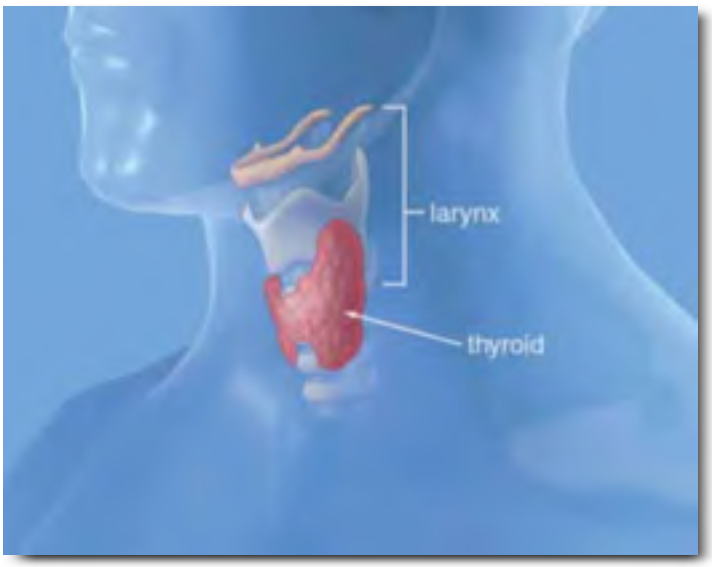

Image from Memorial Sloan- Kettering Cancer Center image bank

Thyroid cancers

Thyroid cancers account for about 1 percent of all cancers although they account for about 90 percent of all endocrine cancers. In Italy, cancers of the thyroid are the third most common cancer in women between the ages of 15 and 34 years and the sixth most common in men of the same ages. The only known risk factor is exposure to ionizing radiation, with higher risk if exposure occurred in infancy and childhood. A higher incidence is also found in persons living in goitre endemic areas. Some types of thyroid cancers are linked to an autosomal dominant gene transmission with incomplete penetrance. These genetic types are typically medullary carcinomas and are often associated with multiple endocrine neoplasia (Table 1).

The thyroid gland is often a site of metastases from primary cancers of the breast, kidney, ovarian, small cell bronchial cancer of the lung and malignant melanomas.

Important prognostic factors include histologic type, age, and extent of disease at the time of diagnosis. Patients with papillary carcinoma, those under 50 years of age and those with limited disease have the most favorable prognosis. Patients who present with difficulty speaking, difficulty in swallowing and shortness of breath often have locally invasive disease and therefore a poorer prognosis. In medullary carcinoma, women tend to have a better prognosis.

Diagnosis

Accurate staging of the classification of a thyroid cancer is important to provide prognostic and therapeutic information. The diagnostic work-up follows four main steps:

- Clinical and personal history
- Laboratory tests including blood work, thyroid hormone studies and antibodies assessment
- Radiographic imaging: ultrasound (US) and magnetic resonance imaging (MRI)
- Fine needle aspiration cytology.

Treatment

Surgery is the gold standard for treatment for thyroid cancer. Radical lobectomy allows tumor resection with wide margins in healthy tissue. An indication of radical lobectomy is limited to tumors confined to the thyroid capsule. Total thyroidectomy, which may or may not include removal of adjacent structures (lymph nodes, larynx, esophagus, trachea) is considered radical treatment indicated for extensive disease.

Pre-operative activities

A multi-disciplinary approach to treatment is essential to ensure quality care and the best possible outcome. Briefly, to accomplish these goals, the health professionals involved and their roles are:
Qualified nurses: Nurses should be knowledgeable of the type of surgery planned, its course, and possible complications. A thorough pre-operative assessment should be performed with attention to answering patient's questions and addressing concerns of patients and family members. Attention should be paid to planning for the post-operative period and eventual hospital discharge.

Surgeon: Plans surgical intervention and discusses with surgical team. Obtains informed consent and is available for patient questions.

Radiologist: Performs US examination of the thyroid and neck evaluating: 1) presence and number of nodules; 2) size of the thyroid lobes and nodules; 3) characteristics of lobes and nodules and presence of calcifications; 4) presence of vascularization (extra and/or intra-nodular); 5) evaluation of extranodular thyroid tissue characteristics; 6) presence or absence of neck lymph-node metastases.

Endocrinologist: Evaluation and management of the hormonal status of the patient including management of euthyroidism in the pre-operative phase and avoidance of thyrotoxic crises in the post-surgical phase. Prescribes necessary medications to stabilize endocrine function.

Pathologist: Plays a critical role during diagnosis and therapy. The type and extent of surgery is based on the outcome of the cytology report. Pathologic evaluation of intra-operative frozen sections identifies any metastatic involvement of nodules or lymph nodes. The need for adjuvant therapy is also based on pathological diagnosis of the surgical specimen.

Nuclear medicine specialist: Performs and evaluates whole body scans and determines radioiodine therapy if indicated.

Speech therapist: Works with the patient to treat any laryngeal nerve damage and recover speech and swallowing functions. Therapy starts with the establishment of a physiological respiratory function and with diaphragmatic breathing exercises that are taught to the patient to reach a pneumo-phonic arrangement, a vocal cord balance and a muscular empowerment. Treatment continues after discharge.

Psychologists: May be involved in facilitating coping strategies if required.

Nursing Role
During the admission process, nurses should evaluate the patient's knowledge of his disease and the planned treatment. It is also important to assess his expectations of the treatment and the post-surgical period. Assessment of the patient's coping abilities and willingness to learn is necessary to plan for later discharge and enhance compliance.

Preparation for surgery and care and monitoring of the patient in the immediate post-operative period include measures common to all surgical patients. Complications post partial or complete removal of the thyroid gland include:

- Hemorrhage. Signs include a rapidly increasing bulge at the site of the incision, draining of blood through the wound, sudden filling of any drains and progressive dyspnea due to tracheal compression.
- Dyspnea due to recurrent laryngeal nerve palsy.
- Hypocalcemia. Caused by removal of the parathyroid or post-operative shock. Cramps or tingling begin around lips and spread to arms and legs usually followed by increasingly stronger cramps in the hands, feet and masticatoy muscles. It can progress to a hypocalcemic crisis. Observation for Chvostek and Trousseau signs is important.

Delayed post-surgical complications include:
- Hypothyroidism. Is due to the progressive depletion of blood levels of thyroid hormone that can occur several weeks after surgery. This is treated with a thyroid replacement therapy.
- Permanent or recurrent laryngeal nerve palsy. Can interfere with the patient's ability to speak and may require specialist intervention from a speech therapist.

Table 1. Thyroid pathology

Benign conditions	Goitre (single or multi-nodular) Thyroiditis Adenoma
Malignancies	Epithelial tumors Papillary carcinoma (40-80% of all cases) Follicular carcinoma (5-10% of all cases) Medullary carcinoma (5-10% of all cases) Undifferentiated or anaplastic (1-5% of all cases) Non epithelial tumors (lymphoma or sarcoma) Metastases from other sites

Following hospital discharge, patients will need to visit their surgical for post-operative follow-up. At this visit, wounds will be checked and pathology results will be discussed. These results will define the need for any adjunct treatment. Also, the patient will be referred to an endocrinologist for evaluation and management of replacement hormone therapy if required.

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Otto, SE, ed. Oncology Nursing, 3rd edition. C V Mosby, 1997. Chiesa F, ed. Percorsi diagnostici e terapeutiche per le neoplasie di cavo orale, faringe, laringe, ghiandole salivari e tiroide, Torgraft, 2003.

TARGET

An EONS Training Initiative on Targeted Therapies

A project advisory committee has been established that includes:
- Jan Foubert, EONS President, Belgium;
- Liesbeth Lemmens, University Hospital Gasthuisberg, Leuven, Belgium;
- Maggie Uzzell, Royal Marsden Hospital, London, UK;
- Anita Margulies, Universitätsspital Zürich, Onkologie, Zürich, Switzerland;
- Clementine Molin, Karolinska Universitetssjukhuset, Stockholm, Sweden;
- Jaqualyn Moore, King's College London, London, UK.

As with all EONS educational initiatives, the content of the TARGET project will be developed based on expert opinion and the assessed learning needs of European oncology nurses. Over the next few months, EONS will carry out a learning needs assessment (LNA) with the aim of investigating the educational needs of European oncology nurses in relation to EGFR and evaluating their knowledge about anti-EGFR therapies. Researchers will carry out interviews with a sample of practicing oncology nurses in selected European countries.

Since experience with the new targeted therapies to date is so limited, many specialist cancer nurses do not have the knowledge necessary to deliver an educational course on EGFR. For this reason the TARGET project will be implemented in phases. Phase I will include a TARGET 'training the trainer' course intended to prepare TARGET "trainers" to give lectures at TARGET courses. Target trainers will be specialist cancer nurses who have experience with targeted therapies or cancer nurse educators who have an interest in targeted therapies.

Phase II will involve pilot testing of the TARGET course in a small number of European countries. Course participants will be nurses who care for patients receiving anti-EGFR therapies or those who are likely to do so in the near future. The pilot courses will be rigorously evaluated and changes made to the course content and format as appropriate. TARGET courses will have a similar format to another EONS innovative educational programme, TITAN. Participants will be asked to undertake some pre-course work, attend a one-day course, and complete a dissemination project in the 6-month period following the course. From April 2006 onwards, TARGET course materials will be available for use by accredited TARGET trainers. It is planned to translate materials into a number of European languages and to run TARGET courses in as many European countries as possible.

If you are interested in learning more about the TARGET project please contact EONS President Jan Foubert at jan.foubert@skynet.be

The TARGET project is supported by an unrestricted grant from Merck KGaA, Darmstadt, Germany.

Is there still an indication for nursing patients with prolonged neutropenia in protective isolation?

An evidence-based nursing and medical study of 4 years experience for nursing patients with neutropenia without isolation

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This article was first published in the European Journal of Oncology Nursing, 2003; 7: 17-23. We thank the authors and publishers of EJON for permission to summarize and reprint the article.

Interestingly, although protective isolation was considered standard practice, there were remarkable differences between centres as to how it was practiced. Surprisingly, there is little adequate research done on this subject.
The fact that protective isolation is a considerable burden for nursing staff and patients is well-known to anyone who has worked in haematology-oncology. Protective isolation is expensive and labour intensive. Patients experience limited contact with family and friends and strict isolation may lead to psychological problems such as fear of abandonment, depression and disorientation.

It is important to pose the question that if there was an indication for protective isolation in the past, has the introduction of antibiotic prophylaxis, more potent systemic antibiotics, haematopoietic growth factors, and peripheral stem cell transplantation (with a shorter duration of neutropenia) changed the need for it? One study showed that of 50 patients undergoing allogeneic bone marrow transplantation, rates of infection and mortality were similar between patients maintained in strict isolation and patients who were partly treated on an outpatient basis. These results encouraged us to perform a collaborative medical and nursing study on the value of protective isolation and to determine whether hospital guidelines for isolated care of patients with neutropenia could be revised. The revision of existing guidelines was part of a programme of the Amsterdam University Hospital (AMC) to promote and implement more evidence-based guidelines.

The study consisted of three parts: 1) an (inter)national inventory on isolation practices; 2) an assessment of potential infection sources; and 3) follow-up study comparing the incidence of infections during an observation period and post-implementation of new guidelines.

Literature Review
A systematic review of nursing and medical literature on prospective randomised trials on protective isolation starting from 1966 revealed that there are few studies and these markedly contradict one another. There is a plethora of opinion from respected authorities or expert committees but they are based on clinical experience or descriptive studies. We failed to locate enough evidence on the usefulness of protective isolation.

Study Methods
Questionnaires were sent to Dutch (13) and European (141 in 23 countries) transplantation centres. Questions were asked about the form of isolation, start and end of isolation, hand-washing procedures, the use of protective aprons and mouth masks, dietary precautions, visiting regulations, and cleaning procedures.
At our institution, cultures were grown and air samples were taken. Samples from the hands of nurses, doctors and other personnel as well as items such as toothbrushes, water taps, bed and surroundings were collected. Our main interest was the spread of micro-organisms, particularly between the ward and isolation rooms.

At the start of the study, patients undergoing intensive chemotherapy or stem-cell transplantation were cared for in overpressure single rooms with filtered air. Non-sterile air is prevented from entering the patient room via a corridor with low air pressure and two doors.

'Restrain from protective isolation... through implementation of increased hygienic measures.'

Careful hand-washing was required prior to entering the patient's room and personnel as well as visitors were required to wear a protective apron. Patients were given a germ-poor diet and received antibiotic prophylaxis with oral ciprofloxacin and amphotericine.

Due to the results of our literature review, protective isolation was discontinued as of January 1995. Patients were free to leave their rooms as desired and the use of protective aprons was discontinued. Hospital personnel was required to wash their hands using hand alcohol and educational programmes were conducted on correct washing procedures.

Data Collection
Data was collected on the pre- and post-isolation period. This included baseline characteristics, duration of neutropenia, days with fever (>38.00C), documented infections, systemic amphotericine B use and mortality due to infection. Patients with acute myelogenous leukaemia (81) and patients undergoing bone marrow or peripheral blood stem cell transplants (97) were studied.

Results
One hundred and one questionnaires were returned. There were remarkable differences in the use of masks, gloves, protective aprons and the use of hand alcohol. Differences were also noted in the criteria for starting and discontinuing isolation.
Microbial analysis showed low concentrations of gram negative bacteria in the isolation rooms. The hands of personnel frequently contained micro-organisms, especially when they were not dried properly. Contaminated hands were the source of the spread of micro-organisms through patient rooms. Pre- and post-isolation

periods over two 3-year time periods were compared with respect to different infection parameters: 1992-1995 with strict isolation and 1995-1999 without isolation. No differences were found in the two groups in terms of the median number of days with fever, days until first systemic antibiotic therapy and duration of therapy. There was no difference in the use of amphotericine B. The most frequently isolated pathogens were coagulase-negative Staphylococci, associated with central venous catheter infection. The mortality rate from infection was also comparable.

Discussion

In recent years, there has been much debate about the need for protective isolation in haematological patients during the phase of severe neutropenia. The majority of infections are caused by Gram-positive micro-organisms which are part of the endogenous flora of patients. These infections cannot be prevented using strict isolation. We came to the conclusion that protective isolation was not evidence based. The results of at least two studies indicated good results in stem cell transplantation without protective isolation suggesting that we could discontinue isolation without detrimental effects. We concluded that abandoning protective isolation combined with increased hygienic measures in nursing patients with severe neutropenia does not increase the risk of infections, but improves the quality of care and patient satisfaction and reduces costs.

EONS News

Advisory Council Meeting to take place on 21 May 2005

Members of the Advisory Council are reminded that a meeting with the EONS Executive Board will take place on Saturday, 21 May in Brussels. Following a very successful two-day meeting of the Advisory Council, Executive Board, and interested observers in September, 2004, it was decided to continue with this initiative as a means of enhancing and strengthening collaboration between the Society and national oncology member societies. The following topics are proposed for discussion at the meeting: The strategy and business plan 2005-2006; Updates on committee activities; Meetings of small working groups to discuss the implementation of the EONS CARE strategy; Discussion on nursing at the European level; Updates on projects; and, 'What's in the pipeline?'. Advisory Council representatives should have received details on the meeting per email from the Secretariat. Please note that accommodation and travel will be at your own expense.

Queries should be directed to the EONS Secretariat: Tel.: +32 2 779 99 23, Fax: +32 2 779 99 37, e-mail: eons@village.uunet.be.

Individual EONS Members invited to attend the Advisory Council Meeting

With the September 2004 Advisory Council meeting, a precedent was set to open these meetings between the Advisory Council and the Executive Board to the EONS general membership. All members are cordially invited to attend the upcoming meeting in May as observers. Travel and accommodation expenses must be covered by individuals. This is an exciting opportunity to become more involved in your Society and to build networks with colleagues from all over Europe.

Contact the EONS Secretariat for more details and agenda. Tel.: +32 2 779 99 23, Fax: +32 2 779 99 37, e-mail: eons@village.uunet.be.

Accreditation Update

The European Blood and Marrow Transplantation Nurses Group (EBMT) has received EONS accreditation for the following events:
Pre-meeting Study Day on Transplant-Related Care, 19 March 2005, Prague. The target audience is staff nurses involved in the care of patients undergoing stem cell transplantation. Course aim is to teach nurses basic and advanced information on specific aspects of nursing care for stem cell transplanted patients. EBMT Nursing Group 21st Meeting, 20-23 March 2005, Prague. The conference offers an opportunity to learn about new developments in the management of patients undergoing stem cell transplantation from European experts. The target audience is staff oncology nurses involved and experienced in the care for patients undergoing stem cell transplantation. The conference format offers educational sessions, workshops and proffered papers.

ESMO offers Free Registration to Conference for EONS Members
In the spirit of continuing collaboration between EONS and the European Society of Medical Oncologists (ESMO), 50 free registrations to that society's annual conference have been made available exclusively to EONS members. With this offer, ESMO is reaching out to broaden the scope of its Scientific & Educational Conference by encouraging participation from oncology nurses. The conference will take place from 2-5 June 2005 in Budapest, Hungary. Conference topics include a general overview of main tumour types in a special symposium, sessions on use and safety of erythropoietin, management of difficult pain problems and targeted sessions on breast cancer. To qualify for a free registration, applicants must: 1) Complete a registration form and provide EONS membership ID number; and 2) Be an ESMO member or apply for membership (€ 25 for oncology nurses).
Inquiries should be addressed to the ESMO Congress Secretariat at registration@esmo.org. Applications are due by 25 April at the latest. Acceptance is based on a 'first come, first served' basis.

For further information, please visit www.esmo.org. The EONS free registration application form may be downloaded and returned by fax to the ESMO Congress Secretariat at +41 91 973 1918.

Two New National Oncology Nursing Societies have become Members

A warm welcome is extended to two national oncology nursing socie-ties who have recently become full members of the Society. Croatia is now represented by the Section of Oncology and Hematology of the Croatian Nurses Association. The President is Marica Miscancuk. The Polish Oncology Nursing Society has also recently joined EONS. Mrs. Barbara Jobda is the President. A more in-depth profile of both societies will be presented in a future issue of the Newsletter.

New Associate Members join EONS

The following 4 organisations have joined the 13 existing Associate Members of EONS: Korce Family Healthcare Institute, Albania; Federation nationale des centres de Lutte contre le Cancer, France; Institute for Basic and Continuing Education of Health Workers, Hungary; SBK Bildungszentrum, Switzerland.

Welcome to our Society and thank you for your interest in EONS!

Our Apologies

The Editorial Team would like to draw your attention to a slight error which appeared in the article, 'Sharing views and opinions - the result of a 2004 international survey' which was published in the Winter 2004/2005 issue of the Newsletter on pages 14-15. Tables referred to in the article were printed correctly.However, 2 figures which were cited in the text of the article were accidentally omitted. The complete article with all explanatory tables and figures is available now on the EONS website, www.cancerworld.org/eons. Our apologies for any inconvenience this may have caused our valued readers of the Newsletter.

Alexander Molassiotis, RN, PhD, University of Manchester, UK
Sussanne Börjeson, RN, PhD, Linköping University, Sweden

MASCC antiematic guidelines Perugia consensus committee

EONS recently endorsed the latest antiemetic guidelines together with other nursing and medical oncology societies, including the American Society for Clinical Oncology (ASCO), Oncology Nursing Society (ONS) and European Society of Medical Oncology (ESMO). The guidelines were developed by a committee of experts in the field, convened by the Multinational Association of Supportive Care in Cancer (MASCC). The development of these guidelines was necessary as a lot of new research in the field of antiemetics has emerged over the past few years and existing guidelines were somewhat outdated. Also, a number of societies worked together to avoid producing a number of guidelines that differ from one another, as has happened in the past.

Guidelines reflect the state of knowledge in a given topic on the most effective or appropriate care. Guidelines are changed and updated as knowledge advances. However, decisions to adopt a recommendation is usually made based on available resources and patient individual circumstances, and guidelines can be adopted or modified for use in a local context. Nevertheless, in a number of past studies we have seen that when guidelines have been utilised, there were considerable improvements in care.

The committee consisted of 23 experts in the field from 11 different countries representing a range of professions involved in the care of patients with cancer, and with publications and extensive work in the field of nausea and vomiting in cancer (see Table 1). The process for developing agreement was rigorous and consensus was achieved only when there was at least a 75% agreement among the panellists. The panel was divided into groups looking at one specific question each (i.e. nausea/vomiting after highly emetogenic chemotherapy; nausea/vomiting in radiotherapy or paediatrics, or anticipatory nausea and vomiting etc). Each group searched the literature using electronic databases up to March 2004 (the date of the consensus meeting), compiled the evidence and agreed on recommendations. These recommendations were presented in the whole group which deliberated and discussed the evidence, before coming to a consensus after voting. Evidence was also graded according to established criteria.

CHEMOTHERAPY

The emetic risk of chemotherapy was divided into 4 risk groups.

1 High risk (risk in >90% of patients) [i.e. cisplatin, carmustine, dacarbazine].
2 Moderate risk (risk in 30-90% of patients) [i.e. carboplatin, doxorubicin, cyclophosphamide, epirubicin or irinotelan].
3 Low risk (risk in 10-30% of patients) [i.e. topotlecan, etoposide 5-FU, gemcitabine or paclitaxel].
4 Minimal risk (risk in less than 10% of patients) [i.e. bleomycin, busulphan, vinorelbine or vincristine].

The recommendations made by the experts included the following:

- Use the lowest effective dose;
- No schedule is better than a single dose given before chemotherapy;
- The antiemetic efficacy and adverse effects of serotonin antagonist agents are comparable in controlled trials;
- Intravenous and oral formulations are equally effective and safe;
- Always give dexamethasone with serotonin antagonists before chemotherapy.

Specific Treatment Recommendations

Prevention of acute nausea and vomiting in patients receiving highly emetogenic chemotherapy.

- A three-drug regimen including single doses of 5-HT3 antagonist, dexamethasone and aprepitant given before chemotherapy is recommended.

Prevention of delayed nausea and vomiting in patients receiving highly emetogenic chemotherapy.

- In patients receiving cisplatin treated with a combination of a 5-HT3 antagonist, dexamethasone and aprepitant to prevent acute nausea and vomiting, the combination of dexamethasone and aprepitant is suggested to prevent delayed nausea and vomiting, on the basis of its superiority to dexamethasone alone.

Prevention of acute nausea and vomiting in patients receiving moderately emetogenic chemotherapy.

- A 5-HT3 receptor antagonist plus dexamethasone is recommended.

Prevention of delayed nausea and vomiting in patients receiving moderately emetogenic chemotherapy.

- Oral dexamethasone is the preferred treatment.

Prevention of acute nausea and vomiting in patients receiving low emetogenic chemotherapy.

- A single agent (such as a low does of a corticosteroid) is suggested (the level of evidence here is low).

Prevention of acute nausea and vomiting in patients receiving minimal risk emetogenic chemotherapy.

- No antiemetics should be routinely administered in patients without history of nausea and vomiting (the level of evidence here is low).

Multiple-day cisplatin.

- 5-HT3 antagonist plus dexamethasone for acute nausea and vomiting, and dexamethasone for delayed nausea and vomiting is recommended.

Anticipatory nausea and vomiting.

- The best approach for anticipatory nausea and vomiting is the best possible control of acute and delayed emesis.
- Psychological techniques for its management are recommended.
- An alternative to or addition to psychological techniques is the use of benzodiazepines.

Table 1 - **Members of Expert Panel**

Matt Aapro, MD	*Jim Koeller, RPh, MS*
Enzo Ballatori, PhD	*Mark Kris, MD*
Sussanne Börjeson, RN, PhD	*Ernesto Maranzano, MD*
Rebecca Clark-Show, RN, BSN, OCN	*Alexander Molassiotis, RN, PhD*
Albano Del Favero, MD	*Ian Olver, MD PhD*
Lawrence Einhorn, MD	*David Osoba, MD*
Petra Feyer, MD	*Bernado Rapoport, MD*
Richard Gralla, MD (Chair)	*Cynthia Rittenberg, RN, MN, AOCN*
Steven Grunberg, MD	*Fausto Roila, MD*
Jörn Herrstedt, MD	*Maurizio Tonato, MD*
Paul Hesketh, MD	*David Warr, MD*
Rolf Kaiser, MD PhD	

RADIOTHERAPY

Prevention of nausea and vomiting in patients receiving highly emetic radiotherapy (total body irradiation).

- A 5-HT3 antagonist plus dexamethasone is recommended (lower level of evidence for the addition of dexamethasone).

Prevention of nausea and vomiting in patients receiving moderately emetic radiotherapy (upper abdomen).

- A 5-HT3 antagonist is recommended.

Prevention of nausea and vomiting in patients receiving radiotherapy of low emetic risk (lower thorax region, pelvis, cranium (radiosurgery), craniospinal).

- Rescue with a 5-HT3 antagonist is suggested.
- If patients receiving radiotherapy of low emetic risk experience vomiting, they should then receive prophylaxis with a 5-HT3 antagonist (low level of evidence for both recommendations).

Prevention of nausea and vomiting in patients receiving radiotherapy of minimal emetic risk (head and neck, extremities, cranium, breast).

- Rescue with a dopamine antagonist or a 5-HT3 antagonist is suggested (low level of evidence).

Dosing schedules for all antiemetics and more information about the guidelines is presented in the MASCC website (www.mascc.org) and in a special issue of Supportive Care in Cancer (February 2005; see reference list below).

Such guidelines can be an educational tool for nurses, assisting them in better understanding the optimal management of nausea and vomiting after cancer treatments. Nausea and (to a lesser extent) vomiting, continue to be considerably bothersome symptoms for patients, decreasing their quality of life. Nurses can assist patients in managing the side effects from cancer treatments by being aware of current pharmacological recommendation and educating the patients about the different options (pharmacological and non-pharmacological) that they have. Being more proactive in assessing nausea and vomiting and discussing the presence of these symptoms with patients will help to improve their symptom management. Bringing the guidelines to the attention of less experienced staff and discussing the management of nausea and vomiting with our medical colleagues is also important. The guidelines can offer the opportunity to introduce evidence-based recommendations to the care plan of patients receiving chemotherapy or radiotherapy and could have a major impact in the lives of our patients.

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Impact of Neutropenia in Chemotherapy European Study Group

The Impact of Neutropenia in Chemotherapy (INC) Study Group was launched in London in July 2002. Since then, the group has grown and significant progress has already been made in developing a research agenda and identifying areas of future activity.

The INC-EU Study Group is dedicated to identifying and furthering knowledge about patient risk factors associated with neutropenia complications in order to target supportive measures in a cost-effective manner to those patients at greatest risk. The group is developing accurate models for chemotherapy-induced neutropenia (CIN), has initiated measures to increase awareness of the problem, and has undertaken measures to integrate economics into a practical risk-assessment model.

The Awareness of Neutropenia in Chemotherapy (ANC) is the American counterpart to the EU group. The aim of this group, established in September 2000, is to develop detailed risk prediction models for CIN. More specifically, the ANC is interested in increasing medical awareness regarding CIN and in evaluating treatment that would lead to increased survival, a better quality of life and a reduction in the costs of related treatments.

A large, prospective, observational European study was launched in January 2004 by the INC-EU group. The main study objectives are:

- To estimate the incidence of grade 3-4 neutropenia following common myelosuppressive chemotherapy regimens;
- To assess the frequency and severity of febrile neutropenia and of neutropenia-induced chemotherapy dose delays and dose reductions;
- To identify associations between neutropenia risk factors (e.g. treatment characteristics, co-morbidities) and neutropenic event occurrence, and between neutropenic event occurrence and impaired chemotherapy delivery;
- To contribute to the development of a clinically effective risk model which will identify patients who are at an increased risk of experiencing neutropenia and therefore aid in targeting prophylactic measures.

A total of 56 centres in Belgium, France, Germany, UK and Spain are participating in the study. Globally, 67 centres have now received ethical approval to conduct the study.

More information on INC-EU can be found at its website www.inceu.org. The site includes information on the group, patient-oriented material as well as resource information intended for health care professionals available through user registration. Editions of the INC-EU newsletter, "Insight" are available for downloading at the site. The EONS TITAN project was featured in the Autumn 2004 issue of Insight. INC-EU and the Insight newsletter are sponsored by an unrestricted educational grant from Amgen.

Winners of the EONS - Roche Grants: Summaries of Projects

Subjective experiences of nausea and vomiting following chemotherapy

Karin Bergkvist, Clinical Nurse Specialist, Deptartment of Oncology & Hematology Karolinska Hospital, Sweden.

Nausea and vomiting are common and well-studied symptoms in cancer care. Most previous studies have focused on the frequency and management of these symptoms. The aim of the current study was to gain a better understanding of cancer patients lived experiences of nausea and vomiting during chemotherapy. Nine women with different types of cancer and chemotherapy treatments participated in this study. Semi-structured interviews were conducted and analyzed using content analysis inspired by Kvale's methods of clarifying and developing new meaning. Five main categories were identified "before cancer", "to be ill", "going through treatment", "coping with treatment" and "looking forward". The present findings suggest that the individual subjective experiences of nausea and vomiting during chemotherapy treatment may have a profound effect on how treatment is perceived and may influence future decisions concerning more treatment. To prevent unnecessary suffering during treatment nurses need to be proactive in the assessment and treatment of nausea and vomiting.

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

E. Ream, C Oakley, J Medina, A Richardson. King's College London, UK.

The purpose of this study was to examine the outcomes of providing massage to patients on a chemotherapy day unit prior to administration of chemotherapy. 52 Patients, aged 24-79 years with breast (50%), colorectal (30%) haematological (12%) or lung (8%) cancer participated. All provided questionnaire data: 28 (54%) patients in the arm massage groups and 24 (46%) in the control group. 9 nurses provided questionnaire data as well. 7 massage therapist participated in the focus group. 3 service stakeholders were interviewed. A multi-method study was conducted to determine the benefits (impact of massage on the cannulation process and patients' experiences of it) of providing arm massage prior to intravenous cannulation. Patients were randomised to either the arm massage (experimental) group or the control (standard care) group. Data were collected from patients on up to 6 cannulation episodes. Questionnaires were completed by both patients and nurses. These questionnaires gathered data on pain and anxiety, both expected and experienced, and time taken to cannulate. Semi-structured interviews were carried out with patients and service stakeholders, along with a focus group conducted with the massage therapists, to further inform understanding of the benefits of massage and the impact of its provision on the chemotherapy service. Resulting quantitative and qualitative data were analysed and triangulated to gain detailed understanding of its outcomes.

Statistical modelling suggested that massage had a statistically significant effect on anxiety and pain, when combined with other factors such as a patients' age, gender or drug regime. When analysed on its own, its benefits appeared marginal. In both study groups, 25% of cannulations were unsuccessful on first attempt. In order to understand this, factors other than massage (patient gender, age, drug regimen) were analysed. These factors did impact significantly on the outcome variables of anxiety, pain and time taken to cannulate. Female patients, younger patients, and those on vesicant drug regimens were significantly more likely to anticipate and experience high levels of procedural pain. Further, they were more likely to feel anxious and typically took longer to cannulate. Although massage did not impact significantly on the main outcomes of the study, the patient and stakeholder interviews did highlight general positive effects and benefits of massage. Patients that did benefit were typically young and female. The qualitative data that were collected suggest that massage made attendance for chemotherapy less stressful and more palatable and may have helped in making veins easier to see and palpate. Many positive feelings and emotions were mentioned in the patient interviews with regards to experiences of arm massage. Patients felt 'privileged' to receive the treatment, which was 'relaxing' and perceived as a 'treat'. Massage enhanced the experience of care for patients having chemotherapy and had a positive impact on the environment oin which they received it.

The management of post-chemotherapy nausea and vomiting in breast cancer patients using wristbands in acupoint P6.

Alexander Molassiotis, Reader in Cancer & Supportive Care; University of Manchester; Anna Maria Helin, Nurse Researcher, University of Nottingham; Sandra Hummerston, Clinical Nurse Specialist, Nottingham City Hospital; Rasha Dabbour, Nurse Researcher, University of Manchester.

Nausea and vomiting post-chemotherapy remain a significant problem. Even with the use of 5-HT3 receptor antagonists about 50% of patients will experience nausea (Wickham, 1997), especially delayed nausea and vomiting. Nausea and vomiting are frequent side effects of chemotherapy and the literature has demonstrated that they compromise patients' quality of life, and produce increased psychological distress together with a number of metabolic and physiological abnormalities. Nurses often feel frustrated and helpless with their inability to help patients when they experience these distressing symptoms. Complementary therapies have, in many cases, assisted patients to manage these symptoms better. Evidence suggests, but by no means proves, that acupuncture point stimulation may be effective in controlling side effects of chemotherapy (Dibble et al, 2000; Roscoe et al, 2002). While positive results have been reported, results are inconclusive due to study design flaws.

The aim of the study was to examine the effectiveness of an acustimulation wristband for the relief of nausea, retching or vomiting in breast cancer patients receiving chemotherapy. The study hypothesis was: Acupressure wristbands placed on the P6 point will decrease nausea, retching or vomiting in women receiving moderately emetogenic chemotherapy as compared to those receiving only standard care.

Sample, selection, data collection method, analysis
This was an experimental study using a randomized controlled trial design. Data was collected in 2 outpatient chemotherapy units in two cancer centres in the UK.

44 women with newly diagnosed breast cancer receiving either Adriamycin and Cyclophosphamide or FEC or equivalent (in emetogenicity) Epirubicin chemotherapy were recruited: 25 (experimental group) and 19 (control group). In the experimental group, in addition to standard antiemetics, subjects were asked to wear the wristbands in the acupoint Pericardium 6 (on the ventral surface of the wrist,

midline and 3 cm from the crease of the wrist) on both arms during their chemotherapy and the subsequent 5 days, pressing the point every 2 hours for 5 minutes. Subjects in the control group received standard antiemetic therapy. For ethical reasons, subjects in the control group were given the wristbands at the end of their involvement in the study to use them in their next cycle of chemotherapy.

Subjects completed daily the Rhodes Index for Nausea & Vomiting for 5 days which measures frequency, duration and distress from nausea, vomiting or retching. A socio-demographic questionnaire collected data on age, education and socioeconomic status. Women in the experimental group completed a daily diary reporting how often they had pressed the wristband studs. Data was analyzed using descriptive statistics and repeated measures analysis of variance individually for nausea, reaching and vomiting. Pearson's correlations were used.

Key findings

1. There were significant differences with regards to the DURATION of nausea, with the experimental group doing better (P=0.009) (Figure 1).

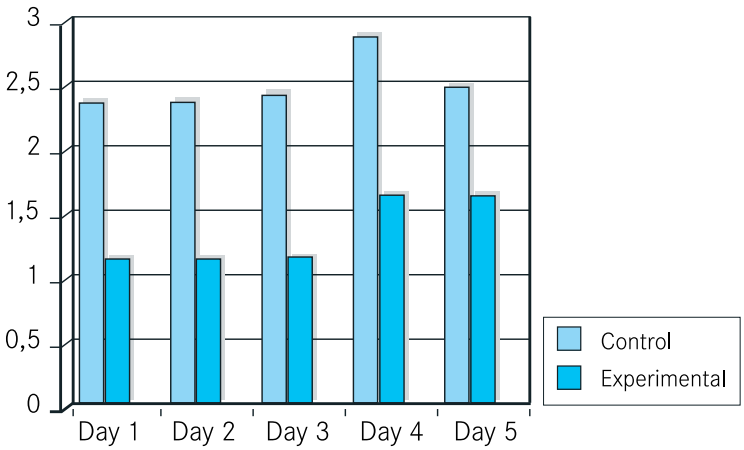

Figure 1. Duration of nausea during the first course of chemotherapy in the control and experimental groups.

2. The FREQUENCY of nausea was less in the experimental group (P=0.023) (Figure 2).

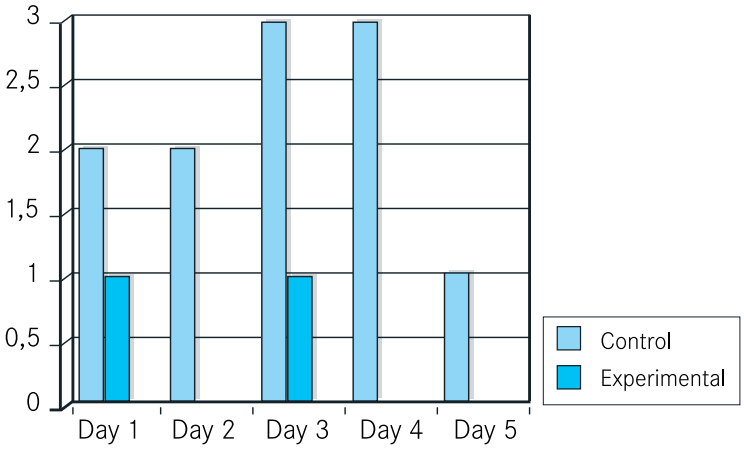

Figure 2. Frequency of nausea in the experimental and control group

Results support other publications showing that the use of simple devices such as acupressure wristbands could help women with breast cancer receiving moderately emetogenic chemotherapy to manage the distressing symptom of nausea better. Nurses need to be proactive in assisting patients to manage nausea by providing patients with education about such techniques, especially acupressure. More research is needed to see if the results can be applied to male patients receiving chemotherapy.

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Developing a core curriculum for older people with cancer

Within the European Community approximately one million cases of cancer are diagnosed each year. Currently more than 55% of these individuals are over 65 years and it is anticipated that by the year 2020, 60% of all malignancies will affect this age group. Given the rising number of older adults in society the management of cancer in older people will be an increasingly common aspect of oncology practice. It is well documented that compared to their younger counterparts older people are likely to receive inadequate treatment and care for cancer and this situation varies across Europe. A number of factors contribute to this situation including the lack of adequate knowledge in relation to management of older people generally including the management of multiple co-morbid conditions. Therefore more comprehensive education in the management of older people with cancer is required if we are to redress this. Recognising the need to improve care for older people with cancer, EONS, with the support of an unconditional grant from Amgen Europe, is currently developing a core curriculum for older people with cancer. This will be the first pan-European Core Curriculum for Cancer in Older People available for nurses to develop education specifically in this area. EONS has established a Steering Group to oversee the development of the curriculum and has commissioned the Cancer Care Research Centre at the University of Stirling to undertake the work and support eh Steering Group. The curriculum is in the early stages of development and following completion of the first draft will undergo a consultation process across Europe. The consultation exercise will involve three regions of Europe and will be undertaken in collaboration with EONS Advisory Council representatives. It is anticipated that the consultation will begin in September 2005 for a period of three months and involve professionals from both cancer care and care of the elderly. In addition the consultation process will involve older people themselves. Following the consultation process, revision to the curriculum will be undertaken by the EONS Steering Group prior to launching the EONS Core Curriculum for Cancer in Older People at the 5th EONS Spring Convention in Dresden in 2006. The timely development of this curriculum will enable the development of specialist education programmes for nurses across Europe to improve cancer care for this vulnerable population.

Nora Kearney
Professor of Cancer Care
Director, Cancer Care Research Centre

on behalf of the Steering Group

Preview of Highlights of the ECCO 13 Nursing Programme

Many of our readers may be thinking about attending the ECCO 13 congress to be held in Paris from 31 October until 3 November. Although busy professional schedules and active personal lives may make it difficult to get away for a few days, adding to your cancer knowledge and networking with friends and colleagues in an exciting European city may be just the right medicine to counteract feelings of stress! To help you in your decision process, please find listed below highlights of some of the topic sessions to be presented at the congress.

Monday 31 October
- A joint EONS/EBMT symposium on innovations in transplantation, nursing education, advances in treatment options, controversies in protective isolation.
- Workshops on developing clinical pathways and improving presentation skills.
- Discussion forum on managing neutropenia.
- A podium session on new developments in the treatment of cancer.
- A joint EONS/MASCC symposium on rehabilitation.

Tuesday 1 November
- Teaching session on complimentary treatments and sexuality.
- Joint EONS/ESO symposium on communication with cancer patients.
- Discussion forums on fatigue assessment and mouth care.
- An EONS symposium on raising awareness in cancer in older people.

Wednesday 2 November
- A teaching lecture on education in Europe.
- A joint EONS/SIOP symposium on palliative care in young people.
- A special lecture on nutrition and physical activity.
- Discussion forums on pain management
- Podium session on symptom management and patient education.
- Presentation of the best dissemination project of TITAN from 4 pilot countries.

Thursday 3 November
- A teaching session on creativity and innovation in developing cancer practice.
- EONS goes international: joint session with EONS/ONS/MASCC on nursing guidelines
- A discussion forum on the nurses' role in cancer related malnutrition.
- A special lecture on interventions and supportive care for the prevention and treatment of oral mucositis associated with cancer.

In addition to the above noted topics, for the first time, several sessions on management issues in cancer nursing, specially designed for nursing managers, have been added to this years' congress. For our French-speaking colleagues, all main lectures will be translated into French and further topics will be presented in French during workshop sessions.

Dates to remember:

Abstract submission	25 May
Early registration	18 April (€ 290 for EONS members)
Late registration	16 September (€ 735 for EONS members)
Hotel reservation deadline	16 September

Detailed conference information can be found at the EONS website: www.cancerworld/EONS.org.

The European Oncology Nursing Society Launches Award Programme to Encourage

Excellence in the development of Patient Education Materials

EONS has launched an innovative award to honour individual nurses or organisations that have consistently excelled at enlightening cancer patients about their disease and its treatments. By launching the Excellence in Patient Education (EPE) Award EONS hopes to encourage creative and cutting-edge approaches to the development of patient education materials. According to Yvonne Wengström, EONS President-elect, EPE is part of EONS's commitment to quality cancer care and excellence in cancer nursing practice.

Individual nurses or organisations that have developed original and high quality patient education materials targeted at cancer patients can be nominated for the EPE Award. Individuals or organisations can nominate themselves or be nominated by a member of the cancer community - a colleague, an organisation, a cancer patient or a family member. Please consider nominating a colleague, or indeed yourself, for this special Award.

Nominations should be submitted on or before June 24th 2005. The nomination form must be completed in English, however, is available in French, German, Italian and Spanish. A copy of the patient education materials in its original language must accompany nominations.

EPE Award nominees will be judged on their ability to develop creative and innovative materials that clearly communicate relevant and accurate information to patients and their families. The inaugural winner of the EPE Award will receive a commemorative plaque and a cash award of € 1000, plus a € 500 grant for travel expenses to attend the ECCO-13 conference and free conference registration. Winners will also have the right to print the EONS Excellence in Patient Education logo on the winning patient materials. The award will be presented during ECCO-13, October 30-November 3, 2005 in Paris.

EONS is very grateful to Amgen (Europe), one of the Society's sustaining partners, for providing an unrestricted grant to support this important Award.

Further details about the EPE Award and nomination forms are available from the Society's Website: www.cancerworld.org or by e-mailing Kathy.Redmond@tin.it

EUROPEAN ONCOLOGY NURSING SOCIETY

EPE
EXCELLENCE
IN PATIENT EDUCATION

EUROPEAN ONCOLOGY NURSING SOCIETY

EPE

EXCELLENCE
IN PATIENT EDUCATION

CALL FOR NOMINATIONS 2005

EONS's Excellence in Patient Education Award aims to encourage creative and cutting-edge approaches to the development of patient education materials. This award honours individual nurses or organisations that have excelled in enlightening cancer patients about the disease and its treatment.

PRIZE

The award winner will receive:

A commemorative plaque and a cash award of 1000 Euro
500 Euro grant for travel expenses to attend the ECCO-13 conference
Free conference registration

Winners will also have the right to print the EONS Excellence in Patient Education logo on the winning patient materials.

The award will be presented during ECCO-13, October 30-November 3, 2005 in Paris. The winner is expected to be present for the award ceremony.

The award is supported by an unrestricted grant from Amgen (Europe) GmbH

Nomination deadline

The deadline for the submission of nominations is:

5pm (CET), June 24th, 2005

EUROPEAN ONCOLOGY NURSING SOCIETY

Further information

Nomination forms can be downloaded from the EONS website at **www.cancerworld.org**
For further information about the Award please contact Kathy Redmond at:

Email: kathy.redmond@tin.it
Tel: +39 02 848 00743

Sustaining Members of EONS

Patrons, or sustaining members, are organisations or individuals who do not meet the criteria for other categories of membership but who are willing to support the goals and objectives of the Society. EONS is grateful of the support provided by these organisations, without which it would be extremely difficult to conduct valuable research projects, offer high-quality educational programmes and to promote cancer nursing throughout Europe. In recognition of our appreciation, EONS would like to take this opportunity to thank the following patrons for their continued, active support:

Amgen - Working in Collaboration with Oncology Nurses

Amgen, the world's largest biotechnology company, uses science and innovation in an effort to dramatically improve people's lives. Amgen aspires to be the world's best human therapeutics company. Amgen has an oncology portfolio of established and exciting pipeline products designed to support your treatment decisions and further extend the therapeutic options available for the effective treatment of your patients with cancer. Amgen has a long history of collaboration with professionals working in the field on oncology and appreciates the impact that oncology nurses have on the lives of patients. Amgen has collaborated with nurses and other health care professionals worldwide as a commitment to accelerating the pace of scientific discovery, promoting awareness, and improving the quality of patients' lives. Amgen (Europe) AG is committed to partnering with the European Oncology Nursing Society to advance patient care and is proud to be working closely with EONS on several initiatives to support the learning needs of oncology nurses throughout Europe. Projects supported by Amgen (Europe) AG include a training initiative called TITAN, which stands for Training Initiative on Thrombocytopenia, Anaemia and Neutropenia. This program will be launched in March. A core curriculum for care of the elderly cancer patient and other initiatives are also under development. We commend and support the goals and objectives of EONS!

Partnering with EONS

AstraZeneca are the second biggest Oncology Company in the world, with major objectives of developing innovative new medicines with aims of benefiting cancer patients in terms of treatment outcome, quality of life and improvement in survival. Treatment of cancer clearly requires a multidisciplinary approach, requiring close collaboration and teamwork between all health case professionals involved with treating the patients, and the pharmaceutical industry. AstraZeneca recognises the great importance of Oncology Nurses in the treatment of cancer and their role in ensuring cancer patients get the best treatment and care that they deserve. AstraZeneca are very pleased to be partnering with the European Oncology Nursing Society (EONS) and look forward to working closely with the organisation in the future, to assist in the advancement of nurse education and the continued growth of the organisation.

Merck KGaA

The oncology team at Merck KGaA is focused on developing innovative approaches to the treatment of cancer through the use of targeted therapies designed to exclusively attack cancer cells. The company's slogan is 'Targeting Cancer for Better Lives' and it lives up to this motto though excellence in bringing innovative targeted therapies to the market, as well as by playing a supportive role in helping health professionals meet the many challenges they face in caring for people with cancer.

Merck MSD

Merck, Sharp & Dohme (MSD) is pleased to be a partner of EONS and promote cancer education and research. MSD shares the mission of EONS and is committed to adding value to the work of oncology nurses as they deliver care to patients with cancer. We look forward to working with EONS on important projects in 2005 and beyond. MSD is a global research-driven pharmaceutical company dedicated to putting patients first.

Novartis

Novartis Oncology is committed to developing and advancing the education of nurses engaged in caring for patients with cancer and to co-ordinate top level nursing educational programmes. As such, Novartis considers the concept of sustaining partnerships an optimal vehicle to express our willingness and desire to commit to oncology nursing excellence and to recognize the impact oncology nursing has on the quality of patient care. Novartis envisions our sustaining partnership will enable EONS to develop the projects, education and understanding that will insure the value of collaborative relationships between industry, nurses and the healthcare community. Novartis thanks you in advance and looks forward co-operating with you.

Nutricia

Sustained partnership EONS

Nutricia is a company that is dedicated to providing you and your patients with specialised nutritional support products, particularly enteral nutrition. At Nuntricia we recognise the key role nurses play in the treatment and support of cancer patients, and therefore it is a great pleasure for Nutricia to work together with EONS. We are proud that this partnership has resulted in the development of the Nutrition in Oncology Educational Program: NOEP. The NOEP educational program has been developed in close co-operation with EONS members. NOEP is designed to meet educational needs relating to nutrition and oncology, as expressed by nurses during the EONS convention in April 2002. We are looking forward to sustaining this partnership with EONS, and to continue working on joint projects on nutrition to improve nutritional support for oncology patients.

Roche *Partnership with EONS*

One of Roche's key priorities is the discovery of novel and effective therapeutic agents that provide the best possible treatment for cancer patients. Throughout our range of oncology products, including Bondronat, Xeloda, Kytril, MabThera and Herceptin, we are also dedicated to improving patients' quality of life. Cancer nurses are a vital component of healthcare services and Roche is committed to supporting further developments in the profession, through sponsoring the research grant to nurses in cancer care. We provide educational materials for use by nurses and complementary information for patients. We are delighted to be partnering with EONS, an organisation that shares our goal of 'improving the care of individuals with cancer by supporting and enhancing cancer nurses throughout Europe.'