



EONS

eons newsletter

The Quarterly Newsletter of the European Oncology Nursing Society

Summer 2005

Contents: Our colleagues from... Interview with Pearl Moore from ONS Project updates: Target, Titan Speak Up! EONS News Updates

Advisory Council meeting in Brussels, May 2005



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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 News

Change in Venue for the 5th EONS Spring Convention

Due to governmental regulations restricting the advertisement and promotion of medical products in Germany, the Organising Committee of the Spring Convention has decided to move the site of the convention from Dresden, Germany to Innsbruck, Austria. The dates of the convention are 20-22 April 2006. The focus of the 5th Spring Convention is cancer in the elderly which will be presented in an integrative approach. As is the case for all Spring Conventions, the primary objective of the conference is to present new developments on a specific topic and to enhance educational benefits through participant interaction.

A selected number of workshop sessions will be conducted in German.

Innsbruck is a lovely city with breath-taking views of the Austrian alps. It is easily accessible by plane or train and economical accommodations are available.

Dates to remember:

9 January 2006
Deadline for abstract submission
Deadline for fellowship application
Early registration deadline

1 April 2006
Late registration deadline

More information:

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Novice Cancer Nursing Research Workshop

A pre-conference workshop entitled 'Research makes a difference to practice: demystifying research' will be offered on Thursday, 20 April 2006 in conjunction with the EONS 5th Spring Convention. The aim of the workshop is to help practitioners understand the research process and to assist them in using research to change practice in relation to older persons with cancer. The workshop is designed as an introduction to nursing research. The targeted group is practicing nurses who have limited (or no) knowledge of research. Pre-registration is required and the number of participants is restricted. A parallel session in German will be offered. The registration rate is € 25. Further information is available through the EONS or Conference Secretariat (see above).

A new course has received the EONS accreditation

Vinzentinum Akademie, Linz, Austria, Weiterbildung Onkologische Pflege", Longer course, accredited until June 2010.-European School of Oncology (ESO D): 1. Deutschsprachig-Europäischer Weiterbildungslehrgang „Palliative Care“ für fortgeschrittene Pflegenden 2004/2005. Short course. Accredited until June 2008. For more information on this course (in German) go to http://www.cancerworld.org/cancerworld/home.aspx?id_sito=1&id_stato=1

Did you know?

You can upgrade your EONS membership on renewal to include the European Journal of Oncology Nursing. At a cost of only EUR69/EAN, your society membership brings you four issues of EJON per year - including full text electronic access!

Contact the EONS secretariat office to take advantage of this offer, details in the bi-monthly subscription

European Journal of Oncology Nursing

The Official Journal of the European Oncology Nursing Society

Editor: Alex McLennan, University of Manchester, UK
Founding Editor: Alison Richardson, London, UK
Associate Editors: Karin Ahlberg, Gothenburg, Sweden and Faith Gibson, London, UK

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

intl.elsevierhealth.com/journals/ejon



The Turkish Oncology Nursing Association (TONA) was established in 1989, about the same time as many other European oncology nursing associations' were establishment. The International Nursing Association Conference held in London in 1988 was the start of TONA.

The goals of TONA are:

- 1) Education of nurses on oncology and increasing their awareness on its early detection.
- 2) Increasing public awareness of cancer and its early detection.
- 3) Conducting and/or promoting research in cancer nursing.
- 4) Sharing new developments in oncology nursing with members.
- 5) Collaborating with national and international cancer organizations.

Over the last 15 years, TONA has organized 17 courses on topics in oncology nursing (i.e. chemotherapy, quality of life, sexuality in cancer patient, breast cancer, stoma care). Previously, the need for expertise at educational programs was fulfilled by various invited speakers from other countries. Today, most medical and/or nursing topics in TONA's programs are covered by its well qualified local clinical and/or academic members. TONA still calls for guest speakers in nursing or in medical areas on those topics that require local development and/or improvement, especially with regard to the nurse's role in cancer care. The courses offered by TONA are open not only to its members but also to all nurses that work with oncology patients. Courses conducted over the last five years have been delivered by active learning techniques using case studies. Starting with 2005, the EONS Core Curriculum for a Post-Registration Course in Cancer Nursing will be predominantly used in TONA's courses. The lack of foreign language skills is one of the barriers in the nursing community in Turkey. Therefore, TONA translated and published two basic oncology nursing books; two more books have also been translated. In 1995, TONA felt a strong need to assess the current situation in Turkey on the safety precautions to be taken when preparing and administering antineoplastic drugs. The results of this descriptive study showed that predominantly nurses were preparing and administering the antineoplastic drugs, 73 % had no knowledge specific to these drugs, and only 4 % were using biological cabins (laminar airflow). As a minimal protection (wearing gown, mask, gloves, and glasses), only 60 % declared that they were wearing just gloves. These results inevitably led TONA to form an interdisciplinary study group in 1999 involving Nijmegen Catholic University in the Netherlands on the exposure of nurses to cytotoxic drugs and evaluation of the level of DNA damage. The results of this experimental control group study showed that the nurses were experiencing fatigue, hair loss, headache, and nausea. Urine analysis revealed that they were not taking proper precautions during work and cytogenetic damage was evident.

Following these results, TONA developed the following recommendations:

- Use biological cabins. Until the cabins are provided, a full minimal personal protection (gloves, mask, glasses, and gown) should be used.
- Follow the rules of OSHA (Occupational Safety and Health Administration) by rearranging the work settings according to these rules.
- Establish a central unit for the preparation of antineoplastic drugs, preferably in the pharmacy departments of hospitals.

This study resulted in an increased awareness of nurses on the precautions to be taken for a safer work environment which eventually led the Ministry of Health to form a task group to develop the "Guide for Safety Precautions on Preparation and Administering Antineoplastic Drugs". This guide is not yet a regulation but only a recommendation. Plans are to introduce it to oncologists, nurses and hospital administrators.

Structure of TONA

TONA headquarters is located in Ankara. The TONA executive board has nine members and meets every two weeks. In order to use limited sources effectively, to organize its endless responsibilities and dreams, to get more members actively involved, and to maintain continuous growth, the executive board reorganized TONA's activities and developed a strategic plan for the years 2002-2005. The following working groups were formed,

each having one board member as a liaison person to coordinate activities with the board.

- Educating nurses
- Developing patient care standards
- Following literature
- Educating patients and family
- Educating the public
- Conducting and/or promoting research
- Developing in service and continuing education program standards
- Facilitating the practice of the developed standards

Associations with other International and National Organizations

TONA works in close collaboration with other organizations at a national and international level. We have collaborated with ESO, ISNCC, SIOP and various universities. Two ESO courses have been conducted in Turkey. TONA is a member of the ISNCC. Two TONA members have participated in the "Breast Cancer Training the Trainees" course of ISNCC and became future trainers. TONA hosted the 29th SIOP meeting in Turkey in 1997, which turned out to be a very successful and memorable event. TONA works closely with local national organizations such as the Ministry of Health, municipalities, universities, NGO's, and TÜB_TAK (the Scientific and Technical Council of Turkey). Following the completion of a "Guide for Safety Precautions on Preparing and Administering Antineoplastic Drugs" in 2003, TONA developed a chemotherapy certificate program for nurses, which is approved by the Ministry of Health. This 33 hour (25 hours theory and 8 hours practice) program is TONA's second most important. EONS Core Curriculum for a Post-Registration Course in Cancer Nursing (translated into Turkish), ONS's Cancer Chemotherapy Guidelines and Recommendations for Practice together with the needs of nurses were taken into consideration in the preparation of this program which will be submitted for EONS accreditation EONS.

Benefits for Members

TONA has 269 members (56% clinicians and 44% academicians). All members receive TONA's Bulletin published quarterly. Through these Bulletins, TONA members are informed on the latest developments in oncology and oncology nursing nationwide and internationally, and announcements of national and international nursing and oncology meetings.

TONA members enroll in courses that TONA organizes at a reduced fee. They are also eligible to be nominated to participate in national and/or international meetings or courses on oncology on behalf of TONA. For example, there are 12 TONA members in several working groups of the National Cancer Council.

Relationship with EONS

EONS is a very important organization for TONA and TONA feels a part of it in many ways. EONS and its activities are introduced to all TONA members through TONA Bulletins, which contain news and translations from the EONS Newsletter. TONA has collaborated with EONS in numerous activities. Anitta Roberts, Karen Summerville, Sara ben Ami, Susie Wilkinson, Jan Foubert, Alex Molassiotis, Haya Yaniv and Penny Taylor have visited Turkey as guest speakers and shared their valuable experiences with TONA members. TONA also participated in the two programs of EONS, "Learning to Live with Cancer" and "Action against Fatigue". In 2003, TONA was one of the participants in the "Study on Supportive and Alternative Therapies in Cancer" with 12 other member countries. TONA has had two unique experiences with other EONS members. One of these was TONA's small financial contribution to the Polish oncology educational program carried out by EONS in 1998, and the other was the Greek Oncology Nursing Association's gesture to cover our annual membership fee in the year of 1999 following an earthquake in Turkey. We are looking forward to closer and more intensive collaborations with EONS and oncology nursing associations in other European countries in the future.

Report of the Advisory Council Meeting from 21 May 2005

The EONS Advisory Council and the EONS Executive Board met in Brussels in May to discuss new issues of relevance to the Society as well as to brainstorm on the continuing implementation and evaluation of the EONS Strategic Plan. Twenty-one national oncology nursing societies and one Associate Member (EBMT) were represented at the meeting.

Following a warm welcome and introduction to the meeting's agenda, President Jan Foubert reminded those in attendance that except for the current President and President-elect (Yvonne Wengström), the composition of the Executive Board will completely change with the upcoming election. While it is regrettable that experienced Board members will leave their positions, the election of new members to the Board provides an opportunity to enhance the development of the Society through new viewpoints and ideas.

Jan Foubert, chairpersons of standing committees and project leaders provided brief reports on their respective activities. Following are highlights from these presentations.

EONS 2005-2007 Working Plan, Jan Foubert (the full slide presentation is available on the EONS web site):

- The key point of the EONS Mission Statement " ... add value to the work of members of EONS in delivering care to patients with cancer" remains the foundation for the work of EONS.
- The strength of EONS lies in collaboration with other multidisciplinary organizations.
- Strong two-way communication with member societies must be continually reinforced to ensure that the Society is serving the interest of its members.
- Member societies are requested and encouraged to approach the Board with ideas for collaborative projects.

Financial Report, Jan Foubert:

- Main source of revenue remains proceeds from ECCO and Spring Conference.
- Minimal income is generated from individual memberships.
- Current balance is 313.034,65 Euros, must sustain EONS until Spring 2006.

Membership, Jan Foubert:

- Goal is to continue to increase the number of individual members.
- As of 2006, individual membership will be valid for a period of 2 years.
- Query letters to be sent to members who have let their membership expire to follow-up on reasons for membership discontinuation.
- Current EONS membership: 190 individuals, 32 national societies, and 17 Associate members.
- The number of special interest groups who have become members of EONS is steadily increasing.

Project updates, Jan Foubert:

TITAN (see EONS web site for more detailed information):

- Pilot programs completed.
- 20 countries have expressed interest in participating in TITAN.
- New application requests for participation will be accepted. Contact should be made with regional Amgen offices to ensure proper project implementation.

Bisphosphonates:

- A self-education course similar to TITAN.
- First pilot-testing has taken place in the U.K.

Speak-up:

- Addresses nursing and patient issues related to chemotherapy

induced nausea and vomiting.

- An on-line needs analysis has been conducted in Spain, Italy, The Netherlands, Portugal and the U.K.

Target

Interesting results of the learning needs assessment were:

- The respondents were between the ages of 31-50.
- On average, 7 years work experience.
- Approximately 6 patients per week receive novel targeted treatment.
- There was a high number of incorrect answers to questions related to the administration of targeted treatments and to management of patients receiving these treatments.
- Respondents were very interested in learning more about targeted therapies.
- Respondents prefer to attend short courses or conferences.
- The Target project will be officially launched and presented at ECCO.

Communication Agenda, Karin Ahlberg:

- The goals and activities of the Editorial Team (responsible for the EONS Newsletter and the EONS website) are tied closely with the Communication Agenda. The implementation of short term goals will be completed by the end of 2005 and long term goals by the end of 2006.
- Standard Operating Procedures (SOPs) are being developed for the production of the Newsletter.
- The content and appearance of the EONS web pages have become more professional. The number of visitors to the site continues to increase.



Working Group for the perspective of education'

Research Agenda and Grants, Yvonne Wengström:

- The pre-conference research workshop (Spring Convention) has been re-developed to target nurses with minimal knowledge of research.
- Research grants will be more closely aligned with the Research Agenda.
- The short and long term goals of the Research Agenda require further definition; members of the Research Committee will provide input.
- Deadline for applications for the Research Mentoring Grant was the end of May. A call is issued for members of an applicant review board. Interested persons should submit a short CV to the Secretariat as soon as possible.

Education Agenda, Sara Faithfull:

- Core curriculum to be revised to comply with Bologna agreement (i.e.- inclusion of identifiable and measurable learning outcomes).
- Revised curriculum will be translated into 5 languages.
- Curriculum for care of older patients with cancer, when completed, to be integrated into the Core Curriculum.
- Strive to attain more collaboration between training centers.
- Plans to develop an advanced practice curriculum.

- Discussion evolving in regards to developing a pediatric curriculum.
- Challenges for the future: adequately meeting educational needs of membership, evaluating and defining post-basic clinical competencies, increasing the number of qualified nurses in Europe, using standardization of education as a means of increasing recognition of cancer nurses.

Accreditation

11 of 16 EONS accredited long courses responded to a survey initiated by the Accreditation Council. Results of the survey indicate that:

- Over 300 nurses have participated in accredited courses in the past 12 months.
- Most courses use the Core Curriculum as a basis for their program.
- Few courses have academic accreditation.
- Few courses evaluate practice as part of their educational program.
- The impact of education on cancer practice has not been evaluated.
- EONS accreditation provides a high standard of quality of courses, provides a European standard for professional practice, encourages specialist training, and minimizes risk of course development in isolation.

Trends in education in Europe

- Trend toward shorter courses.
- Training is becoming more focused.
- University-based training is changing to comply with the Bologna agreement (i.e.- learning outcomes are clearly identified).
- Teaching methods are becoming more varied.

Reports from working groups on implementation of the EONS 'CARE' strategy:

Participants at the Advisory Council meeting attended one of three working group sessions. The topics discussed in these sessions were related to the 3 main focuses of EONS, communication, research, and education. Following is a summary of the issues discussed in these groups.

Communication

- Diversity of languages within EONS, the usefulness of distributed information, and the development of a website forum are the 3 major issues of relevance to the Communication strategy.
- Summaries of articles in the Newsletter and the EONS News section will be provided to national societies for translation and publication in their respective newsletters or web sites. Sources for third-party funding will be explored to support this activity.
- National societies are urged and encouraged to provide the Editorial Team with items for publication on the website or in the Newsletter.
- Long term goals for the website include the provision of an interactive forum.

Research

- More collaborative research is needed.
- Identified topics for research priorities include: Symptom management, quality of life, family issues, roles of nurses and cultural issues.

Education

Four areas of focus for short-term goals are:

- development of collaboration between European cancer training centers;
- development of curriculum on advanced cancer practice;
- design and provide cancer content for basic nurse training programs;
- develop pediatric content for nurse training.

Longer term goals are:

- develop curriculum for radiation therapy educational programs;
- develop patient education materials;
- develop site-specific educational materials (i.e. lung, colon);
- develop wound-care educational programs.

News from FECS

FECS has established a special projects fund to support

multidisciplinary projects. EONS has received financial support from this fund to conduct a collaborative project with SIOG aimed to improve collaboration between pediatric and adult nurses. A joint EONS/ESO/ESSO project to initiate multidisciplinary training in breast cancer in eastern European centers has also received funding.

Although FECS is strengthening its political positioning and lobbying activities in relation to cancer-related topics in Europe, it is difficult, as the only nurse member, to achieve satisfactory representation of nursing issues through FECS. Efforts in the future to strengthen the oncology nursing agenda in Europe may be better achieved through an alliance with European nursing organizations.

Discussions over the possible formation of a new society of European cancer organizations have taken place among the members of FECS. The decision facing EONS is whether to remain as a member of the 'FECS' group, or exist as an independent organization. Following a discussion of the risks and benefits of the latter proposal, the Advisory Council members expressed greater interest in the option to establish EONS independence.

ECCO will become 'Cancer Week' starting with the conference in 2007 in Barcelona. This conference will mark the start of a yearly multidisciplinary, European, cancer conference. The Advisory Council members voted (unofficially) in favor of this change. It may be difficult for EONS to continue with a Spring Conference in light of this development, an alternative would be to establish regional conferences. Advisory Council members supported this option.

EONS collaboration with ISNCC

Recently, EONS and the International Society of Nurses in Cancer Care (ISNCC) formalized their commitment to collaborate on important issues facing cancer nursing in a 'Memorandum of Understanding'. The document, signed by the Presidents of both societies, outlines steps each society will take to promote their partnership. These include: the inclusion of an EONS representative as a full member of the ISNCC board, appointment of an ISNCC honorary officer to serve as a European communication link and work with the EONS Board, and the sharing of news items in each organizations newsletters.

EONS collaboration with FEPI

Katerina Kolyva, a representative of the European Federation of Nursing Regulators (FEPI) attended the Advisory Council meeting and presented a brief but interesting explanation of the purposes and activities of this newly founded European-based nursing group. Due to the increasing mobility of nurses within Europe, it was felt that EU issues related to nursing qualifications and standards could be addressed through a common platform for nursing regulation. The platform assists the exchange of information among regulatory bodies and competent authorities for nursing. The primary focus of FEPI is to protect the interests of the public through assuring that nurses providing care are properly trained. To attain this, FEPI aims to put nursing regulation on the EU agenda, achieve collaboration and understanding of nursing regulation among European countries, exchange knowledge on how authorities operate in Europe, promote education and training, and encourage the development of European standards for nursing competence. EONS will keep abreast of FEPI activities and regularly pass updates on to members. More information on FEPI can be found at www.fepi.org.

In conclusion, the meeting was successful in advancing the implementation of the EONS strategy. Further, the meeting served to strengthen collaboration between EONS and its member societies. Lastly, participants had the opportunity to discuss issues of mutual interest and to exchange ideas on the profession and practice of cancer nursing in Europe. The next meeting of the Advisory Council will take place in September, 2006.

Spanish Workshop on Competencies in Cancer Nursing Care

Following a period of inactivity due to organizational problems, the Spanish Oncology Nursing Society (SEEO) celebrated its Spring meeting in April. The beautiful city of Jerez de la Frontera (Cadiz), located in the southwest part of Spain and noted for its Xerry wine, was the site of the conference. Seventy expert nurses from all areas of the country attended. With the oranges trees perfuming the air, it was easier to concentrate on the task at hand.

The theme of the workshop and the meeting, "Competencies in cancer nursing care" reflects the necessity to integrate nurses' personal skills and educational background with research and management needs in the provision of cancer services in the changing perspective for the new century.

During the meeting the working group, charged with such a challenging goal, tried to draft cancer nurses competencies in the second phase of a Delphi questionnaire. The survey focussed on the different roles for nurses in cancer care: prevention, out-patient services and day care chemotherapy services, in-patient and toxicity hospitalisation, community sites and primary care, as well as research or clinical trials in cancer. The survey was designed to include a list of competencies inherent for nurses to be developed in the various practice areas. The group who analyzed the survey responses looked for a consensus on the specific skills which are needed in each area. The three main areas covered were:

- Knowledge in cancer care;
- Abilities;
- Attitudes.

Certainly such areas are common for all nurses regardless of their area of speciality. But, somehow in cancer care some areas are especially important and represent the needs of cancer patients and families.

The final intention of the working group is to launch the final document that reflects such competencies. The document could then be used to provide evaluation of the quality and relevance of competencies in cancer nursing services.



Visit at the Xerry wine cellar.

Dr. Jan Foubert RPN, President of EONS



TITAN education with dissemination symposium at ECCO 13



The TITAN initiative arose from EONS' commitment to education and improving the quality of care that patients receive. One of the central aims of TITAN is to enhance cancer care through the education of nurses, and to achieve this, a course has been developed by the EONS TITAN working group. The structure of the TITAN course involves three stages: a self-learning revision module; a practice-driven one-day course; and a dissemination project.

The pilot testing phase of the TITAN project has now been successfully completed with very positive feedback from the 4 countries involved. The leading Irish, French, Dutch and UK dissemination projects will be presented in a special symposium dedicated to TITAN at the 13th ECCO conference later this year. Anyone attending the conference will be able to find out more about the project by visiting the TITAN booth.

The next step is for Europe-wide implementation of the course. EONS is encouraging national oncology nursing societies to run TITAN courses locally. All materials for the TITAN course have now been translated into 5 major European languages – German, French, Spanish, Italian and Dutch and a translation grant is available from EONS to assist with

translation into other languages.

National Oncology Nursing Societies in twenty one European countries have expressed an interest in running a TITAN course. Organisations from other countries can register their interest and receive an information package containing guidelines, an application form and planning advice by contacting the TITAN coordinator at the following email address: TITAN.coordinator@gmail.com

Country-specific information about the courses will also be posted on a TITAN-dedicated area of the EONS website at: www.cancerworld.org.



Implementation of the TITAN course: pre- and post-course timelines

Interview with Pearl Moore by Jan Foubert

30 Years of Excellence

1975

2005

Communication and collaboration between EONS and ONS (the Oncology Nursing Society) has steadily increased over the past several years. Although an ocean of water and an ocean of cultural differences separate the two societies, both have benefitted from a mutual exchange of information and sharing of ideas. Pearl Moore, Chief Executive Officer of ONS, has been instrumental in strengthening the relationship between the two cancer nursing societies. In tribute to the 30th anniversary of the ONS annual congress, Pearl Moore and members of her staff were asked to answer a series of questions about the historical development of this successful nursing organisation. We thank Pearl and her staff for taking the time to answer the interview questions and we wish ONS at least another 30 years of success in promoting excellence in oncology nursing and quality cancer care.

large and the overlap day made it almost impossible to book any scity. So, we decided it did not work. Also, because our size had grown so large (over 5000 attendees and many concurrent sessions) we need to book about 10 years out and we are limited as to where we can hold the meeting. Also, we decided if we held a fall meeting, we could have more 'hands on' types of sessions and we could go to a variety of cities (which are members were requesting).

5. How many people are involved in planning the annual congress and how long does it take them to do so?
About 10 people participate in the planning of the Congress and it takes approximately one year to plan it. Planning begins one month after the current Congress to begin planning the next year's Congress.

6. What is the most popular activity or session at the conference?
The most popular session is the Opening Ceremonies. It has the highest attendance. Other popular sessions are the other special plenary sessions like Bench to Bedside, Mara Mogenson Flaherty Lecture, International Symposium, and Special Symposium.

7. What do participants complain about most?
Participants tend to complain most about logistical issues and the facility in which the Congress is held. Complaints like the rooms are too cold, the shuttle service from hotels to convention center takes too long or is unreliable, there is not enough time between sessions to travel from end of the convention facility to the other, some popular sessions fill up and some participants have to be turned away to other sessions.

8. The offerings at the conference are almost overwhelming. What do you advise first time visitors to do to make the most out of their conference experience?
We publish a tips for Congress attendees section in the program guide/syllabus advising participants how to get the most out of Congress (please refer to your copy of the syllabus for details).

9. Do you solicit evaluation of the conference? If so, are you meeting the educational needs of participants?
We are required to evaluate our conferences by our CE accrediting body. An evaluation form for this purpose is in every Congress registration packet. In order to receive their CE credits, attendees must fill out and return the evaluation form to us. Our evaluations of Congress are always extremely positive averaging scores of between 3.5 and 5 on a 5-point scale (5 being the highest possible score and 3 being satisfactory).

10. How did the ONS conference in the Netherlands come to be?
The conference in the Netherlands was simply a request from their society asking if they could give some highlights from our meeting at a conference held there. We gave our permission. We do nothing to assist in this meeting but are glad if our Dutch colleagues find it helpful.

11. What is your most memorable experience from an ONS conference?
My most memorable moment at an ONS conference —there were so many wonderful sessions, so many important awards given out—I can't begin to pin down a moment. What I want to say is that at each opening to look out at the room filled with over 5000 cheering nurses is incredible because I remember when I was a member attending the first meeting in Toronto with 200 nurses in attendance.

12. How do you see the ONS conference developing in the next 30 years?
In the next 30 years, we see Congress becoming more technologically advanced with perhaps live feeds from the conference directly to

members computers at home or to satellite download sites so that even members who cannot travel can attend parts of

Congress long distance. Renowned speakers from around the world may be presenting via satellite without needing to travel to the conference site. Sessions will be instantly evaluated using keypad technology that every participant will have with them in each session. For those who do like to travel, conference venues may include places like the moon or a space station resort! :-)



exterior ONS Congress Center

Post-ONS Congress Meeting in Utrecht

Following the ONS Annual Congress in Orlando, Florida, a Post-ONS meeting took place in the Jaarbeurs Congress Centre in Utrecht on 24 May 2005. This was the second time that a Post-ONS meeting took place in the Netherlands and it served to continue the celebration of the 30th anniversary of the ONS Congress.

Eight oncology nurses from the Netherlands had the opportunity to attend the yearly ONS congress in Orlando and then disseminate their new knowledge within 3 weeks to a Dutch audience of oncology nurses during the Post-ONS meeting. An audience of more than 235 attended the Post-ONS meeting. In the morning, 4 plenary presentations were offered and in the afternoon there were 4 sessions which took place in parallel providing the participants the opportunity to switch sessions after an hour. Topics presented in the morning sessions included interesting subjects such as targeted therapies, hormonal therapy, vaccination therapy, Palifermin for the prevention of mucositis, and various presentations on "Psychosocial Distress" care for cancer survivors. An exciting new development in treating breast cancer with radiotherapy, partial breast irradiation therapy with the Mammosite®, caught the attention of many participants.

In the afternoon, 4 workshops were presented. The excellent meeting organisation made it possible for participants to switch to another session after 1 hour. The presentations in Workshop 1 focused on lung cancer and the always important subject of strategies to help smokers stop smoking. In Workshop 2, the first presentation was about "When you know that you don't know - cancer from an unknown origin". The second presentation

addressed obesity as a risk factor for cancer. In Workshop 3, there were presentations about myths and legends in oncology and on the TITAN project. The presentation on the TITAN project was of interest as it explained the modification of the American ATAQ project (Adequate Training Assures Quality) for implementation in a European setting. Topics in

Workshop 4 included "Advances on the Information Superhighway" and "Exercise Programs and Cancer".

I think a reflection of various topics from the ONS Congress in a Post-ONS meeting in Europe is an important initiative

and of great value for Dutch oncology nurses. We hope that there will be an opportunity to repeat this event next year.

Acknowledgements:

Attendance at the 30th ONS Congress in Orlando and the organization of the 2nd Post-ONS meeting in Utrecht were made possible by grants from Amgen B.V., Novartis Pharma B.V. and Lilly Nedeland B.V.

The Organising Committee expresses its thanks to the following speakers for their contribution to making the 2nd Post-ONS Meeting a success:

Drs. Agnes Klaren; Projectmanager Oncology/ Radiotherapy, Albert Schweitzer Hospital, Dordrecht, Drs. Mireille de Wee; Nursing Manager Oncology, TweeSteden Hospital, Tilburg. Ivonne Schoenaker, Clinical Nurse Specialist Oncology, Isala Klinieken in Zwolle. Mariëtte Weterman; Clinical Nurse Specialist, Oncology/ Hematology, AMC, Amsterdam, Christel van Riel; Research Nurse Oncology, University Medical Centre St Radboud, Nijmegen. Jan Ouwerkerk; Research Co-ordinator Oncology, Leiden University Medical Centre, Leiden. Erik van Muilekom; Clinical Nurse Specialist Surgery, Antoni van Leeuwenhoek Hospital, Amsterdam. Sylvia Verhage; Clinical Nurse Specialist Oncology, Jeroen Bosch Hospital, 's Hertogenbosch.

Jan Ouwerkerk

1. What is the most impressive accomplishment of ONS over the past 30+ years of its existence?

Most impressive accomplishments are certainly growth over 30 years from about 25 people to over 33,000 and to over 200 chapters. Our two periodicals, numerous books and web site and the quality and diversity of our educational programming are important and impressive. The other corporations that we spun off are equally incredible. The ONS Foundation has funded more than 16 million dollars to nurses and ONCC has certified well over 20,000 nurses. Last planning for and constructing our own building makes a statement for all of nursing. I call it the house that nurses built.

2. In review of the development of ONS, is there anything that should have been done differently?

Perhaps we should have had a more strategic vision related to collaborations with others in the cancer care team and with other organizations but we are moving there. We are doing well in the health policy arena but probably could have had a stronger voice even earlier.

3. What priorities has ONS set for itself for the next several years? Where will ONS focus its energy and resources?

Our next strategic plan includes contributing to the national effort to resolve the nursing shortage, expanding further our health policy activates, delivering educational programs that provide evidence-based knowledge and skills, strengthening our web and other technical resources, continuing to develop a diverse leadership pool, educating the public about oncology nursing, and strengthening our partnerships with external organizations.



Pearl Moore, Chief Executive Officer Oncology Nursing Society

4. The ONS 30th annual conference has just taken place. Could you give us some insight into the history of the conference? For example, early on, the ONS conference was held in conjunction with ASCO. In the early days we met with ASCO. However that meeting became so



Supporting patients with bone metastases: The nurses' role

Nurses have an essential role in supporting patients who suffer from bone metastases. This can take many forms, such as encouraging the patient to talk about their symptoms, sharing the problems they face in their day-to-day lives, and alleviating their fears. Patients with bone metastases are often distressed not only because of the pain and disability they experience, but also the drugs and interventions used to manage their disease. It is important that we bear this in mind when assisting patients with their treatment. This article considers some of these issues from my experience as an oncology nurse.

What do bone metastases mean to the patient?

Whereas the first diagnosis of cancer – after overcoming the initial shock – is usually addressed with a 'fighting spirit', a diagnosis of bone metastases usually indicates that the cancer is incurable. This can have a profoundly negative psychological effect. Patients also tend to experience severe and widespread pain, affecting large areas such as the ribs, pelvis, femur, and humerus. Even mild or moderate bone pain can be disabling, preventing patients from enjoying work and leisure activities such as playing with their children or grandchildren, walking or gardening. Some patients are also unable to experience the intimacy of sexual intercourse due to their bone lesions. Patients will often want and need to share the impact of their disease with a healthcare professional, and, with more available time than their medical colleagues, it is often to nurses that patients turn first.

When managing patients with bone metastases, physicians and nurses must consider the long palliative care period associated with the disease. Patients with breast cancer or prostate cancer, for example, have a median survival of 2 to 3 years respectively, with many patients living much longer than this.

Several different strategies are used to relieve bone pain and other skeletal-related events (SREs), including analgesics, radiotherapy, surgery, and bisphosphonates. Patients are likely to receive a broad spectrum of care during the remainder of their lifetime.

What is the impact of treatment and how can nurses help?

Opioids

Patients with moderate-to-severe bone pain should receive a trial of opioids, according to the World Health Organization (WHO) analgesic ladder (WHO, 2005). A good response is obtained in most cases, although patients can become resistant and need dose increments.

While patients can appreciate the pain relief attained with opioid use, there are often negative perceptions about morphine as a drug for the terminally ill. Concerns about side effects, and the fear of addiction or losing control are also common.

Patient fears about opioids.

By listening to patients' concerns, nurses can offer counselling and discuss patients' needs with other members of the health care team. Encouraging the daily use of bone pain record cards and diaries can help ensure that patients are reporting their symptoms accurately and getting the pain relief they need.

Radiotherapy

Radiotherapy has well-known efficacy against pain from bone lesions and many patients (particularly those with

single-site lesions) respond well to localised external beam application (Dewar, 2004). Although radiotherapy may seem a relatively non-invasive procedure with few adverse effects, patients are sometimes unhappy with the pain and dependence on others that is associated with going to the hospital. In addition, patients often dislike the linear accelerator machines, complaining of claustrophobia, and require significant reassurance from nurses and radiographers.

Surgery

By improving bone stability, orthopaedic surgery has considerable value in preventing skeletal complications such as spinal cord compression or impending fracture (Lipton, 2003). When successful, patients are likely to regain mobility and have a dramatic reduction in bone pain. For some patients the results of surgery are fantastic. However, there is a high morbidity and mortality rate associated with such surgery in cancer patients, and so for many patients, such as those with a poor performance status, this treatment modality will not be a realistic option.

Nurses are integral in preparing patients psychologically for surgery and supporting them through their recovery.

Bisphosphonates

The standard treatment for reducing the risk of skeletal related events (SREs) associated with bone metastases, bisphosphonates are recommended immediately following diagnosis (Hillner et al, 2003). Bisphosphonates can make a positive difference in the lives of patients by reducing the amount of time patients spend visiting their doctor, receiving radiotherapy, or having surgery. Clinical studies have shown that bisphosphonates may also have a use in relieving bone pain (Body et al, 2004; Dewar, 2004; Fulfaro et al, 1998; Wong and Wiffen, 2002).

Intravenous bisphosphonates are typically administered by nurses in the hospital or outpatient clinic every 3-4 weeks. Administration takes between 15 and 120 minutes, with patients spending between 40 and 160 minutes in the hospital department, depending on drug. Oral bisphosphonates can be taken at home, and therefore offer the patient greater independence. Nurses can assist in optimum compliance with oral medication by giving advice on how the capsules should be taken and by helping patients to organise their daily dosing routine.

The best treatment option should be discussed with each patient and judged on basis of their individual situation.

Conclusions

The overall impact of metastatic bone disease, particularly bone pain, is profound. Treatment strategies for bone pain and other SREs can also have a detrimental effect. The value of the nurse in counselling the patient and supporting them through their treatment cannot be underestimated in improving their quality of life.

Furthermore, nurses are in the ideal position to educate patients sensitively regarding early warning signs and symptoms of SREs.

References

- Body JJ, Tripathy D, Bell R, Bergstrom B. Intravenous and oral ibandronate provide long-term relief from bone pain in metastatic breast cancer. *Eur J Cancer Suppl* 2004;2:135-6.
- Dewar JA. Managing metastatic bone pain. *Br Med J* 2004;329:812-3.
- Fulfaro F, Casuccio A, Ticozzi C, Ripamonti C. The role of bisphosphonates in the treatment of painful metastatic bone disease: a review of phase III trials. *Pain* 1998;78:157-69.
- Hillner BE, Ingle JN, Chlebowski RT, et al. American Society of Clinical Oncology 2003 update on the role of bisphosphonates and bone health issues in women with breast cancer. *J Clin Oncol* 2003;21:4042-57.
- Lipton A. Bone metastases in breast cancer. *Curr Treat Options Oncol* 2003;4:151-8.
- Wong R, Wiffen PJ. Bisphosphonates for the relief of pain secondary to bone metastases. *Cochrane Database Syst Rev* 2002;(2):CD002068.
- World Health Organization's Pain Relief Ladder. <http://www.who.int/cancer/palliative/painladder/en/>



Combination antiemetic therapy: why, when and what to use

As we know, the consequences of uncontrolled nausea and vomiting resulting from chemo- or radiotherapy can have a significant detrimental impact on patients' well-being. These symptoms are also still considered by patients as two of the most feared side-effects of cancer therapy. Therefore, optimising antiemetic treatment to protect patients continues to be an important therapeutic goal. With more than one type of neurotransmitter involved in the emetic response, different signalling pathways may be involved at different times following cytotoxic therapy. Therefore, current treatment developments are now focused on using combinations of agents that target these different pathways, rather than relying on one overarching panacea. The questions now are: which agents should be used and when?

Which agents?

The 5-HT₃-receptor antagonists, which block the serotonin signal, have been the mainstay of antiemetic treatment for some years and are particularly noted for their efficacy in controlling acute nausea and vomiting (during the first 24 hours after cytotoxic therapy). Efficacy of these agents is also known to be enhanced by concurrent treatment with a corticosteroid, such as dexamethasone. In recent years, stimulation of the neurokinin-1 (NK1) receptor has been identified as also contributing to the emetic response, particularly later in the acute phase and during the delayed phase (post-24 hours after cytotoxic therapy). With this in mind, a new class of antiemetics, the NK1-receptor antagonists, are being developed to target this pathway. The first agent in this class, aprepitant, is now available for highly emetogenic chemotherapy and when added to a 5-HT₃-receptor antagonist and dexamethasone improves complete control of nausea and vomiting. Table 1 presents the administration schedule for this antiemetic combination.^{1,2}

When to use?

The recently updated MASCC guidelines recommend this triple agent approach for prophylaxis of highly-emetogenic chemo- or radiotherapy for the acute phase. Table 2 provides an overview of these recommendations.^{1,3-6} Although the guidelines for moderately emetogenic chemotherapy currently recommend a 5-HT₃-receptor antagonist plus dexamethasone for acute symptoms, the interesting results from recent Phase III trials of the aprepitant triple combination are likely to prompt a change in these guidelines.⁷ Clearly, assessing the emetogenicity of cancer

Table 1. Administration schedule for combination antiemetic therapy for use with highly-emetogenic chemotherapy.

	Day 1	Day 2	Day 3	Day 4
Aprepitant	125 mg*	80 mg†	80 mg†	-
Dexa-methasone	12 mg orally*	8 mg orally†	8 mg orally†	8 mg orally†
5-HT ₃ -receptor antagonist	Granisetron: 2 mg orally or 1 mg or 0.01 mg/kg IV*† Or Ondansetron: 24 mg orally or 8 mg or 0.15 mg/kg IV*†	-	-	-

*As recommended by MASCC guidelines¹

† Doses differ to those used in clinical trials

‡As recommended in the aprepitant prescribing information²

treatment is a prerequisite to determining the optimum antiemetic combination, Table 3 provides examples of classification of emetogenic risk for chemotherapy agents and radiotherapy regimens.^{6,8}

Treatment considerations

With the large number of medications already being received by cancer patients, the potential affects of one agent on another is a concern and the introduction of an additional antiemetic inevitably adds to this.

Indeed, there are several precautions and warnings in the aprepitant prescribing information regarding drug-drug interactions.² In particular, aprepitant interacts with dexamethasone, necessitating a dose reduction of dexamethasone by about 50% when given with the NK1-receptor antagonist (e.g. it should be reduced from 20 mg to 12 mg orally on day 1 when given with aprepitant). In terms of the 5-HT₃-receptor antagonists, only granisetron and ondansetron have been tested extensively in clinical trials with aprepitant, though data are now also emerging with palonosetron. While all have demonstrated efficacy in the

Table 2. Summary of the MASCC guidelines for the treatment of chemo- or radiotherapy-induced nausea and vomiting. Prophylactic treatment should always be given unless stated otherwise.^{1,3-6}

Emetic risk (% patients)	Chemotherapy		Radiotherapy
	Acute-onset NV	Delayed-onset NV	Acute-onset NV
High (>90%)	5-HT ₃ -RA + Dex + Apr	Dex + Apr	5-HT ₃ -RA + Dex
Moderate (30-90%)	5-HT ₃ -RA + Dex	Dex or 5-HT ₃ -RA	5-HT ₃ -RA
Low (10-30%)	Dex	-	5-HT ₃ -RA*
Minimal (<10%)	-	-	D-RA* or 5-HT ₃ -RA*

Apr, aprepitant; Dex, dexamethasone; D-RA, dopamine-receptor antagonist; NV, nausea and vomiting; RA, receptor antagonist

*Can be given as symptomatic treatment

Table 3. Relative emetogenic potential of selected chemotherapy agents (a),⁸ and of radiotherapy regimens (b).⁶

Emetic risk (% patients)	Single IV (% patients)agents	Single oral agents
High (>90% of patients)	Carmustine Cisplatin Cyclophosphamide ≥1500 mg/m ²	Procarbazine
Moderate (30-90% of patients)	Carboplatin Cyclophosphamide <1500 mg/m ² Cytarabine >1 g/m ² Doxorubicin Epirubicin Oxaliplatin	Cyclophosphamide Etoposide Vinorelbine
Low (10-30% of patients)	Cytarabine ≤100 mg/m ² Docetaxel Etoposide 5-Fluorouracil Gemcitabine Methotrexate Paclitaxel Trastuzumab	Capecitabine
Minimal (<10% of patients)	Fludarabine Bleomycin Vinblastine Vincristine Vinorelbine	Chlorambucil Hydroxyurea Methotrexate

Emetic risk	Treatment field
High (>90% of patients)	Total body
Moderate (30-90% of patients)	Upper abdomen
Low (10-30% of patients)	Cranium (radiosurgery) and craniospinal Pelvis Lower thoracic
Minimal (<10% of patients)	Head and neck Extremities Cranium Breast

is an exciting step forward. However, its integration into a patient's supportive treatment must be done with care to ensure it does not add to the side-effect burden of cancer therapy.

References

- Kris MG et al. Consensus proposals for the prevention of acute and delayed vomiting and nausea following high-emetogenic-risk chemotherapy. Support Care Cancer 2005; 13: 85-96.
- Emend® (aprepitant). Prescribing Information. Merck & Co., Inc., Whitehouse Station, NJ, USA, 2003.
- Herrstedt J et al. Acute emesis: moderately emetogenic chemotherapy. Support Care Cancer 2005; 13: 97-103.
- Roila F et al. Delayed emesis: moderately emetogenic chemotherapy. Support Care Cancer 2005; 13: 104-8.
- Tonato M et al. Emesis induced by low or minimal emetic risk chemotherapy. Support Care Cancer 2005; 13: 109-11.
- Feyer PC et al. Radiotherapy-induced nausea and vomiting (RINV): antiemetic guidelines. Support Care Cancer 2005; 13: 122-8.
- Warr DG et al. Efficacy and tolerability of aprepitant for the prevention of chemotherapy-induced nausea and vomiting in patients with breast cancer after moderately emetogenic chemotherapy. J Clin Oncol 2005; 23: 2822-30.
- Grunberg SM et al. Evaluation of new antiemetic agents and definition of antineoplastic agent emetogenicity - an update. Support Care Cancer 2005; 13: 80-4.
- Blum RA et al. Effects of aprepitant on the pharmacokinetics of ondansetron and granisetron in healthy subjects. Clin Ther 2003; 25: 1407-19.
- Aprepitant FDA Advisory Committee Background Package. 6 March 2003. <http://www.fda.gov/ohrms/dockets/ac/03/briefing/3928b1.htm> Accessed April 2005
- Newberry NR et al. BRL 46470 potently antagonizes neural responses activated by 5-HT₃ receptors. Neuropharmacology 1993; 32: 729-35.
- Cooper SM et al. Inhibition of 5-HT₃-induced axon reflex flares by BRL 43694, a novel 5-HT₃ antagonist. Br J Clin Pharmacol 1988; 25: 106-7.

recommended combination, only granisetron has been shown not to interact with aprepitant at any dose tested.^{9,10} Granisetron also confers further benefits in terms of its duration of action (>24 hours),^{11,12} which means it can be given as a once-daily dose, protecting patients from serotonin-mediated emesis day and night.

Conclusions

The addition of a new class of antiemetic to provide improved control of nausea and vomiting, particularly in the delayed phase,

Articles on clinical practice issues are of relevance to all cancer nurses. At the recent Advisory Council meeting, it was decided to provide a summary of the lead clinical article in each issue of the Newsletter. In this way, national societies can translate the summary and distribute this translation to their members.

Summary of Sarah Heatley's article on page 11

Nurses have an essential role in supporting patients with metastatic bone disease. Diagnosis of this disease has a profoundly negative psychological effect as it usually indicates that the cancer is incurable. Widespread bone pain caused by bone metastases can be disabling and prevent everyday activities, such as getting dressed and rising out of a chair without assistance. Pleasurable activities, such as walking the dog, can be very difficult and painful. Nurses are often the first point of contact, and play a vital role in encouraging patients to talk about their symptoms, share problems and alleviate fears. Several different strategies are used to relieve symptoms such as bone pain and skeletal-related events (SREs). Opioids and radiotherapy can treat bone pain, while surgery

improves bone stability. Intravenous or oral bisphosphonates can treat both bone pain and SREs.

The best treatment option should be discussed and judged with each patient on an individual basis. The value of the nurse to counsel and support cannot be underestimated. Given the high burden of bone pain it is important that nurses closely monitor patients and encourage discussion of symptoms. This sort of active involvement can help nurses and patients to work together and achieve their goal.

Speak Up!

The Speak Up! programme is a new European initiative to help educate oncology nurses and cancer patients about chemotherapy-induced nausea and vomiting (CINV). The aim of the educational programme is to encourage dialogue between nurses and patients about the effects of CINV and to develop effective solutions to help reduce symptoms. To be launched in the UK, Spain, Portugal, Italy and The Netherlands, the Speak Up! initiative will distribute posters, nurse discussion guides, and patient information leaflets through national oncology nursing societies.

The education materials have been developed by EONS and have been field-tested for ease-of-use and readability by cancer nurses in the UK in association with Shelly Dolan of the Royal College of Nurses.

In order to assess the baseline knowledge and attitudes of oncology nurses to CINV, we first conducted an online poll of nurses in the

five countries which will receive the materials. The response was excellent: 306 responses were received with roughly 20% of respondents coming from each of the five countries. The results of the poll revealed that 70% of the nurse respondents said that they always speak about CINV with patients. Nurse-patient discussions about CINV were initiated by patients only one in six times.

We intend to repeat the survey in the same 5 countries six months to a year after the distribution of the education materials. This will provide us with the opportunity to evaluate the changes in perceptions and attitudes towards CINV amongst oncology nurses in Europe and to encourage patients to Speak Up! about their chemotherapy side-effects.

An unrestricted educational grant was provided by Merck & Co., Inc. to support the implementation of this project.



Dr. Jan Foubert RPN, President of EONS

TARGET: Helping European Oncology Nurses Keep Abreast of Treatment Advances

TARGET - EONS's exciting new educational initiative is progressing well and is on track to meet its goal of enhancing European oncology nurses' understanding of the role and relevance of the Epidermal Growth Factor Receptor (EGFR) in cancer care. There are a number of key steps in the development of the TARGET programme:

1. Delineate European oncology nurses' learning needs in relation to EGFR
2. Develop a course based on oncology nurses' learning needs and expert opinion
3. Pilot the TARGET course in a number of European countries
4. Modify course materials and format based on feedback from pilot testing
5. Organise a TARGET Train the Trainer course
6. Make TARGET courses available across Europe

The learning needs assessment has been completed. A survey to investigate the educational needs of European oncology nurses in relation to EGFR and evaluate European oncology nurses' knowledge about EGFR inhibitors was carried out between March-April 2005. 182 oncology nurses from France, Germany, Spain, Italy, UK, the Netherlands with experience caring for patients receiving novel targeted therapies completed the survey. The findings showed that nurses are interested in learning more about targeted therapies but that significant knowledge deficits exist. The learning needs assessment has proved to be an invaluable tool in highlighting the topics that require the greatest attention and input within the TARGET course.

The TARGET course will consist of 6.5 student contact hours and include sessions on:

- ® Molecular biology of cancer
- ® What is the EGFR and why target this for cancer therapy?
- ® EGFR Inhibitors
- ® Nursing considerations for patients receiving EGFR inhibitors
- ® Support for patients with advanced cancer
- ® Writing and implementing a dissemination plan

TARGET

Before attending a TARGET course participants will be asked to undertake some pre-course work with the aim of revising/updating their basic knowledge about cell biology. As with EONS's other successful educational programme - TITAN - participants will be asked to complete a dissemination project in the 6-month period following the TARGET course.

This course format and the draft TARGET materials will be tested in a number of pilot courses that will be held in Belgium, Germany and the UK between October 2005 and January 2006. Please contact the national oncology nursing society in these countries if you are interested in participating in a TARGET pilot course (contact details are available on the EONS website at www.cancerworld.org).

Materials will be revised in the light of feedback from the pilot courses and the final version of the materials will be used during the TARGET Train the Trainer course that will be held in May or June 2006. The purpose of the Train the Trainer course is to prepare TARGET Trainers - these will be oncology nurses from all over Europe who give a commitment to attend the entire train the trainer programme and to run at least one TARGET course in their own country. Further details about the TARGET Training the Trainer course and an application form will be available at ECCO-13 and posted on the EONS website in November 2005.

European implementation of the course will happen from June 2006 onwards. If you are interested in learning more about the TARGET project please contact EONS President Jan Foubert at jan.foubert@skynet.be

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