Special Lecture

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Prevention and early detection

A. Glaus. *Zentrum für Tumordiagnostik und Prävention, St Gallen, Switzerland*

The World Health Organisation declared cancer prevention and control as one of the most important scientific and public health challenges of our days [1]. The incidence of cancer is increasing with increase in life expectancy of the world's population and with changes in lifestyle factors. It is estimated that one third of new cancers could primarily be prevented and when resources exist, another third could benefit from early detection and treatment. In Europe, nearly one million European citizens die from cancer each year and this represents an enormous cost, in human terms for patients and their families as well as in terms of health care spending on cancer. The Europe Against Cancer Programme has led to major progress in reducing annual cancer specific mortality by 10%, equating to around 92'000 lives saved between 1987 and 2000 [2]. In spite of this, significant differences in cancer mortality persist among European Member States which underpins the expectation that further reductions are possible if best practice is applied uniformly in all States.

National prevention programmes focus on endogenous causes, such as association with genetics, age, gender, ethnicity as well as on exogenous causes such as exposure to carcinogenic agents in the environment. The incorporation of principles of prevention and early detection are essential components of daily oncology nursing practice. Collecting information about risk factors can be part of initial patient assessment. New roles for nurses evolve in health education regarding behavioural and medical activities, in familial risk assessment and genetic counselling and within chemo-preventive programmes for persons at risk. In secondary prevention, nurses may develop roles in population based cancer screening programmes or in cancer surveillance of high risk populations, involving recruitment, information and education about behavioural factors, screening tests, prophylactic medical or surgical interventions and coordination of follow up.

References

[1] World Health Organisation. National cancer control programmes: policies and managerial guidelines. 2nd ed. Geneva: World Health Organisation 2002

[2] Boyle P, d'Onofrio A, Maisonneuve P et al. Measuring progress against cancer in Europe. Annals of Oncology, 2003 in press

Round Table

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The use of herbal preparations in cancer rehabilitation nursing

G. Thieme. *Cancer Biology Center, Freiburg, Germany*

Gloria Thieme is the Nurse in Charge of a 26 bedded cancer rehabilitation ward in at the Klinik fuer Tumorbiologie (BiologicalTumour Centre) in Freiburg, Germany. Patients attending this unit present with a variety of solid tumours and the ward also has a high number of patients to be cared for after bone marrow transplantation. Of particular interest from a nursing rehabilitation viewpoint is the use of herbal preparations by the nurses in the form of teas and ointments for a variety of symptoms including difficulty sleeping and nausea. Nurses can learn to use these preparations whilst working in the ward. Gloria will discuss some of the clinical benefits, training and professional issues regarding the nursing practice with the use of herbs in her ward area.

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Rehabilitation program for cancer patients

U. Gustafsson. *Karolinska Sjukhuset, ORC (Oncologic Rehabilitation Center), Stockholm, Sweden*

Oncologic Rehabilitation Centre ORC at Karolinska Hospital since 1998. The group of staff consists of 20 people of different professions. We are psychiatrists, psychosocial nurses, music therapists, social workers, physiotherapists, dance therapists, dieticians aroma therapists rehabilitation assistant and a secretary. Our work consists of individual therapy and therapy in groups. The group therapy is growing more important due to the positive response our patients are giving to this form of therapy. We know that different patients who have experience of cancer and cancer treatment have a lot in common and like to meet others who are in the same situation. In all groups the group leader gives the framework, decides structure and rituals. The members of the group have the opportunity to identification and to get a sense of coherence. The group is open so that its members can create meaning, hope, support, permission but it also has a containing function The different programs we do are:

- **"The Starting Again Group"** is a rehabilitation program for patients who have finished their curative treatment. The program runs for six weeks, twice a week. Once a week we focus on information and discussion The second weekly meeting is focused on physical training.
- **"The Wednesday meeting"** is a group for patients in palliative care. It runs for 14 weeks, six hours per session including lunch. The aim is to support the positive and healthy parts of the patients.
- **"The Dance Group"** This therapy form is focused on the relationship between body – feelings and thoughts. The aim is to help patients strengthening their physical and psychological feelings of security. The program runs for ten weeks, once a week, two hours per session.
- **"Group for relatives"** In this group the patient's relatives get together six times, two hours per session, for information and discussions.
- **"Family Programme"** is a support group for patients with small children. To support the parents in telling their children that one of their parents has cancer.