

Monday, 31 October 2005

Teaching Lecture

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INVITED

Learning to live with cancer® – from Sweden to Europe in 10 years

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Learning to Live With Cancer® is an education and support programme for cancer patients and their significant others. Developed and implemented in Sweden since 1992, it is based on a research project by Professor Gertrud Grahn from Lund University. The programme consist of 8 two hours sessions with themes such as the human body, cancer treatment, side effects but also talking about cancer, relaxation, support and resources in the community or expressive art. Inspired by the Chinese proverb "Tell me and I forget, show me and I remember, let me take part and I understand" it has strong pedagogical basis to allow cancer patients but also families and friends to understand more about the meaning of learning to live with cancer. Generally led by nurses, doctor, physiotherapist, dietician and social worker are involved according to the different topics. After Sweden, where the programme is available in 33 locations, it has been translated into Norwegian and is running in Norway. The European Union's Europe against cancer programme allocated money in 1995 and 1996 for "Training the Trainers European workshop" starting in Lund (1995). Supported by an educational grant from Bristol-Myers Squibb Oncology Division Europe (BMS-ODE) and in collaboration with the European Oncology Nursing Society (EONS), three other workshops took place in Athens twice (1996) and Dublin (1997). 66 persons from 21 countries all over Europe and Israel have been trained. The learning material from the programme has been translated into English, German, French, Spanish and Dutch by BMS-ODE. Participants from Italy, The Czech Republic, Iceland, Finland and Serbia have made their own translation, supported by their national cancer societies or institutions. The programme could start in several countries and also organise local "Training the trainers" workshop. Results from a questionnaire, send to the participants of the four workshops, will enable a survey of the situation of the programme in 2005 in Europe, ten years after its implementation as a European project. A particular focus will be given to Switzerland where trained nurses have chosen to create an association and been able to implement the programme all over the country and to update the learning material with the support from Amgen Switzerland.

Proffered papers

Symptoms and improvement in clinical practice

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ORAL

Clinical practice improvement methodology leads to a sustained decrease in the incidence of chemotherapy induced nausea and vomiting in the chemotherapy day unit

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Introduction: Chemotherapy induced nausea and vomiting (CINV) remains the most common chemotherapy related side effect. Its frequency is often underestimated [1] and in the majority of patients can be controlled or prevented [2]. We utilised clinical practice improvement (CPI) methodology to assess and improve CINV in our chemotherapy day unit (CDU).

Methods: A multidisciplinary team analysed the systems and processes supporting prevention and treatment of CINV for patients attending the CDU. Methods included mapping current processes and grouping highlighted problems into common themes. Themes were then ranked and prioritised. Intervention brainstorming centred around identified priorities of: standardisation of antiemetic prescribing according to evidence based guidelines and facilitation of accessible, 'real time', amendments to antiemetic treatment protocols. Repeated Plan-Do-Study-Act (PDSA) cycles were undertaken over a 12-week period to trial interventions. Data collected included a continuous prospective audit of 231 patients receiving chemotherapy in CDU. The audit captured incidence and severity of CINV and the presence or absence of side effects likely to be attributed to commonly prescribed anti-emetic drugs. Changes in prescribing practice were monitored by expenditure on antiemetics. A repeat snapshot audit of 95 patients at 6 months post completion of the project was conducted to ascertain to what extent improvements were sustained.

Results: Baseline audit of 100 patients showed that 52% of patients experienced nausea, 13% at grade 2 or above and 12% of patients

experienced vomiting, 4% at grade 2 or above. By the end of the study period, less than 30% of patients reported any nausea or vomiting (>22% reduction in incidence). CINV severity remained stable with 12% of nausea at grade 2 or above and 4% of vomiting at grade 2 or above. Follow up data at 6 months revealed that 36% of patients experienced nausea, 10% at grade 2 or above, and 8.4% of patients experienced vomiting, 1% at grade 2 or above. There were no significant changes to the incidence of antiemetic related side effects and a trend towards decreased expenditure was demonstrated.

Conclusion: Through utilisation of a Clinical Practice Improvement project we were able to demonstrate sustainable gains in decreasing the incidence of CINV for patients receiving chemotherapy in our clinical setting. Results were achieved without causing significant changes to antiemetic side effects and showed a potential for cost savings.

References

- [1] Grunberg S, Deuson RR, Mavros P. et al. Incidence of chemotherapy-induced nausea and emesis after modern antiemetics. *Cancer* 2004; 100(10): 2261–2268.
- [2] Gralla RJ, Osoba D, Kris MJ. et al. Recommendations for the use of antiemetics: evidence-based, clinical practice guidelines. *J Clin Oncol* 1999; 17(9, September): 2971–2994.

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ORAL

Managing chemotherapy-related nausea and vomiting in breast cancer patients using acupressure wristbands

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The aim of the current study was to evaluate the effectiveness of using acupressure in Pericardium 6 (Neiguan) acu-point in managing chemotherapy-induced nausea and vomiting. The study was a randomised controlled trial. Acupressure was applied using wristbands (Sea-Band™) which patients in the experimental group had to wear for the 5 days following the chemotherapy administration. Assessments of nausea, retching and vomiting were obtained from all patients daily for five days. Thirty-six patients completed the study from two centres in the UK, with 19 patients allocated to the control arm and 17 to the experimental arm. It was found that nausea and retching *experience*, and nausea, vomiting and retching *occurrence* and *distress* were all significantly lower in the experimental group compared to the control group ($P < 0.05$). The only exception was with the vomiting experience, which was close to significance ($P = 0.06$). Results highlight the important role of safe and convenient complementary therapies such as acupressure in the management of the complex symptoms of chemotherapy-related nausea and vomiting.

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ORAL

Post-cancer fatigue: has your patient visited the osteopath?

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Background: Post-Cancer fatigue (PCF) has a lot of specific characteristics and the loss of energy that comes with this condition has a negative impact on a patients daily living. The purpose of this study was to describe the sign and symptoms of PCF with the view of osteopathy on mobility and motility of organs and tissue. The second purpose of this study was to investigate the effect of osteopathic treatment of the dysfunctions found at initial examination on the gain of daily energy. The third purpose was to show that the liver may play a pivotal role in the signs and symptoms of PCF and that treatment of liver dysfunctions will be necessary in the total management of PCF.

Materials and Methods: In total 13 patients entered the study. All patients were examined prior to treatment and all found lesions were treated according to osteopathic standards. Specific attention was paid to the liver and its neurological segmentation. All patients underwent 3 treatment sessions with an interval of 2 weeks. Evaluation of treatment was done by the FACT-An quality of life questionnaires before and after treatment.

Results: 12/13 patients (92%) showed liver dysfunctions at initial examination. This was diagnosed as loss of liver mobility and a ptotic liver due to congestion. In addition, according to the neurological segmentation of the liver, somatic dysfunctions were found in the region TH6 – TH10 and on the OAA complex.