

clinical trials to evaluate new therapies to manage OM, ultimately improving patient care.

Background: Oral mucositis (OM) is a frequent and debilitating consequence of cancer treatment (Eilers 2004). The true incidence and duration of OM are largely unknown due to inaccurate assessment and underreporting. Unlike assessment of neutropenia or anaemia, the presence and severity of OM requires routine physical assessment by an individual. In addition, multiple OM scoring systems exist, with no current standard of care (Rubenstein et al, 2004). Experts have shown that proper training can lead to substantial improvement in consistency and accuracy of OM assessment. Accurate assessment is important for the conduct of clinical trials to evaluate new therapies to manage OM, ultimately improving patient care. EBMT initiated a prospective oral mucositis audit (POMA) of 200 patients in approximately thirty hematology transplant units across Europe. Data on OM incidence, severity and duration, and associated costs are collected.

Material and Methods: To streamline and standardize OM assessment across participating POMA centres, a 'Train-the Trainer' approach was established to optimize inter-evaluator concordance by ensuring consistent assessment methodology. Trainers were selected on geographical location, language and/or participation in the audit. Twenty-two nurses and physicians were trained on OM assessment and scoring using the World Health Organization (WHO) Oral Toxicity Scale which includes evaluation of alimentation (solids, liquids only or oral intake not possible), presence of oral pain/discomfort, and evaluation of eight specified sites for erythema or ulceration. Trainers are then dispatched to POMA sites to train the nursing staff on OM assessment through education, training materials and practice assessment of OM slide images. Trained staff then perform daily OM assessment and collect data for the OM registry.

Results and Conclusions: By May 2005, a total of nine sites received training, with the remaining centres scheduled in time for site initiation. Collection of OM data is ongoing and results of a quality assurance review to assess inter-rater reliability will be presented. This process will demonstrate how joint physician/nurse training on a European level can aid clinical research in OM and ultimately patient care.

References

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1505

INVITED

Educational activities for stem cell transplant nurses: an European approach

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The strategy of the European Blood and Marrow Transplantation – Nurses Group (EBMT-NG) aims at promoting and developing specialist education and training within the field of Blood and Marrow transplantation and hematology (Strategy 2004–2009). The underlying background is to reflect the objectives of the JACIE (Joint Accreditation Committee of ISHAGE-Europe and EBMT) accreditation criteria. Hematological diseases are often very complex and difficult to understand. Together with other organizations, the EBMT-NG strives for offering educational programs, that are easily accessible for bedside nurses and other professionals involved in care.

At the EBMT Conference in Prague (Czech Republic) in 2005, the first study day for nurses and allied health professionals was organized. This study day was especially designed to meet the needs of the new European countries. To enable as many nurses as possible to attend many companies helped by providing financial support. Interesting topics related to bedside nursing care were presented and opportunities for open discussions were offered.

In 2004, a program to develop an educational resource for European nurses managing patients with Non Hodgkins Lymphoma (NHL) was launched. The aim is to educate nurses on the best practice and care for patient with NHL. A "meeting in the box" together with a "self-learning guide" is currently being developed.

In summer 2004, a small-scale project to develop a training program for nurses was initiated to develop an educational support package to better understand the complex disease of Multiple Myeloma, its treatment and

care issues. Again, this program is aimed to meet the needs of bedside nurses and is intended to be translated into several European languages. Established organizations for patients with Myeloma are involved.

Major pharmaceutical companies are supporting these two projects with unrestricted educational grants.

Obviously, nurses play a vital role in educating patients and their family about the underlying disease and its treatment and side effects, and offering the best supportive care for the patient. To do this, they need to understand the disease, patho-physiology and best care options. A glance at currently running projects, reflections on the study day prior to the EBMT conference in March 2005 and ideas for future projects will be presented.

1506

INVITED

The benefits of reduced intensity transplants

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Care of the Haematopoietic Stem Cell Transplant (HSCT) patient is a complex and challenging area of practice (Chouinard 2003) and the rapidly evolving field of HSCT increases the challenges for the nurses, patient and families involved in the process. The greatest challenge that has faced haemato-oncology nurse and health care professionals in the last 5 years is the advent and development of Reduced Intensity Transplantation.

Reduced Intensity Transplantation arose out of a "conceptual revolution in conditioning regimen design" (Barrett 2000) which developed from the major lessons learned from the last 3 decades of HSCT.

The benefits of Reduced Intensity Transplantation have been simply listed as being a low toxicity and mortality rate; low anticipated late effects; that the treatment of older patients is feasible; that the treatment of patients with co morbid conditions feasible, that they can be carried out on an out-patient basis and there should be a fast recovery with fewer complications and less infection.

The number of Reduced Intensity Transplants has steadily increased over the last 5 years and the shift to this method of transplantation is a critical point for nurses and health care professionals not only when planning and delivering care but also in the education and training of nurses and health care professionals. The aim of this session is to define the theoretical basis and give an overview of Reduced Intensity Transplantation; to separate the truth from the myth with regard to complications and toxicities showing what is comparable to and what is different from conventional myeloablative HSCT and what toxicities and complications are truly reduced. The future directions and challenges of Reduced Intensity Transplantation are manifold with implications not only for patients and their families but also for the education and development of nurses and health care professionals, as well as the management, development and financing of HSCT programmes with the expansion of the patient cohort with respect to age, diagnosis and co-morbidity. The traditional premise that HSCT is the remit of the haematology nurse is no longer so with the need to expand our knowledge but also increase the greater involvement of health care professionals and disciplines that previously had minimal involvement.

Reduced Intensity Transplantation offers hope and therapeutic options to patients and families that were previously limited and while serious and life threatening complications can occur, the care afforded to these patients can dramatically influence the outcome for these patients and their families offering a very successful treatment and in some cases the only chance of cure for various haemato-oncology conditions.

1507

INVITED

Making sense of cancer and its treatments

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This presentation discusses the findings of an ongoing doctoral study that arose as the result of my own clinical experience, earlier studies and ongoing reflection. Having originally worked as a priest and more recently working as a nurse I noted that while working in a variety of health care contexts (hospice, hospital, community), both roles required me to support people who were trying to make sense of their illness and the treatments they had to undergo. Talking to my colleagues I knew this support was something many of us were involved in. Building on the work of Frankl (1959) this study explores the search for meaning in the context of living with cancer. In this study people with cancer share their experience of trying to make sense of their disease and the treatments they underwent. From first noticing a change in their body, (finding a sore, a lump, feeling tired, breathless, pain) each person began to make sense of their experience and went on to be told of a medical diagnosis of a malignancy bringing multiple changes to themselves and those close to them. Some of the findings that have begun to emerge include: the search for meaning is ongoing, multifaceted and may be lived out in a variety of ways, living with cancer and the treatment it demands brings many changes some of which lead to