under discussion is "complementary" and this adds confusion in terms of perception and understanding. This paper aims to describe and identify the differences between alternative and complementary therapies as used by people diagnosed with cancer. Many patients are requesting information from their nurses in relation to the usage of alternative or complementary therapies or may be accessing inadequate information from the Internet. Many patients refuse to admit their usage of CAM to their hospital multi-disciplinary team. This paper explores the efficacy of current alternative and complementary therapies and discusses and recommends their role in relation to patient safety.

Meet the Manager
Cancer plans: implications for nurses

1520 INVITED

Cancer plan in UK: implication for nurses

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The Department of Health introduced the Cancer Plan in 2000 to modernise cancer services. The aims of the plan are to tackle inequality in cancer care provision and to provide new facilities and treatments to ensure the most appropriate evidence based care. To achieve this, is the commitment to expand the multiprofessional specialist workforce, ensuring best contemporary cancer care.
At the heart of the plan was to involve patients and carers in designing and evaluating the services provided in a unique relationship with health care professionals.
The session will discuss the unique contribution of cancer nurses in the implementation of the modernisation programme and the challenges faced in sustaining change in a complex health environment.

References

[1] DOH Cancer Plan 2000, Department of Health, HMSO London.

1521 INVITED

Cancer care management: implication for oncology nurses

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The oncology nurse attends not only to the physiologic needs of cancer patients but also to the educational, economic, logistic, and psychosocial factors that have impact on quality of care. Management of cancer patients' care from the first day of admission to the last day of hospitalization becomes more difficult in connection with today's short periods of hospitalization. Extending nurses' roles and responsibilities and their vigilant attention to "patient care maps" help keep the multidisciplinary healthcare team on schedule, reduce costs and maximize hospital resources.
Patient and family education along with hand-out education materials, both provided by the oncology nurse, facilitate the process of cancer treatment and improve patient compliance and patient satisfaction with health care. Also, these activities can cut down health care and mainly emergency care expenses.
Oncology nursing assists cancer patients through their illness and along the continuum of care, regardless of whichever pathway is chosen.

1522 Abstract not received

Podium session
New developments in the treatment of cancer

1523 INVITED

Targeted therapy and its impact on nursing care

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Many new cytotoxic agents and novel targeted agents have been developed recently. Targeted therapy has an increasing importance in the management of cancer patients. It is expected that targeted therapies will increase the efficacy of anti-cancer treatments. They are directed towards the molecular "switch" that activates or deactivates the process or protein in the cancer cell that is altered during the process of carcinogenesis. Because targeted therapies are also focused, many have a favourable safety profile compared with cytotoxic drugs. These new developments make the task of the physician and of the nurse involved in the care of cancer patients more complex. The oncology nurse plays also an important role in the treatment and guidance of patients with cancer through the different treatment stages and options.
The novel targeted therapies under development include: monoclonal antibodies and tyrosine kinase inhibitors. These agents act/interact with a variety of targets, such as the Epidermal Growth Factor Receptor (EGFR), the Vascular Endothelial Growth Factor (VEGF) and many different tyrosine kinases. The targeted agents also play a role in wide variety of different tumours. The activity of the EGFR- and angiogenesis inhibitors is shown in an increasing number of different tumour types. Many of the novel targeted agents are used in combination with cytotoxic agents. The oncology nurse should therefore also understand the mechanism of action of these drugs, the possible indications and also the toxicities. Indeed with the implementation of novel targeted agents, a new variety of toxicities are seen. EGFR inhibitors cause frequently dermatologic side-effects. Since the experience with EGFR inhibitors is growing, the experience on the management of skin toxicity is also growing. VEGF inhibitors cause a different type of toxicity: hypertension, proteinura, bowel perforation and arterial thromboembolism. The oncology nurse has also to become familiar with specific aspects of novel targeted agents: the increasing use of oral treatment, often prolonged treatment periods and the use of new endpoints in clinical trials. In clinical trials the oncology nurses are also often confronted with new aspects such as the increasing importance of obtaining tumour biopsies for pharmacodynamic studies.
Conclusion: targeted therapy has a rapidly increasing role in cancer treatment. The oncology nurse is therefore confronted with many new challenges.

1524 INVITED

New developments in adjuvant therapy in colon cancer

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The adjuvant treatment of colon cancer has been one of the most successful fields of medical oncology in the last 15 years. Following the demonstration that 12 months of FU plus levamisole was efficacious as compared to no treatment in stage III disease, in 1990, a series of sequential improvements have been made.

1. Twelve months of chemotherapy are not needed, since 6 months of FU plus LV are equally effective.
2. Elderly patients benefit from adjuvant CT as much as younger patients.
3. High risk stage II patients have a worse prognosis than low risk stage III (this must be viewed as a new important development in this field because it constitutes the basis for the selection of stage II patients who may benefit most from adjuvant CT).
4. The convenient regimen of capecitabine (oral fluoropyrimidine) is as effective as, but less toxic thanstandardbolus FU plus LV.
5. The addition of oxaliplatin to infusional or bolusFUfurther enhances the benefit of adjuvantCTover FU plus LV.
6. Stage II patients significantly benefit from CT, although the absolute gain is limited due to the relatively low overall risk of relapsing. This long series of successes is bound to become longer since the very promising results obtained in the advanced setting with the combinations of CT plus the targeted agents cetuximab or bevacizumab may translate into even higher cure rates when used in the adjuvant setting of this disease. The identification of molecular markers, predictors of prognosis or treatment outcome, is the other potential but likely area of improvement in this field.

1525 INVITED

New developments in the therapy of breast cancer

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Important data in the treatment of breast cancer have been presented during the last 12 months. The ARNO/ABCSG study showed that switching from tamoxifen to anastrozole during the 5 years of adjuvant endocrine therapy for hormone-sensitive breast cancer is associated with an improvement in disease-free survival. The first results of BIG 1-98 showed a 20% improvement in disease-free survival for letrozole versus tamoxifen. Aromatase inhibitors and tamoxifen have a different safety- and toxicity profile.
The sequence of FEC-100 $\times 3$ followed by taxotere $\times 3$ was superior when compared to FEC $\times 6$ in the adjuvant setting of high risk breast cancer.
The St. Gallen Consensus Conference made a major change regarding the selection criteria for choice of adjuvant treatments. Whereas in the past the risk of relapse was the most important criterion for the treatment choice, in 2005 the panelists used endocrine responsiveness not only for