

The aim of this project was to evaluate the prevalence of pain among hospitalized patients; to increase perception of the professional caregivers for pain and to decrease the prevalence of pain by a standardized evaluation and treatment approach.

In the departments of oncology and pneumology, the nurses were trained to measure pain with a visual analogue scale (VAS); then a clinical pathway to treat pain was introduced and the physicians and nurses of the departments were given an information session on pain and pain treatment. Pain was evaluated before and after the introduction of the clinical pathway for 3 weeks.

Pain was absent (VAS = 0) in 48% and 60%; low (VAS 1-3) in 33% and 14%; mild (VAS 4-7) in 17% and 19% and severe (VAS 8-10) in 1% and 7% of 60 oncological and 43 non-oncological patients, respectively. After the intervention pain was absent in 56% and 63%; low in 18% and 16%; mild in 17% and 19%; and 9% and 2% in 48 oncological and 43 non-oncological patients, respectively.

Oncological patients experienced significant less pain than non-oncological patients, while 26% of these last patients had mild or severe pain. The intervention seemed not to result in a decrease of the pain scores. When the nurses (n = 21) were asked, they agreed that the VAS was an easy way to measure pain but 33% experienced problems to explain it to the patients. 95% of the nurses said that the physicians did not take the VAS score in consideration for adaptation of pain treatment.

Pain is an important problem oncological and non-oncological patients. VAS is an easy method to evaluate pain and should be integrated into the patient file. Physicians and nurses should be even more sensitized to the problem of pain.

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POSTER

#### **Mammosite brachytherapy: our experience at Saint Vincent's Cancer Center**

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**Introduction:** Currently standard radiation treatment for breast cancer is external beam RT. In 2002 the FDA approved an alternative to external beam RT called the Mammosite. This form of intracavitary brachytherapy offers patients with stage I and stage II breast cancer a different choice of therapy with same potential curative benefit of external beam radiation.

**External Beam vs. Mammosite:** While prescription dosage amount appears different, the two doses are biologically equivalent. Both treatment modalities are potentially equal in benefit. Mammosite has a shorter treatment duration of one week compared to 6 weeks of external beam.

**Methods:** From May 2002 to June 2003, 32 patients with Stage I or II disease were treated on an in house phase II study protocol using the Mammosite to deliver intracavitary brachytherapy. Mammosite partial breast irradiation is an invasive procedure which delivers a total of 34 Gy in 10 fractions. The Mammosite balloon catheter is placed by a surgeon approximately three days prior to the start of RT. The balloon is filled with contrast and a CT scan is done to ensure good dose conformance in the breast cavity. Iridium-192 is the radiation source for brachytherapy.

**Results:** Side effects were similar to external beam RT with the exception of infection. Side effects included mild to moderate erythema of the skin, dry or moist desquamation of skin, mild edema of the breast, infection and fatigue usually 1 to 12 wks post treatment. The majority of patients experienced mild acute skin reactions secondary treatment. Localized skin reactions occurred in the area overlying the Mammosite. The infection rate (16%) was higher than interstitial brachytherapy noted in prior studies. Cosmesis was good or excellent in over 80% of cases treated.

**Nursing Care:** Mammosite dressing change when drainage is noted, cleansing of surgical site with betadine and applying bacitracin to the catheter insertion site was done to reduce infection risk. Nursing care evolved as we became more familiar with the procedure. As more cases were done reemphasis on sterile technique, infection control, education of catheter and incision care with medical staff has greatly reduced the infection rate. Patient education includes teaching patients skin care and reporting reactions for effective treatment to be given for resolution.

**Conclusion:** Intracavitary brachytherapy with the Mammosite system has been shown to be an alternative to conventional whole breast radiation therapy for patients with Stage I or Stage II breast cancer. Nursing Care is instrumental in reducing infection risk and management of skin toxicities. Follow-up with these patients is ongoing to determine the long-term effects of this method. With the advantages of less side effects than whole breast radiation and a shorter duration of treatment, it is a viable option and is the therapy of the future.

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POSTER

#### **Development of a nurse led e-mail cancer enquiry service**

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CancerBACUP is the UK's leading cancer information charity. It provides information and advice to people affected by cancer through booklets, factsheets, walk-in cancer information centres, a freephone telephone helpline answered by specialist cancer nurses and an extensive website. To increase choice for enquirers in ways they can seek information and advice, CancerBACUP provides an e-mail response service via its website. Enquirers to the e-mail service range in age from teenagers to people in their seventies and include people with cancer, their friends and relatives as well as health professionals and those with cancer worries.

Enquiries cover requests for information about; different cancers, conventional and alternative treatments, access to specialist centres, financial and legal issues, symptom control, fertility and sexuality, prognosis, dying and bereavement, counselling and support.

In order to ensure the quality of the e-mail service, CancerBACUP nurses have developed a structure for answering e-mail enquiries. This includes setting targets for response times, having a policy for dealing with global enquiries, creating a standard information request form, triage, e-mail response skills training, and quality and audit tools.

CancerBACUP's website states that we aim to respond to most enquiries within two working days and 95% of e-mails are answered in this time. Limited resources mean we are unable to respond to e-mail enquiries outside the UK. Instead enquirers are signposted to local support organisations where these are available.

Nurses responding to e-mails have training in technical, assessment and writing skills. These skills highlight the distinction between written and oral communication as well as the differences between e-mail and letter formats. Audit is carried out regularly and measures the time taken to reply to each enquiry, the information content, language style, sensitivity and presentation of responses. Individual feedback is given to each nurse and training needs are identified as a result of audit findings.

Our e-mail enquiry service has developed to keep up with the needs and demands of our user groups and continues to expand. CancerBACUP has just launched a dedicated teenage cancer website and we are now answering e-mails from a previously under-represented group. Research is planned to assess the needs of this group.

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POSTER

#### **Telephone follow-up for out clinic patients in IGR**

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The telephone follow-up is a useful nursing tool used in IGR since 2001. This tool answers several needs: (1) legal: reinforcing information and education of patients. (2) quality: increasing quality and guaranteeing patients security. (3) economic: decreasing health costs.

**Patients' objectives:** Get patients' information health and give advises. Detecting patients complication risks, evaluate patients' needs and expectations of "best care given". Increasing patients' feelings of self security and well-being. Evaluating psycho-social needs and acting in accordance with these. Allowing patients to stay as long as possible with their family in the best condition possible

**Material and method:** Nurses follow a special training to insure quality of the information given and reliability. They built guidelines and decision trees regarding symptoms such as pain, nausea, vomiting, constipation, mucositis, diarrhoea, neurotoxicity and fatigue. In 2002, during a few months, nurses of IGR day care unit conducted a survey including 130 breast cancer patients and receiving chemotherapy. Two kinds of follow-up have been used: nursing systematic calls and patients or families calls. Nurses used guidelines and decision trees to answer questions and educate patients.

**Results:** Types and symptoms frequencies detected were: fatigue (70%), nausea (59%), constipation (34%), vomiting (22%) and diarrhoea (9%). Advises and recommendations were given for 60% of patients mainly regarding diet, use of antiemetics, planning of activities taking fatigue into account. When calls come from patients/families (7 to 10 per day) 50% of problems detected were fever, vomiting, fatigue, and constipation. Today, we may say that telephone follow-up is essential in our nursing practice. It increases the safety and well being of the patients, quality and continuity in nursing care and helps nurses to face patients' problems.