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POSTER

A subcutaneous injection device for delivery of Aranesp® (darbepoetin alfa), an erythropoiesis-stimulating protein (ESP), in anaemic patients with cancer receiving chemotherapy

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Background: Anaemia is a common symptom among patients receiving treatment for cancer and has a negative impact on their quality of life. Many patients received treatment for anaemia with ESPs, which are often delivered by the subcutaneous route of administration. A new device for subcutaneous delivery of Aranesp® (SureClick™ prefilled pen) was designed to improve patient and healthcare worker safety and convenience by simplifying the injection process. The SureClick™ prefilled pen, which is designed to allow healthcare workers to accurately administer the correct dosage, is loaded with a prefilled syringe containing Aranesp® and has a hidden needle protected by a safety mechanism. The objective of this survey study was to assess nurse satisfaction with the SureClick™ prefilled pen.

Methods: The survey was conducted as part of an ongoing multicentre, open-label, randomized study of Aranesp® administered at a fixed dose of 500 mcg administered every 3 weeks in patients (planned n=400) with nonmyeloid malignancies receiving chemotherapy. Throughout the study, all patients receive Aranesp® administered subcutaneously via the SureClick™ prefilled pen with the aid of a nurse. Personnel who used the device were requested to fill out a questionnaire regarding the clarity of instructions, ease of use, and safety of the prefilled pen using a 5-point satisfaction scale (1 = completely disagree; 2 = mostly disagree; 3 = neither agree nor disagree; 4 = mostly agree; 5 = completely agree).

Results: At the present time, 25 responses have been received. The majority of respondents (88%) mostly or completely agreed that the instructions for use were clear and easy to follow; 83% mostly or completely agreed that the injection procedure was safe; 83% mostly or completely agreed that the hidden needle was an added benefit; and 74% mostly or completely agreed that the injection procedure was simple. The results of the final analysis will be available at the time of the congress.

Conclusion: In this interim analysis of a survey study conducted as part of a randomized clinical trial, the Aranesp® SureClick™ pre-filled pen was found to be safe and easy to use by a majority of healthcare workers. Simplifying the process of administering subcutaneous injections for patients and healthcare workers provides convenience, minimizes the risk for needle-stick injuries, and could improve treatment adherence.

will also explore how strong organisational commitment to creativity and innovation can help these individuals to implement their new ideas into routine practice.

EONS goes International

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INVITED

MASCC: developing international antiemetic guideline consensus

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Nausea and vomiting continues to be a major concern for many cancer patients receiving chemotherapy or radiotherapy. Adequate pharmacological treatment is crucial to achieve optimal prevention and treatment of the symptoms. Over the past 25 years vast improvements in antiemetic therapy have been made, including the availability of new effective drugs. However, the results from the extensive research performed in the field may be difficult to synthesize and use in daily clinical practice. During the late 1990s several professional organizations convened practice guidelines groups to assist in the selection of the most appropriate antiemetic treatment. With the emergence of new findings and agents since the publication of these guidelines, the societies encouraged an updating of the antiemetic guidelines. To avoid producing guidelines that differ from each other, as happened in the past, the societies decided to initiate a shared guideline process.

In March 2004, MASCC served as the host organization for a three day antiemetic consensus guideline meeting in Perugia, Italy. Invited to the meeting were 23 multiprofessional experts, representing nine oncology organisations (ASCO, CCO, COSA, EONS, ESMO, MASCC, NCCN, ONS, SASMO), acting in 11 different countries.

The guideline process was based on literature reviews followed by evaluation of the evidence by the expert panel. The panel was comprised of ten committees, each dealing with one specific topic in the field (i.e. emetogenic classification of chemotherapy agents, acute and delayed emesis after highly emetic chemotherapy, acute and delayed emesis after moderately emetic chemotherapy, radiotherapy-induced emesis etc). Position papers were written by each committee prior to the 3-day deliberation process. The papers were presented in the whole group which discussed the evidence and the level of confidence for the recommendation. For a guideline recommendation to be accepted, a consensus of at least 75% of the experts was needed.

Table 1 is a comprehensive summary of the recommendation regarding chemotherapy-induced emesis made during the consensus meeting. Details on this and the suggestions for other areas will be given during my presentation. There are also a number of publications available in a special issue of Supportive Care in Cancer (2005, 13: 2). In addition, information is available at the MASCC web site (<http://www.mascc.org>).

Table 1.

Emetogenic risk	Acute emesis	Delayed emesis
High	5-HT3 antagonist + corticosteroid + aprepitant	For cis-based treatment receiving three dos AE for acute: corticosteroid + aprepitant
Moderate	5-HT3 antagonist + corticosteroid	Corticosteroid but 5-HT3 antagonist could be an alternative
Low	Single agent, for example corticosteroid	No routinely prophylaxis
Minimal	No routinely prophylaxis	No routinely prophylaxis

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INVITED

An ONS initiative: nursing sensitive patient outcomes in oncology

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Cancer imposes a significant burden on patients, their families, and society, often affecting quality of life for years following initial diagnosis. Outcomes and quality of care for patients with cancer has recently come into question, emphasizing the need to understand the role of oncology nurses in ensuring the delivery of high quality cancer care aimed at producing measurable and acceptable outcomes. This presentation describes work

Thursday, 3 November 2005

Teaching Lecture

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INVITED

Innovation and creativity in developing cancer practice

S. Aranda, Peter MacCallum Cancer Centre, University of Melbourne, Nursing Research, Melbourne, Australia

Healthcare is a rapidly changing environment where the ground beneath our feet no longer feels solid. Our patients are now largely cared for in the ambulatory setting, inpatients are more acutely ill, we face enormous shortages of skilled labour and treatments are increasingly complex. It appears that we are being constantly asked to do more and more with less and less resources. These challenges can only be met by a workforce able to maximise its creativity in bringing innovations to practice that help us to work smarter.

Being creative means showing imagination to develop new ideas that meet the challenges posed in everyday situations. The ability to innovate relates to the individual's capacity to introduce these new ideas into routine practice and have them adopted.

This presentation will draw on the experiences of Peter MacCallum Cancer Centre is developing the creativity and innovation skills of its nursing and supportive care workforce. Drawing specifically on the work of participants in the Centre's Clinical Research Fellowship program it will show how a focus on skills in evidence-based practice can help to release the creativity and innovation lying dormant in our workforce. The presentation

with fostering an initiative in patient outcomes that are amenable to nursing intervention (nurse sensitive patient outcomes, NSPOs) and the role of the Oncology Nursing Society in ensuring patients' ability to receive care that enables them to achieve the best outcomes. A focus on improving NSPOs allows us to "drive quality oncology care through clinical practice, research, education, and policy" (Oncology Nursing Society, 2004).

1700

INVITED

EONS: developing critical appraisal skills of clinical practice guidelines

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Introduction: Clinicians scholars and students need to become critical consumers of nursing's writing on evidence based practice. We need to differentiate between information that contributes to better health outcomes or to better practice and information that is more relevant to our professionalization agenda. If we focus on the part of evidence based nursing practice and research utilization that has to do with improving patient outcomes we find good preliminary evidence that practice based on sound research affects outcomes positively.

Developing critical appraisal skills of clinical practice guidelines: Research utilization in nursing is still a problem, we have a gap between what is known and what is done – how do we get valid, useful and largely scientific information into the hands off and used by the clinicians?

Clinical practice guidelines hold out the promise of more than an up to date evidence summary of specific and practical recommendations based on the best available evidence that has been critically appraised, synthesised and summarised by specialists, to provide direct support for clinical decisions. On the other hand there are guidelines and guidelines! How can their claims be judged? Is the new guideline published in your specialist journal or sent to you in the masses of everyday mails going to benefit anyone? In order to make sense of clinical guidelines nurses need to develop critical appraisal skills and a framework for critically appraising clinical guidelines will be introduced.

Proffered papers

Coping and rehabilitation

1701

ORAL

World assumptions and cancer: comparing between colorectal and breast cancer patients

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Background: The term 'World Assumptions' (WA) refers to existential beliefs that define one's identity, and which help an individual in coping with various events in his/her life: (a) The world is a benevolent place to live in. (b) People are generally benevolent. (c) Events in one's life do not occur randomly. (d) Events in one's life are generally controllable. (e) One has control over his/her fate. (f) The world is a just place. (g) One is a lucky person. (h) One holds a positive self-worth assessment.

WA are assumed to be altered following traumatic events, and need to be specifically addressed as part of a psychological recovery, in addition to the physiological recovery.

Study objectives: (1) Comparison between WA among two distinct kinds of cancer (breast versus colorectal). (2) Drawing conclusions about the desired psycho-therapeutic objectives.

Method: Sixty-nine female breast cancer female patients, 40 female colorectal cancer patients and 34 male colorectal cancer patients, aged 35–85 years, treated in 3 urban medical centers in Israel. Measurements were made using the WA-Scale (WAS) – a 32-item inventory with 8 subscales. Reliability was found relatively high (Chronbach $\alpha = 0.83$). Data analysis was conducted using MANCOVA (Multiple Analysis of Variance with Covariates) procedures, boxplot illustrations and Pearson correlations.

Results: In comparison to colorectal cancer patients, breast cancer patients had a stronger belief in the randomness of life events and they assumed that the world is less just. In addition, breast cancer patients viewed themselves as exerting more self-control compared to colorectal cancer patients. No difference was found between groups in the following assumptions: world benevolence, people's benevolence, feeling in control and being a lucky person.

Conclusions and recommendations: Disease affects psychological basic WA, and patients needs to be addressed differentially, in accordance with the specific diagnosis and the patient's individual and unique needs. Intervention should involve multidisciplinary teamwork.

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ORAL

Self-valued health of Danish women, treated operatively for early stages of cervical cancer

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Introduction: Activities of rehabilitation should be an integrated part of all kinds of cancer treatment and care. In order to be able to meet the special needs of the gynaecological patient who has been treated solely surgically, a study of the spontaneous rehabilitation of women treated operatively for early stages of cervical cancer has been made during the period 2001 to 2004.

Material and methods: The study included 398 women exclusively treated for early stages of cervical cancer by Radikal Hysterectomy. Meig from 1983–2001 in a Danish gynaecological hospital unit. All patients answered a questionnaire mainly focused on their sense of past and present illness. Then a number of 100 filled out the questionnaires SF-36 and SOC, to evaluate their self estimated health.

Results: 72% of the women in the study had not at any time during their treatment perceived themselves as ill, whereas a number of 20% still felt that they were cancer patients. There was no association between the persistent feeling as cancer patient and the time since treatment. These patients had remarkably lower scores on selfestimated health and energy compared to those, who no longer thought of themselves as cancer patients.

Discussion: The results of this study demonstrate the potential capability of the questionnaires SF-36 and SOC in identifying patients with a need for rehabilitation exceeding their own capacity, who are at risk of developing a permanent identity of being a cancer patient. Analysis demonstrate a general reduction in these women's physical, psychological and social functioning. Therefore these women are obvious objects for multidisciplinary rehabilitation interventions. The questionnaires SF-36 and SOC have furthermore shown potential as tools for evaluating the effect of rehabilitation projects in cancer care in general.

1703

ORAL

A use of complementary and alternative medicine in cancer patients: the Greek perspective

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Background: the purpose of this study was to explore the use of complementary and alternative medicine (CAM) in a group of Greek patients suffering from cancer. The present study is a subgroup of analysis of a larger study (n=956) assessing CAM use in fourteen National Oncology Nursing Societies, all members of the European Oncology Nursing Society.

Material and methods: a cross-sectional descriptive survey design was used collecting data through a self-administered questionnaire about CAM therapies. Data was collected in the outpatient clinics of three selected oncology units over several random days. A total of 81 patients with cancer participated in the study. The questionnaire used was based on the one developed by Swisher et al (2002). The questionnaire was modified for the purposes of the present study.

Results: they were 43 (53,1%) male and 38 (46,9%) female patients who completed the questionnaire. 12 (14,8%) of the 81 patients reported to have used or to use some kind of CAM. The only frequently used therapies/remedies were spiritual therapies, psychic therapy, herbs, homeopathy and acupuncture. The majority of the patients (66,75%) replied that had been informed about CAM therapies by a friend or relative whereas there was a considerable percentage of being informed by the media and the internet (16,7%) and also by their physician (16,7%) or nurse (8,3%).

Conclusions: the results of this study revealed some questions of the non-use of the complementary and alternative medicine in cancer care in Greece. The most important clue of this study seems to be the possibility of combination of both the conventional treatment and that of CAM in a holistic approach of patients with cancer. The academic curricula in medicine and nursing should be given further attention and reorganization on CAM contribution in cancer care. Educational strategies for preparing future health professionals to care holistically should be further explored and addressed.