

Delegates agreed a consensus on research, genetic predisposition, psycho-social status, treatment and notably quality of care. "The Florence Statement" demanded that all women have access to multidisciplinary breast clinics based on populations of around 250,000; also it called for mandatory quality assurance programmes for breast services. With the intention of assuring a high quality specialist service Europe-wide, a working party was established to consider what should comprise a specialist service. These resulted in the publication of the "Requirements of a Specialist Breast Unit", which represents the opinion of the European Society of Mastology (EUSOMA) and EORTC on the standards required for forming high quality Breast Unit across Europe. These Guidelines have been generally well received and have been influential in the introduction of the multidisciplinary working in several Countries. "The Brussels Statement" following EBCC2 drew attention to these guidelines and demanded that processes of accreditation of breast units be implemented. The importance of the establishment of multidisciplinary breast units was again stressed in "The Hamburg Statement", which followed EBCC4. Attention was drawn to the approval given to this in the European Parliament (2004).

### Meet the Manager (Wed, 26 Sep, 13:45–15:45) Implementing new technology in health care

8076

INVITED

#### Innovations in technology and impact on healthcare

*S. Kav. Baskent University Faculty of Health Sciences, Nursing, Ankara, Turkey*

Rapidly evolving technologies such as computer information systems and molecular biology are critical for cancer care. Health information technology considered to be key to improving efficiency and quality of health care. Health information technology has been shown to improve quality by increasing adherence to guidelines, enhancing disease surveillance, and decreasing medication errors.

Information technology is becoming increasingly important, as a communication medium and a means of involving patients in their care. Information technology also being used to improve patient care. The use of handheld computers has been studied to assess and manage symptoms for patients receiving chemotherapy by Kearney et al (2006). The patients in this project used handheld computers to monitor and assess chemotherapy-related side effects, send this information to the cancer centre and to automatically provide them with tailored information on effective and appropriate self-care strategies. Patients believed the handheld computer had improved their symptom management and felt comfortable in using it. The health professionals also found the handheld computer to be helpful in assessing and managing patients' symptoms. This project suggests that a handheld-computer based symptom management tool is feasible and acceptable to both patients and health professionals in complementing the care of patients receiving chemotherapy.

Electronic patient records and telemedicine have enormous potential for communication and networking across geographical boundaries. Advances in computer and telecommunications technologies are allowing nurses to transport nursing care to patients in alternate care sites and remote geographic areas. Telehealth technology broadly encompasses computers, the internet, televisions, voice and video systems, and distance-learning devices, when coupled with communication lines, enable patient care, education, and/or provider contact to occur over long distances. As the application of information technology to the healthcare industry becomes increasingly important, the actual storage and dissemination of health information in electronic form raises concerns about patient privacy and data security. These concerns have increased as more sensitive material is stored in medical records, such as HIV status, psychiatric records, and genetic information.

The delivery of cancer care will continue to be affected by developments in the field of healthcare informatics and rapid changes in information technology. The use of technology, such as that covered in this discussion, has obvious implications in relation to patients receiving treatment for cancer in helping them to understand the effects of their cancer and treatment whilst supporting them to achieve a balance between seeking professional care and developing their own self-care abilities.

**Aim:** To explore and discuss innovations in technology and how it is impacting on health care. Main topics are:

- i. Scope of new technology in health care
- ii. Interface between industry and health development
- iii. Evidence for benefits
- iv. Implementation into practice
- v. Evaluation and management costs

### Podium session (Wed, 26 Sep, 16:00–17:30)

#### Managing new treatments and side effects in innovative approaches

8077

INVITED

#### Hand-foot Syndrome: Cause, Effect and Management. Nurse-led monitoring using new technologies

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**Background:** Hand-foot Syndrome (HFS) or palmar-plantar erythrodysesthesia is a common side effect of specific cytotoxic drugs with prolonged serum levels. HFS is rarely serious, not life-threatening but can be inconvenient, interfering with normal activity. The pathophysiology of HFS is unclear but early identification and vigilant monitoring by the patient and the nurse play a vital role in the prevention of worsening of symptoms.

**Management:** Dose interruption if possible and dose reduction of drugs rapidly lead to a reversal of symptoms. Conclusive evidence for topical and pharmacological treatments to alleviate pain and cutaneous integrity, is still lacking. More adequately powered randomised trials are required. As the goal of care for HFS is to prevent grades 3 and 4 toxicity, we have successfully used real time symptom monitoring of HFS utilising novel mobile phone technology linked to a server which communicates patients' symptoms to healthcare professionals. Chemotherapy side effects including HFS are registered and advice on symptom management is rapidly provided.

**Content:** The presentation will cover the nature of HFS in patients receiving chemotherapy, its recognition, severity and the nurse-led management of HFS including monitoring by mobile phone technology.

8078

INVITED

#### Bowel problems: The role of a nurse endoscopist in the diagnosis of bowel cancer in a surgical outpatient clinic

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**Introduction:** Since the introduction of the NICE GP Referral Guidelines for bowel cancer in 2002, and the 'Two Week' clinic, there has been an increasing demand for Nurse Endoscopist (NE) led clinics. The success of NE led clinics is dependent on the efficiency of the NE in detecting bowel cancer at these clinics, both on endoscopy and referral for total colonic imaging.

**Method:** All patients attending a surgical colorectal outpatient clinic in Portsmouth (2005 and 2006) were studied to determine the proportion of examinations carried out by the NE, compared with other clinicians, and to compare the effectiveness and efficiency of examination by the NE. All patients seen in the clinic had the outcome of their initial visit entered on to a proforma and recorded on to a database, and if they were referred for barium enema, colonoscopy or CT colonography. Results of investigations were recorded on to the database.

**Result:** 29% (1544/5391) of surgical colorectal outpatient clinics were carried out by the NE in 2005 and 2006. A mean age of 61, and gender distribution of 55% female was the same for both NE led clinics and 'other clinician' led clinics.

Flexible sigmoidoscopy was carried out in 96% (1484/1544) of NE clinics, and 90% (3458/3847) in 'other' clinics. In NE led clinics 42% (618/1484) of patients were referred for colonic imaging (BE, CT Pneumocolon, Colonoscopy) compared with 35% (1196/3458) by 'other clinicians'.

37% (1822/4942) of the surgical colorectal outpatient clinics were 'fast track' clinics. 43% (643/1484) of NE led clinics were 'fast track' referrals, compared with 34% (1179/3458) for 'other clinicians'. The NE saw 35% (643/1822) of all 'fast track' referrals. In 'fast track' clinics only, there was a diagnostic yield (DY) of 11% (69/643) of cancer for NE led clinics, compared with a DY of 9% (104/1179) for 'other clinicians'.

A median distance of 50 cm was reached by both NE and 'other clinician'. The NE detected a polyp on flexible sigmoidoscopy (FS) in 15% (223/1484) of patients, this compared with 11% (391/3458) detected by 'other clinicians'. A biopsy was taken of the polyp at FS in 54% (121/223) of examinations by the NE, and 51% (198/391) by 'other clinicians'. 36% (44/121) of biopsies taken at FS by the NE were found to be an adenomatous polyp on pathology, this compared with 58% (115/198) for 'other clinicians'.

One distal cancer was missed on FS by the NE. No distal cancers were missed by 'other clinicians'. Two proximal cancers were missed after initial examination by the NE. One was referred and received full colonic imaging but the cancer was missed during colonoscopy. And the other did not have 'high risk' symptoms for proximal cancer (IDA or abdominal mass) to indicate referral for proximal colon imaging. Five proximal cancers were

missed after initial examination by 'other clinicians'. One was referred for barium enema (BE) at initial examination, but was missed on BE. And the other four (who did not have IDA or abdominal mass) were not referred for full colonic imaging.

**Conclusion:** This audit has shown that the 'patient caseloads' seen by the NE and 'other clinicians' independently, are similar in age and gender. Median distance achieved by FS was 50 cm for both groups of patients. There was no significant difference in DY of colorectal cancer by the NE or 'other clinicians'. The NE is as proficient in FS and colorectal cancer diagnosis as 'other clinicians'.

8079

INVITED

#### Mucositis: addressing treatment and care

B. Quinn. Royal Marsden Hospital – NHS Trust, School of Cancer Nursing & Rehabilitation, London, United Kingdom

Mucositis has been reported by many people living with cancer as one of the most distressing side effects of treatment, affecting many aspects of their lives. However, the multiple complications associated with mucositis have not always been adequately understood or addressed by the clinical team, leading to the poor management of this distressing side effect. This presentation will address the management of mucositis focusing on three key areas; assessment, care and treatment. In order to understand the current approaches to the management of this commonly seen side effect, this presentation will briefly look at our present understanding of mucositis outlining the complex nature of this disorder. The choice of supportive care and treatment will be guided by the correct assessment of the mucosa, which this presentation will address. Given the lack of training and the diversity of assessment tools currently used in clinical practice the recently developed guidelines on oral assessment from a collaborative multi-professional working party of the European Oncology Nursing Society and the European Group for Blood and Marrow Transplantation (EONS/EBMT) will be discussed. The presentation will address some examples of the recent advances in treatment and care demonstrating how these may be applied in the clinical setting. Finally the presentation will conclude by emphasising the need for a multi-professional team approach in order to adequately address the assessment, care and treatment of this common complication.

### Workshop (Wed, 26 Sep, 16:00–17:30)

#### From evidence to research utilisation

8080

INVITED

#### Strategies for implementation of evidence into practice

L. Wallin. Karolinska University Hospital, CRU – Clinical Research Utilization, Stockholm, Sweden

This workshop will focus on the implementation of evidence into practice. Many studies underline that this is not a straightforward task and the under-use of evidence-based knowledge results in sub-optimal health care processes and patient outcomes. The workshop will involve an introduction of the research on barriers and implementation strategies for evidence-based practice completed with group and plenary discussions based on participants experiences in this field. Theoretical models on change of practice and the evidence of various implementation strategies will be shared.

**Expected learning outcomes:** After the workshop participants should have

- understanding of the components involved in implementing evidence-based practice
- insight in barriers to research use, primarily in the nursing field
- some knowledge on the evidence-base of implementation strategies
- some knowledge on other conference participants' experiences of implementing evidence-base practice

## Thursday, 27 September 2007

Teaching Lecture (Thu, 27 Sep, 08:00–08:45)

### Current issues in the delivery of complementary therapies in cancer care-policy, perceptions and expectations: a European overview

8081

INVITED

#### Current issues in the delivery of complementary therapies in cancer care-policy, perceptions and expectations: a European overview

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This paper will discuss the current policies, perceptions and expectations (of patients and health care professionals) around the use of complementary therapies in cancer care, drawing from a European perspective. Whilst the last two decades have seen a marked increase in the demand for and provision of complementary therapies amongst cancer patients, this has not been matched with an increase in the understanding of their effectiveness or their benefits to cancer patients.

The issues discussed will highlight the need to understand more fully the benefits of incorporating complementary therapies within integrated cancer care services. Important questions raised will relate to policy, to what patients perceive as being the primary benefits/expected outcomes of complementary therapies and how, if at all, they see their relationship with complementary therapy practitioners as different from that with "orthodox" clinicians. The paper will provide examples from both current literature within the field and from newly generated research evidence. Recommendations will be made for the generation of new and rigorous research evidence to develop the field, with the future challenge to find a common ground between "orthodox" professionals, CT practitioners and patients.

Proffered papers (Thu, 27 Sep, 09:00–10:45)

### Supportive care

8082

ORAL

#### Understanding the needs of men with prostate cancer: a multicentre UK survey

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**Background:** Men in the UK with prostate cancer report less satisfaction with care relative to other groups of cancer patients.

**Aim:** A postal survey was funded by The Prostate Cancer Charity to provide understanding of the experiences of men living with prostate cancer and to identify unmet supportive care needs. Data were collected as part of a quasi-experimental study evaluating the role of prostate cancer-specific clinical nurse specialists.

**Materials:** A survey of 749 men (response rate 91%) from 6 sites across the UK. All men that had been diagnosed 3–24 months prior to data collection, and registered an interest in the research, were invited to participate. Tools used to collect data included the International Prostate Symptom Scale, EuroQol EQ-5D and Supportive Care Needs Survey.

**Results:** The majority surveyed had received hormone therapy (n = 376, 51%), prostate radiotherapy (n = 209, 28%) and radical prostatectomy (n = 188, 25%). Some had combinations of these therapies.

**Urinary symptoms:** These were common. 97% (n = 726) had lower urinary tract symptoms. Nocturia and frequency were particularly troublesome. Incontinence differed by treatment (p = 0.000) and was most frequent following radical prostatectomy.

**Quality of life:** Around  $\frac{1}{4}$  of the sample reported difficulties with walking, had problems with usual activities, reported some pain/discomfort and had moderate levels of anxiety/depression. Men rated their health status lower if they were on treatment (p = 0.000) and not in remission (p = 0.000).

**Supportive care needs:** Highest level of unmet need related to sexuality issues. Over 1/3 had needs regarding changes in sexual feelings, changes in sexual relations, and with feeling they had lost part of their manhood. Moderately high unmet psychological need was reported. Men