

in the study phase 1 in which 3 patients are to be included at each dose level (3 levels).

In accordance with the recommendations of the commission for Genetic Engineering of the Ministry of Higher Education and Research, patients are to be isolated in type TL2 facilities during hospitalization.

The constraints imposed upon health care providers participating in the study and the practical implementation of the study itself:

- 1—Application of isolation measures
- 2—Protection of the environment
- 3—Measures for the protection of personnel and to ensure that they are continually informed
- 4—Preparation, transport and handling of the adenovirus
- 5—Administration of chemotherapy and fiberoptic endoscopy examinations at the patient's bedside
- 6—Handling and outcome of biological fluids
- 7—Transport, selection and renewal of material
- 8—Care from a psychological point of view, of the patients and families faced with isolation
- 9—Organizing daily surveillance of patients
- 10—Description of measures to be employed when faced with an emergency will be described.

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OUTPATIENT NURSING CARE OBIATES HOSPITALIZATION OF CANCER PATIENTS TREATED WITH HIGH-DOSE CYCLOPHOSPHAMIDE (HD-CTX)

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HD-CTX (7 g/m²) is an effective anticancer treatment for lymphoma and breast cancer patients. The pancytopenia that follows HD-CTX can be substantially ameliorated by administration of hematopoietic growth factors (i.e., GM-CSF, G-CSF, or a combination of IL-3 and G-CSF). Until recently, we cared for HD-CTX-treated patients by protective isolation to avoid infectious complications. In order to eliminate isolation and to reduce days of hospitalization, we elected to discharge patients shortly after HD-CTX administration and care for them on an outpatient basis. Patients were readmitted in the hospital only for grade 4 febrile neutropenia and/or thrombocytopenia. We compared the outcome of two groups of patients similarly treated with HD-CTX and cytokine(s), nursed by protective isolation or followed in the outpatient clinic, respectively. Days in the hospital were in median 15 versus 8.5 ($P < 0.003$), and days of isolation were 8 versus 0, respectively. Treatment-related complications, days of neutropenia, transfusion requirements, days of antibiotic treatment, and days with fever $\geq 38.5^{\circ}\text{C}$ did not differ between the two groups. We conclude that outpatient nursing care of HD-CTX treated patients can obviate hospitalization and improve quality of life of these patients, and increase the treatment capabilities of transplant Units.

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SPECIAL INTEREST GROUP (SIG) FOR ONCOLOGY RESEARCH NURSES IN DENMARK

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In Nov. 1993 the Danish Oncology Nursing Society initiated the formation for a country-wide SIG for oncology research nurses (ORN). A group of ORNs first met in Feb. 1994. The goal of the SIG was to gather an expert group of ORNs providing opportunities for network within the field of clinical oncology research. The SIG has 4–5 meetings per year, activities within clinical research, education and publishes a news letter twice yearly. In Jan. 1995 the SIG launched the first multidisciplinary symposium for all research nurses in Denmark focusing on clinical research, ethical issues and GCP. As a result a country-wide, multidisciplinary SIG for research nurses has been formed in order to facilitate further development in the area. In the future the SIG will focus on new educational activities and cooperation with a possible European SIG for ORNs under EONS. The group has established a firm basis for a dynamic development in the area. Further details on objectives, organization, and key tasks will be presented.

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GENETICALLY-MODIFIED AUTOLOGOUS TUMOR CELLS IN PATIENTS WITH MELANOMA; A PHASE I STUDY

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The major end points of many phase I studies of immunotherapy are toxicity and the determination of the optimal biological response modifying dose. We are conducting a phase I study with Somatix Therapy Corporation in which patients with progressive, advanced melanoma are vaccinated three times with irradiated, autologous tumor cells transduced with the gene for granulocyte macrophage colony stimulating factor. The major goals of this study are to determine the safety and toxicity of this treatment and to evaluate the immune response.

The most important implications for nursing care are patient information and support as well as the assessment of toxicities. One of the problems is that despite extensive information about the experimental nature of the study, patients still have high expectations of a significant tumor response. Although patients have advanced melanoma and are incurable, many are without physical complaints making it difficult for them to accept the severity of their illness. It is therefore important that realistic expectations are emphasized without denying the patient hope. As signs of disease progression develop, it becomes easier for the patient and family to accept the physical and psychosocial aspects of advanced disease.

Genetically modified vaccines are likely to be an important development in the treatment of patients with cancer. Nurses, as members of the multidisciplinary team have an essential role in the development of this treatment modality as well as developing new ideas regarding the care and support of these patients.