

Ask the specialist sessions

1454

THE CARE OF PATIENTS RECEIVING IODINE 131 FOR THE TREATMENT OF THYROID CANCER

*E. Williams**Christie Hospital NHS Trust, Wilmslow Road, Manchester, M20 4BX, U.K.*

The care of patients receiving Iodine 131 for the treatment of Thyroid Cancer is problematic for cancer nurses as it is necessary to ensure radiation protection measures which result in the patient being nursed in conditions of relative isolation. This presentation addresses the complex issues involved in the development of a multi-disciplinary standard for audit of the care of these patients from a nursing perspective. The audit tool consists of patient-focused criteria related to complex radiation protection, measures to alleviate psycho-social isolation, and relevant education for patients and staff.

POSTER

review the cells of the immune system, show how these therapies stimulate various kinds of immune cells and consider potential side effects. It will also review the clinical applications and future potential of these approaches.

1457

NO ABSTRACT

1458

NO ABSTRACT

1459

STOMA CARE

*A. Yaffe**Israel Cancer Association, Israel*

Colorectal cancer is one of the most common, its surgical treatment often implies the creation of a temporary or permanent stoma.

Updating of nurse's knowledge in stoma care is important since stoma care nurses are not available in all the care settings. In this presentation the rehabilitation process will be discussed with special focus on: Preoperative counselling, assessing the patients knowledge regarding his diagnosis and the possibility of a stoma, the principles of stoma site marking, systematic postoperative teaching, self care, appliance selection, decision making regarding stoma irrigation, prevention and treatment of skin and stoma complications, nutrition and diet, individualization of psychosocial interventions and family involvement

Demonstration of the use of different appliances will be carried out. The role of the stoma care nurse as a clinical specialist will be defined.

1455

BIOOTHERAPY "ASK THE SPECIALIST SESSION"

*D. Batchelor**The Netherlands Cancer Institute, Plesmanlaan 121, 1066 CX Amsterdam, The Netherlands*

The use of Biological Response Modifiers (BRM's) for the treatment of disease (Biotherapy), began in the middle ages with the development of vaccines for smallpox. Hallmarks in this long history are: Coley's toxins, bacille Calmette-Guérin, the Interferons (IFN's), the Interleukins (IL's), monoclonal antibodies (MOAB's) and hematopoietic growth factors (HGF's). These developments have now established Biotherapy as having the following functions: diagnostic (MOABS), therapeutic (INF's, IL's) and supportive care (HGF's). We have now come full circle in the Biotherapy development cycle with the advent of tumour vaccines for the treatment of cancer. Presently either allogeneic or autologous vaccines with or without gene transduction are being administered in phase I and early phase II studies throughout the world.

Traditions in caring for this patient population have also changed. High dose therapy in the hospital setting with or without Intensive Care support is being replaced as much as possible by out-patient therapy with home care support.

While our physician colleagues are looking for the best curative possibilities, nurses are now concentrating their efforts worldwide to find the optimal way to care for patients treated with BRM's. Networking on a national and international level as well as research in Biotherapy nursing is essential. This Biotherapy "ask the specialist" session will touch on these concepts and hopefully stimulate you to partake in a lively discussion of these issues.

1456

THE POTENTIAL OF THE IMMUNE SYSTEM IN THE MANAGEMENT OF CANCER

*B. Traynor**AMGEN Ltd, Cambridge, U.K.*

The immune system acts as the body's natural protection against a variety of external and internal threats. Immune surveillance has been demonstrated to play a role in defending against cancer development and progression and is now considered an appropriate target for developing new anti-cancer and supportive therapies. A variety of cells with varying immune functions can be stimulated using the therapeutic agents now available. For treatment, stimulation of cytotoxic T-cells, natural killer cells and lymphokine activated killer cells can be achieved by using therapies such as Interleukin-2 and Interferons. In the supportive arena the administration of growth factor proteins such as G-CSF has reduced the incidence of neutropenia and sepsis, and furthermore has been demonstrated to mobilize large numbers of primitive stem cells from the marrow into the blood stream. This has led to the use of Peripheral Blood Progenitor Cell transplantation to replace Bone Marrow transplantation in many centres worldwide. It has also facilitated the administration of much greater doses of cytotoxic drugs in an attempt to increase the therapeutic potential of the agents administered and to overcome multi drug resistance. This presentation during the 'Ask the Specialist' session will

1460

PALLIATIVE MANAGEMENT OF FUNGATING MALIGNANT WOUNDS

*P.R. Grocott**Department of Nursing Studies, King's College University of London, U.K.*

The focus of the palliative management of fungating malignant wounds is the relief of symptoms and a reduction in the impact of the wound on patient daily life. This approach is underpinned by the belief that an individual's physical needs must be addressed and the emotional, social and spiritual aspects of advanced disease acknowledged. Palliative measures may include treatments which are similar to the curative ones. The essential difference in the palliative approach is that the patient should achieve significant clinical gains without unacceptable side effects. Dressings which maintain a moist wound environment may facilitate effective symptom control for a fungating wound. However their efficiency may be limited by the site, shape and size of the wound. The challenges to the practitioner or managing an advanced fungating wound with local measures will be explored.

1461

SAFE HANDLING OF TOXIC DRUGS

*A.C. Dubbelman**The Netherlands Cancer Institute/Antoni van Leeuwenhoek Hospital, Amsterdam, The Netherlands*

Chemotherapy agents and other drugs have an effect on the biochemical processes of cells and can as a result cause toxic effects. Health care workers in Europe are becoming increasingly more concerned about occupational exposure to toxic agents and cancer nurses in particular are interested in the effects of cytotoxic chemotherapy agents. Many nursing and non-nursing organisations have published guidelines for the management of cytotoxic drugs, such as the Occupational Safety and Health Administration (US government 1993), the European Commission (January 1993) and the study module on safe handling of cytotoxic drugs from the Oncology Nursing Society (U.S.A.). Many institutions in the EEC have developed policies for handling toxic drugs based on research studies, which have been inconsistent and confusing. In addition implications for the practice setting have not been taken into consideration.

In a study done in The Netherlands by R. Nieweg, it became clear that nurses do not always follow policies for safe handling. The literature suggests several reasons for non compliance such as inconvenience, "lack of necessity" or "we have always done it this way".

This session will address the following issues

- What risks do nurses encounter when handling toxic drugs?
- Does your institute/country have guidelines for handling toxic drugs?
- Are the guidelines, which are available in your institute/country research-based, workable and being evaluated?
- What can you do to reduce your contamination risk?
- Are there measures which can provide a high degree of protection?

Information concerning risks and safety measures should be clear and made available to all who work with toxic agents. Only then can health care workers and nurses specifically gain more insight into the risks involved and the safety measures which are necessary.

1462

SAFE HANDLING OF TOXIC DRUGS

S. Ben Ami

Continuing Care Unit, General Sick Fund, Tel Aviv District, Israel

Health care providers view themselves as immune against hazards in their work environment. Responsibility to create a safe environment and to protect themselves is shared by management and staff. Management defines policy, create rules and standards in order to disseminate them to each employee. The responsibility of the employee is to update knowledge and demand necessary equipment which implement the standards and periodically appraise their personal health.

There is a gap between knowledge, awareness and behavior towards the safe handling of toxic drugs.

In this session we will discuss: Compliance to regulations for safe handling in hospital and home settings, ways to recognize and influence behavioral patterns and incorporate safe conduct without causing distress to the patient population.