ing in amifostine administered with reasonable tolerance. Amifostine has significant side-effects, the most important being nausea/vomiting, hypocalcemia and hypotension. Here we report that, since we added a taxol-like premedication to the anti-emetic regime, the incidence of hypotension has been greatly decreased. Our nursing guidelines are based upon its use in three protocols over four years of experience.

1452 ORAL

Reflections about nursing during highly aggressive chemotherapy especially in peripheral blood stem cell transplantation

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Purpose: On behave of our personal experience with patients during high dose chemotherapy the extreme isolating rules in nursing are questioned. Probably it is possible to use an individualized nursing with improved social contacts between nurse, patient and social surrounding.

Method: Since 1994 about 70 patients were treated with high dose chemotherapy in curative and palliative intention in our department. First all therapies took place in the BMT unit in isolated rooms with positive pressure filtered air, later they were performed at regular oncological and hematological wards. Data base is our personal experience and the written clinical observations.

Results: Not being able to perform the extensive nursing criteria we observed in spite of our skepticism that this kind of nursing costs no obvious damage and improves quality of life. On medical items as mortality and infection rate this needs to be proved. Still some problems concerning nursing need to be solved. For us the loose of regulations and standardization causes insecurity. The expectation to keep "in touch" with the patient over a long time period although he is not necessarily sympathetic is a constant effort. How many and what kind of rules respectively structure do we need is an open question. It is necessary to work as a team of nurses, doctors, social workers and psychologists to perform this kind of intimate nursing. Professional supervision to support the team is essential.

Conclusion: It is necessary to discuss this experience in forum of involved people. We are not able to find all answers and instructions just by doing. Further research is required.

1453 ORAL

Acute renal failure in the oncological ITU: A five year retrospective study

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The Royal Marsden NHS Trust has Britain's only Intensive Care Unit that cares for patients with cancer. Over 70% of patients who require intensive care are suffering from Septic Shock or Severe Sepsis and there is therefore a high proportion who present with or go on to develop Acute Renal Failure. In common with other Cancer ITUs the most common form of Renal replacement therapy used is Continuous Veo-Venus Haemodiafiltration (CVVHD).

Aim: 1. To collect five years data on the numbers of cancer patients who develop acute renal failure necessitating therapy and identify predisposing factors. 2. To look at outcomes over the 5 year period. 3. To examine the CVVHD technique and the nursing associated with it. 4. To examine the properties of the new Bio-compatibility membranes and their use in removing Cytokines. 5. Cost and Resource implications.

1454 ORAL

Enhancing patient care: The role of a lymphoma clinical nurse specialist in the UK

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Purpose: This paper will describe the work and impact of a lymphoma clinical nurse specialist in a large cancer centre in the United Kingdom. Funding was secured by the Cancer Relief Macmillan Fund and it is believed to be the first post of it's kind in the UK.

Brief Description: The incidence of malignant lymphomas is increasing. Research shows that cases of Non-Hodgkin's lymphoma increased by 20–50% world-wide every five years during the 1970's and 1980's (Coleman et al 1993 and Hartge et al 1994). Despite this increase, there is often a lack of knowledge amongst both the general public and health professionals about the disease and it's management.

The complexity of lymphomas in relation to aetiology, pathology and presentation necessitates intricate patient assessment and management if successful patient outcomes are to be achieved. Today there is evidence that patients treated in protocols do better than those who are not and there are trends to more intensive treatments and shorter in-patient times.

Conclusion: It was identified that patients lacked nursing input in terms of support, information and education while undergoing staging and often combined modality therapies. The lymphoma nurse specialist post affords an exceptional opportunity to combine medical knowledge and clinical expertise (e.g. performing bone marrow biopsies) with the ethos of nursing in order to enhance the total care of the patient.

1455 ORAL

Extending the role of the clinical nurse specialist in Medical Oncology/Haematology

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Purpose: Within the Department of Medical Oncology/Haematology, there is a rapid turnover of junior doctors. It was acknowledged that there were problems associated with some routine procedures being carried out, including the insertion of central venous catheters (CVC) and bone marrow sampling; patients waiting an unacceptable length of time, no documented procedural policies, a higher than average number of CVC insertion related complications, and a large number of inadequate bone marrow samples. It was decided that a Clinical Nurse Specialist (CNS) trained to carry out these procedures could help to address the problems.

Methods: Training of the CNS was supervised by the Senior Consultants and Registrars in Medical Oncology and Haematology. Following completion of training, a formal assessment of competency was documented.

Results: The CNS has inserted more than 500 CVC, and undertaken 900 bone marrow procedures A documented procedural policy has been established. CVC insertion related complications have been reduced, and adequate bone marrow samples are consistently obtained.

Conclusion: A CNS trained to perform routine procedures has resulted in an improved service for patients. Junior doctors have the opportunity to perform CVC insertion and bone marrow procedures with help and supervision from an experienced operator.

1456 POSTER

Intratumoural collagen/chemotherapy: Novel therapeutic strategy for accessible tumours

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Chemotherapy is conventionally delivered systemically. In an effort to deliver more drug to the tumour site, improve local control and minimise the morbidity of systemic chemotherapy, regional chemotherapy can be administered by a variety of ways including the intra-arterial, intrathecal and intraperitoneal routes. Many formulations for direct injection of chemotherapy into tumours have been investigated.

A novel gel delivery system which allows high chemotherapy concentrations by association of active drug suspended in a collagen gel has been developed. The addition of adrenaline to the mixture limits the diffusion of drug away from the injection site. By this means cisplatin and fluorouracil may be administered locally. Initial pilot studies have shown tumour responses despite previous failures with systemic chemotherapy with minimal toxicity for the patient.

Multicentre studies are currently in progress to determine efficacy and toxicity of this approach to the management of accessible tumours.

A key aspect of these studies has been the training of a specialist nurse in all aspects of preparation and administration of the system to act as a resource to all disciplines involved in its use.

We will present our experiences with this method of treatment and demonstrate the value of the specialist nurse in evaluating treatment toxicity versus patient benefits with the aim of improving quality of life.

1457 POSTER

Professional nursing aspects of pulsed dose rate (PDR) brachytherapy

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Background: Since June 1993, 80 patients with gynaecological and anal