

cancer have been treated with PDR brachytherapy in The Finsen Center. For the brachytherapy up to 20 needles are implanted in the tumour. After the implantation the patients are connected to the PDR-microSelektion. PDR brachytherapy is given as a 15–30 minutes pulse every hour over nights. The patients are partially isolated and immobilized for 40–60 hours. The patients need to be taken care of during pauses in the therapy. It is important to find the balance between advanced technology and nursing care. Because of the limited literature available, 2 pilot studies have been made.

Purpose: The purpose of the studies is to ensure and increase the quality of nursing to patient during and after PDR brachytherapy. The goal is to identify and describe the impact of the treatment upon 7 selected issues.

Materials and Methods: In the first pilot study, data from 9 gynaecological patients have been recorded. The selected issues included blood pressure and pulse, technology, pain, fluid balance, obstipation, and side effects after treatment. In the second pilot study, nausea and vomiting in 24 patients with anal and gynaecological cancer have been recorded, according to Common Toxicity Criteria and WHO. The investigations are retrospective and medical records, nursing records, and observation forms have been used.

Results and Conclusion: Apart from pain during the treatment, the studies showed decreased blood pressure, agglutination in the vagina as well as vomiting during the treatment in spite of antiemetics. The new nursing procedures resulting from the two pilot studies will be presented.

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POSTER

Arranging the transportation of biologic samples: Beware of the implications!

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In Clinical Research settings nurses are often the ones arranging or preparing the transportation of blood or tissue samples for diagnostic or research purposes. Legally, they are thus responsible for the shipment, the documentation and the packaging of the goods.

However, they are often uninformed on the legislation concerning the transport and packaging and unaware of the actual responsibilities related to this task.

In our hospital a procedure for shipments was written and the materials needed inventoried. Infectious substances with a low individual and community risk according to the WHO classification of infectious substances risk group 1 are not subject to any transport requirements. Most diagnostic samples are subject to instructions for diagnostic products with a low probability for containing pathogens WHO risk group 2 and 3 (moderate/high individual risk, low community risk).

The transport regulations include the packaging material, the marking, the labelling and the documentation. Transportboxes must be able to withstand a drop test of 1.2 metres, the transported material must be wrapped in absorbent material in a leak-proof inner container. Dry ice requires specific marking and labelling as hazardous material.

The regulations, as will be presented, will provide colleague nurses in similar situations with the information necessary to either meet the challenge or decide on their involvement in such shipments.

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POSTER

Comparison of two types of central venous catheter (CVC) in a population of patients with bone sarcoma

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The positioning of central venous catheter (CVC) is nowadays a common modality for patients treated with long antineoplastic therapies. This use of catheters implies high costs and complications, which can be prevented by a careful nursing practice and good information for patients. Moreover, the different characteristics of the various types of catheter may play an important role on costs and incidence of complications too.

We wanted to verify the efficacy and safety of two different systems: one with closed tip (A), the second with open tip (B), on a group of patient with bone sarcoma treated with chemotherapy regimens, lasting from 9 to 11 months. Seventy-three patients (24 males, 49 females; median age 14, range 3–60), treated between January 1995–April 1996, were evaluated. Forty patients had a type-A and 33 a type-B CVC.

The correct positioning of the CVC was assessed by plain

roentgenograms. Blood samples for culture tests from CVC were made before every chemotherapy treatment. In case of suspected infection, the blood samples for culture tests were taken also from a peripheral vein. There were no differences as regards sex, age and pathology between the patients with type-A or type-B CVCs.

The CVC had a median implant duration of 258 days (range 7–377) without differences between type-A and type-B.

Fourteen CVCs (19%) were removed before the expected time (median 86 days, range 7–371) Nine of those were type-A and 5 were type-B ($p = 0.6206$). The causes were 8 symptomatic infections (4 type-A, 4 type-B); 4 bad positionings, 1 for PNX (3 type-A, 1 type-B) and 2 type-A catheters moved out spontaneously.

Twenty-nine pts (14 type-A, 15 type-B; $p = 0.504$) showed a CVC culture positivity once at least.

Ten pts had an infective situation with clinical manifestations which led to catheter removal in 8 cases. We also evaluated the number of all the interventions on CVCs such as connections, blood taking, heparinization and washing.

Comparing all the data, we saw no significant differences between the two types, so we decided to adopt the type-B CVC permanently due to its extremely low cost in comparison with type-A.

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POSTER

Nursing views on complications of subcutaneous venous access ports

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Purpose: In our hospital, the number of patients with a venous-access-port increase continuously. The allied problem for the oncology-nurses is the higher number of complications. In the beginning, the nursing-team had the impression that our hospital was the only one with problems? ... But, after consulting fellow-nurses of neighbour hospitals, we saw that they had the same problems. Therefore, we set up two inquiries: one for oncology-nurses and a second for oncology-patients.

Methods: *Inquiry of nurses:* During a period of three months, a questionnaire was given to twenty nurses. They were all working in the oncology-floor. We asked the nurses to give us their 'Top-3 of problems/complications' by manipulations of venous-access-ports.

Inquiry of patients: During the same period, another questionnaire was given to thirty cancer-patients with a subcutaneous-venous-access-port. The average of 'port-days' was 202 days. We asked the patients to sum up their most important problems.

Results: *Inquiry of nurses:* The 'Top-3' was divided as follows: 60% of the nurses had problems with drawing blood. 30% with catheter-occlusions and 10% had prick-problems at obese patients.

Inquiry of patients: The problems summarized by the patients were as follows:

37%: afraid of the needle-prick. 21%: pain by pricking the port. 16%: catheter-occlusion. 16%: limitation of daily-activities. 10%: port-infections/thrombophlebitis.

Conclusion: It is clear that there are indeed several problems concerning the venous-access-port. In spite of the results of these inquiries, the oncology-nurses as well as the cancer-patients preferred the venous-access-port to a peripherally perfusion. Especially, the safety, and the patients-comfort were decided. A local anaesthesia (xylocaine-spray) to overcome the pain of the needle-prick seems important.

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POSTER

The role of scientific nurse in management of clinical trials in chemotherapy department

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Purpose: To demonstrate the importance of cooperative work of doctor and nurse in management of clinical trials.

Methods: The work of nurse has two major arms: I. Clinical part. II. Research part.

(1) Clinical part includes:

- The control of patient's diagnostic procedures schedules.
- Taking and proceeding of blood and urine samples; preparation of samples for transportation (serum separating smears for clinical analysis, labeling for each patient, filling in the documents).
- Drug administration with the use of special equipment, i.e. infusomats and special i.v. system.

- (d) The control of parameters during treatment (BP, heart rate, breath rate, the early diagnostic of acute side effects).
- (2) Research work.
- (a) Patient education (information about study drug, about the conditions of protocol, taking of informed patient consent, teaching of correct filling in the QL questionnaire).
- (b) The work with CRF (this point is the main work of RN).
- (c) Control of study drug inventory records.
- (d) Keeping in touch with all GCP rules and upgrades.

Conclusion: The cooperative work of nurse and doctor is extremely effective in management of patients in boards of clinical trial. Moreover it is critically necessary to educate the nurses in the system of GCP.

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POSTER

Individual nursing approach for patients with an I.A. hepatic access port

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Hepatic i.a. access port is placed surgically into a hepatic artery of the patient with inoperable hepatic tumours.

Adequate individual nursing approach enables multiple chemotherapy applications with lesser side effects and complications.

Ten patients were followed up from August 1996 until January 1997.

Before starting the treatment each patient was given an oral and written information about the procedure, possible side effects and ways to help themselves.

During chemotherapy administration patients were placed in a suitable position, making sure the environment was adequate and monitored all the time.

A significant side effect that occurred in this short time was a headache (grade I – WHO scale).

Although the number of monitored patients with i.a. hepatic access port was low, it has shown that the role of RN is important, not only in medical technical procedures, but also in implementation of nursing approach adjusted to individual patient.

Changing health care systems – Challenges and dilemmas

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ORAL

Cancer nursing in Europe: A nursing perspective

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Purpose: Effective evaluation of educational programmes can provide information on the extent to which nurses are being adequately and appropriately prepared to care for patients with cancer. To this end the European Commissions Europe Against Cancer Programme commissioned a project to assess the post-basic educational activities, which were supported by their programme, in the area of training for nurses, and to assess the benefits resulting from these activities.

Method: Semi-structured interviews were conducted with course organisers and participants from different European countries as part of this project. This paper aims to focus on some of the themes which arose through broader discussion outwith the interview schedule.

Results: Despite cultural, political and historical differences between the countries there were a number of issues which emerged repeatedly in discussion, and were considered significant by all the nurses spoken to. The additional discussion provided valuable insight into the wider concerns of nurses pertaining to wider aspects of cancer care, specialisation within nursing and the profile of nursing generally.

Conclusion: While all individuals recognised that their own situation was unique in terms of culture, background, political situation and system of health care, there was a widespread recognition of the fact that the needs of patients with cancer are universal and the principles of cancer nursing extend beyond cultural and political boundaries.

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ORAL

The oncology nursing in Poland: How to survive and grow in the mean of change

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Purpose: To discuss the real meaning of nursing in cancer care, by confronting the reality of daily performed activities with the challenge of the health care system and the socio-political change of Poland. An increasing number of Polish oncology nurses are becoming aware of the need of implementing the new methods for quality of care improvement, as well as the need for research based practice. For now, the care given to cancer patients is not fulfilling the needs of patients and the family as well of the caregiver. Many of steps towards the positive approach were taken already. But there are many nurses who do not realise that they should take an active part in process of professionalisation of their career. The main barriers are: -lack of understanding the new situation with its dynamic needs, -lack of professional knowledge, -problems with self-esteem, -fear of unknown, -ignorance. All the past and present problems in the process of professionalisation will be addressed and discussed from the perspective of researcher, teacher and leader. The meaning of the international nursing co-operation and its multiple ways of professional support will be described. The real understanding of the new geopolitical situation and the active collaboration will be presented on example of "International Institute for Education and Research in Cancer Care". It is hoped that a "Polish way of change" would serve as a positive example or perhaps some guideline for the cancer nurses from Central and Eastern Europe and the Newly Independent States of the Former Soviet Union.

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ORAL

Multicultural cancer nursing care

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Purpose: Evolving immigration patterns and demographic trends have changed the face of health and cancer care. Ethnic sensitivity is important as cultural beliefs and norms effect communication style, information disclosure, self-care practices, treatment acceptance and rituals surrounding dying and death. This presentation will describe interventions implemented at our Cancer Center to enhance cultural competence in our staff.

Procedures: A multidisciplinary task force reviewed numerous data sets including the Cancer Registry, which determined the ethnic breakdown of our cancer patient population. An intervention outline was created and a number of innovative teaching options were developed. For example, spiritual and cultural gaming strategies, a 'culture checks' poster bank, and a clinical guide to key cancer phrases, are now utilized in medical and radiation oncology units.

Summary: Due to the significant heterogeneous nature of the metropolitan Washington D.C. population our Cancer Center serves, the necessity to provide individualized patient care resulted in the creation of novel interventions to enhance cultural competence in our staff.

Conclusion: As mobility increases globally, cultural diversity will prevail with increasing importance in the future. Staff cultural sensitivity can influence patient positive outcomes with compliance with treatment decisions, patient/family education, symptom management, psychosocial and terminal care. The interventions posed in this presentation, can serve as a model for other centers interested in planning similar endeavors.

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ORAL

The influence of healthcare culture on the implementation of nursing research findings

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Many aspects of nursing and the implementation of nursing research findings have been influenced by the development of present health care culture. Four interconnected aspects of societal culture have been identified as influential. 'Gender' and 'Power and Professionalism' are irrevocably connected, the effects of the latter evolving from gender role development. The female role continues to be perceived as domestic, nurturing and sensitive. That of the male as intelligent, decisive and dominant. Historically medicine was dominated by autonomous female 'healers' however last century nurses became oppressed by the male dominated medical profession and continue to exhibit oppressed group behaviour.

'Management Policies' and philosophies at all levels have been demon-