

THURSDAY 18 SEPTEMBER 1997

## Interactive Sessions

1489

### High dose chemotherapy and side effects

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**Background:** The use of high-dose chemotherapy (HDC) supported by bone marrow transplantation (BMT) or peripheral blood stem cell transplantation (PBSCT) in patients with hematological diseases and solid tumours is increasing steadily.

These patients treated with intensive therapy can experience many side effects as bone marrow suppression, nausea/vomiting, mucositis, fatigue, hair loss and other organ complications.

A study group of 84 patients, who had received HDC, will be used to support theoretical point of this session.

**Description of the Study:** Between Jan. 1996 and Dec. 1996 84 patients were enrolled in this study in order to evaluate the toxicities of HDC. The median age was 43 (range 19–62). Male to female ratio was 24:60. Histological diagnosis included high risk breast cancer (48), Hodgkin's disease (2), non Hodgkin's lymphoma (14), and leukemias (16) and multiple myeloma (4) 67 patients granulocyte colony-stimulating factor (G-CSF) mobilized PBSC were infused after HDC, the others 17 pts. underwent allogeneic PBSCT. Severe toxicities, grade 3 to 4, were alopecia in 100%, hematology toxicity 100% nausea/vomiting 15%, mucositis 10%.

**Conclusions:** To prevent or to minimize the side effects in these patients treated with HDC represents a complex challenge for nurses. Networking on a national and international level as well as research in this field is essential for nurses.

1490

### High dose chemotherapy (HDCT) and side effects

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The use of HDCT in chemosensitive tumors appears to give an increased response rate and better overall survival. The goal of HDCT is to deliver anticancer agents at a dose intensity that is high enough to overcome tumor resistance and at a rate that supercedes the emergence of resistant clones. Confirmation of results using HDCT can only be ascertained by randomized studies, actually in progress.

The main toxicity of HDCT is myelotoxicity with subsequent infectious and bleeding complications. With the introduction in the 1980s of hematopoietic growth factors (HGFs) a turning point in the treatment of cancer occurred, as their use proved to accelerate marrow reconstitution thus decreasing mortality and morbidity. In the last 20 years, clinical-biological studies have firmly established that peripheral blood contains stem cells (PBSCs) which are capable of rapid short-term and sustained long-term engraftment after myeloablative therapy. These can be successfully mobilized using CT and HGFs and subsequently transplanted in the patient; their easy collection, rapid engraftment and decreased contamination with tumor cells has exponentially increased PBSC transplants at the expense of bone marrow transplants.

However, non-hematological toxicity in HDCT remains dose-limiting, in particular pulmonary, cardiological, gastro-intestinal and renal complications, therefore supportive care is an essential aspect of this type of treatment and nurses are indispensable members of the multidisciplinary team involved in the care of these patients. Highly skilled staff and standardized nursing management can together contribute to the successful outcome of this type of treatment. A state-of-the-art discussion will hopefully be followed by an active audience participation to elaborate on the above issues.

1491

### Recent developments in radiotherapy: Do nurses really meet the patients needs?

Guy Vandeveld. *Radiotherapy department, University Hospital, Gasthuisberg, Leuven, Belgium*

Major progress has been made in the use of radiation therapy in the treatment of cancer over recent years. Technology is increasingly advanced, treatment set ups more complex and the number of different specialists involved is rising.

The purpose of this workshop will be to discuss the impact of these developments on the total care of the cancer patient and to raise awareness of the rapidly changing environment in which the patient receives radiotherapy treatment.

After an introduction encompassing recent developments in the field of technology, the focus of this workshop will be on the nature and processes of communication, information – giving and patient education within the multi-disciplinary team.

Until very recently there has been rather limited interest amongst oncology nurses in the development of nursing research which addresses the question of how to minimise the burden of external radiotherapy site specific reactions. Meanwhile there has been an explosion of local, regional and national initiatives into the production of patient information material.

Challenges for the future include:

- the encouragement of oncology nurses and therapy radiographers to share their knowledge and to set up collaborative research projects in the field of communication and information
- the development of strategies which guide the implementation of these research findings into clinical practice
- the establishment of procedures and policies on patient information which are compatible with multi-disciplinary working in the ambulatory setting in which radiation treatment takes place.

1492

### Recent developments in radiotherapy; do nurses really meet patients needs?

M. Wells. *Centre for Cancer and Palliative Care Studies, Institute of Cancer Research, London, UK*

Significant technological advances have been made in radiotherapy over the last five to ten years. Unfortunately, these have not been matched by advances in the supportive care of the patient undergoing treatment. Most nursing involvement with radiotherapy patients is initiated in reaction to an acute crisis, rather than with any systematic forethought. Developments in nursing care and research in this area have been particularly lacking; largely because radiotherapy is primarily an outpatient speciality and few nurses are specifically employed on the treatment floor. Progress is also impeded by role conflicts and traditionally held beliefs which are hard to change.

Although many departments have mechanisms in place which are designed to detect treatment related morbidity; clinical experience and research findings both suggest that there is considerable room for improvement in the supportive care of patients undergoing radiotherapy. Patients experience distressing physical and psychological symptoms which frequently go undetected and unrelieved. If adequate on-treatment assessment is lacking, so is the provision of care for patients on completion of radiotherapy when the true impact of treatment is often felt.

This workshop presents examples of nursing research which explore the experience of patients undergoing treatment, and suggests that nurses do not adequately address patients needs during and after radiotherapy; this is an area of clinical practice and research which badly needs the attention and expertise which innovative cancer nurses can bring.