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Intestinal obstruction in cancer patients

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Intestinal obstruction is a severe clinical problem in patients with cancer and occurs in 3% of all patients with malignancies. If the cause is not a primary tumour, but a symptom of intra-abdominal dissemination, in fact the patient is in an endstage of disease. Still there are treatment options. Surgery remains the primary treatment form, also in case of a second episode of bowel obstruction provided the general condition permits an operation. Enterostomies or stomas may give a (temporary) solution for the clinical problem and may give a good palliative effect in most of the patients. In case surgery is not appropriate, a pharmacological treatment may be indicated in which a combination of octreotide, analgesic, anti-cholinergic and anti-emetic drugs may alleviate the symptoms. In most of the patients so a distressing nasogastric tube can be removed. If not possible, an attractive alternative for a necessary nasogastric tube is a percutaneous gastrostomy which can be safely placed in local anaesthesia.

Important is to stress that the intestinal obstruction problems need a multidisciplinary approach in which doctors and nurses have to work close together because the demands of the patients for supportive care is high in this stage of disease.

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Cancer nursing education in Europe

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Cancer Nursing is a developing specialty in Europe and educational developments are reflecting this trend. Following the development by EONS of a core curriculum for post-basic education for nurses in cancer care, educational courses have been developed, utilising the curriculum, throughout Europe. A significant number of these have been supported by the Europe Against Cancer Programme (EAC) of the European Commission. An assessment of the projects funded by EAC during their 1990-1994 action plan in the area of training for nurses was undertaken to assess the benefits resulting from these activities for the individual Member States involved and for the European Union as a whole. The results of this assessment will be presented demonstrating the value of the EAC programme in supporting nurse education. From the results a number of recommendations concerning cancer nursing education in Europe have been made and these will be discussed.

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The European prospective investigation into cancer, nutrition and health (EPIC)

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Purpose: Despite the fact that many epidemiological studies have shown that diet plays an important role in the occurrence of cancer, causal relationship for several cancers remains unresolved. The main objective of the EPIC study is to improve substantially the knowledge of diet in cancer risk, taking advantage of the large differences still found between the Mediterranean diet and northern European patterns of intake.

Methods: EPIC is a large prospective cohort study combining epidemiological and laboratory methods that is being carried out in nine countries, from the south and north of Europe. Information is being collected on diet, other lifestyle and environmental factors, and anthropometry. A bank of biological samples has been developed for research on biochemical markers and molecular biology. Subjects are being followed up to investigate the incidence and mortality of cancer and other chronic diseases.

Results: At the moment blood samples and completed diet and non-diet information on 264,000 subjects have been collected out of the 380,000 individuals already enrolled in the study. The follow-up has been started in some of the participating countries that have finished the recruitment phase.

Conclusion: Preliminary analysis of data confirmed that, despite a tendency towards more uniform availability of foods, a wide range of intake still exists between countries. EPIC has the potential to clarify major key issues in the role of diet in the etiology of cancer.

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The European network of cancer registries: Improving basic information on cancer frequency and outcome in Europe

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Purpose: The aims of the European Network of Cancer Registries (ENCR) are to improve the quality, comparability and availability of information from population-based cancer registries in Europe

Methods: The ENCR has established a programme of activities to promote standard practice in data collection and data analysis, including training in registration methodology and statistical methods. A database of cancer incidence and mortality from 85 European registries is maintained for comparative studies. These data have been used to estimate cancer incidence in the 15 EU countries and to evaluate trends in mortality in Europe into the next century. Some registries also participate in the EUROCARE Study.

Results: There are substantial variations in the risk of cancer between European countries. Trends for tobacco related cancer, in particular, are diverging, with large increases projected for some Southern European countries. There are also variations in patient survival.

Conclusion: Cancer registries provide data which can be used in the planning and evaluation of cancer control measures, including primary prevention, screening and treatment, at the national and European levels.

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Palliative care in Europe

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Professor Einhorn will present his view on how the palliative care was during 1950-ies, how it is now, during 1990-ies and obstacles for future development. The EU-Subcommittee on Palliative Care, that he was chairing, stated that: Palliative care requires skills to provide time for death with dignity.

Palliative care should therefore be included in training of all health personnel. Each teaching hospital should have a palliative unit. Legal restrictions for use of drugs for pain relief should be removed.

Individual EU-countries should develop comprehensive national program for the development of palliative care. The report was distributed by the EU-Commission, attempts to implement it are ongoing.

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Quality assurance in breast cancer screening

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Screening for breast cancer by mammography has been shown in several randomised controlled trials to be effective in reducing breast cancer mortality and is recommended as a major public health intervention in European countries. The mortality reduction, however, can be observed, many years after the start, only if the screening programme succeeds in involving a large population. Therefore it is necessary to assure that: 1. the performance of ongoing mammographic screening programmes is equal to the controlled trials or even better 2. the undesirable effects of screening are limited as much as possible 3. the costs of the screening programme are kept at an acceptable level for the health system.

For these reasons Quality Assurance (QA) is essential. Dedicated resources should be allocated during the programme implementation and the quality of all different screening phases (from organisation and invitation to assessment and treatment of screen-detected lesions) should be monitored. The Guidelines for QA in mammography screening has been developed by a group of experts supported by the European Commission and a new updated edition appeared in June 1996.

The Europe Against Cancer Programme has also funded a network of European pilot projects for breast cancer screening and in 1993 introduced a comprehensive QA programme into these projects by supporting the European Network of Reference centres (EUREF).

Further efforts are needed to support the QA activities in the new programmes, rapidly developing in many European regions, and to prepare guidelines for QA of treatment of screen-detected lesions.