

trials has recognised the need for the function of Co-ordinating Research Nurse (CRN) in their team in order to assist and give the necessary support to research nurses in participating institutes, being essential members of the research team.

The main goals of the function of CRN are:

- to judge the medical protocol at an early stage on practical and nursing aspects;
- to support and assist research nurses in participating institutes with the introduction of the trial in the clinic;
- to be attainable for questions and obscurities of nursing issues before and during the trial;
- to provide nursing information and nursing guidelines for the specific trial under investigation.

In practice this means that not only investigators and datamanagers in the participating institute, but also the research nurse receives information as well as nursing guidelines prepared by the CRN - for correct trial performance according to Good Clinical Practice. These nursing guidelines imply for example: nursing protocols, toxicity checklists, patient diary cards, pharmacokinetic sampling instructions and whatever more is necessary for a specific study.

Over the last years the function of CRN at the NDDO has proven to be quite successful. Contacts with research nurses in cancer institutes and university hospitals in Europe and Israel have increased 6-fold (op to 90) and are still ongoing.

With this presentation I would like to demonstrate the importance and in detail the responsibilities of a Co-ordinating Research Nurse and its implications on research nursing at the study site.

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POSTER

Regular counselling by an oncology nurse increases coping with side effects during outpatients radiotherapy of gynecological malignancies

P. Varre, A.M. Jacobsen, A.M. Flovik, E. Skovlund, S.D. Fosså. *The Norwegian Radium Hospital, Oslo, Norway*

Purpose: To evaluate the significance of nurse-administrated counselling.

Methods: 70 women receiving outpatient radiotherapy for gynecological cancer have been included into this pilot study (april 97-des. 98). 33 pts. have been randomised within an intervention (IV) group, and 37 were controls (C). Pts in the IV group and their relatives were invited to an appointment by an oncology nurse (60 min.) 3 times during the treatment period. Counselling included information on treatment, side effects, dietary advice, sexuality and psycho-social aspects. No such counselling was offered the C group. All pts were seen by their doctor once a week. Before and after treatment all pts completed the EORTC QLQ-C30, HAD and a coping instrument. At radiation discontinuation they also recorded their experience with side effects and psycho-social life.

Results: During treatment anxiety decreased, whereas side effects (nausea, fatigue, diarrhoea, pain) increased, similarly in both groups. Compared to the C group pts in the IV group expressed significantly improved coping ability as to adverse effects, and required less information from their doctors.

Conclusion: During radiotherapy of gynecological cancer regular nurse-administrated counselling significantly reduces a pt's distress, improves coping with side effects and psycho-social concerns, and saves doctor's consultation time.

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POSTER

How important is the role of the research nurse in the care of patients entered into cancer clinical trials?

S.M. Varcoe, M.E. Elliott. *Imperial Cancer Research Fund, Medical Oncology Unit, The Churchill, Oxford Radcliffe Hospital, Oxford, United Kingdom*

Cancer clinical trials are an increasingly complex area of patient management. As a result patients are faced with an overwhelming depth of information regarding treatment options, ultimately leading to a difficult decision-making process. Treatment as part of a clinical trial is often intensive and both physically and psychologically intrusive for patients and carers. The Research Nurse has a critical role to play in supporting patients from a Clinical Trial first being offered, throughout the study and on its completion. The Research Nurse has an ethical duty to ensure that sufficient non-biased information, both verbal and written, is available for patients regarding the trial and any alternative treatments that may have been offered whilst acting as the patients advocate. Effective trial co-ordination is dependent upon expertise and knowledge of cancer care whilst following the Good Clinical

(Research) Practice guidelines. The Research Nurse provides continuity of care through rapport and a relationship that is based on mutual trust and understanding. Cancer patients have a diversity of needs which rely upon the range of skills of the multiprofessional team, where the Research Nurse has the pivotal role. This poster will demonstrate that the Research Nurse is an essential resource for both the effective management of cancer clinical trials as well as the continuing care of the patient.

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POSTER

Group protocol for the administration of adjuvant chemotherapy using cyclophosphamide, methotrexate, and 5fluorouracil (C.M.F.) to patients with breast cancer, by nurses within an out-patient setting

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This paper sets out to describe the process undertaken to enable named Chemotherapy Nurse Specialists within a regional oncology centre to initiate and prescribe adjuvant (CMF) to those with a diagnosis of breast cancer. In addition to the comprehensive service with regards to management of side effects already provided to this client group

This initiative was facilitated by two documents. The first was the 'Scope of Professional Practice' issued by nurses' professional body, which has paved the way for U.K. nurses to expand their practice to include roles previously undertaken by doctors.

The second was a government report to determine under what circumstances health professionals (other than a doctor) could undertake new roles regarding the prescribing, supply and administration of medicines.

A robust protocol has been developed and implemented in the clinical setting stated above. A comprehensive flow chart was developed for the management of the twenty side effects identified.

Evaluation of the first six months of implementation will be presented, discussing issues raised by the specialist nurses initiating therapy, senior medical staff and patients involved in this initiative.

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POSTER

An exploratory study examining patients' perceptions of rehabilitation following bowel cancer

G. Howard-Jones. *Guy's and St Thomas' Hospital Trust, Cancer Directorate, London, United Kingdom*

Purpose: Cancer survival rates have improved considerably in recent years, yet there is little British literature on the experience of those who recover. The aim of this study was to describe patients' experiences of rehabilitation following bowel cancer.

Methods: Eight people, disease free, at least one year following treatment for bowel cancer, were interviewed after routine follow up appointments. Thematic analysis of the interview data elicited eight categories.

Results: Physical problems following treatment, influences of ageing, self perception, personal attitudes towards illness, personal coping strategies, support, influence of cancer on relationships with others and the influence of cancer and treatment on personal priorities were found to have influenced rehabilitation in the sample.

Conclusion: The findings demonstrate that the majority of patients interviewed for this study were successfully recovering from and living with the cancer experience. However the findings also indicated, in all eight categories, that there is a need for continued support and awareness from health care professionals, once treatment for cancer has ended.

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POSTER

Continuous nurse education: Improving cancer care through education for nurses

I. Laze. *Latvian Oncology Center, Riga, Latvia*

This poster will describe present cancer nurse educational model in Latvia.

For almost 50 years nurses have been told to only carry out the instructions and orders of the doctors, mainly involving injections of medicine or other simple treatment actions. This situation created an underqualified health care worker who step by step lost her own self-confidence and authority, prestige and respect. The main questions were how to determine the role of the nurse in cancer care. It demanded a conceptual change in cancer nursing training in Latvia. The new training programme was oriented towards the role of the cancer nurse in cancer care. The curriculum was designed