

cology Department during one day were asked to complete a questionnaire concerning different information sources outside the hospital.

Results: During the day 192 adult patients visited the Oncology Department and the response rate was 74%. The patients had only to a limited degree used an active information-seeking strategy, i.e., had sought information from the following sources; internet (6%), medical books (37%), documentary literature (32%) and telephone-helpline (10%). A more passive information-seeking strategy was more common, the patients obtained information from television and radio (82%), newspapers (86%), other patients (46%) and friends (55%). There was a significant relationship between educational level and information-seeking from internet, medical books and telephone-helpline. Persons with a higher level of formal education had used these sources more than people with less education ($p < 0.05$). Younger patients (<55 years) and those with a higher level of formal education had greater access to internet ($p < 0.0001$) and used documentary literature to a greater degree than older patients ($p < 0.05$).

Conclusion: The main result of this study was that the patients only to a limited degree actively sought information about cancer. However, when cancer issues are presented in newspapers and magazines, or on the radio and television, the majority of patients were interested.

Children and young people with cancer

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ORAL

A strategy for advancing practice; paediatric oncology nursing

F. Gibson. *South Bank University and Great Ormond Street Hospital for Children NHS Trust, London, United Kingdom*

Paediatric oncology nurses, in common with our colleagues in adult cancer nursing, are faced with many professional challenges in the rapidly changing healthcare environment. Advances in treatment, technology and multiprofessional care have improved patient outcomes and at the same time drastically altered nursing practice. Although the core values of caring persist, roles and responsibilities have evolved and new opportunities for expanding the boundaries of nursing present themselves to individuals and organisations. As nurses seek to respond to personal, local, national and international imperatives for change, there is a need for clarity and direction in order that role or practice developments can progress with confidence. To this end the Steering Committee of the Paediatric Oncology Nurses Forum (Royal College of Nursing, UK) is in the process of developing a framework for advancing nursing practice.

This paper aims to present our ideas and progress so far: describing the process, and outcomes in the development of the strategy. Our work is founded upon the belief that the interests of the client group, rather than those of the profession or the individual, must remain the primary focus of nursing practice or service provision. The aim of this project is to clarify the key issues and present a strategic framework for planning nursing practice developments. It is our hope that this can offer guidance, or inform the decision making of nurses and organisations as they design new roles or approaches that enhance the care of children and teenagers with cancer and their families.

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ORAL

The role of the specialist oncology nurse practitioner in delivering accelerated, dose-intensive chemotherapy with autologous, progenitor cell-enriched whole blood re-infusion

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There is increasing evidence that the dose intensity of cytotoxic drugs improves outcome in chemosensitive tumours. The rationale for intensive chemotherapy is that a log-linear relationship exists between cytotoxic drug dose and the fraction of tumour cells killed. Haematopoietic growth factors such as G-CSF enable planned doses of conventional chemotherapy to be given without delay. They have not, however, allowed major improvements in dose intensity. Previous studies in patients receiving conventional chemotherapy plus G-CSF have shown a 120-fold increase in the number of circulating blood progenitor cells (BPC). These remain viable in whole blood stored at 4°C for up to 48 hours, allowing the use of repeated re-infusions of autologous, BPC-enriched blood alongside intensified chemotherapy regimens.

A phase 1 study is currently in progress at this institution, using combination chemotherapy (carboplatin and paclitaxel) given at intervals of 10 days with BPC support. Patients receiving this treatment require careful, well-co-ordinated management to ensure the safe and efficient delivery of the planned treatment within the reduced time-frame.

The specialist oncology practitioner has a key role in all aspects of this programme, from counselling of patients, assembling and acting on results and liaising with the primary healthcare team, together with practical issues such as venesection of BPC-enriched blood and administration of chemotherapy. This poster aims to illustrate aspects of this extended role.

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ORAL

Altered body image following adolescent bone cancer

M.E. Nendick. *Deanesly Centre, New Cross Hospital, Wolverhampton, United Kingdom*

Body image and sexuality are two areas very closely related. For adolescents, the threat of altered body image is often seen as particularly devastating, as they equate sexuality with both physical and psychological factors, physical appearance as well as sexual activity.

Psychological aspects of sexuality include body image which lies at the crux of a person's overall concept of self. When adolescents are facing altered body image, their reactions are similar to those experienced in any loss situation as, in reality, it is a loss as great as death. Whether the altered body image is transient, or permanent, it still alters the body's reality from the body ideal. Within orthopaedic oncology, decisions have to be made to decide what is best for the individual patient. The adolescent faces conflict between preservation of body image, which can be achieved more easily with limb salvage procedures, or the more vigorous function achieved with some amputations. The conspiracy of silence, which often exists around the whole area of sexuality, needs to be addressed to ensure that sexuality and altered body image issues are discussed enabling the adolescent to have an understanding of why the medical treatment may be affecting their biological functioning. It is difficult enough for them to be continually dependant on parents and professionals due to their illness, without the added feeling that they are not allowed to discuss certain aspects of their care. The professional's main task is to ensure that the adolescents feel valued and are confident with their new body image, this involves surveillance through the transitory period, maintaining a truly multi-disciplinary approach to care.

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ORAL

Everyday coping of adolescents with cancer

P. Seppänen¹, T. Jämsä¹, R. Mikkonen¹, E.-M. Nousiainen¹, M. Ryttilähti¹, R. Vattovaara¹, H. Kyngäs². *¹ University Hospital of Oulu, Department of Oncology and Radiotherapy, Oulu; ² University of Oulu, Department of Nursing and Health Administration, Oulu, Finland*

A chronic disease, such as cancer, brings about permanent changes in an individual's lifestyle. The changes in lifestyle are a coping requirement to adolescents with cancer. To cope with their everyday life, adolescents need resources and social support. The support of adolescents with cancer is a challenge for the health care staff. The purpose of this study was to explore the coping requirements and resources of adolescents with cancer.

The convenience sample consisted of 50 adolescents with cancer aged from 16 to 30. The subjects were invited participate by clinical nurses, who gave them questionnaires to be filled in during a control visit at hospital or at home and to be returned by mail. Fourteen of these adolescents were interviewed. The quantitative data are being analysed with the SPSS for Windows statistical software. The qualitative data are being analysed by content analysis.

The process of analysis is going on. The results will be available by the time of the conference.

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POSTER

Anaphylaxis within the chemotherapy setting explained

M.E. Nendick. *Deanesly Centre, New Cross Hospital, Wolverhampton, United Kingdom*

With the introduction of new and more sophisticated cytotoxic regimes on the market, the possibility of an increase in anaphylactic reactions to these agents is becoming increasingly more likely. The increased frequency of hypersensitive reactions within the author's unit has led us to review both our guidelines and policies to deal with these potentially lethal situations.

Within the chemotherapy setting, the most common type of hypersensitivity reaction is the type 1 variety – which is caused by a rapidly developing interaction of an allergen with specific IgE antibodies, binding to Fc receptors for IgE on mast cells and basophils.

There is often a sensitisation period, referred to as a pre-anaphylaxis state. It is during this stage that the patient may report some of the more minor signs and symptoms connected with anaphylaxis. For example, if the drug is administered intravenously, the patient may demonstrate a flare reaction. This type of reaction usually remains localised to the vein without any systemic spread.

The recent introduction of certain cytotoxic drugs such as Docetaxel and Paclitaxel has caused a variation of true anaphylaxis which has been described as formulation-induced hypersensitivity. These hypersensitivity reactions can be reduced with the use of careful prophylactic desensitisation.

It is important that all nurses have access to regular updating and training in emergency procedures, to ensure that prompt and appropriate action is taken to prevent any further deterioration of the patient's condition, if we are to fulfil the duty of care we have to our patients.

EONS Award Lecture

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Every nurse a leader!

Wim T.A. Dellepoort. *Slingeland Hospital, Doetinchem, Netherlands*

As the recipient of an award for achievements in the past, presenting a paper at the 10th ECCO conference and on the verge of the new millennium a retrospective view on a number of developments in (oncology) nursing is appropriate besides a perspective on the future.

- great changes in the way nursing care is delivered (methodology)
- a dramatic change in the role/position of the nurse, especially in relation to the doctors.
- education and research as important contributors for evidence based nursing care.
- the fast development of oncology nursing as a specialty.
- the growing influence of nurses in all areas.

Not only nursing itself has changed but also the organizational structures. In the past year we have witnessed a major shift towards flexible organizational structures, devolution, decentralized decision making and structures with fewer levels of management/tiers of supervision.

This has a great impact on career pathways, opportunities and the need of a climate of learning and development.

Leadership skills have to be incorporated in nurse training from the beginning. These qualifications must be seen as a solid basis for management development. Management must be integral to the activities of all trained nurses.

Nurses have to review their beliefs and understandings of the nature of nursing leadership. They have to be aware of the range of rules and opportunities which are open to them on all levels where they can and must exert influence.

Every nurse has leadership potential and the opportunities where nurses can play a leadership role in health care are all around them.

Especially oncology-nursing, where teamwork with other professionals is common practice, offers many opportunities for nurses to develop their leadership potential.

As Florence Nightingale already showed the depth of her insight and knowledge on nursing leadership by stipulating that nurse leaders should be:

- educated leaders
- clear thinking and decisive
- collaborative and capable of managing complexity
- imaginative and have the ability to grasp technical details of a vast range of subjects
- capable of organizational design and governance
- capable of personnel management
- capable of financial management and patient classification.