

to anonymously answer the questionnaire were eligible. During October and November 1998, 250 consecutive patients received this questionnaire from the receptionist of the Sandton Oncology Centre who was blinded regarding the patient's diagnosis and treatment. The questions were divided into 5 specific groups detailing:

- (1) Age/social status/education
- (2) Disease/previous and current types of therapy
- (3) Use of alternative/complimentary medicines
- (4) Use of alternative/complimentary devices
- (5) Nutrition/diet/habits

A detailed and updated analysis of the above groups and their findings will be presented at the meeting.

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POSTER

Continuous infusion therapy: For how long can a Huber needle be left in situ without being changed? Use of a non adherent silicone dressing (Mepitel) under the Huber needle in order to prevent sores in obese patients and in patients with a deep port-a-cath

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Purpose: in 71 patients with port-a-cath who were undergoing continuous infusion chemotherapy no sores arose when the Huber needle was left indwelling for 21 days without change, except in those patients who were obese or those with a deep Port. In such patients an irritating ulcer was presented. Since continuous infusion therapy is the top grade treatment in oncology patients, this situation is one which deserves close attention.

Methods: all patients undergoing continuous infusion chemotherapy are taught to change the dressing of the Huber needle every 48 hours. The needle itself is changed at the end of the 21-day period when the patient comes back to undergo a new cycle of chemotherapy. On that occasion we evaluate the site of injection while replacing the needle. In patients at risk we leave a non adherent silicone dressing under Huber needle, which must not be removed by patient.

Results: 67 patients did not demonstrate any adverse cutaneous reactions when the needle was left in for 21 days. In four patients who presented sores we were able to leave in the needle, while treating the sore, using this kind of dressing.

Conclusion: a nurse must continuously aim to improve patient safety. We were currently trying to modify a standard procedure leaving the needle indwelling for the entire time that the patients is at home during the intercycle. This avoids undue patient stress and anxiety over the substitution of the needle.

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POSTER

The research nurses role in the study of patients receiving once weekly radiotherapy for locally advanced or recurrent rectal cancer

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Purpose: To assess, document and analyse symptomatic response from and tolerability to, a weekly 6 Gy regime of palliative pelvic radiotherapy, for patients with symptomatic locally advanced, inoperable, or recurrent cancer of the rectum and to assess, document and analyse these patients quality of life.

Methods: 30 patients, 14 women and 16 men, median age 75 years (Range 45-92 years) were assessed prior to each 6 Gy fraction of radiotherapy and one month following completion of radiotherapy, using LENT SOMA and RTOG scoring systems and EORTC quality of life forms.

Results: Overall symptom response rate was 83%; 13% CR and 70% PR. The research nurse collecting this data could concur with these findings from her knowledge of the patients involved. The continuity she provided in the assessments, enriched the data and the overall appreciation of what this treatment schedule could offer.

Conclusions: The research nurses detailed knowledge and understanding of this study, and of the participating patients, provided benefits in terms of the quality of data collected, patient support and confidence, and in the medical staffs ability to concentrate on medical problems. This level of involvement provides useful insights for the analysis of the current study and design of future studies.

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POSTER

Does exist an oncological patient profile who use alternative therapies?

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Introduction: The alternative therapies (T. A.) are offered as a complementary chance to add to the standard treatment to encourage the active part of the person toward his disease.

Aims of the study: *To know the prevalence of the T. A. user.

*To describe the profile of the oncological patient that uses them.

*To know the reason and the motives which they appealed to them.

Methods: A questionnaire with multiple election items, consists in open items graduated as a scale EVA, to measure the physical/emotional state described by the patient. The type of coping toward the cancer disease perceived by the patients, which has been measured through the Coping test M.A.C.M. by Watson and S. GREER (1998).

100 cancer patients in treatment, carried out the complementation of both. Obtained and tabulated the both survey results, were interrelated the different variables to establish a profile able to define to the cancer patient T. A. user.

Conclusions: The alternative therapies more commonly used in our culture are homeopathy, phytotherapy and dietetic complements.

The users of the T. A. defer express better health state, as well as results with better and more positive values in coping, and a most holistic concept from his person and his disease, in congruity with values, beliefs in a global perception toward his own health and life.

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POSTER

Empowering the cancer patient with chronic pain

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Chronic pain is a major problem for cancer patients with advanced disease. An educational program has been developed tailor-made for this patient category. A randomized clinical trial evaluated the effectiveness of this program in 313 patients (de Wit et al, 1997). Results of this nursing research study demonstrated that patients who received the educational program knew significantly more about their pain and pain management, were more compliant to the prescribed treatment, and experienced less pain than patients from the control group.

As a result, a project is being financed by the Dutch Cancer Society to implement the Pain Education Program. Nurses on the wards will be instructed by a clinical nurse specialist to educate patients with regard to pain and pain treatment and prepare patients for the home situation. The training method used by the clinical nurse specialist will consist of a series of courses and bedside teaching. A manual for nurses will be developed and problem areas for pain management on the ward will be identified. The project will take four years. During the first two years, the project will be conducted in the University Hospital Rotterdam and in the Netherlands Cancer Institute, Amsterdam. Following the initial evaluation, the program will be offered to at least four other hospitals.

[1] de Wit, R. et al. 'A Pain Education Program for chronic cancer pain patients: follow-up results from a randomized controlled trial'. *Pain* 1997, 73, 55-69.

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POSTER

Relating information needs to the cancer experience: The perspectives of people with cancer

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People with cancer frequently express dissatisfaction with the information to them and experience difficulty in retaining and processing information.

A hermeneutical phenomenological study was conducted to determine the important issues that arose for six individuals with cancer. The stories of their cancer experience were told through in-depth interviews. Narrative analysis was on the data to uncover thematic aspects of the lived experience.

The cancer experience begins before the point of diagnosis and information needs of an individual's self-identity, including body image, family, social and work relationships. Cancer was viewed as an intrusion and the