illness engendered feelings of vulnerability that impacted on their normal coping mechanisms. This resulted in a decreased ability to process information. While individuals expressed medical information needs, they were less likely to articulate their hood for information relating to other areas of their lives.

Individuals reached a turning point during their experience, when the self-acknowledgement that they were living with cancer, enabled them to become more active participants in the information process. It has become clear that there is no prescriptive approach to be adopted and information-giving requires sensitivity to each individual's needs and flexibility on the behalf of the people providing information and support. Further research is required to identify what factors determine when an individual reaches the stage when they are able start processing information and take a more active role in their experience.

Research in progress

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Two out of three cancer patients receiving chemotherapy experience fatique

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Purpose: Fatigue is reported as one of the most distressing side effects of chemotherapy. Fatigue is a complex subjective experience with physical, emotional, and social dimensions. The purpose of this study was to describe the subjective physical fatigue experience at the start of chemotherapy and to compare this with the experience after 3 cycles of chemotherapy.

Methods: A cross-sectional, comparative design was used. A total of 448 patients receiving chemotherapy in 23 Oncology Centers in Belgium were asked to report their fatigue intensity on the Functional Assessement of Cancer Therapy, subscale anemia, and their perceived quality of life with a visual analogue scale.

Results: At the start of the treatment 50% of the patients reported fatigue. After 3 cycles already two out of three patients reported fatigue. Moderate to extreme degree of fatigue was experienced by 30% of the patients. At the start of the treatment patients who were still active in household or profession were less fatigued than the non-active patients. After three cycles there was no difference in fatigue anymore between active and non-active patients. Fatigue was strongly correlated with decreased quality of life ($p < 0.0001$).

Conclusion: Fatigue during chemotherapy is a serious and improperly handled problem affecting two out of three patients.

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Fatigue in breastcancer patients undergoing adjuvant chemotherapy

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Purpose: Fatigue is one of the most experienced side effects of chemotherapy. About the causes of fatigue and the effects of interventions is little known. This descriptive correlative study with a longitudinal character will view the course of fatigue and the factors which can be important to fatigue.

This study will address the following questions:

(1) To what extent do breastcancer patients undergoing adjuvant chemotherapy experience fatigue and how does this change in the course of time?

(2) To what extent do factors like, depression, social support, coping, self-care behavior, age, co-medication, other symptoms, Hb, type of operation and dose of cytostatics influence fatigue?

Method: Six hospitals in The Netherlands are taking part in the study and 150 women with breastcancer undergoing adjuvant chemotherapy will participate. The study started in january 1998. At this moment data collection is still going on. Patients are interviewed five times (by means of a structured questionnaire): before, during (two times) and after (two times) chemotherapy (total 8 months). Besides, they will keep a diary for a period of 3 or 4 weeks between two chemotherapy sessions.

On the basis of the results nursing interventions will be composed and tested in further research.

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Reflections on the challenges of conducting international, multi-institutional research – Assessment of cancer-related fatique

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Conducting multi-institutional research is relatively new for nursing and oncology nurse researchers are relative novices in this area. The added dimension of conducting collaborative research across two continents adds to its complexity. This paper will describe the establishment and maintenance of an international multi-institutional team of oncology nurse researchers conveyed to conduct a study to advance the clinical measurement of cancer-related fatigue (CRF). Critical stages in the development and implementation of the proposal and steps in the collaborative process will be detailed with recourse to meeting records, correspondence, proposals and personal recollections of team members. The process of conducting this type of research is demanding. For example, acknowledging and working with the differences among the study settings was a major challenge in terms of design and procedural issues, as was the use of multiple modes of communication across the study sites (i.e. mail, e-mail, fax, telephone conferences, synchronous and asynchronous chat rooms and bulletin boards). Strategies employed to manage the project will be described alongside the accomplishments and compromises made. Recommendations for teams planning international, multi-site research will be offered and surround issues relating to communication, resources, development of realistic timetables, detailed research protocol and effective work distribution.

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Breast cancer screening in older women: A dual site intervention study Northeast/Southeast USA

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Purpose: This study tests the impact of ethnically sensitive self-monitored video breast health kits to foster breast cancer screening among older low-income African American and Caucasian women who underutilize mammography.

Methods: A pretest-posttest quasi-experimental design is being used in the Northeast (Massachusetts) and the Southeast (Georgia) United States with a volunteer sample of 600 women 60 years of age and older. Subjects are assigned to experimental or control groups based on videocassette recorder (VCR) availability. Experimental subjects use the video kit at home. Data obtained in two interviews at two week intervals assess knowledge about breast cancer risk and breast self examination (BSE) proficiency as demonstrated on simulation models. Follow-up phone calls at six months assess post-intervention mammography screening rates.

Results: Preliminary results from the first year of the two year project (N = 204) point to the impact of age, education and cognitive level on experimental/control between-group differences in this sample of predominantly low-income black women. After removing these influences, ANCOVA results indicate that video kit users are significantly more knowledgeable about breast cancer and more proficient breast self examiners than non-users. Groups do not differ on lump detection skills. Follow-up phoning found 58% of experimental subjects received mammograms following the intervention.

Conclusions: The intervention has successfully increased knowledge about breast cancer, enhanced breast self examination skills and recruited these hard-to-reach elders to mammography. The targeted sample has been more difficult to access in the Northeast and recruitment strategies are detailed.