63 POSTER

Design of a longitudinal perspective study of fatigue in patients with cancer

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Fatigue is a significant clinical problem in patients with cancer. The majority of researchers investigating fatigue to date have utilised cross sectional research designs. This approach has made predicting changes over time difficult. It has left unanswered questions, such as the possible cumulative effects of multiple sequential treatments, a common occurrence for many patients with cancer.

This paper addresses the key decisions made in the development of a prospective, longitudinal study designed to overcome these issues. It examines the challenges associated with adopting longitudinal research designs in cancer patient populations namely; attrition, response shift bias, selection of data collection tools and data analysis issues, manipulating large volumes of data and selection of data collection tools and time points. The lessons learned through the pilot phase of the study will be examined and the refinements to the design outlined.

64 POSTER

Chronic breast/chest wall pain following treatment for breast cancer – A research nurse led study

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The role of the research nurse should be multi-facted. In addition to my primary role as Clinical Trials Nurse in the oncology unit, I have examined the prevalence of breast and/or chest wall pain in patients following treatment for breast cancer. 183 patients were assessed by structured interview about the presence of chronic pain during their routine follow-up assessments. The prevalence of pain in all patients was 47/183 (26%). Following surgery alone chronic pain was present in 10/66 (15%). Radiotherapy and combined chemo-radiotherapy increased the prevalence to 37/113 (32%), and 12/29 (41%) respectively. The majority of pain was mild and acceptable, but out of six 1–10 scales of severity 18 (10%) scored >/=4 and 7 patients (4%) scored >/= to 7 on at least one scale. A more explicit analysis of the morbidity of treatment will improve the rational choice of appropriate treatment and the research nurse is ideally suited to monitor such morbidity in the outpatient clinic.

65 POSTER

Provision of information concerning gynaecological cancer and sexuality: The patient's perspective

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Purpose: To determine the feasibility of using a newly developed Nursing Intervention (NI) and associated guidelines for providing support and information concerning effects of cancer on sexuality

Methods: The NI was provided six weeks after hospitalization and treatment for gynaecological cancer. Within 10 days of the NI, structured interviews were held with 11 women (plus five partners) who received information and seven nurses who provided it. Transcripts were analyzed to determine if changes were needed in the guidelines and to explore meaning and value ascribed to the NI.

Results: The NI was acceptable to and valued by patients because: 1) it took place within an already established relationship; 2) it began with a discussion of the cancer illness-recovery experience; 3) it contained information that helped prepare for not yet encountered sexual situations; and 4) it included support and guidance concerning already encountered emotionally laden situations.

Conclusions: The specific activities associated with the NI were scrutinized and problematic actions were modified or filtered out of the guidelines. Interviews and interpretative analysis facilitated this process. Especially when a NI consists of multiple actions, those that are useable in practice and acceptable to patients need to be identified before testing for effect. The results from this empirical study indicate that the NI is now ready to be tested for effect and it can be implemented with ongoing evaluation in practice.

66 POSTER

Assessing chemotherapy side effects – A critical review of symptom assessment tools

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This project aims to critically review tools that are currently available for the assessment of symptoms experienced by cancer patients, and specifically to consider their suitability for use in the routine clinical assessment of patients' experiences of side-effects relating to chemotherapy treatment.

It is essential for patients' quality of life and compliance with treatment that the side-effects of chemotherapy regimes are managed effectively. Detailed and specific knowledge of patients' experiences is vital to effective side-effects management. Whilst nursing staff may argue that they assess patients during chemotherapy administration it is not standard practice to systematically assess side-effects. Research suggests that the systematic assessment of symptoms is associated with reduced symptom distress over time.

Tools for inclusion have been identified through searches of the following databases: Medline, Cumulative Index for Nursing and Allied Health Literature, Cochrane Library, British Nursing Index. Tools that are designed to, or include a component that is designed to, assess one or more symptoms that may be experienced by chemotherapy patients are included in the review. Tools are reviewed in relation to the following areas: the authors intended use of the tool, the domains/items assessed, the elements of the symptom assessed (such as frequency/severity/distress), rating scales used, psychometric properties of the tool, and literature on the application of the tool. This review will identify validated tools which are suitable for use in the routine clinical assessment of patients' experiences of side-effects relating to their chemotherapy treatment.

67 POSTER

A practical screening form for the nutritional status of hospitalized patients

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Purpose: On admission to hospital 30 to 50% of cancer patients either are or become malnourished. Malnourishment is associated with increased complications and a prolonged length of stay. One of the goals of oncology nursing is prevention, the nurses' role is to ensure that patients have a sufficient food intake. To achieve this goal a nutritional assessment should be used.

Methods: We developed a Nutritional Screening Form (NSF) based on five items: weight loss, clinical impression, appetite, ability to eat and stress factors. In the first phase, the NSF was filled in by nurses, dieticians and clinicians for 69 patients to establish the extent to which the individuals and the three different professional groups as a whole concurred, calculated with Kappa. The NSF was tested in practice by nurses on five different wards. Based on the results, the NSF was modified and in the second phase the extent of concurrence was again established, and again tested on the wards.

Results: The degree of individual concurrence was reasonable to good. The same applied to the concurrence between nursing staff and dieticians, the concurrence between nursing staff and clinicians was less. In total 200 (first phase) and 114 (second phase) patients were screened on the wards by nursing staff, of whom 46 and 23 patients were referred to a dietician. We found 18% of the patients were potentially at risk, or were in fact malnourished.

Conclusion: We conclude that the consistency of the NSF is quite well. The NSF is easy for nurses to use and it seems possible to detect patients at risk on malnourishment.

68 POSTER

What are the 'needs' of cancer patients and their main carers?

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In this paper we will explore the needs of cancer patients and their main carers. The concept of need is one which is rarely well defined or exemplified in the literature. We will therefore be questioning what exactly is meant by 'need' in the context of cancer care and support.

Our evidence comes from an NHS funded three year research project which is nearing completion in the North West of the UK. The study is using a combined questionnaire and interview methodology in order to obtain comprehensive data from patients, main carers and health professionals. Our lay sample comprises people with breast, lung, colorectal or lymphoma cancers. In addition we have been administering the questionnaire and conducting interviews at four different phases of the cancer journey.

In order to explore and exemplify the needs of cancer patients and their main carets we will be drawing on our qualitative interview data. We will explore the ways patients and carers talk about their needs, and reflect on the ways in which we interpret their words in our analysis of the concept of need. It will be suggested that a reflexive strategy toward analysis will not only provide illustrative examples of needs, but will also offer a means by which 'need' in cancer care may be explored more holistically and comprehensively.

69 POSTER

Antiemetic therapy in colon cancer patients

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Purpose: Nausea and vomiting (N/V) are the most troublesome side effects of antineoplastic chemotherapy, and also patients who undergo adjuvant therapy may suffer from those toxicities. Because the occurrence of moderate-to-severe N/V may be responsible for the discontinuation of the therapy, it is relevant to control these side effects by the administration of the appropriate antiemetic drugs.

Methods: It was investigated the effectiveness of antiemetic therapy on the occurrence of acute and delayed N/V in a population of 105 chemotherapy-naive colon cancer patients who underwent a 5-fluorouracil-based adjuvant therapy.

Results: Delayed N/V occurred in 55 patients (52.4%), and in 7 out of them (6.7%) a WHO grade 2 was reported. However, as judged by patients, N/V were well manageable with the antiemetic therapy (metoclopramide) which was prescribed as requested. It is interesting to note that 16 patients (15.2%) required antiemetic prophylaxis (alizapride and metoclopramide) before the first and the following cycles of chemotherapy, but 3 of them needed alizapride plus desametasone or granisetron due to the severity of acute symptoms.

Conclusion: The prophylactic use of antiemetic drugs may drastically reduce the discomfort due to early treatment-induced N/V, in order to ameliorate the quality of life in cancer patients.

70 POSTER

Prevention of vaginal agglutination by women treated with radiotherapy for cervical cancer

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Background: A large number of women get agglutination of the vaginal mucosa after radiotherapy. This results in the vaginal walls paste to each other. This is a contributory factor to sexual dysfunction.

Aim: To investigate how the use of dispence aid appliances can decrease the number of women with vaginal agglutination.

Design: Dispenced sponge bag with aid appliances in the form of a dilatator and exploration lotion together with a verbal as well as a written patient information. The women will be followed for six months, one year, and 2 years after completing the radiotherapy.

Results: Preliminary results will be presented at the ECCO conference.

71 POSTER

IntraDose™ (cisplatin/epinephrine) injectable gel for treatment of neoplasms involving the liver: Implications for nursing practice

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IntraDose™ Injectable Gel is a new chemotherapeutic agent under evaluation in Germany, U.K., France, USA, and Hong Kong for safety and efficacy in Phase II trials for treatment of neoplasms involving the liver. The biodegradable gel is composed of cisplatin (CDDP, 4 mg/ml) and epinephrine (epi, 0.1 mg/ml 1:[10,000]) in a purified bovine collagen as a carrier matrix. The delivery system provides enhanced retention and high tumor drug concentrations for extended periods. Our center is participating in a Phase II trial with IntraDose to treat patients with liver metastases from colorectal cancer. Up to 10 ml CDDP/epi gel is administered intratumorally using percutaneous injection with ultrasound or CT guidance; 4 treatments are given within 6 weeks. CT scans are taken pretreatment and 2 weeks after the end of treatment and beyond to image tumor necrosis and tumor shrinkage.

The use of this new agent provides some important organizational and patient management considerations for oncology nurses. Because the drug must be administered within 2 hours of preparation, careful coordination between the treating physician, nurses, and the pharmacist is essential. Patients require close observation, frequent checks of their vital signs, and ample emotional support because some patients experience an "epinephrine rush" (heart palpitations, hot flashes) that can be unsettling. The poster will present an overview of this new therapeutic drug and the ongoing trials in neoplasms involving the liver. Considerations for the nursing team: drug administration issues, management of procedure-related and/or systemic adverse reactions, posttreatment follow-up, and appropriate patient information regarding this new intratumoral chemotherapy.

72 POSTER

The comparative efficacy of counselling & complementary therapy on the minimisation of psychological morbidity in a population of cancer patients

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Research in progress which is currently exploring outcomes of counselling, relaxation and reflexology as practiced in community based cancer daycare setting is presented. Patients requiring psychosocial support are allocated to one of the three treatment groups via partial randomisation. Partial randomisation generates two parallel samples and sometimes leads to the nomenclature Œpreference study. Benefits of this kind of study centre around giving patient's choice and also enabling the examination of the effects of randomisation and choice on outcome. More specifically this prospective study aims to investigate the comparative efficacy of counselling, relaxation and reflexology in a heterogeneous population of cancer patients in an attempt to ascertain what works for whom in terms of psychosocial intervention. Subjects undergo 6 sessions of therapy and attend a three month follow-up interview. Pre and post measures are taken using the EORTC QoL C30 and HADS and the patient is asked to comment on the effects of each session and the programme overall on a hand-held record card. Controls are drawn from patients on a waiting list. Outcome comparisons will be made between treatment groups and also across specific patient variables with a particular focus on Self-Efficacy using the (SICPA) and Locus of Control (MHLC Scale) to see how these, interact with, and influence outcome. Observations at patient level indicate the these therapies all play a role in the minimisation of psychological morbidity in cancer patients but it is also suggested that certain individuals fare much better than others and so the question what works for whom is also addressed in this study.

This paper is a discussion document which is introducing research in progress rather than presenting data* or making recommendations. The challenges of developing a methodology that can satisfy the demands of diverse professional groups, that can capture patient experience, appeal to the funding body and gain ethical approval across three NHS research and ethics committees are discussed.

*Preliminary data will be available in Sept 99 and incorporated into the paper Funded & Supported by a Studentship Award from NHS Executive North West R&D Directorate October 1997–October 2000

73 POSTER

Hospice at home: Baseline study: An evaluation of palliative admissions in north Glasgow

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Purpose: To establish baseline data, relating to QOL, outcomes of care, patient and carer satisfaction and service costs, from a control group of cancer patients. This will be used for comparison purposes during the evaluation of the Hospice at Home (H@H) project. H@H is a multi-professional,