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

M. Hupkes. *Hershey Medical Center, Hershey, PA, United States*

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, multi-agency, 2 year pilot priject providing specialist palliative care for advanced cancer patients in their own homes, who would otherwise require admission to hospital or hospice for either medical, nursing or social crisis. The area served encompasses a range of socio-economic groups.

Methods: This is a prospective study using both quantitative and qualitative methods, using both validated (ESAS, POS) and newly designed assessment tools. Eligible patients, admitted to the designated hospital or hospice are recruited to the control group following permission from their GP and consultant.

Results: Data collection will be completed and presented at conference.

Conclusion: The analysed data will give greater validity to the evaluation of H@H. It may also provide valuable information influencing the development of palliative care services within Glasgow if generalised to other geographical areas. Our results will be of interest to all involved in cancer/palliative care.

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74 POSTER

Patient's diary (PD) is the guarantee of quality and safety of clinical trial with CAMPTO

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Purpose: To demonstrate the importance of using the PD during clinical study of new anticancer drug CAMPTO.

Methods: Patients often estimate very approximately the side effects. This fact doesn't allow the physicians to properly evaluate the severity of complication and make it difficult the correct choice of symptomatic therapy. In using CAMPTO it is necessary to attract patients attention to efficient registration of all appearing undesirable symptoms, to inform physician about it in proper time and to perform all recommended actions. Taking into account possible complications and approximately date of their elaboration with the aim to make collaboration between doctors, nurses and patients easier. The PD was implemented in CRC RAMS in Chemotherapy Department. It contains information about: side symptoms, date of appearance, number of episodes, duration of complication, concomitant treatment. The PD maintains some supplements: physician's recommendations on drug treatment of side effects and supportive therapy subject to date of appearance and duration of complication, phone numbers to contact with nurses, physicians and investigators. Patients enrolled in the trial CAMPTO study used the PD. One of the patient didn't use PD during first cycle of treatment, and couldn't evaluate his status properly. In that case toxicity was higher, as well as the cost of supportive care.

Conclusion: Elaboration and usage of PD for trial CAMPTO allow to raise the quality of investigation, the safety of patients life and to decrease treatment costs.

75 POSTER

Development and evaluation of information materials for non-English speaking patients

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Communication about disease, treatments and living with cancer is essential for patients to enable understanding, establish congruence of aims and hopefully reduce distress. This presentation will describe one project aimed at developing simple factsheets which were culturally sensitive to different populations. The process of preparing materials in collaboration with health professionals and representatives of the relevant communities will be outlined. It is hoped to present preliminary data from the evaluation together with any other significant findings.

76 POSTER

Staff knowledge and attitudes towards cancer pain management on general surgical wards: Identifying educational needs

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Despite advances in cancer pain management, it is estimated that between 1/3 and Π of patients with cancer needlessly experience moderate to severe pain (Grond et al 1993, McCaffrey and Ferrell 1997). Over half the patient population within most general surgical wards has cancer, yet the majority of staff within these units have no specialist training in cancer or palliative care. Resulting deficiencies in knowledge or inappropriate attitudes in relation to cancer pain may partially explain why pain management is still such a widespread problem.

One of the main aims of the Hospital Palliative Care Team Despite advances in cancer pain management, it is estimated that between 1/3 and Π of patients with cancer needlessly experience moderate to severe pain (Grond et al 1993, McCaffrey and Ferrell 1997). Over half the patient population within most general surgical wards has cancer, yet the majority of staff within these units have no specialist training in cancer or palliative care. Resulting deficiencies in knowledge or inappropriate attitudes in relation to cancer pain may partially explain why pain management is still such a widespread problem. One of the main aims of the Hospital Palliative Care Team (HPCT) is the dissemination of the principles of palliative care, through education to nursing and medical staff on general wards.

During the first few months of the HPCT's work at a large teaching hospital in Scotland, the knowledge and attitudes of 100 qualified nurses and 30 doctors from junior house officer to consultant level, were assessed using a questionnaire developed for the Minnesota Cancer Pain project (Elliott et al 1995).

Responses confirm that few qualified nurses and doctors on surgical wards have been given specialist training and education in the management of cancer pain. The results of the baseline survey will be presented here, demonstrating differences between groups of staff and common misapprehensions about the use of opiates in particular.

We plan to reassess the knowledge and attitudes of the same group of staff after one year, following the implementation of a training and education programme directed at improving staff understanding of cancer pain management. This study demonstrates the current knowledge and attitudes of general staff towards cancer pain management, and illustrates a useful method of assessing needs for cancer and palliative care education in relation to this important but still poorly managed symptom.