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POSTER

A comparison of the neurological toxicities of cisplatin-paclitaxel (PT) and cisplatin-cyclophosphamide (PC)

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PT is known to be neurotoxic initially but there is little data on toxicity after completion of treatment. The objective of this study is to assess both the acute and delayed toxicities in PT.

Methods: This study was based on data prior to disease-progression on 160 Canadian patients from an international trial (Proc. ASCO 17.361a #1394). Standard NCIC CTG Common Toxicity Criteria (tox) and patient self-administered QOL (qol) questionnaire (EORTC QLQ-C30 + 3) on sensory, motor, hearing and insomnia toxicities were compared during two periods: chemotherapy delivery (<9 cycles) [acute toxicity (A)] and from the end of chemotherapy to disease progression [delayed toxicity (D)]. The number of occasions when a particular toxicity was observed was taken as a surrogate measure of its duration. The average durations observed with PT were compared to PC.

Results: The incidence of mild insomnia (tox) in A was higher with PT (10.1 v 1.4, $p = 0.035$) and this is confirmed by insomnia (qol) (19.0 v 2.7, $p = 0.002$). There were no differences in D. Hearing (tox) showed no difference in A but, although over the whole of D the cumulative incidences did not quite differ significantly (7.0 v 18.9, $p = 0.055$), at the 3-month post-chemotherapy point PC was worse (2.8 v 17.0, $p = 0.009$) and the duration indicated that hearing (tox) lasts longer with PC (2.1 v 10.6, $p = 0.036$). Motor (tox) was not different between the two arms in either A or D but motor (qol) was worse with PT in A (44.3 v 6.9 $p < 0.001$) but not in D. Sensory (tox) was more common with PT in A (88.6 v 46.6 $p < 0.001$) and this was confirmed by sensory (qol) (79.8 v 34.3 $p < 0.001$). Also, the duration was longer with PT during A (52.4 v 17.5 $p < 0.001$) compatible with the earlier rise in incidence of sensory (tox). During D, only mild sensory (tox) remained different (85.9 v 58.5, $p = 0.0008$) and the duration was longer with PT (69.6 v 45.5, $p = 0.005$). Sensory (qol) showed no significant difference.

Conclusion: There is a greater incidence of mild insomnia, sensory toxicity of earlier onset and patient-reported motor toxicity with PT during A. In contrast, during D, only mild sensory toxicity with no difference being detectable by questionnaire, was more frequent and lasted longer in PT. Post-treatment impairment of hearing was probably worse with PC.

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Cold-cap – Keeps the head cold and help some women avoiding alopecia through chemotherapy treatment for ovarian cancer

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Purpose: We had noticed that loosing the hair through chemotherapy treatment was a hard struck to womens self-image. By using cold cap during chemotherapy treatment we hoped to find that alopecia would be reduced.

Method: In 1996/97 we had a little project with 26 patients reciving Taxol and Cisplatin/Doxorubicin treatment. We used photo and a questionnaire as documentation. The first patients had not cold enough cold-caps, but when we got the right temprature, we started to see effect.

Results: We had 6 patients with the right teperature, and none of them had to use the wig. One recived 12 coursas without any hairloss. Today cold-cap is used as an offer for women who wants to try to avoid alopecia.

Conclusion: Alopecia is a side effect to chemotherapy that does something with the women's self image. Using cold-cap through chemotherapy treatment will help some avoiding alopecia, and reduce the experience of having cancer.

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POSTER

Scalp cooling for chemotherapy induced alopecia: Devising and implementing a unified trust policy

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Scalp-cooling has become an increasingly effective method of preventing hair loss as a result of chemotherapy with specific cytotoxic agents. The

efficacy of scalp-cooling is demonstrated in a number of published studies, using a variety of scalp-cooling systems.

Purpose: Our aim was to devise a workable Trust policy which would enable an equitable service to both in- and out-patients who would benefit from the available scalp-cooling facilities.

Method: A literature review was conducted and other cancer centres were contacted by telephone to ascertain current practice. We also undertook a systematic review of current equipment and practices within the cancer centre that enabled us to devise a policy which could be utilised by all departments within the Trust in which cytotoxic agents are administered. Having purchased two systems with comparable efficacy ratings, a comprehensive teaching programme was initiated for all grades of nursing staff. Using the policy, staff were easily able to select the most appropriate system for their patients and use it competently. This review also assisted the forward planning for an equipment replacement programme.

Conclusion: in the light of current literature pertaining to chemotherapy induced alopecia and the increasingly encouraging results utilising scalp-cooling, a workable policy was devised in an attempt to unify current practice within a large hospital Trust across two sites. Implementation of the policy resulted in a radical change in clinical practice and all patients now have Suitable access to appropriate scalp-cooling facilities and competent nursing expertise.

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POSTER

Prevention of lymphoedema: A booklet for Greek women with breast cancer

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The development of lymphoedema following surgery and radiotherapy for breast cancer isn't an uncommon problem and may develop early or late.

Lymphoedema is a chronic condition which, if untreated, progressively becomes worse. For those affected however, it can mean pain and discomfort, reduce mobility, problems obtaining clothing and serves as a constant reminder of their disease (Benington, G., 1991).

Lymphoedema can't be physically cured, but it can be monitored treated and maintained to give the patient a relatively normal quality of life (Barret, J., 1977).

Prevention of cosmetic deformity, emotional distress, functional impairment, infection and discomfort are the goals (Otto S, 1997).

At Ag. Anargiri Oncology Hospital-Athens, a booklet have been developed by nurses. This booklet, lists, specific arm care precautions for all patients to prevent trauma and infection in the arm on the operative side.

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POSTER

Skin and nail disorders: One of the specific non-hematological side effects of docetaxel (taxotere)

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Skin and nail disorders are frequent and disturbing side-effects of Taxotere treatment.

These side-effects can often be prevented.

It is important to give the right information to the patient.

The role of the nurse is indispensable.

To be able to give the correct preventive advice she should be aware of:

- the characteristics, symptoms and timing of these different side-effects.
- the possible nursing measures.

- certain practical advices to be given to the patient at the start of the treatment (prevention and self-care).

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POSTER

Clinical experience of ketamine for intractable neuropathic cancer pain

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Purpose: To reflect on clinical experience of ketamine for neuropathic pain, when strong opioids and adjuvant therapies are not providing adequate pain relief. To analyse the efficacy, doses and side effect profile of subcutaneous us and oral ketamine. To address the incidence and management of side effects. To examine the usefulness of this pharmacological approach for treatment of neuropathic pain.