120 POSTER

Nursing responsibilities in clinical trials in the Istanbul University Oncology Institute and the implementation of education programmes

E. Topuz[1], A. Aydiner[1], Z. Durna[2]. [1]*Istanbul University Oncology Institute, Medical Oncology, Istanbul;* [2]*Istanbul University Florence Nightingale College of Nursing, Medical Nursing, Istanbul, Turkey*

Nurses can have an important role in patient awareness of advantages of clinical trials both for individuals in terms of improved care and for society through the advance merit of the understanding of cancer and its treatment.

The roles of nurses in a research setting are; staff nurse as a primary caregiver, clinical nurse specialist as a consultant, educator and advanced practitoner, and research nurse as a collaborator and liaison.

Considering the increasing importance of a nurse in a clinical trial, an education programme was developed. The education programme which was planned for doctorate students included: Introductions to clinical trials, instructions for patients, investigators and study personnel, collecting adverse events and adverse reaction data in clinical trials. In the end of this programme nursing responsibilities in clinical trials were discussed and determined as follow:

- Knowledge of preclinical information and rationale for basis of study
- Clinical expertise with assessment skills that promote recognition of side effects
- Patient education
- Assistance with ensuring informed consent
- Patient and staff advocacy
- Anticipation and documentation of treatment and disease effects
- Knowledge and aplication of ethical considerations
- Planning for implementation of research
- Education of staff about theory, rationale, and objectives of research
- Develop teaching materials spesific to protocol
- Collaboration with all health care resources
- Liaison between patient and physician, nurse and physician relationships and concerns
- Liaison to drug companies and Cancer Therapy Evaluation Program
- Collection of patient data, review of medical records.

In conclusion, it was decided that only the nurses who have master degree in medical nursing could participate in clinical trials as a research nurse. And the ongoing education programmes which were structured for master degree nurses have been planned and developed.

121 POSTER

Qualifying the palliative care at the Roskilde County Hospital – A quality development project

B.A. Esbensen, S. Andersen, J. Begelund, L. Johnsen, S.S. Ottesen. *Roskilde Country Hospital, Denmark*

Background: During the recent years Roskilde County Hospital have focused on the possibilities to improve quality of care for incurable patients. The Danish Ministry of Health granted financial support in the years 1998–1999 to carry out project to improve and quality palliative care.

Purpose: Two major purposes are identified: 1. To upgrade the professional qualifications of palliative care and treatment given to terminal patients. 2. To optimise the co-ordination between the hospital and the primary health sector.

Method: The project has three phases. *1st Phase:* The analysis phase (01.10.98–28.02.99). Different needs and wishes of staff at Roskilde County Hospital and the primary health sector were identified using questionnaires and focus interviews. *2nd Phase:* The action phase (01.03.99–01.09.99). Based on the analysis of phase one a number of activities are initiated to achieve the overall goals of the projects. *3rd Phase:* The evaluation and reporting phase (01.09.–13.09.99). The phase will consist not only of an analysis and documentation of the a activities of the project but also present recommendations for the future palliative care at the Roskilde County Hospital.

Results and Conclusion: The poster presentation will consist of (1) results from the studies in phase 2, (2) summary of recommendations to the future palliative care and (3) significant results from the project with specific attention to interdisciplinary activities.

122 POSTER

Venous central line management and complications in patients treated with high-dose chemotherapy and circulating hemopoietic progenitor support (PBPC)

S. Gini[1], E. Guarguaglini[1], L. Gambini[1], I. Buonamini[1], G. Fonti[2], F. Benanti[2], C. Bengala[1], L. Galli[1], A. Antonuzzo[1], P.F. Conte[1]. [1]*Division of Medical Oncology, Department of Oncology S. Chiara Hospital, Pisa;* [2]*Anestesiology Unit, Anestesiology Department, Pisa, Italy*

Purpose: Non totally implanted venous central line is an useful device in high-dose chemotherapy program and it is cheaper than totally implanted venous catheters.

Methods: From January Œ98 to February, 99, 28 patients (pts) entered into high-dose chemotherapy program. Twenty-two pts had solid tumors (18 metastatic breast cancer, 2 high risk breast cancer, 2 advanced ovarian cancer) and 6 with hematological malignancies (4 non Hodgkin lymphomas, 1 Hogdkin's disease, and 1 multiple myeloma). Median age was 45 yrs (range 34–60). A total of 34 blood cell transplant (BCT) procedures (20 single, 6 double, 3 triple) have been performed. In all pts a bilumen catheter 14G/14G (Arrow Int. Inc., Reading, PA,) was implanted using the Seldinger technique in the succlavian vein before PBPC mobilization. This procedure and the management was performed on an outpatient basis.

Results: In 19 pts (69%) the catheter has never been replaced with a median duration of 108 days (range, 30–180). In 9 pts (31%) the catheter has been replaced after a median of 75 days (range, 10–120). Clinical evidence of infection and thrombotic occlusion were the reasons of replacement in 4/9 pts (45%) and in 5/9 (55%) of pts, respectively. These complications were not observed in the 2 pts who underwent triple BCT and occurred only in 2/6 of pts who underwent a double BCT.

Conclusions: The complication rate observed in our experience indicate that non totally implanted catheters are safe and a careful management may contribute to reduce the costs of procedures mainly in pts treated with double and triple BCT.

123 POSTER

The communication of bad news – A Rotterdam perspective

C.A. Koorevaar, W.B. Neeleman, J. Rehorst, A. Stojanoski. *Department of Radiotherapy and Nucleair Medicine, University Hospital Rotterdam/Daniel den Hoed Cancer Center, Rotterdam, Netherlands*

Purpose: The implementation of a guideline for Doctors and Nurses with respect to the communication of bad news to outpatient and clinical patients.

Method: On average we have three or four patients per week for whom further treatment is of no value. By using a common approach by both doctors and nurses it is hoped to achieve a radical improvement in our approach to the introduction of palliative care.

Results: Before the patient is released for home care, or for transfer to another hospital or hospice an informative discussion takes place with the patient and his or her relatives.

Conclusion: The aim is to guarantee an optimal communication with the patient by implementing our guidelines.

124 POSTER

Safe handling of cytotoxic drugs in Slovenia

A. Bobnar, M. Velepič. *Institute of Oncology, Slovenia*

Purpose: Analytical investigation of the circumstances in Slovenian health care centers was made in order to denote the number of nurses handling cytotoxic drugs, the frequency of their involvements, their experience with safe handling, the use of safety materials and work conditions of exposed personnel.

Methods: From March to November 1966, we visited 16 health care institutions in Slovenia and interviewed 188 nurses who were continually or occasionally involved in handling cytotoxic drugs. The inquiry was anonymous and performed on volunteers only. The questionnaire was tested by a pilot study followed by descriptive statistics data processing.

Results: Of 188 nurses, 58% were involved in nursing patients on cytotoxic drugs, as well as preparing and administering these drugs, and 23% were in charge of nursing only; 16% administered more than 20 chemotherapies per week, whereas 62% administered up to 5 chemotherapies per week. They obtained most of their knowledge from their colleagues at work and technical literature. Some changes detected in nurses handling the cytotoxic drugs were personal observances (fatigue, headache). Only 5% of the interviewees had been medically examined before they started to work