

to find a method of birth control but with little or no advice being given by qualified staff, and with little written information to help.

There is a need to increase awareness of the importance of contraception for patients receiving chemotherapy, amongst staff involved in their care. This may be aided by producing written guidelines for advising and prescribing contraception for patients receiving cytotoxic agents.

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POSTER

### Oncologic nursing evaluation at the Galician community

E. Davila, F. Diaz. *Oncology nurses, Hospital Meixoeiro, Vigo, Spain*

**Purpose:** for having a real coordination between all the nursing oncology units, we need an uniform, feasible, integral, global and personnel nursing documentation. That is why we started some workshops to define this nursing evaluation. We present our initial document.

**Material and Methods:** Before starting we had to define which kind of items we had to include in a consensous triptic document. At the front page were included personal datas, and at subsequents: initial evaluation, OMS toxicities, oncologic vigilance index, final evaluation and at the final page, the documents index. Also we included specific registraments for ache and palliative cares.

**Results:** as final result we elaborated the Oncologic Nursing Valoration and we started to apply it. We are waiting for the first intermediate evaluation.

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POSTER

### Zoledronate, a new 3<sup>rd</sup> generation bisphosphonate: Implications for nursing practice

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**Purpose:** To give an overview of the nursing issues related to the use of Zoledronate.

**Discussion:** Zoledronate is a new potent 3<sup>rd</sup> generation bisphosphonate, about 500X more potent than Pamidronate. The primary mechanism of action appears to be osteoclastic inhibition. The mechanism of action in osteoblastic disease is unknown at this time. The drug is administered as a 5 minute IV infusion every 3-4 weeks. 280 patients (172 breast cancer and 108 multiple myeloma) were treated in the Phase II trial of this agent. Phase III studies comparing doses of 4 mg and 8 mg of Zoledronate with 90 mg of Pamidronate are currently in progress. Zoledronate is being evaluated for the prevention of skeletal complications of osteolytic and osteoblastic disease and for hypercalcemia of malignancy.

Analysis of the preliminary data revealed an at least equal efficacy with Pamidronate and a favorable safety profile (skeletal pain, low-grade fever and mild flu-like symptoms for 24-48 hours, following infusion were the most frequently reported events). The 5 minute infusion time is a significant advantage compared to 2-4 hour Pamidronate infusions. Less nursing time, less utilization of office space, and less time spent at the clinic for the patient are important with today's emphasis on pharmaco-economics and quality-of-life. This poster will give an overview of this therapeutic drug and the on going clinical trials and will discuss administration issues, compatibility, side effects and symptom management. Finally the importance of patient education will be highlighted as it relates to this new agent.

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POSTER

### Family rooms at hospitals – Combining the advantages of the hospice and the facilities of the public hospital

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This project has been initiated at the Roskilde County Hospital with the aim to give the family the opportunity to be together in a family room, when the cancer patient wishes to die at the hospital. The project arises from the difficulty of integrating the needs of the distressed family with the typical frames of the hospital environment. Initially, the focus has been on families with smaller children. The dying parent patient has a need to be close to the children while these often get restless and make disturbance to other patients. This brings the healthy parent in a frustrating dilemma where he/she is forced to choose between being next to the dying patient or to leave the hospital with the children. The possibilities for the family to be together during the terminal expiration will thereby be reduced. This will further cause negative consequences for the family to work up the grief after the patient has deceased.

Inspired by study visits at the Sct. Lucas Hospice (Copenhagen) it was decided to develop a new concept at the Roskilde County Hospital. The nursing care in this concept is thought to combine the basic idea of the hospice with the frames of the public hospital. The project implies separate family rooms where the terminal cancer patient and the patient relatives has the opportunity to be together under more family-like conditions. Nursing care results from the new concept will be presented and discussed along with possible suggestions for further improvements.

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POSTER

### Management of the outpatient clinic in a breast cancer unit

G. Rubio, B. Rossetti, P. Bernasconi. *Department of Surgery, Breast Unit, European Institute of Oncology Milan, Italy*

**Introduction:** Because of the large number of patients treated in our division, a correct nurse planning of the hospitalization is mandatory. A general evaluation of the physical and pathological conditions of the patients and the schedule of diagnostic texts are necessary before the admission of the patient.

**Methods:** The outpatient clinic is independently run by a senior nurse of the division that is able to manage the patient work-up on the basis of the breast disease, surgical indications, preoperative exams and staging (telephone contact, exams schedule, specialist evaluations, patient's family meeting, critical analysis of the exams, discussion with medical and nurse staff, etc.).

**Results:** From April '98 to March '99, 2136 patients were admitted in our division for breast surgery. Four hundred and fifty-five patients out of 2136 (23%) underwent a complete work-up in the outpatient clinic. All the preoperative evaluations were done in a single day.

**Conclusion:** A preventive nurse evaluation of the patients allowed the optimization of the admissions and diagnostic texts, decreasing the time of the hospitalization, and the total cost of the hospital stay. This approach is also able to reduce the psychological stress of the patient.

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POSTER

### A multi-disciplinary 'outcome' round to decrease stress and burnout among Bone Marrow Transplant nurses and to promote discussion and education; one year on

M. Stephens. *Royal Marsden Hospital, Haemato-Oncology, London, United Kingdom*

Patients undergoing Bone Marrow Transplant can be the most critical group of patients after Intensive Care. Extraordinary clinical events that have the potential to cause unusually strong emotional reactions (Burns C, Harm N 1993), such as arrest or sudden haemorrhage can leave nurses vulnerable, upset and traumatised.

Further to undertaking a survey to ascertain how BMT nurses at a single centre dealt with stress after a critical incident, a multi-disciplinary 'outcome round' was established as a forum for discussion and debriefing, discussing clinical and ethical management of recently deceased patients and examining practice in each case. One year after its initiation a survey was undertaken to assess the effect on staff stress and satisfaction on a multi-disciplinary level.

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POSTER

### Increased willingness for organ donation in cancer patients

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**Purpose:** New approaches to improve public relations were investigated by the MLU-study group "organ donation".

**Methods:** We had to develop a patients questionnaire for optimization of nursing and quality management. The 18 question among other things read as follows: "Would You agree to organ donation to help other people?" The patients could choose from 5 suggestions. Among other gynaecological patients 50 cancer patients were questioned.

**Results:** Together with other interesting results we registered a prompt willingness for organ donation in 28% of cancer patients. This readiness of unfortunately for donation unfit patients is as 5 times higher as in overall germany average (5%).

**Conclusion:** Lack of donated organs represents a world-wide problem. Our results suggest a new approach to enhance donation willingness. We

consider inclusion of high willingness of cancer patients into public relations of MLU-study group "organ donation". Thinkable is co-operation with cancer self-help groups.

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POSTER

### The role of the research sister in MRI/oncology

N. Price. *St George's Hospital Medical School, London, United Kingdom*

MRS (magnetic resonance spectroscopy) is one of only two methods that allows non-invasive pharmacokinetics i.e. measurement of cytotoxic drugs and chemicals in diseased tissue without taking samples. It is also of great interest for monitoring the progress of disease and response to treatment. The departments of Biochemistry, Medical Oncology and the (MR) Magnetic Resonance Unit at St George's Hospital and the Medical School currently collaborate on several projects. The departments have a wide range of clinical and scientific expertise and these skills are used in applications of the MR technique to cancer. The role of the Research Sister is unique as one plays the pivotal role of support nurse to the oncology patient as well as being the treatment nurse. The Research Sister is the only clinician amongst the scientists, being the vital link between science and medicine.

The CRC have funded a position for a Research Sister (RS). The person must be experienced in Oncology and Research. It is the RS's responsibility to liaise with Research Fellows and other staff in the departments, identify and recruit appropriate patients, give chemotherapy and to work within Good Clinical Practice and Local Research Ethics Committee standards and guidelines. It is also the RS's responsibility to provide appropriate care and management of patients undergoing MR scans and to educate patients and other members of the health care team about current trials. The RS is also responsible for maintaining patient records and the monitoring of the physiological and psychological well being of the patient.

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POSTER

### A new approach for nurses new to oncology nursing

Ann Burton, Gary Witham. *Ward 10, Christie Hospital NHS Trust, Manchester, United Kingdom*

**Purpose:** This poster will look at the effectiveness of a rotational programme for nurses new to the speciality of oncology. The Calman report (1995) acknowledges the need for training when working in that field of oncology.

**Methods:** A descriptive study of how nurses employed following a recent recruitment day have been placed on a rotational programme. On this programme they are spending four months working in each of the specialised areas in oncology, i.e. surgery, radiotherapy, and chemotherapy. The nurses attend formal sessions organised by the hospital Support/Training Nurse. On the wards they are undergoing a training programme in that field of nursing. Knowledge of cancer care influences and supports the post registration nurse (S. Wilkinson 1997). While on the Surgical Unit they have the option of working in the surgical theatres for a month.

**Results:** At the present the programme is ongoing. The staff recruited have been agreeable to participating in this programme.

**Conclusion:** By the end of the programme it is anticipated that the nurses will have a better insight into the different areas of nursing within oncology, possibly areas they would not have thought of working in. All participants have been guaranteed a job in the area of their choice on completion of the programme. Hopefully this will assist in retaining staff.

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POSTER

### Harvesting of peripheral blood stem cells using venesection and subsequent reinfusion of whole blood

Jackie Hodgetts, Lynn Lomax. *Department of medical oncology, Christie Hospital, Manchester, United Kingdom*

In recent years peripheral blood stem cells (PBSC) harvested by leucopheresis have been used extensively in order to intensify chemotherapy treatments, with the aim of achieving improved median and overall survival figures.

Leucopheresis, however, is an expensive, time consuming procedure, which can often be traumatic for patients and is not without risks. This is particularly relevant when sequential harvests are necessary between several courses of chemotherapy.

At the Christie Hospital we have developed a method of collecting PBSC in whole blood using venesection and subsequent reinfusion of this whole blood.

This poster aims to provide an overview of PBSC harvesting using venesection. Explaining the rationale and methods used, in order to ensure safe venesection and subsequent autotransfusion of whole blood.

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POSTER

### Handbook for administration of cytostatic agents in order to obtain uniformity in dealing with these

E. Nielsen. *Odense University Hospital, Dept. of Oncology, Odense, Denmark*

**Background:** In our department it is the nurses who give chemotherapy to the patients. At one stage, we got so many new staff members that we found it difficult to find enough time and resources for training and follow-up. Often there were only 1-2 experienced nurses for both patient care, chemotherapy treatment, and training of the new staff members. It resulted in 1) the patients feeling uncomfortable because the treatment was given in different ways, 2) the new staff members feeling uncomfortable having to give the treatment as we give many different kinds of treatment and every treatment is given in accordance with a specific "recipe", and 3) experienced nurses became frustrated having to deal with so many tasks.

**Idea:** When we have to give chemotherapy, it is important to know exactly what we do and when. By talking to both new and old members of the staff, I discovered a need for written guidelines concerning the chemotherapeutic regimens.

**Elaboration:** For every different chemotherapy treatment I have made a handbook covering issues like how to give the treatment, subsidiary materials etc.

**Plan:** In the medicine room there is a copy of the handbook, so it can be used as a work of reference. It is, however, not replacing training and follow-up, but serves as an assisting tool/working tool.

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POSTER

### Application of educational programme "To Learn How to Live with Cancer" in patients with breast cancer for psychosocial adaptation

Lj. Milović, S. Nikolić, A. Djurdjević. *Institut za onkologiju i radiologiju Srbije, Belgrade, Yugoslavia*

**Purpose:** One of the most significant factors for good adaptation of breast cancer patients in informing, beginning with telling them their diagnoses, explaining possible methods of treatment, therapeutic side effect and also education of members of their families from the very beginning of the treatment. If the breast cancer patients are well informed about their disease and have emotional support, the patients and their families are able to cope with the situation they are in. Education of the patients and their families according to European Programme "To Learn How to Live with Cancer" (which is in charge of Grahn G) is a concept and way of thinking in many oncology institutions throughout the Europe. national Cancer Institute in Belgrade has accepted this Programme and modified it for its conditions. The Programme has been started in October this year and the results will be obtained in 1999.

**Aim:** To investigate importance of supportive education through congenitively-behavioural and experimental approaches in order to reduce anxiety, depressiveness, provide social support, cope with the disease, fulfill individual needs and improve quality of life.

**Conclusion:** We expect that individual assessment of effect of education will place in the first plan social support by the members of the family and a member of the group. Results of our investigation will be presented in London upon completion of the programme in 1999.

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POSTER

### Clinical paths: To increase the quality of nursing in a haematologic center

L. Van Asch, L. Gelissen, C. Van Clapdorp, R. Casteels, J. Daniels, P. Zacheé. *Département de haematologie A.Z. Sturvenberg, Antwerpen, Belgium*

**Purpose:** The workload can be very heavy in a département of haematology. With the development of clinical paths, we will try to ameliorate our efficiency and efficacy.

**Methods:** We developed four clinical paths: VIM, DHAP and two for peripheral stem cell transplantation. On the level of the département are in forced same conditions. It is important that the nurse who makes the