The psychological burden as a consequence of the disease and the minimal objectivity of the oral information given could be responsible for problems.

Therfore we have developed a written information system for the side-effects of chemotherapy. This system is mend to be as a support of the oral information given. The patient can read this information again on a later moment in time for instance in the homesituation. Other persons such as the general practitioner can also read this information if there are problems with the patient.

The system contains the following items:

* a general information page to explain the purpose of the information given and explains the purpose of the questionnaire.

* 14 pages contains specific information on side-effects of the chemotherapy and also guidelines how to handle these side-effects and when you must contact your physician. You can pick the specific pages for each patient with different treatments.

* the questionnaire contains a list of questions about the contents, value and benifit of the information given to the patient and their family.

With the results of the questionnaires we want to prove the value of this information system and hopefully raise the quality of information to a higher level.

We have started this program (N = 60) in December 1998 and it will end medio 1999. the first results were very promissing and we will give the final results and recommendations on the conference in September at ECCO 10

13 POSTER

The 'Chemo-Quiz', a creative way to learn

W. de Ruijter[1], C.M. Eeltink[2]. [1] *Netherlands Cancer Institute/Antoni van Leeuwenhoek hospital, Amsterdam;* [2] *Comprehensive Cancer Centre Amsterdam, Amsterdam, Netherlands*

Knowledge about chemotherapy is essential for nurses caring for patients undergoing this treatment option. The Comprehensive Cancer Centre's nursing network has developed a chemo-quiz to supplement the existing teaching methods. The purpose of this quiz is to educate nurses in a creative manner. It has been developed particularly for new oncology nurses who are just beginning their certification program.

The quiz consists of 174 questions and answers. On one side of the card there is a question and on the other side the corresponding answer. The questions address the following categories:

– general oncology
– clinical research
– common side effects of chemotherapy
– drug specific side effects
– safely handling of chemotherapy
– nursing considerations

The questions are derived from practical experience and the existing literature. A panel of experts has verified the content of the questions and answers.

During the presentation attention will be given to the content and structure of the quiz. In addition, our first experiences with this new teaching method will be evaluated.

14 POSTER

"Plastic surgery over-then what?" The development of a network to help patients cope with altered body image and self concept following surgery

Ann Burton, Tracey Cunningham, Theresa Plaiter. *Christie Hospital NHS Trust, Manchester, United Kingdom*

Purpose: To form a patient Network to assist in the coping methods and to offer support following disfiguring plastic surgery for malignant conditions such as melanomas and squamous cell carcinomas. It has been found that some patients have difficulties in coming to terms with their altered body image. This investigation highlights issues such as sexuality, body image and salt esteem.

Methods: In the light of literature end following statements from patients, any patients having disfiguring surgery are invited to loin the patient network. The main target is to develop a useful questionnaire. The patients are offered a referal to the Group of Psychological Medicine and the advice of a camouflage make-up specialist if appropriate.

Results: The effect of and response to this Network will be presented at ECCO 10 in September 1999. If it is found necessary, a longitudinal study may be done to gain further insight into this area of support and coping methods for a disfiguring treatment.

Conclusion: The conclusion will also be presented at ECCO 10 of the degree of support this Network provides.

15 POSTER

Trained professionals as a resourse in canser care and treatment. A co-operative model for professional development and continuity in the public health system

E. Kolsvik[1]. [1] *Norwegian Canser Society, Namsos, Norway*

Norwegian Canser Society has developed a model that promotes co-operation between the institutional and community health services in the districts of Mid-Norway. The main objective is to improve the continuity in the canser care and treatment that is given to patients and their families. The model focuses upon the following:

Establishing a net of trained health care professionals, doctors and nurses, from the institutional and community health services as a resource in canser care. It is vital to establish arenas for professional development where purposeful exchangement of knowledge and experience are central matters.

Co-operation meetings and courses are therefore to be held systematically for those professionals (courses based on the metod of problem based learning).

An information folder listing all these professionals in the district of Mid-Norway is avaliable both in hospitals and in the community health servises. The health care professionals in the community health services also have a one day visit with the Regional canser clinic ‰in the patient footsteps‰ as a part of the programme. The modell has a teoretical bases in sosial network and a basis in public reports in canser care and treatment. We have experienced that structrured collaboration contributes to bridge the gap between the intitutional and the community helath servises.

In one year this new collaboration model will be evaluated. The modell demands that someone take responsibility for the progress. It is therefore important that Norwegian Canser Society is a catalyst in this work until the model is established in the public health system.

16 POSTER

Community palliative care needs assessment

E. Garland. *Marie Curie Cancer Care Nursing, Belgrade Square 28, London SW1X8QG, United Kingdom*

The purpose of the study is to develop a needs assessment model for use in the community. Based on services in the UK, the principles, even if not the detail, should be of interest elsewhere.

Palliative care has its roots in the voluntary sector and has therefore developed on a fairly ad hoc basis. Palliative care is also beginning to be recognised as part of mainstream healthcare and as such needs to fit into the general healthcare planning models.

The palliative care phase of cancer patients is perhaps more predictable than for patients with other diseases. Nevertheless, palliative care is about the subjective quality of life of the individual, and therefore difficult to plan for on a larger scale.

This paper explores healthcare planning in general terms and describes a model which builds on needs assessment for identification of beds. It translates these into needs in the community from two perspectives: one based on a range of service provisions, and one based on problems from the patient and carers' perspective.

17 POSTER

Backbone for research nurses within the new drug development team: Improving efficiency and communication

A.W. van Wijk. *New Drug Development Office, Amsterdam, Netherlands*

Once a new anticancer compound has completed preclinical testing successfully, the next step in the research process may be testing the compound in man. The Sponsor who requires testing of the new compound in the clinical setting generally delegates the performance and management of clinical trials to an independent organisation, taking care of all aspects in supporting and instructing all parties involved for a correct and efficient trial execution at study site(s).

The research nurse in the institute is the responsible person for direct patient care such as: drug administration, check up of vital signs, reporting toxicity, organising pharmacokinetics and follow up. The New Drug Development Office (NDDO) in Amsterdam, responsible for the execution of clinical trials has recognised the need for the function of Co-ordinating Research Nurse (CRN) in their team in order to assist and give the necessary support to research nurses in participating institutes, being essential members of the research team.

The main goals of the function of CRN are:

- to judge the medical protocol at an early stage on practical and nursing aspects;
- to support and assist research nurses in participating institutes with the introduction of the trial in the clinic;
- to be attainable for questions and obscurities of nursing issues before and during the trial;
- to provide nursing information and nursing guidelines for the specific trial under investigation.

In practice this means that not only investigators and datamanagers in the participating institute, but also the research nurse receives information as well as nursing guidelines prepared by the CRN – for correct trial performance according to Good Clinical Practice. These nursing guidelines imply for example: nursing protocols, toxicity checklists, patient diary cards, pharmacokinetic sampling instructions and whatever more is necessary for a specific study.

Over the last years the function of CRN at the NDDO has proven to be quite successful. Contacts with research nurses in cancer institutes and university hospitals in Europe and Israel have increased 6-fold (op to 90) and are still ongoing.

With this presentation I would like to demonstrate the importance and in detail the responsibilities of a Co-ordinating Research Nurse and its implications on research nursing at the study site.

18 POSTER

Regular counselling by an oncology nurse increases coping with side effects during outpatients radiotherapy of gynecological malignancies

P. Varre, A.M. Jacobsen, A.M. Flovik, E. Skovlund, S.D. Fosså. *The Norwegian Radium Hospital, Oslo, Norway*

Purpose: To evaluate the significance of nurse-administrated counselling.

Methods: 70 women receiving outpatient radiotherapy for gynecological cancer have been included into this pilot study (april 97–des. 98). 33 pts. have been randomised within an intervention (IV) group, and 37 were controls (C). Pts in the IV group and their relatives were invited to an appointment by an oncology nurse (60 min.) 3 times during the treatment period. Counselling included information on treatment, side effects, dietary advice, sexuality and psycho-social aspects. No such counselling was offered the C group. All pts were seen by their doctor once a week. Before and after treatment all pts completed the EORTC QLQ-C30, HAD and a coping instrument. At radiation discontinuation they also recorded their experience with side effects and psycho-social life.

Results: During treatment anxiety decreased, whereas side effects (nausea, fatigue, diarrhea, pain) increased, similarly in both groups. Compared to the C group pts in the IV group expressed significantly improved coping ability as to adverse effects, and required less information from their doctors.

Conclusion: During radiotherapy of gynecological cancer regular nurse-administrated counselling significantly reduces a pt's distress, improves coping with side effects and psycho-social concerns, and saves doctor's consultation time.

19 POSTER

How important is the role of the research nurse in the care of patients entered into cancer clinical trials?

S.M. Varcoe, M.E. Elliott. *Imperial Cancer Research Fund, Medical Oncology Unit, The Churchill, Oxford Radcliffe Hospital, Oxford, United Kingdom*

Cancer clinical trials are an increasingly complex area of patient management. As a result patients are faced with an overwhelming depth of information regarding treatment options, ultimately leading to a difficult decision-making process. Treatment as part of a clinical trial is often intensive and both physically and psychologically intrusive for patients and carers. The Research Nurse has a critical role to play in supporting patients from a Clinical Trial first being offered, throughout the study and on its completion. The Research Nurse has an ethical duty to ensure that sufficient non-biased information, both verbal and written, is available for patients regarding the trial and any alternative treatments that may have been offered whilst acting as the patients advocate. Effective trial co-ordination is dependent upon expertise and knowledge of cancer care whilst following the Good Clinical (Research) Practice guidelines. The Research Nurse provides continuity of care through rapport and a relationship that is based on mutual trust and understanding. Cancer patients have a diversity of needs which rely upon the range of skills of the multiprofessional team, where the Research Nurse has the pivotal role. This poster will demonstrate that the Research Nurse is an essential resource for both the effective management of cancer clinical trials as well as the continuing care of the patient.

20 POSTER

Group protocol for the administration of adjuvant chemotherapy using, cyclophosphamide, methorexate, and 5fluorouracil (C.M.F.) to patients with breast cancer, by nurses within an out-patient setting

D. Ryan. *Chemotherapy Clinic, Oncology Department, City Hospital, NHS Trust, Hucknall Road, Nottingham, NG5 1PB, United Kingdom*

This paper sets out to describe the process undertaken to enable named Chemotherapy Nurse Specialists within a regional oncology centre to initiate and prescribe adjuvant (CMF) to those with a diagnosis of breast cancer. In addition to the comprehensive service with regards to management of side effects already provided to this client group

This initiative was facilitated by two documents. The first was the 'Scope of Professional Practice' issued by nurses' professional body, which has paved the way for U.K. nurses to expand their practice to include roles previously undertaken by doctors.

The second was a government report to determine under what circumstances health professionals (other than a doctor) could undertake new roles regarding the prescribing, supply and administration of medicines.

A robust protocol has been developed and implemented in the clinical setting stated above. A comprehensive flow chart was developed for the management of the twenty side effects identified.

Evaluation of the first six months of implementation will be presented, discussing issues raised by the specialist nurses initiating therapy, senior medical staff and patients involved in this initiative.

21 POSTER

An exploratory study examining patients' perceptions of rehabilitation following bowel cancer

G. Howard-Jones. *Guy's and St Thomas' Hospital Trust, Cancer Directorate, London, United Kingdom*

Purpose: Cancer survival rates have improved considerably in recent years, yet there is little British literature on the experience of those who recover. The aim of this study was to describe patients' experiences of rehabilitation following bowel cancer.

Methods: Eight people, disease free, at least one year following treatment for bowel cancer, were interviewed after routine follow up appointments. Thematic analysis of the interview data elicited eight categories.

Results: Physical problems following treatment, influences of ageing, self perception, personal attitudes towards illness, personal coping strategies, support, influence of cancer on relationships with others and the influence of cancer and treatment on personal priorities were found to have influenced rehabilitation in the sample.

Conclusion: The findings demonstrate that the majority of patients interviewed for this study were successfully recovering from and living with the cancer experience. However the findings also indicated, in all eight categories, that there is a need for continued support and awareness from health care professionals, once treatment for cancer has ended.

22 POSTER

Continuous nurse education: Improving cancer care through education for nurses

I. Laze. *Latvian Onkology Center, Riga, Latvia*

This poster will describe present cancer nurse educational model in Latvia.

For almost 50 years nurses have been told to only carry out the instructions and orders of the doctors, mainly involving injections of medicine or other simple treatment actions. This situation created an underqualified health care worker who step by step lost her own self-confidence and authority, prestige and respect The main questions were how to determine the role of the nurse in cancer care. It demanded a conceptual change in cancer nursing training in Latvia. The new training programme was oriented towards the role of the cancer nurse in cancer care. The curriculum was designed