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POSTER

A subcutaneous injection device for delivery of Aranesp® (darbepoetin alfa), an erythropoiesis-stimulating protein (ESP), in anaemic patients with cancer receiving chemotherapy

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Background: Anaemia is a common symptom among patients receiving treatment for cancer and has a negative impact on their quality of life. Many patients received treatment for anaemia with ESPs, which are often delivered by the subcutaneous route of administration. A new device for subcutaneous delivery of Aranesp® (SureClick™ prefilled pen) was designed to improve patient and healthcare worker safety and convenience by simplifying the injection process. The SureClick™ prefilled pen, which is designed to allow healthcare workers to accurately administer the correct dosage, is loaded with a prefilled syringe containing Aranesp® and has a hidden needle protected by a safety mechanism. The objective of this survey study was to assess nurse satisfaction with the SureClick™ prefilled pen.

Methods: The survey was conducted as part of an ongoing multicentre, open-label, randomized study of Aranesp® administered at a fixed dose of 500 mcg administered every 3 weeks in patients (planned n=400) with nonmyeloid malignancies receiving chemotherapy. Throughout the study, all patients receive Aranesp® administered subcutaneously via the SureClick™ prefilled pen with the aid of a nurse. Personnel who used the device were requested to fill out a questionnaire regarding the clarity of instructions, ease of use, and safety of the prefilled pen using a 5-point satisfaction scale (1 = completely disagree; 2 = mostly disagree; 3 = neither agree nor disagree; 4 = mostly agree; 5 = completely agree).

Results: At the present time, 25 responses have been received. The majority of respondents (88%) mostly or completely agreed that the instructions for use were clear and easy to follow; 83% mostly or completely agreed that the injection procedure was safe; 83% mostly or completely agreed that the hidden needle was an added benefit; and 74% mostly or completely agreed that the injection procedure was simple. The results of the final analysis will be available at the time of the congress.

Conclusion: In this interim analysis of a survey study conducted as part of a randomized clinical trial, the Aranesp® SureClick™ pre-filled pen was found to be safe and easy to use by a majority of healthcare workers. Simplifying the process of administering subcutaneous injections for patients and healthcare workers provides convenience, minimizes the risk for needle-stick injuries, and could improve treatment adherence.

will also explore how strong organisational commitment to creativity and innovation can help these individuals to implement their new ideas into routine practice.

EONS goes International

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INVITED

MASCC: developing international antiemetic guideline consensus

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Nausea and vomiting continues to be a major concern for many cancer patients receiving chemotherapy or radiotherapy. Adequate pharmacological treatment is crucial to achieve optimal prevention and treatment of the symptoms. Over the past 25 years vast improvements in antiemetic therapy have been made, including the availability of new effective drugs. However, the results from the extensive research performed in the field may be difficult to synthesize and use in daily clinical practice. During the late 1990s several professional organizations convened practice guidelines groups to assist in the selection of the most appropriate antiemetic treatment. With the emergence of new findings and agents since the publication of these guidelines, the societies encouraged an updating of the antiemetic guidelines. To avoid producing guidelines that differ from each other, as happened in the past, the societies decided to initiate a shared guideline process.

In March 2004, MASCC served as the host organization for a three day antiemetic consensus guideline meeting in Perugia, Italy. Invited to the meeting were 23 multiprofessional experts, representing nine oncology organisations (ASCO, CCO, COSA, EONS, ESMO, MASCC, NCCN, ONS, SASMO), acting in 11 different countries.

The guideline process was based on literature reviews followed by evaluation of the evidence by the expert panel. The panel was comprised of ten committees, each dealing with one specific topic in the field (i.e. emetogenic classification of chemotherapy agents, acute and delayed emesis after highly emetic chemotherapy, acute and delayed emesis after moderately emetic chemotherapy, radiotherapy-induced emesis etc). Position papers were written by each committee prior to the 3-day deliberation process. The papers were presented in the whole group which discussed the evidence and the level of confidence for the recommendation. For a guideline recommendation to be accepted, a consensus of at least 75% of the experts was needed.

Table 1 is a comprehensive summary of the recommendation regarding chemotherapy-induced emesis made during the consensus meeting. Details on this and the suggestions for other areas will be given during my presentation. There are also a number of publications available in a special issue of Supportive Care in Cancer (2005, 13: 2). In addition, information is available at the MASCC web site (<http://www.mascc.org>).

Table 1.

Emetogenic risk	Acute emesis	Delayed emesis
High	5-HT3 antagonist + corticosteroid + aprepitant	For cis-based treatment receiving three dos AE for acute: corticosteroid + aprepitant
Moderate	5-HT3 antagonist + corticosteroid	Corticosteroid but 5-HT3 antagonist could be an alternative
Low	Single agent, for example corticosteroid	No routinely prophylaxis
Minimal	No routinely prophylaxis	No routinely prophylaxis

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INVITED

An ONS initiative: nursing sensitive patient outcomes in oncology

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Cancer imposes a significant burden on patients, their families, and society, often affecting quality of life for years following initial diagnosis. Outcomes and quality of care for patients with cancer has recently come into question, emphasizing the need to understand the role of oncology nurses in ensuring the delivery of high quality cancer care aimed at producing measurable and acceptable outcomes. This presentation describes work

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Teaching Lecture

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INVITED

Innovation and creativity in developing cancer practice

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Healthcare is a rapidly changing environment where the ground beneath our feet no longer feels solid. Our patients are now largely cared for in the ambulatory setting, inpatients are more acutely ill, we face enormous shortages of skilled labour and treatments are increasingly complex. It appears that we are being constantly asked to do more and more with less and less resources. These challenges can only be met by a workforce able to maximise its creativity in bringing innovations to practice that help us to work smarter.

Being creative means showing imagination to develop new ideas that meet the challenges posed in everyday situations. The ability to innovate relates to the individual's capacity to introduce these new ideas into routine practice and have them adopted.

This presentation will draw on the experiences of Peter MacCallum Cancer Centre is developing the creativity and innovation skills of its nursing and supportive care workforce. Drawing specifically on the work of participants in the Centre's Clinical Research Fellowship program it will show how a focus on skills in evidence-based practice can help to release the creativity and innovation lying dormant in our workforce. The presentation