1485 POSTER

A comparison of knowledge and attitudes of cancer-related fatigue among nurses caring for patients with cancer

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Introduction: Due to restructuring of cancer services in the UK, the majority of patients receive their care across a number of clinical settings from both specialist and non-specialist nurses. Consequently it is appropriate to evaluate nurses' fatigue knowledge and attitudes across a range of clinical settings caring for patients with cancer.

Study: A postal survey using the Fatigue Knowledge and Attitudes Questionnaire was conducted to compare the knowledge and attitudes of community, oncology, general surgical and general medical nurses caring for patients with cancer (n=470). A response rate of 43% was achieved and results were analysed descriptively.

Results: Under-estimation of fatigue incidence (by 28% of respondents), poor knowledge and practice regarding fatigue assessment and management and poor fatigue communication practices were common throughout all clinical areas. While oncology nurses demonstrated the greatest fatigue knowledge, these were not significantly better than the other specialities.

Conclusion: As cancer incidence rates are set to rise and the spectrum of clinical settings in which patients receive their care is increasing, it is imperative that this common and debilitating symptom receives appropriate recognition from healthcare professionals. A number of strategies to enhance knowledge and information dissemination should be initiated to ensure that patient outcomes in relation to cancer-related fatigue are improved.

1486 POSTER

Staff education for needs of the nursing practice

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Staff education and nursing practice are in a very close relation and influence each other.In order to provide health care in oncology and other branches of medicine, as well as improvement of population health, it is necessary that there is mutual respect and partnership between those who have the same aims.Educational strategy initiated by WHO by 2010 enables nurses to acquire specific knowledge for needs of their practice. Educational programs for oncology nurses designed by EONS provide oncology nurses to acquire necessary knowledge in order to satisfy different and complex needs of cancer patients. The aim of the paper is the improvement of nursing knowledge in oncology healthcare through certain segments of EONS programme. Forty nurses working in different clinical institutions and attending II year of Advanced Medical School in Cuprija filled in a questionnaire on knowledge in oncology healthcare and on some segments of the programme for education of oncology nurses (evaluation,nursing diagnoses, planning,communication in palliative care and programme of prevention).Medium total score prior to the Programme was low in nurses - students working in clinical practice with significant improvement after conducted programme in 58% of the cases. The participants showed greater knowledge in oncology health care as well as in programs of prevention in 78% of cases. Only 50% of participants managed to define 3 or more nursing interventions in oncology nursing practice. Total low basic knowledge in certain fields of oncology nursing practice improved during the programme, although many things yet remain to be learned. Nurses in secondary and advanced medical school should have, in our opinion, special classes of oncology health care.

1487 POSTER

In virgin territory – With cancer nursing as baggage

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Background: During the last few years, increased research activities paired with the gradient demands of quality made on clinical research have resulted in the employment of a considerable number of clinical trial nurses (CTN) in oncological departments. Consequently, the need for special training is ever prominent as a means of promoting the learning and updating of the latest knowledge and theories developed within the field. Moreover, the carrying out of clinical trails puts forth a great deal of practical problems whose successful management, evidence suggests, largely relies on the learning of appropriate, skills and tools.

Methods: In Denmark we have a Special Interest Group (SIG) for CTN with representatives from the 6 major oncology centers. In co-operation with and sponsorship by 3 medical companies, this group has formulated 3 courses of 2 days' duration each. The courses are to be launched recurrently every 6 months, with 25 participants attending each course. The major themes to be dealt with during the courses are GCP/ICH, informed consent, characteristics of trails in phases I, II, and III, research methodology and research statistics, as well as a scrutiny of the part casted for CTN currently and in the future.

Conclusion: The 3 courses were launched twice from 1997 to 2000, and the results have been very satisfactory. The participants acquired increased knowledge as well as improved skills and tools upgrading their performance as CTN. Last but not least, the courses have contributed to enhance the valuable interchange of oppinions and experiences of the CTN and Clinical Research Units involved.

1488 POSTER

Isolated Limb Perfusion (I.L.P.) with high dose Melphalan and/or TNFα (tumor necrosis factor alpha) in patients with non resoccable sarcoma or metastatic intransit melanoma. Nursing implications

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Definition: Isolated limb perfusion is an innovative technique in France, used in the treatment of patients with loco-regional metastatic melanoma or locally advanced soft tissue sarcoma of an extremity. Regional chemotherapy by perfusion as an adjunct to surgical excision reduces local recurrence and regional lymph node metastases, and in non-operable cases is effective in reducing tumour size, thus achieving good limb salvage rates.

Method: The affected limb is isolated from the general circulation by placing a tourniquet at the proximal extremity: vascularisation is maintained by extra corporal circulation. (E.C.C.) The limb is healed to between 39°C–40°C by means of a thermo-resistant block. The total dose of chemotherapy and/or TNFα is injected into the E.C.C. and perfused over 90 minutes. Eventual leaks in the circuit are detected by injection of 100μCleb99Tc albumin into the ECC circuit. This technique allows high levels of toxic drugs or chemotherapy agents (doses 20 times superior to those tolerated by systemic infusion) to be confined regionally in the isolated extremity.

Results: Between June 1999 and March 2001, 30 patients have been treated by this technique, 20 melanoma patients and 10 sarcoma patients. In patients with metastatic intransit melanoma an objective response was obtained in 70% of cases infused with Melphalan. In patients with locally advance soft tissue sarcoma was obtained in 80% of cases infused with Melphalan and TNFα.

Post-operative nursing care: The patient is admitted to intensive care for the first 24 hrs post-op on account of the immediate risks associated with the toxic effects of TNF α (severe shock, haemorrhage, syndrome de loges, acute ischaemia.) The patient then returns to the general surgical unit where monitoring includes: hourly vital signs, observation of the affected limb for signs of regional chemotherapy toxicity (erythema, oedema, blisters, changes in pigmentation, necrosis all associated with chemical burn) Sensitiveness, mobility of the affected limb are controlled as well as the presence of peripheral pulses. In the event of severe rhabdomyolysis prophylactic fasciotomy is sometimes necessary. Serum electrolytes, whole blood count, hemostasis, and liver function tests including C.P.K. are controlled daily in order to detect an eventual systemic toxicity. The average length of hospitalisation is 7–10 days depending whether inguinal or axillary resection was performed simultaneously or *a posteriori* to I.L.P.

Conclusion: I.L.P. thanks to rigorous monitoring in the operative and post-operative periods, is a safe technique for regional chemotherapy of the limbs: few serious complications have been encountered. Patients are reassured by the intensive monitoring and the medical and nursing team now have sufficient experience to be able to inform patients of the later secondary effects of this treatment (mostly confined to pigmentation changes and oedema).