

## Screening and prevention

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POSTER

### Premature menopause, where do we stand?

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Increasingly more women who benefit from the improved treatments, and survive cancer, face premature menopause, which is an indirect effect of their cancer treatment. Although premature menopause is classified as a severe toxicity not much research has been done on this subject. This seems strange as it can have a significant impact on quality of life and is a long-term threat of cardiovascular diseases and osteoporosis. Preventive measures to protect against these threats have only lately been the subject of research.

There are several reasons which can explain this lack of interest. It is often not clear whether the menstruation has ceased temporally or definitely. Menopause is also seen as a natural transition in life; premature menopause is of less importance than surviving cancer.

Premature menopause differs from normal menopause as it is "off time", its symptoms are often more severe and the long-term effects will be experienced at a much younger age. Whereas research on healthy mid-life-aged women has shown that it is important to educate them on this subject, educational programmes on premature menopause still have to be developed.

Since it is so difficult to determine whether the symptoms women experience are due to their cancer, the treatment or the menopause, we the oncology health care workers should be the ones to give these women good information. It is a challenge to help our patients feel supported, well informed and confident in making their own decisions. More research has to be done on incidence, on the symptoms experienced and on preventive measures for the long-term health threats. All of us nurses as well as doctors need to seize this opportunity.

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### Predictive value in prostatic adenocarcinoma of PSA, Free vs Total PSA and PSA density

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**Introduction:** The diagnosis of prostatic adenocarcinoma is usually made on trans-rectal biopsy. This procedure has well documented morbidity and therefore any means of focussing which patients should go forward to biopsy should be examined. It has been shown that both the PSA Density and Free vs Total PSA measurements can raise the specificity of proceeding to biopsy. We decided to examine which of these tests was more useful in the setting of a routine prostate cancer clinic.

**Method:** We retrospectively examined the records from patients who had undergone trans-rectal biopsy in the prostate clinic. All of these patients had a serum PSA, a Free vs Total PSA and a PSA Density measured prior to the procedure. The predictive values for each test was assessed for adenocarcinoma, Prostatic intraepithelial neoplasia alone and prostatitis. All blood tests were performed in a single laboratory and all pathological diagnoses were reviewed by a Consultant Histopathologist.

**Results:** Examining whether each measurement gave a prediction of the presence of cancer, PSA was statistically significant ( $p=0.034$ ). PSA density was highly significant ( $p=0.001$ ). Free vs Total PSA was non significant on our sample. The sensitivity for PSA density was 90.9%, the specificity 30.3%, the positive predictive value 46.5% and the negative predictive value 83.3%. None of the measurements gave a significant prediction for the presence of PIN or for inflammation.

**Discussion:** These results show a useful role for PSA density in the detection of cancer, however they do not support the use of Free vs Total PSA on our sample. The results also indicate that ascribing a raised PSA to inflammation should be done with caution.

We have now closed the audit loop by altering the practice of how Free vs Total samples are analysed. We will be continuing this prospectively to see if the modification of practice will improve the sensitivity.

## Innovative therapies

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POSTER

### Nursing care in patients submitted to haplo-identical transplant

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The use of haplo-identical transplant (HIT) with positive stem cell selection using the CLINIMACS System has been recently introduced in our Bone Marrow Transplant Unit as an alternative treatment for patients (pts) lacking on HLA-compatible family or unrelated donor.

The aim of this study is to analyse the most frequent complications and to reveal the nursing practices performed in this patient population.

The methodology performed was the clinical charts analyses and bibliographic survey.

Since January 1999, eight pts were submitted to HIT in our Unit. During the transplant (first admission) the nursing care of these pts differs from conventional allogeneic transplants in the following points: 1- Longer period of isolation in HEPA filtered rooms; 2- More attention is given to possible complication, namely infections; 3- Education of the family in relation with emergent complications; 4- Number of visitors per day is limited to one visitor.

Nursing care also plays an essential role in the prevention, early diagnosis and treatment of arising complications. In the post-transplant period, 7 of the 8 pts were readmitted due to the following complications: CMV blood isolation ( $n=5$ ), acute Graft Versus Host Disease (GVHD) following donor lymphocytes infusion ( $n=1$ ), seizure in the setting of GVHD treatment ( $n=1$ ). Two of 5 pts admitted with CMV positivity died with relapse of AML and CMV pneumonitis.

The frequent readmission of these pts due to complications post-transplant further stresses the important role played by the nursing team in the care of pts submitted to HIT.

Therefore the focus of our intervention is to assure a rigorous accomplishment to infection control procedures, toxicity surveillance, as well as to give nurse care to severely immunodepressed pts. Consequently we need to be watchful of emerging symptoms and signs. We also need more time and availability to study and know what pattern of care these practices require. This innovating treatment emphasises the need of continued care, responsibility, sense of autonomy and increases nursing skills and abilities. It requires very specific approaches dealing with these post-transplant complications. From the preliminary results of our Unit can conclude that our practice is effective and necessary.

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### Cytoprotection with amifostine in patients with non-small cell lung cancer being treated with a taxane

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**Purpose:** Amifostine is a cytoprotective agent which has been demonstrated to reduce cumulative peripheral neuropathy toxicity in patients receiving paclitaxel. This retrospective study looks at 10 Stage IV non-small cell lung cancer patients who received paclitaxel with carboplatin for an average of six cycles that were repeated every 21 days.

**Primary endpoint:** Evaluation of toxicity using standardized NCI Common Toxicity Criteria.

**Secondary endpoint:** Evaluation of efficacy and quality of life.

**Methods:** The patients were treated with paclitaxel 175 mg/m<sup>2</sup> and carboplatin was given with calculation of AUC 6. Prior to paclitaxel infusion which was given over three hours, amifostine 740 mg/m<sup>2</sup> was given over 5 minutes. Pre-meds included intravenous infusion of dolasetron 100 mg, diphenhydramine 25 mg, dexamethasone 10 mg, lorazepam 1 mg and ranitidine 50 mg, as well as one liter of 0.9 normal saline that was given throughout the infusion of paclitaxel. A complete neurological evaluation was performed prior to the start of therapy, and at the beginning of every 3-week cycle.

**Results:** Patients studied had an average age of 54, with six females and four males. Karnofsky's scale scores ranged from 90 percent through 70 percent, with the average being 80 percent. Three patients achieved CR, and of those, two had Grade 1 neuropathy at the end of their treatment, and one had Grade 0 neuropathy. Four patients are still undergoing treatment with stable disease, and of those, two patients also experienced Grade 1 neuropathy, and the other two experienced Grade 0 neuropathy. Two patients had progressive disease after three cycles of P&C and drugs were

changed at that time, but they did not experience any neuropathy at time of change. One patient died after two cycles because of progressive disease and neuropathy not adequately measured.

**Conclusion:** The greater percentage of these patients studied were able to achieve either stable disease or remission without experiencing debilitating peripheral neuropathy that would decrease their overall quality of life.

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### Adenoviral gene therapy – Nursing implications

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**Aim of Paper:** Gene therapy is the genetic modification of cancer cells or anticancer immunity for a therapeutic effect. Patients receiving targeted adenoviral treatment require specialised nursing care, safety being the prime concern.

This paper will illustrate the nursing care of patients with inoperable lung cancer undergoing phase 1 gene therapy trials. The clinical results of these trials will also be presented.

The key challenges for nursing are:

- (1) The delivery of patient information including the rationale behind legislative safety precautions and the short and long-term side-effects of the therapy.
- (2) The practicalities of virus and chemotherapy administration whilst caring for patients following source isolation control procedures.
- (3) The psychological care of patients with cancer undergoing experimental treatment with gene therapy agents.
- (4) Taking a lead role in the mainly scientific multiprofessional team.

At IGR, a feasibility study of intratumoral administration of a defective recombinant adenovirus (r Ad (gal)), conducted in patients with inoperable lung cancer, demonstrated that the marker gene could be introduced into human tumour cells safely (for both patients and staff), and that the cancer cells were effectively transfected by the virus. The therapeutic phase of the study, evaluating the antitumoural effects mediated by the transfer of adeno-IL2 has recently been completed. Patients describe the experience as 'positive'.

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### Allo transplant of bone marrow in the SCDI for deficit of protein zap-70 - a case study

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The syndromes of combined severe immunodeficiency, are rare inherited disorders in the children and are characterized by absent T- and B-cell immune responses. The hope of life in these children is short, and if it will not be able to speak in life expectancies, the nature of the illness is unexpected. With the growth of the success of hemopoietic progenitor transplant in the most diverse pathologies, to have a HLA-compatible donor is a sign of good prognostic and even though of cure. In the presented case, this syndrome was diagnosed at the 9 months of age, familiar history of the illness and recurrent infections from the 4 months of age are present. This children was an ideal candidate for bone marrow transplantation, because a HLA-compatible sister of 8 years healthy is accessible. This was the second case diagnosed in Portugal and the first transplant in the country.

This presentation will go to describe the evolution of the process, since the admission at the hospital, the family history, until the moment of admission in the Unit of Transplantations of IPO-Porto. Here, the necessary nursing diagnostics referred to child and family, particularly the mother will be explored since the conditioning period, before and after the transplant, and the support in follow-up, till the present date has 5 months after-transplant.

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POSTER

### Complementary, alternative medicine, a new trend in caring

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In recent years, in Italy, as in many other developed economies, there is increasing interest in therapeutic practices outside the mainstream Academic Medicine; these are collectively referred to as Complementary Alternative Medicine (CAM). The media, technical press, some Universities, Cancer Centre, clinicians and nurses promoted research into use,

validity and potential problems of such practices. In 1997 Eisemberg et al, compared two epidemiological studies carried out in USA in 1990's; 1997 to evaluate the cost, incidence, change and results over 7 years. The somewhat surprising result show how widely CAM is accepted, and how fast it is gaining ground (from 34% in 1990 to 42% in 1997). An interesting aspect of the study was that CAM techniques were not prescribed by health professionals and moreover 72% of the patients had concealed this information from the doctors. Outside the USA other studies, including that of Goldbeck-Wood et al, have shown that CAM is increasingly popular throughout the industrialized world. Cassileth and Chapman claim that many oncological patients use CAM to control symptoms of the illness and side effects of the therapy; however few patients use it in place of conventional therapy. As patients seek information to make decision, they often turn to the nurses. The nurses attitudes and beliefs about CAM very likely influence the responses to the patient. A good relationship between patient and nurse leads to good symptom control. Jirillo et al, 1996 published the results of a survey conducted in Argentina and in Italy on oncological use of CAM. 17% of the patient had used it as support therapy, suggested by health care professionals in 20-38% of cases, but that family, friends and media had played a more important role. Crocetti et al, 1996 examined the attitude of Italian Oncology to CAM. They found that health care professionals who had themselves experimented with CAM were more inclined to advise others to use it. However a large number of doctors and nurses admitted to having insufficient knowledge of the field. Even though it is important to stress that the use of CAM as antitumoural therapy should be considered unethical in so far as it creates false hope. It is time that National Health Agencies promoted a great awareness among the general population, doctors and nurses of the potential use of CAM. In our institute a study group is beginning to investigate attitudes to the use of CAM among health professionals

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POSTER

### Characteristics of intravenous continuous infusion of fluoruracil (5-FU) in ambulatory patients

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**Introduction:** 5-FU continuous infusion (CI) has higher anti-tumoural activity and a better tolerability profile than 5-FU in bolus, in several malignant diseases. Over the last few years infusion pumps have been widely used through central venous access ports (CVAP) to allow ambulatory treatment. Moreover, infusion pumps allow the possibility of reducing health costs and improve the compliance of anti-neoplastic treatment. With special attention to nurses point of view, we describe the characteristics of patients (pts) treated by 5-FU CI in ambulatory pts.

**Patients and Methods:** Data of pts treated with 5-FU CI in were collected in our Hospital during the year 2000. Information collected for analysis was: general data (age, work activity, distance to address and cohabitation), clinical data (diagnostic, phase of disease and line of chemotherapy regime) or related to CI (days of CI per cycle, number of infusion pumps used, chemotherapy administrated out of 5-FU CI and time since the CVAP was allocated to 5-FU CI administration).

**Results:** 66 pts were included (71% men, 29% women). The median age was 58 (range 30-78). All pts lived with their families and 23 (35%) were fully active at work. The distance home-hospital was less than 20 km for 42 pts, between 20-50 km for 16 and more than 50 kms for 8. Tumor types were: colorectal cancer (61%), head and neck (12%) and gynaecological (8%). Most of the pts were treated as palliative chemotherapy (40 pts, 61%) with 67% in first line chemotherapy, 24% in second line and 9% in third line. All pts received 5-FU with mechanical infusion pumps; for 2 days in 9 pts (14%), 4 days in 17 pts (26%), 5 days in 5 pts (8%) and 7 days in 35 cases (53%). Number of cycles given by CI was median 3 (range 1-11). Total number of infusion pumps used was 365 (median 6 per patient, range 1-24). Chemotherapy administrated was: 5-FU alone (36% of pts) plus cisplatin (26%), plus irinotecan (21%) and other agents (17%). The median time from CVAP insertion and 5-FU delivery was 16 days (range 1-85).

**Conclusions:** Nurses must be fully instructed to know the procedure to administrate 5-FU CI in ambulatory regimen. In our hospital, pts selected within this procedure should live close to the institution (<20kms), and mainly had colorectal cancer in palliative treatment. We usually use CI for 4-7 days with a number of infusion pumps as number of cycles per patient moderated, using at the same time other drugs given as in bolus.