

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.

1552

POSTER

Adenoviral gene therapy – Nursing implications

P. Rovelon, J.A. Gledhill. *Institut Gustave Roussy (IGR), Villejuif, France*

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'.

1553

POSTER

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

A. Carvalho, C. Rodrigues, F. Soares. ¹ IPO, UTM, Porto; ² IPO, UTM, Porto; ³ IPO, UTM, Porto

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.

1554

POSTER

Complementary, alternative medicine, a new trend in caring

R. Ferrario¹, C. Martella², M.L. Panzeri², A. Lafranchi³, ¹ Istituto Nazionale Tumori, OCR, Milano, Italy; ² Istituto Nazionale Tumori, PES, Milano, Italy; ³ Istituto Nazionale Tumori, RDA, Milano, Italy; ⁴

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 Eisenberg 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

1555

POSTER

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

F. Perles, A. Gómez, M.R. González, J.J. Reina, J.L. Bayo, A. Rodríguez. *Hosp Juan Ramon Jimenez, Hospital de Día, Huelva, Spain*

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.