

1556

POSTER

Methodical alternatives in the complementary cure of the cancer, to other treatments

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Our study has been centralized on the possibility to block the metastasis to level of cellular membrane, acting on the synthesis of saturated lipid with the competition of an element of their metabolism of which the cancerous cell feeds. In parallel with the synthesis process it is proceeded to strengthen in our patients the immune system to haematic level. From a chloroplast infusion it is proceeded to fractional distillation of the obtained product and with separate boiling a melting point has been caught up subsequently that has allowed integration of the two members. One has not found some toxicity of prepared neither intolerance to gastric absorption. This is the first phase of the *product anti-C* that it comes then integrated with several members, between which a cation, nucleoside synthetic of *Vinca Rosea* (ribavirina) and a mediator for the transport of fat acids in the mitochondria. The cation modulates the membrane activity and regulates the ionic permeability. The mechanism of action exercised from these members, by reason of the altered function of the microtubules of the mitotic apparatus, is developed blocking, in its metaphase, the cellular division. The search until to lead hour, is not complete, neither some data deduced in the *iter* of the application has been published, because not still clear the sequence of some reactions. The first reason is gushed from the modality of transmission of the stimulus that, to departure from the membrane that has produced it, goes to the nucleus where it set off the mitosis. Other reason, not easy to explain, has been offered from the opening of some ionic channels with the mediation of a membrane modulator that has generated one variation of potential. The result of the search favours one gradually adopted substantially various interpretation for the methodical one, because applied with varying of concentration of the various products on various tumoral pathologies from an histological point of view. It has been stated moreover that a radical surgical operation is very important.

Outpatient and home care

1557

POSTER

An audit of the patient service in a chemotherapy outpatient department

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Introduction: This abstract presents the results of an audit of patient satisfaction and waiting times in a Chemotherapy Outpatient Department. The Plymouth Oncology Centre covers a local population of 440,000 and is the tertiary referral centre for a population of 1,000,000. The Department treats 5882 patient episodes per year with a staffing level at the time of the audit of 3.5 full time posts. Management changes had taken place and there were plans for an alteration in working practices. The aim of the audit was to assess the service prior to these changes so that any improvements in the quality of the patient experience could be measured. Our standards were that no patient should wait more than 30 minutes for their chemotherapy and that 100% would be very satisfied with the service provided.

Methods: The audit took place over a 5 week period. Each patient attending the department was invited to complete a confidential questionnaire which included both open and closed questions. Levels of satisfaction of the service, information given and punctuality were assessed along with the positive aspects of the Department. During the same period waiting times were recorded along with reasons for any delays and the staff-patient ratio.

Results: 570 patients attended the department within the audit period. No patient refused to complete a questionnaire. 17% had no wait for their chemotherapy. 63% waited for 30 minutes or more with 11% waiting more than two hours. The main causes of delay were lack of nursing staff and time taken to prepare chemotherapy in Pharmacy. However despite this 67% of patients were very satisfied with the service provided and only 1% were very unsatisfied. Reasons for dissatisfaction included time waiting, delays in pharmacy, information given and requiring blood tests. The staff were identified as the main positive aspect of the Department by 87% of the patients. 96% felt they had received sufficient information about their condition and treatment.

Conclusion: Patient waiting times were unacceptably high. Despite this overall patient satisfaction was also high. The disparity between long waiting

times and high patient satisfaction seems to reflect the continuing goodwill of patients towards nursing staff within the NHS. Now that staffing levels have now been increased and working practices changed a further audit is about to be performed.

1558

POSTER

CAMPAS: new instrument for measuring symptoms and needs for cancer patients at home: measurement characteristics for anxiety and depression scales

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Background: Increasingly cancer care is delivered on outpatient basis. To date no instrument has been available to monitor prospectively patients' symptoms and needs during palliative care in community. Such an instrument would assist symptom control by providing structured feedback to clinicians. CAMPAS, (initially developed for audit), has been revised as a structured clinical record, which allows ongoing changes in condition to be identified. Symptoms are scored in terms of severity and interference with everyday life.

Aim: To investigate psychometric properties of CAMPAS-R (revised) for emotional status measurement.

Methods: Over 4 weeks domiciliary cancer patients recorded daily self-assessments of (1) activity -5 point scale- (2) symptoms -visual analogue scales- and (3) emotional and practical needs -dichotomous scales. Internal consistency was determined by coefficient alpha. Criterion related validity was investigated by non-parametric correlation (Spearman) with the criterion Hospital Anxiety and Depression (HAD) and EORTC-QLQ30 Emotional Function (EF) scales.

Subjects: Preliminary analysis is based on the first 30 of 100 patients with palliative care needs being cared for at home recruited from primary care, oncology and other specialist clinics.

Results: Alpha=0.76 for daily and alpha=0.79 for weekly self-assessments. Patients use full range of scores. Correlations for anxiety between HAD and CAMPAS-R severity is 0.67, for anxiety interference $r=0.68$, for depression HAD with severity $r=0.66$ and for interference $r=0.66$. For EORTC-EF and anxiety severity $r=0.77$, for interference $r=0.75$, for depression severity $r=0.75$ for depression interference $r=0.62$. For composite CAMPAS affect disturbance severity with EORTC-EF $r=0.821$, ($p<0.01$ in all cases).

Conclusion: The initial psychometric characteristics of CAMPAS-R in terms of patient anxiety and depression are favourable, with very acceptable correlations between CAMPAS-R and criterion measures. Alpha statistics reveal good internal consistency. Thus CAMPAS-R appears to be an acceptable, valid and reliable instrument in assessment of emotional status. CAMPAS is a useful research tool and of clinical use providing feedback on emotional status of patients

1559

POSTER

CAMPAS: new instrument for measuring symptoms and needs for cancer patients at home: measurement characteristics for pain

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Background: Increasingly cancer care is delivered on outpatient basis. To date no instrument has been available to monitor prospectively patients' symptoms and needs during palliative care in community. Such an instrument would assist symptom control by providing structured feedback to clinicians. CAMPAS, (initially developed for audit), has been revised as a structured clinical record, which allows ongoing changes in condition to be identified. Symptoms are scored in terms of severity and interference with everyday life.

Aim: To investigate psychometric properties of CAMPAS-R (revised) for pain measurement.

Methods: Daily over 4 weeks domiciliary cancer patients recorded self-assessments of (1) activity -5 point scale- (2) symptoms -visual analogue scales- and (3) emotional and practical needs -dichotomous scales. Internal consistency was determined by coefficient alpha. Criterion related validity was investigated by non-parametric correlation (Spearman) with the criterion Brief Pain Inventory (BPI) and EORTC-QLQ30 Pain (PA) scales.

Subjects: Preliminary analysis is based on the first 30 of 100 patients with palliative care needs being cared for at home recruited from primary care, oncology and other specialist clinics.

Results: Alpha=0.76 for daily and alpha=0.79 for weekly self-assessments. Patients use full range of scores. Correlations between CAMPAS-R pain severity and BPI are $r=0.59$ for interference and BPI $r=0.57$ and for EORTC-PA and CAMPAS pain severity $r=0.84$, and for pain interference $r=0.86$. For EORTC-PA and CAMPAS pain composite score $r=0.91$ ($p < 0.01$ in all cases).

Conclusion: The initial psychometric characteristics of CAMPAS-R in terms of pain scores are highly favourable, with very acceptable levels of correlations between patient scores on CAMPAS-R and their scores on the criterion measures. In addition alpha statistics reveal good internal consistency. Thus CAMPAS-R appears to be an acceptable, valid and reliable instrument, which has the added benefit of being quick and easy to score and useful in everyday practice.

1560

POSTER

Nurse's activities and infusional protocols in a day-hospital regimen

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The treatment of advanced neoplastic diseases often requires the combined administration of drugs or their administration following optimized schedules, which are characterized by the best results in terms of clinical response and treatment tolerability. The administration of drugs following continuous or chrono-modulated infusions is feasible by using programmable infusional pumps, whose function and maintenance need trained personnel. Therefore, the aim of this study was to evaluate the role of nurse staff during infusional therapies in day-hospital regimens.

During the last year, 976 patients were enrolled in a day-hospital regimen at the Division of Medical Oncology of Santa Chiara University Hospital: 200 out of them were candidates for follow-up, whereas the remaining subjects were treated with best supportive therapy (40 pts, 4.1%), ormonal treatment (58 pts, 5.9%) or chemotherapy (678 pts, 69.5%). Among the latter patients, 110 subjects were candidates for infusional chemotherapy, continuous and chrono-modulated infusions (11 and 99 pts., respectively). At the beginning of the chemotherapy, nurses programmed infusional pumps (Cadd and Cadd Plus systems, Deltec, St. Paul, MN, USA), and they trained subjects to the care of the pump (i.e., the change of batteries or additional drug reservoirs for 14 and 21-day infusions). Moreover, in order to increase the ability of patients to overcome simple problems (i.e., the high-pressure alarm due to folding of external tubes) without allowing the resetting of the programmed infusion schedule, each patient received a brief and concise troubleshooting handbook, which was written by nurses on the basis of their daily experience. Despite the low percentage of patients who underwent an infusional chemotherapy, in some cases troubles occurred during the use of pumps, but they were easily solved by trained patients following the handbook instructions. More interestingly, the use of infusional pumps reduced the hospitalization for compressive 2182 days (19.8 days/patient/year), ensuring both a better quality of life for patients (i.e., a longer time spent at home) and reduced cost for the healthcare system. In conclusion, those data clearly show that nurses play an important role in the care of oncologic patients

1561

POSTER

Metastatic breast cancer: a patient friendly approach with a new drug therapy

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Purpose: To evaluate the benefits of home care when administering the monoclonal antibody Trastuzumab (Herceptin). **Method:** To offer ten patients with metastatic breast cancer, who showed human epidermal growth factor overexpression, the option to receive their weekly intravenous antibody therapy at home. All of the patients had been pre-treated with chemotherapy regimens, including Cyclophosphamide, Methotrexate, 5-Fluorouracil, Epirubicin, Taxol or Taxotere. Each patient was further offered the placement of a PICC to avoid problems with venous access for the duration of the therapy. **Results:** Six patients opted for the homecare therapy, four of these chose to have PICC placement. Of the four who received therapy in hospital, two chose to have a PICC. The home treated patients were able to choose the day and time of treatment. This was flexible to meet their

social and family circumstances. They all felt that the home treatment option improved their quality of life and encouraged a greater involvement of family members as well as enhancing the nurse/patient relationship. **Conclusion:** There is an invaluable opportunity to offer greater flexibility and quality of care to metastatic breast cancer patients who are HER2 positive and therefore have an associated poor prognosis.

1562

POSTER

Oncology consulting team. To optimize the support and treatment of cancer patients outside oncology departments

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The majority of patients with advanced cancer in Stockholm are treated outside oncology departments. Patients in a palliative stage are often treated in geriatric clinics, hospices or at home with the support of special home-care teams. The care of these patients is handled foremost by persons having general medical skills but not specialized in oncology. At Radiumhemmet there has been an oncology consulting team for cancer patients since 1980. This multiprofessional team is comprised of physicians, nurses, dieticians, physiotherapists and secretaries. The aim of the consulting team is to optimize oncology treatment and supportive care for patients while they are outpatients or have been discharged from the oncological unit. By the advice and education to different care givers, this aim can be fulfilled from the time of diagnosis, during curative and palliative phases and finally including end-of-life treatment. The consulting team guarantees that cancer patients are provided with access to palliative radio- and chemotherapy even after curative treatment at oncological clinics has been terminated. Regular consulting rounds outside of the hospital together with telephone consultation and educational courses are provided. About 250 rounds per year are given involving approximately 2000 patient discussions. The team gives about 15 courses yearly to different personnel groups as well as a number of shorter lecture and educational series. The oncology consulting team of Radiumhemmet works in close cooperation with other clinics within Karolinska hospital in order to meet the needs of cancer patients treated outside of the Department of Oncology

1563

POSTER

A 24 hour cancer nurse 'On Call' Service

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Purpose: The purpose of this paper is to share good practice in the provision of support for chemotherapy patients who may experience problems outside normal working hours.

Patients who are receiving chemotherapy are at risk from developing a number of life threatening treatment induced toxicities. With the increasing trend for day case chemotherapy administration patient care delivery focuses on patient education concerning home management of symptoms and the presence of an effective system for assessment and intervention should patients experience problems. Our on call service was established in November 1998.

Method: Specialist cancer nurses carry a pager so that patients can contact them outside normal working hours. Nurses give advice, answer questions and assess problems over the phone. If they determine that a patient requires medical assessment or intervention they admit the patient to a designated bed on the Medical Assessment Unit.

Results: Summary from data of calls received shows that this service is of great benefit to patients not only in giving them peace of mind that they can contact a nurse at any time but also in ensuring immediate intervention for acute medical problems such as neutropenic sepsis. E.g.: In the last year nurses received 149 calls: 44% of these patients had their problem or query sorted out over the phone. Immediate medical assessment was arranged for 29% of patients and only 3% needed to attend A+E.

Conclusion: This service provides invaluable support to out patients receiving chemotherapy whilst reducing the burden on other services such as GPs and A+E departments.