

**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.

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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

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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.

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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

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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.