



16th ICCN in Atlanta brings global cancer nursing together

Nearly 600 nurses from 45 different countries attended the 16th International Conference on Cancer Nursing held in Atlanta, US in March 2010. All the regions of the world were represented as were low resource countries including nurses from Bolivia, Cameroon, Mongolia and Nepal. The theme of the conference was *Enhancing Knowledge, Promoting Quality*.

The conference was opened with a flag ceremony which represented the countries of ISNCC members. Delegates were welcomed to the conference by the guests of honour; Mayor of Atlanta, Kasim Reed, President of the Oncology Nursing Society, Brenda Nevidjon and President of the Georgia Nurses Association, Fran Beall.

Opening ceremony

During the opening ceremony ISNCC president Sanchia Aranda described the crucial role of the society in developing and recognising the role of cancer nursing globally.

“Over the past four years the Board of Directors of ISNCC has focused considerable energy on raising the voice of cancer nursing in the international arena,” she said.

However she pointed out that the role of nurses in cancer care is still not well recognised, describing how she was the only nurse attendee at the summit on the world cancer declaration held by the UICC.

She urged delegates to sign the declaration. “The World Cancer Declaration is a critical first step to addressing this burden but the silence of the nursing voice at the tables of international organisations



ISNCC president Sanchia Aranda at the opening of the 16th ICCN with keynote speaker Dr Otis Brawley, Chief Medical Officer at the American Cancer Society (left) and the Mayor of Atlanta, Kasim Reed (right)

means that the potential for nurses to help with the achievement of the targets set in the declaration is threatened.”

Learning opportunity

Professor Aranda highlighted the importance of the ICCN in bringing cancer nurses around the world together and the opportunity it offers for nurses to learn from their colleagues from all parts of the world.

She said: “The mixture of countries and experiences always enriches my heart and mind and motivates me to continue to promote the role of nurses in cancer care at

every opportunity.”

She urged delegates to enjoy the scientific, social and networking opportunities the conference offers.

Travel scholarships

The ISNCC traditionally supports nurses from low resource countries to attend the meeting, aiming at bringing 20 nurses, but this year, as a result of the economic recession, there were only four travel scholarships. These were funded by the generosity of the Canadian Association of Nurses in Oncology, Cancer Care Ontario,

opening ceremony and keynote address

the Princess Margaret Hospital and the Peter MacCallum Cancer Center.

Fortunately the ISNCC was also able to partner with the Oncology Nursing Society and the Breast Cancer Train the Trainer programme to bring another 20 nurses from low resource countries for the pre-conference workshops. These nurses were then also able to attend the conference.

Keynote address

The keynote address was given by Dr Otis Brawley, Chief Medical Officer at the American Cancer Society which is based in Atlanta.

Dr Brawley put cancer into perspective by highlighting the current statistics related to cancer incidence around the world. It is estimated that today there are 11 million new cases of cancer diagnosed annually, 7 million cancer deaths and 25 million people living with cancer, worldwide.

He said: "Chronic disease will become much more of a global problem than infectious disease where our control practices are actually working. The reason why we are going to have more problems with cancer is because of the growing age of the population, the continuing impact of infectious agents that cause chronic disease, adoption of the western lifestyle and increased tobacco use."

A half of all smokers today live in India and China. Dr Brawley warned delegates that the tobacco industry sees Africa as a "growth market". He urged delegates "we have an opportunity to stop an epidemic if we can stop tobacco growth in Africa".

Dr Brawley focused on the role of tobacco in cancer incidence, highlighting that a half of all smokers die in middle age. He said: "Tobacco killed 100 million people in the last century and is projected to kill 1

billion in this century. Tobacco will kill 10 million people each year and 7 million of those will be in the developing world.

Tobacco and cancer

He reminded the audience that all forms of tobacco have been implicated in causing cancer with 150 million people projected to die of tobacco use in the first quarter of this century and 300 million in the following quarter. "Tobacco is the most important single cause of cancer worldwide. We need to act now to limit its effect," he said.

"The three main messages for the individual smoker are: the risk is incredible, half of all those who smoke die, a quarter are killed in middle age and stopping smoking actually does work. Within ten years, people who stop smoking have nearly the same lung cancer risk as non-smokers."

Ageing population

He outlined the impact of the ageing population saying that as a result it is estimated that there will be 27 million diagnosed with cancer, 17 million cancer deaths and 75 million people living with cancer in 2030.

By 2020, 70% of all cancer deaths will be in the developing world, partly the result of the increase in life expectancy.

Dr Brawley reassured delegates that there is hope within cancer control. He told them that we need to be scientific to attack cancer. "Things are done because we think they are helpful not because we know it is helpful. We have to get rid of faith-based medicines and develop and adopt evidence-based medicine."

He outlined the example of breast cancer where low resource countries are reversing death rates for breast cancer using awareness campaigns. He emphasised that the



Omolara Fagbenle from Nigeria, carrying her country's flag during the opening ceremony

traditional breast self-examination carried out every four weeks does not work.

He said: "What works is that women should be aware of their breasts and if they notice a change should seek help. That saves lives, the old breast self examinations just increases the number of biopsies without affecting the mortality rate. So, in low resource countries which do not have mammography available, increasing breast awareness has been shown to work and to save lives."

Dr Brawley concluded his keynote presentation by saying that efforts on cancer need to be focused on what is scientifically proven and known by "preventing what we know we can prevent" and "treating what we know we can treat".

Caregivers lack of empathy can impact on symptom management

Family members who blame a relative with lung cancer for continuing to smoke are less likely to be sympathetic and can affect their symptom management, according to Canadian research.

The study of 304 outpatients with lung cancer and their primary carer asked questions on smoking history and the caregiving relationship, perceived responsibility, empathic response from carers as well as symptom assessment of pain, fatigue, and shortness of breath. Of those interviewed, 39% of patients and their carers were found to be still smoking.

The results showed carers who blame patients for smoking and are angry with them are at risk of providing less empathy

and understanding of patient symptoms.

Michelle Lobchuk, Canadian Cancer Society research scientist at the faculty of nursing, University of Manitoba told the conference: "Health warnings are a great deterrent, but they do place the onus on the individual for their choice in taking part in a behaviour. The hazard is to blame that person, as 90% of lung cancer is associated with tobacco smoking."

Analysing the results she said: "When the patient was still smoking there was more anger, aggravation and annoyance compared with those who had quit or who had never smoked.

"More anger was found to result in less empathetic thoughts towards the patient

and more difficulty in assessing the patients' symptoms which is significant to us as nurses."

Ms Lobchuk told delegates that nurses need to assess carer's feelings toward the patient. "We need to be aware if the carer feels anger or blame towards the patient as this can impact on their caregiving role in managing symptoms."

She pointed out that research shows that mismanaged symptoms can lead to more hospital admissions. Ms Lobchuk concluded that nurses can coach family members in empathetic behaviour and find out from the patient what response they are looking for in order to mitigate against feelings of anger and blame.

Daily walk helps fatigue

Patients who took part in a home-based walking intervention experienced less fatigue and emotional distress and had more vigour than a control group, a study shows.

A US study of 126 patients with cancer were randomised to a home-based walking intervention or usual care.

The intervention required the participants to take a brisk ten minute walk increasing to 30 minutes over a period of five days.

The mean age of all study participants, whose treatment included radiotherapy and chemotherapy, was 60 years. Diagnoses included 56% with prostate cancer and 33% with breast cancer. Participants who exercised self-reported significantly less fatigue (10% less) at the end of treatment than participants who were less active. And participants who exercised throughout the study period had up to 8% more vigour. With respect to quality of life, those who exercised had 3% less emotional distress.

Jennifer Wenzel, assistant professor, School of Nursing, Johns Hopkins University, Baltimore, US presenting the study said: "We believe that a flexible home-based programme has few risks and potential benefit. It is a low-cost self-care management technique in mitigating fatigue, the most common and distressing symptom of cancer treatment."

Advertise in the ISNCC newsletter

International Cancer Nursing News is distributed to over 11,000 cancer nurses worldwide. Advertising in ICNN will allow you to market directly to your target demographic. For further information on this exciting opportunity, please contact the ISNCC Head Office at info@isncc.org or by phone on +1 604 630 5516.

Distinguished Merit Award

The Distinguished Merit Award has been presented to Vernice Ferguson. The DMA is the highest honour awarded by the ISNCC and is in recognition of an outstanding contribution by a nurse to the international advancement of the science and art of cancer nursing. The contribution must go beyond that expected as part of their work role and is not simply a recognition for long and faithful service.

Announcing the award, ISNCC president Sanchia Aranda said that Ms Ferguson's contribution to nursing had been extensive and "through her broad role as a leader in nursing she has sought to place attention onto the importance of an understanding of cancer and the care of people affected by cancer where it is needed most, in the hearts and minds of every nurse around the globe."

Ms Ferguson told delegates that she accepted the award with "humility and joy" and said that "to have one's life work acknowledged by one's peers is the highest of honours". Reflecting on when she first started as a nurse, she had an important message for her audience. "Back in 1950 when I had my first position as a nurse, we were focused on diagnosis and the treatment of cancer. Preventing the disease was not a consideration. But we have not gone far since that time," she said.

She told delegates that although we now have more nurses engaged in cancer care, not nearly enough of them are focused on prevention strategies. She urged delegates to become involved in prevention: "There is much to do. Think for instance of the preventable nature of cancer. This is part of nursing's unfinished business, to make a



Vernice Ferguson (left) with ISNCC president Sanchia Aranda

major impact on the prevention front. Consider the cost savings as well as the human suffering averted."

She concluded by delivering a rousing message: "Nurses of the world unite. Include prevention prominently in your life's work and help people deliver healthy habits. Nurses can and must make a difference."

Ms Ferguson was a founding board member of the ISNCC and was its second president. She has been designated a Living Legend by the American Academy of Nursing. She was senior fellow in the School of Nursing at the University of Pennsylvania holding the Fagin Family Chair in Cultural Diversity from 1993 to 1996.

Prior to this she was assistant chief medical director for nursing programmes at the Department of Veteran Affairs and was responsible for the largest organised nursing service in the world with more than 60,000 nursing personnel.

EDITORIAL BOARD

President, International Society of Nurses in Cancer Care

Sanchia Aranda
email: sanchiaa@unimelb.edu.au

Chair of the Editorial Committee

Tish Lancaster
email: letitia_lancaster@wsahs.nsw.gov.au

Central and South America

Luz Esperanza Ayala de Calvo
email: leayala@javeriana.edu.co

North America

Catherine Glennon
email: glennoncathy@yahoo.com

Far East and Australasia

Tish Lancaster
email: letitia_lancaster@wsahs.nsw.gov.au

Europe

Carol Tishelman
email: carol.tishelman@ki.se

Africa and the Middle East

Petra Fordelman
email: petra@tlabs.ac.za

ISNCC Secretariat

email: ISNCC@malachite-mgmt.com
tel: +1 604 630 5516, fax: +1 604 874 4378
375 West 5th Avenue, Suite 201
Vancouver, BC V5Y 1J6
Canada

Editor

Kathryn Godfrey
11 Chesholm Road,
London N16 0DP, United Kingdom
email: kathryngodfrey@blueyonder.co.uk
All correspondence should be addressed to the editor.

<http://www.isncc.org>

Published on behalf of the International Society of Nurses in Cancer Care by:

Malachite Management Inc
375 West 5th Avenue, Suite 201
Vancouver, BC V5Y 1J6
Canada

ISSN 09565175



Taking the stigma out of cervical cancer screening messages

Women prefer messages about cervical cancer screening if they are not stigmatising, a study from South Africa found. Cervical cancer is the most common cancer among women in sub-Saharan Africa.

The study of women living in Soshanguve, Tshwane compared two approaches to preventing cervical cancer to find the preferred way of receiving the cervical screening message.

First approach

The first approach focused on what women should know about cervical cancer and was a typical message which says that sexual behaviour plays an important role. If you had sexual intercourse before the age of 15, had many sexual partners and smoked your risk was increased.

Lize Maree, Head of the Adelaide Tambo School of Nursing Science,

Tshwane University of Technology, Pretoria, South Africa who carried out the study told delegates: “Women can feel anxious and feel stigmatised if information about cervical cancer is presented in the context of STIs and multiple sexual partners.” She added: “Basically the message says if you get cervical cancer you are actually a slut.”

Second approach

The second approach was designed in collaboration with female medical practitioners responsible for cervical screening and focused on how a woman could protect herself against cervical cancer. The message emphasised ways of reducing the risk of cervical cancer by using a condom, by having a pap smear and not smoking.

The results of the door-to-door survey of 105 women showed that the major-

ity of the women (67%) preferred the second approach. Professor Maree said: “It explained to them how to get tested. They said it did not discriminate against them, showed respect and did not judge.”

However although the majority of women (64.8%) did not perceive the first approach to be stigmatising, they still preferred the second message that focused on self protection.

She concluded: “We, as health care professionals engaged in health prevention, should take note of the importance of the manner in which the cervical cancer message is presented. We need to do a national survey, including women from all cultural groups in South Africa, to ensure the message is the preferred one and not one adding to the fear and stigmatisation and contributing to the low uptake of cervical screening.”

Reducing guilt about breast cancer

Women from an Arab culture are not comfortable discussing their cancer and its prognosis in front of relatives as they do not want to burden them, according to a Lebanese study presented to delegates.

Researcher Myrna Abi Abdallah Doumit from the American University of Beirut, School of Nursing, Beirut, Lebanon told delegates she carried out the study because little is known about the lived experiences of Lebanese women with breast cancer

Key themes

Ten participants with stage 1–3 breast cancer with a mean age of 51 years were interviewed and revealed four key themes:

- living with loss,
- living with guilt.
- living with fear and uncertainty,
- living with the need to know and to share that knowledge.

When they discussed living with guilt, some of the women expressed feelings of guilt for bringing cancer into the family and were concerned that the stigma would affect their daughters’ chance of marriage.

Ms Doumit said that the results were comparable to other international studies except for the themes of living with guilt and the fear of separation which is related to the strong bond that exists within the Lebanese family.

She explained that the women did not want a member of their family present at

the interview as otherwise they would refrain from talking about their fears as they do not want to burden members by them having to listen to them.

She concluded: “We need to teach nurs-

es to ask open ended questions to allow women to express their feelings and needs. As nurses we need to make every effort to assist women living with breast cancer to explore ways to meet their needs.”



Daniela Simova (left) from the Bulgarian Oncology Hospital and president of the Bulgarian Oncology Nursing Society attended the 16th ICCN on a travel scholarship sponsored by the Princess Margaret Hospital, Toronto, Canada. Ms Simova is pictured at the conference alongside the flag of Bulgaria and with Janice Stewart, clinical director of inpatient and ambulatory services at Princess Margaret Hospital. The winners of the travel scholarships will be telling of their experiences at the conference and its impact on their work in a future issue of ICNN.

Robert Tiffany Lectureship



The Robert Tiffany Lecture was given by Isabel White from the UK and focused on sexual rehabilitation after treatment for cancer.

During her lecture Ms White, Remedi/Macmillan Clinical Research Fellow in Cancer Rehabilitation at the Florence Nightingale School of Nursing & Midwifery at King's College, London told delegates that if sexual expression is taken away as the result of treatment

it can have significant impact.

She emphasised to delegates the importance of this aspect of care and reassured them that they did have a role to play. She told delegates: "You do not need to be an expert on sexual well-being but need to show you are willing to open up the discussion; patients will often follow. Otherwise if they feel you are disinterested, it will stay a silent and invisible topic."

Ms White was awarded the lectureship by ISNCC President Sanchia Aranda who described her as an "emerging leader in the field of psychosexual cancer care". Presenting the award she said: "Isabel White is a very worthy recipient of the 2010 Robert Tiffany lectureship as she strives to bring this often silent aspect of the experience of having cancer into voice."

The lectureship, which was created to keep alive the memory of Robert Tiffany who was a founding member of ISNCC, was supported by the Royal Marsden Hospital in London where he was Director of Patient Services.

An abridged version of her lecture will be published in the next issue of ICNN.

Inpatient smokers need support

Minimal support is given to smokers who are hospitalised either to help them cope in a smoke free environment or to encourage them to quit.

As part of a Canadian study, interviews were carried out with smokers and staff in four inpatient units at two hospitals that were smoke free.

Documents, including leaflets and posters used, were analysed. Patients were asked if they were smokers and were advised not to smoke but were rarely offered nicotine replacement therapy to cope with their addiction during their hospital stay.

Of 51 smokers, only 11 were offered assistance, one of the wards did not have any patient education resources and there was generally a lack of resources to address staff's tobacco use.

Presenting the research Annette Schultz, assistant professor at the faculty of Nursing at the University of Manitoba, Canada said: "Health professionals think they need to get patients to quit and that is insurmountable within two 12 hour shifts, but supporting abstinence is more possible."

She concluded by saying that changes are required at both organisation and practice levels with policy and the availability of resources.

Nurses take lead in tumour bank

There are only eight nurses working in cancer genetics in Brazil with its population of nearly 200 million inhabitants, highlighting the differences in service delivery between low resource and high resource countries.

Leila Leontina Couto, from the Tumour Bank, National Cancer Institute of Brazil, Rio de Janeiro, described a project focusing on early detection with families with retinoblastoma. Cases are often not diagnosed in Brazil until the around the age of three which is very late for effective treatment.

Predictive diagnosis

The project, which has so far carried out genetic testing of 140 children and their families, will lead to predictive diagnosis for future generations. Ophthalmoscopy in newborn children at risk will give earlier diagnosis and treatment.

Ms Couto described the important work that the tumour bank is doing in Brazil. She said: "The bank is a dream for an underdeveloped country like Brazil. It will gather information about cancer in our own population and allow research for that population."

Significant place

Ms Couto described how the nurses had to fight to have a significant place in the project and how that achievement would open new fields of work and research to nurses in Brazil. Twenty eight nurses have now been trained to work for the tumour bank.

She told the conference that it was important for nurses to play a key role because of their particular skills. She said: "The nurse is the professional that more directly and intimately interacts with participants, facilitating definitions, transmitting information, answering questions. Stimulating dialogue and contributing to emotional balance and minimising stress."

Nursing advances

Nursing advances in the bank's work include:

- developing strategies to recruit donors,
- improving consent and epidemiological questionnaire,
- development of a specific questionnaire for women and children.



Leila Leontina Couto speaking at the Atlanta conference about cancer genetics

In addition there has been a new training course formulated for nurses.

International collaboration

International collaboration has been an important aspect of the project. Nurses from Colombia and Cuba have visited the Brazil tumour bank.

Ms Couto described how in 2008 she visited the Wales Cancer Bank to see how the UK bank operates and to discover the differences and similarities between collecting tumour and blood samples in Brazil and Wales.

Poster highlights in Atlanta 2010

A large selection of quality posters from around the world covered many topics

The poster presentations at the Atlanta conference offered delegates the opportunity to share their work with their peers and proved a popular aspect of the conference. There were 231 posters displayed by authors from around the world including Taiwan, Japan, Jordan, Mongolia, India, Canada, Denmark, Brazil, Bulgaria, Portugal, Australia, Turkey, US, Colombia, Thailand and the Philippines.

Two awards were made at each of the three poster sessions, one in recognition of outstanding achievement in research and the other for clinical practice and education.

Session one: research award

On the first day the award for research went to Brenda Nevidjon, president of the Oncology Nursing Society, for her poster entitled *Integrating evidence-based clinical education with the leadership tools needed to bring about changes in practice*.

Her poster described how the ONS partnered with another professional cancer nursing organisation and a consortium of Middle Eastern countries' cancer centres to develop a leadership course for nurses from five Middle Eastern countries.

Topical areas such as value identification, practices of exemplary leadership, effective communication, and patient advocacy equipped the participants with tools to implement individually proposed projects that focused on improving health-care in their regions.

In a second phase of the programme, discussion on strategic leadership and patient advocacy was integral. This was personalised through the final projects as participants developed take-away implementation plans.

In a region of the world where "leadership development" is not a common practice, and open discussion among the represented countries is not always a comfortable endeavour, the delegates worked together in both programmes, developing their values, priorities, and self-awareness, and identifying their common challenges.

Post-conference reports from participants showed tangible ways that participants influenced change in their respective institutions and regions. Ultimately, their efforts will lead to measurable improvements in patient care and education, community service, and clinical research



Delegates taking the opportunity to discuss work with poster presenters

Session one: clinical practice and education award

For this first session the clinical practice and education award went to Philiz Goh from the Sunnybrook Odette Cancer Centre, Toronto, Canada for a poster entitled *Update of the bone metastases patient information booklet*.

The poster described how an on-line survey was distributed to health care professionals who treat patients with bone metastases at hospitals and cancer centres throughout Canada. Patients were asked for their feedback about the content and format of the publication.

The new information booklet was created and is now distributed to centres across Canada and will assist patients by helping them understand and better cope with their diagnosis.

Session two: research award

On the second day of the conference the poster award for research went to Jacqueline Mathieson from the Peter MacCallum Cancer Center, Melbourne,

Australia for her poster entitled *Clearing the mind: a nursing assessment tool for the recognition and management of delirium*. This poster reported on a project that reviewed the literature with the aim of establishing which was the most effective and accurate nursing delirium assessment tool for use in an inpatient cancer unit.

Of the seven delirium assessment tools identified in the literature, the Nu-DESC was found to be the most accurate, effective nursing assessment tool for diagnosis and for continuous monitoring of severity of symptoms associated with delirium.

This tool will allow delirium to be recognised early and for interventions to be put in place in a timely fashion, thus improving the nursing care provided and the patient's quality of life. Due to the lack of evidence surrounding the tool a six week trial has commenced to gain a greater understanding of the benefits and appropriateness for inpatients at the Peter MacCallum Cancer Center.

Poster award winners

Research

- Poster 32: Brenda Nevidjon, US
- Poster 104: Jacqueline Mathison, Australia
- Poster 157: Kazue Hirai, Japan

Clinical Practice and Education

- Poster 55: Philiz Goh, Canada
- Poster 145: Allison Pederson, Canada
- Poster 191: Sandra Morris, UK

Session two: clinical practice and education award

The clinical practice and education award for this session went to Allison Pedersen from the University of Manitoba, Winnipeg, Canada for a poster entitled *Uncovering anxiety in patients with breast cancer: a human response to illness model*. This poster highlighted the anxiety in patients with breast cancer using the Human Response to Illness (HRTI) model as a framework.

Recognising anxiety and intervening at appropriate intervals is pivotal in improving outcomes for patients diagnosed with breast cancer. Although screening for anxiety requires time and effort, anxious patients ultimately require increased guidance and care resulting in a higher burden on the healthcare system.

This work concluded that oncology nurses are well positioned to initiate screening and interventions to reduce anxiety in patients with breast cancer. Nurses can utilize the HRTI model as a foundation for recognizing anxiety and establishing support.

Session three: research award

On the third day the research award went to Kazue Hirai from Yokohama City University, Yokohama, Japan for a poster entitled *Development of Hirai cancer fatigue Scale (HCFS); testing, reliability and validity*. A fatigue scale questionnaire was developed using research on 186 patients which identified how Japanese cancer patients feel and describe their fatigue.

As with former research, it showed three dimensions (physical, mental, cognitive) but cognitive change, such as concentration, memory and thought, is less described in Japanese patients.

The original Hirai Cancer Fatigue Scale (HCFS) questionnaire was developed and was validated by 6 oncology clinical nurse specialists and 5 oncologists. It is now being tested on a group of cancer patients.



During the opening ceremony, the time, commitment and dedication given by all members of the conference management committee and the scientific planning committee was acknowledged and appreciated. Particular thanks were given to the chairs of the two committees. The conference management committee was chaired by Esther Green (centre) a member of the ISNCC board and Provincial Head, Nursing and Psychosocial Oncology at Cancer Care Ontario, Canada. The scientific planning committee was jointly chaired by Dauna Crooks (left), Dean of the Faculty of Nursing, University of Manitoba, and Georgie Cusack (right), Clinical Nurse Specialist, Clinical Center Nursing Department at the National Institutes of Health, US.

Session three: clinical practice and education award

The final clinical practice and education award went to Sandra Morris from Countess Mountbatten House, Southampton, United Kingdom for her poster entitled *The preferred place of care for palliative care patients* which explored whether terminally ill patients die in their preferred place of care.

A documented 'preferred place of care' was noted in 34 patient records, out of the sample of 70 patients. Of these 29 patients (85%) were able to die in their preferred location. Over 83% of patients who had

stated home as a preference were able to die there with only one of these patients dying in an acute hospital setting.

This was compared to eight patients dying in an acute hospital, when their preferred place of care had not been noted. This poster demonstrates the importance of documenting the preferred place of care for terminally ill cancer patients.

ISNCC past president Margaret Fitch presented the winners with a copy of the ONS publication *A Guide to Oncology Symptom Management*. The books were donated by the Sydney Nursing School, University of Sydney, Australia.

Reducing post-chemotherapy admissions

Nausea and vomiting were found to be the main reason for unplanned hospital visits by patients undergoing chemotherapy, according to an Australian study.

The retrospective study of 316 patients who had made 469 unplanned visits to hospital over a year found that 60% were for nausea and vomiting and 35% for dehydration.

Other reasons included fever, pain and anxiety. The majority, (87%), of the visits resulted in a hospital admission for the patients.

Presenting the research, Kate White, Professor of Nursing and the Cancer Institute of NSW Chair in Cancer Nursing, University of Sydney, Australia explained that many of the patients had been told to expect nausea.

As a result they had tolerated the symptom much longer than appropriate and, in particular, older patients had become very unwell.

Many of these conditions could be prevented through early identification and access to prompt management.

Professor White said the results had revealed significant unmet needs among this group of patients and prompted the development of a community nurse intervention to provide symptom support.

The pathway included scheduled home visits and telephone follow-up at three time points in each treatment cycle. She said: "We are working with community nurse colleagues who have had education on chemotherapy and its side effects so that they can visit patients in the community at key time points."

Handover of presidency

The presidency of the ISNCC was officially handed over at the Atlanta conference to Greta Cummings who is associate professor, Faculty of Nursing, University of Alberta, Canada.

Greta Cummings is pictured here (left) receiving the medal of office from current president Sanchia Aranda. Following this official ceremony, the actual handover of office and responsibilities will take place in July this year.

A profile of the incoming president and a look back over Sanchia Aranda's presidency will be covered in later issues of ICNN.



Improving sleep

Using lavender oil improves quality and length of sleep, according to German research. A study of 133 inpatients with cancer applied warm compresses with lavender skin care oil each evening. A control group used sweet almond skin oil. The research was carried out in response to patients' requests for more natural remedies for sleep problems.

End-of-life care

OPCARE9 is an EU project aiming to improve end-of-life care by systematising existing knowledge, understanding global best practice and identifying knowledge gaps to develop an evidence base. As part of the project the nine countries involved have so far identified 1000 care-giving activities, 80% from nurses, and have categorised them into themes to show their variety and to generate research questions.

Nutrition needs

Malnutrition is a significant risk for women with gynaecological cancer. An Australian study focused on using the Patient Generated Subjective Global Assessment tool to maximise nutritional status for these patients. Preliminary results show that monitoring nutritional status is a feasible and important area of care for cancer nurses.

Nigerian nurse honoured

The Past President's Award was awarded to Elizabeth Ukamaka Agunwah, deputy director of nursing and head of nursing services at the University of Nigeria Teaching Hospital in Enugu in Nigeria.

This award which was first presented in 2000 is given in recognition of a cancer nurse from a developing country who has initiated and sustained a programme of cancer care in her or his country which has been in place for three or more years and has the potential to be replicated or adapted beyond the country's borders.

Past president Margaret Fitch announcing the award said that Ms Agunwah was very deserving of the award: "She has worked very hard to develop peer support groups for patients, organise cancer awareness outreach and increase awareness of cancer and prevention."

In addition Ms Agunwah has been central in reactivating a cancer registry which will ensure that there is appropriate data available. She has also been instrumental in moving palliative care and palliative care training forward in Nigeria.

Voices from the conference

Delegates share their views of the conference

"This was my second ISNCC conference. I really enjoyed the breakfast sessions and all the posters. I am particularly interested in supportive care and screening and prevention. I learnt something everyday."

Hatice Ozcag, Faculty of medicine, Ege University, Izmir, Turkey.

"I qualified as a nurse in January and this was my first international conference presenting a poster on HPV vaccination which was from an exam project. I really enjoyed the plenary session on supportive care."

Maria Ebkar, School of Health and Medical Sciences, Orebro University, Sweden.

"I enjoyed the keynote speech and the speakers who presented on the topic of workforce. I presented a poster and had the chance to talk about it to many delegates from US, Japan, Canada and Germany."

Shu-Yu Chen, Nursing Supervisor, Changhua Christian Hospital, Taiwan.

"The poster sessions at this conference were really well organised. I particularly liked a poster on barriers to pain and fatigue management from Canada because this is my specialty. It is my first time at the ICCN. I have met lots of people from around the world — opening up new horizons and expanding my interest in cancer nursing."

Eyad Alhelih, Assistant professor in oncology nursing, King Saud University, Riyadh, Saudi Arabia.

"This is my first international conference and I have found the international perspective on cancer care very refreshing. The plenary topics have been well done and all the speakers have been good. The conference speaks to nurses in administration, education and in public policy. There is something for everyone."

Mary Eagan, nurse leader, Memorial Sloan Kettering, New York, US.

"It's hard to choose from all the concurrent sessions as so many of them are of interest. It has been great to find out how people from around the world practice. I attend the pre-conference workshop on palliative care which was excellent. It was well structured and organised. I got a lot from it."

Jacqueline Mathieson, Associate Nurse Unit Manager, Peter MacCallum Cancer Institute, Melbourne, Australia.

"This conference gives you an insight into global cancer care. It's really motivating to find out what is happening in other parts of the world. The workforce issues were of interest and not something that I would normally focus on. I have enjoyed exploring aspects of nursing other than research."

Kinta Beaver, professor of nursing, University of Manchester, UK.