CANCER NURSING: LEADERSHIP

CN41 Cancer situation in Sub-Saharan countries: Development of educational, diagnosis and treatment plans

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Background: The situation of patients with cancer around the world means, in terms of access to diagnostic tools, adequate surgical interventions, medical treatments and optimal radiotherapy, as well as the educational tools for professionals, presents a great disparity in terms of access throughout the globe, but especially in sub-Saharan countries. Once again, putting into evidence this situation is necessary in order to raise awareness among the participants involved in this situation: patients, professionals, Scientific societies, but especially governments and international organisations. Health services, sanitary equipment and medical access in developing countries are unequal: from rural areas to cities, the ratios of population, patients and professionals are far from the recommendations of the WHO. The aim of this project is to determine the dimension of educational and non-educational needs, such as diagnostic methods and treatments, based on the difficulties presented while having access to the different resources.

Methods: A qualitative approach was performed as first step. Objectives are to determine needs about diagnosis equipment, treatments, and level of expertise within the personnel: including physicians, nurses, physiotherapist, technicians, and community health workers (this is a common figure in these countries). Quantitative analyses will start taking place during summer campaigns by African and European health professionals.

Results: Access to medicines is expensive, even for the most basic treatments; when a patient begins a chemotherapy treatment, usually completes the first or second cycles of treatment. Only people who have access (economically) to a regular health system can afford a complete line of chemotherapy. About cancer diagnosis, in many countries of the world, patients are not aware of the diagnosis, or when they do, they are referred to the nearest specialized centre, if possible. Regarding treatment, optimality of access to diagnostic tools, adequate surgical interventions, medical treatments and optimal radiotherapy, as well as the educational tools for professionals, presents a great disparity in terms of access throughout the globe, but especially in sub-Saharan countries. The situation of patients with cancer around the world means, in terms of access to diagnostic tools, adequate surgical interventions, medical treatments and optimal radiotherapy, as well as the educational tools for professionals, presents a great disparity in terms of access throughout the globe, but especially in sub-Saharan countries. Once again, putting into evidence this situation is necessary in order to raise awareness among the participants involved in this situation: patient, professionals, Scientific societies, but especially governments and international organisations. Health services, sanitary equipment and medical access in developing countries are unequal: from rural areas to cities, the ratios of population, patients and professionals are far from the recommendations of the WHO. The aim of this project is to determine the dimension of educational and non-educational needs, such as diagnostic methods and treatments, based on the difficulties presented while having access to the different resources.

Conclusions: The situation of cancer patients with cancer around the world means, in terms of access to diagnostic tools, adequate surgical interventions, medical treatments and optimal radiotherapy, as well as the educational tools for professionals, presents a great disparity in terms of access throughout the globe, but especially in sub-Saharan countries. Once again, putting into evidence this situation is necessary in order to raise awareness among the participants involved in this situation: patient, professionals, Scientific societies, but especially governments and international organisations. Health services, sanitary equipment and medical access in developing countries are unequal: from rural areas to cities, the ratios of population, patients and professionals are far from the recommendations of the WHO. The aim of this project is to determine the dimension of educational and non-educational needs, such as diagnostic methods and treatments, based on the difficulties presented while having access to the different resources.

CN42 The Gastrointestinal and Lymphoma Unit lead nurse research role in Royal Marsden Hospital

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Background: Clinical research has expanded in many fields with oncology growing vastly in the last 5 years. Specialised nursing and healthcare support is imperative for the smooth operation of the research aspect of a unit, aiming to deliver better care to patients (pts) participating in clinical trials.

Methods: Retrospective review of the structure of the Research Clinics between November 2016 and April 2018 in Royal Marsden Hospital in the Gastrointestinal and Lymphoma Unit.

Results: The Lead Research Nurse (LRN) structured the team by identifying the complexity involved in running a dedicated Research clinic, developing new roles and assigning the appropriate research team members to support the Clinical Research Fellows. The LRN introduced the role of Assistant Practitioners (APs) to support the running of the clinic by taking vital signs, performing ECG’s and other trial related procedures, such as entering source data into the Electronic Case Report Forms for the sponsor of each clinical study. This has enabled the Clinical Research Nurses (CRN) to spend more time with pts, assessing them for new or existing adverse events, recording concomitant medications, checking blood results, and completing Holistic Needs Assessments at required points throughout treatment. The LRN expanded the role of the Biological Specimen Coordinator (BSC) enabling them to perform phlebotomy on Research pts and take consent for a Translational Research protocol, making their role more hands on and improving retention in this job group.

Conclusions: The LRN has a crucial role leading, supervising and developing a split site team consisting of ten CRNs: 3 senior CRNs, 5 junior CRNs, a Translational Research Coordinator (TREC) assisting with the casemanagement and running of the clinic by taking vital signs, performing ECG’s and other trial related procedures, such as entering source data into the Electronic Case Report Forms for the sponsor of each clinical study. This has enabled the Clinical Research Nurses (CRN) to spend more time with pts, assessing them for new or existing adverse events, recording concomitant medications, checking blood results, and completing Holistic Needs Assessments at required points throughout treatment. The LRN expanded the role of the Biological Specimen Coordinator (BSC) enabling them to perform phlebotomy on Research pts and take consent for a Translational Research protocol, making their role more hands on and improving retention in this job group.

Funding: Has not received any funding.

Disclosure: All authors have declared no conflicts of interest.

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