

## CANCER NURSING: LEADERSHIP

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

J.C. de la Torre-Montero<sup>1</sup>, N. Gil-Gómez<sup>2</sup>, J.L. Ribes bernal<sup>3</sup>, N. Domenech Climent<sup>4</sup>, A. Ojer Perea<sup>5</sup>, P. Beolegui Murillo<sup>5</sup>, J.M. Gavala Arjona<sup>6</sup>, R. Cumplido Corbacho<sup>7</sup>, I. Magallon Pedrera<sup>8</sup>, M.A. Peñuelas Saiz<sup>8</sup>

<sup>1</sup>Spanish Society of Oncology Nursing, Comillas Pontifical University, Madrid, Spain, <sup>2</sup>Spanish Society of Oncology Nursing, Hospital Quirón Madrid, Madrid, Spain, <sup>3</sup>Spanish Society of Oncology Nursing, Hospital Clínic, Barcelona, Spain, <sup>4</sup>Spanish Society of Oncology Nursing, Hospital Virgen de los Lirios, Alcoy, Spain, <sup>5</sup>Spanish Society of Oncology Nursing, Clínica Universitaria de Navarra, Pamplona, Spain, <sup>6</sup>Spanish Society of Oncology Nursing, Hospital son Espases, Palma de Mallorca, Spain, <sup>7</sup>Spanish Society of Oncology Nursing, Hospital Universitario Virgen del Rocío, Seville, Spain, <sup>8</sup>Spanish Society of Oncology Nursing, Hospital Universitari Vall d'Hebron, Barcelona, Spain

**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: patient, professionals, Scientific Societies, but especially governments and international organizations. 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 there are basic X-ray services, including CT scan, but no PET or RMI.

**Conclusions:** If we think in oncology services, there is a big gap from developed societies in terms of education resources. If we think in patients with cancer in some countries in Africa, we can sadly affirm that most of them are patients in palliative care, and instead of receiving the most qualified and supportive care, their options about pain control or other treatments are very few.

**Legal entity responsible for the study:** Julio Cesar de la Torre Montero.

**Funding:** Comillas Pontifical University; San Juan de Dios School of Nursing and Physical Therapy. SEEO Sociedad Española de Enfermería Oncológica. ONGD Asociación AMAP.

**Disclosure:** All authors have declared no conflicts of interest.

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

J. Duncan<sup>1</sup>, V. Michalarea<sup>1</sup>, T. Coyne<sup>2</sup>, J. Thomas<sup>1</sup>, D. Cunningham<sup>2</sup>

<sup>1</sup>GI and Lymphoma, Royal Marsden Hospital NHS Foundation Trust, London, UK, <sup>2</sup>GI Research, Royal Marsden Hospital NHS Foundation Trust, London, UK

**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 complexities 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) who 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: 5 senior CRNs, 5 junior CRNs, a Translational Research Manager, 5 BSCs and 2 APs. We have achieved a holistic approach for the trial pts whose needs might differ from the usual treatment setting due to the experimental nature of these trials. Our well-structured process has helped pts build better rapport with the team, understanding the importance of all members and various aspects in clinical research. Further training is warranted with Research nurses undertaking advanced practice education, with the view for this model to be adopted in other specialties and institutions.

**Legal entity responsible for the study:** The authors.

**Funding:** Has not received any funding.

**Disclosure:** All authors have declared no conflicts of interest.