13th Australasian Prostate Cancer Conference

Participants share nursing care insights on PCa management

Sue Osborne, Rn
Waitemata District Health Board
North Shore Hospital
Urology
Auckland (NZ)

sue.osborne@waitematadhb.govt.nz

In August I travelled to Melbourne, Australia to attend the 13th Australasian Prostate Cancer Conference 2012, an annual international meeting that brings together all disciplines involved in prostate cancer management and care.

This year around 650 delegates from urology, oncology and general practice with nursing, psychology, allied health and translational science professionals attended the meeting. Speakers included many world leaders who lectured in their areas of expertise and current research from across the prostate cancer management spectrum. The three-day programme was diverse and topical, with plenty of opportunities to discuss the messages with fellow professionals during the meal breaks and social programme.

Twelve delegates attended from New Zealand, three of whom are nurses in advanced practice. We were reminded of the enormous impact prostate cancer has on the men and women in our region, with data showing that men in Australia and New Zealand have the highest incidence of prostate cancer in the world. The good news is that our mortality rates have been falling at an average of 2.5% per annum over the last decade, but we still have a long way to go.

New Zealand had three research posters accepted, two in the clinical urology category and one in the nursing category. Zuzana Obertova and Prof. Ross Lawrenson, from Waikato Clinical School presented their work examining ethnic differences in prostate cancer screening and diagnosis in New Zealand in two posters.

The study population included 27,973 men aged 40+ years. All PSA results for 2007-2010 were obtained from the community laboratory and the practice records of men with elevated PSA test in 2010 were searched for information on referral rates, biopsy results and diagnosis of prostate cancer. The outcomes were analysed by age and ethnicity. One of the posters examined PSA screening rates in New Zealand men and revealed that the screening rate for Maori men was 13.6% compared with 25.4% for non-Maori men.

Screening issues
The difference was statistically significant ($\chi 2$ P=0.0001). The screening rate by age was: 12.7% for men aged 40-49 years, 26.0% for men aged 50-59 years, 35.0% for men aged 60-69 years, 32.4% for men aged 70-79 years, and 21.7% for men aged 80+ years. The paper concluded that Maori men were significantly less likely screened compared to non-Maori men. In this highly screened population only 2% of PSA tests were elevated. They noted a significant number of men over 70 years of age being screened when there is little evidence that they can benefit. Their findings suggest guidance is needed on the interval for screening and the age when screening should no longer be offered.

Posters in the nursing category presented patient outcomes following surgery for post prostatectomy incontinence, acute pain outcomes after robotic prostatectomy and various topics related to bone health in prostate cancer. L. Lyons of the Waikato Urological Trust, presented an interesting case report of a 65-year-old man who experienced urosepsis post-prostate biopsy, with the culprit bacteria Burkholderia Cepacia being in the isolated to contaminated lubricating gel. B. cepacia was identified in both opened and unopened bottles of Sonoclear ultrasound gel, a product made in Shanghai, China.

"...data showing that men in Australia and New Zealand have the highest incidence of prostate cancer in the world."

This incident resulted in a New Zealand wide recall of the product. In reviewing local practices a number of risks for contamination were noted. 1) Decanting gel from a 5 litre bottle into 250 ml bottles, 2) decanting before the 250 ml bottle was empty, 3) re-using 250 ml bottles without cleaning, and 4) cutting the tip off bottles to improve flow.

This infection highlights a number of issues including country of origin of product and several practices that could have increased the risk of B. cepacia growing prior to implantation at time of biopsy. This excellent poster won first prize in the nursing category, a great achievement.

Several sessions focussed on the apparent increased risk of post TRUS biopsy sepsis associated with international travel. Multi-drug resistant gut commensals are more common in men who have recently travelled to the Asian and African continents.

Active surveillance
Other factors associated with increased risk of post biopsy sepsis are diabetes, recent antibiotic use and possibly repeated biopsy. Some centres have moved to performing rectal swabs prior to prostate biopsy, altering antibiotic prophylaxis according to results. Auckland District Health Board has recently moved to this practice, having recently published a paper on local rates of E. coli infection after TRUS Biopsy in Clinical Infectious Diseases.

A large volume centre in Western Australia (WA) has tested an alternative strategy to combat increasing sepsis rates, administering povidine iodine (betadine) suppositories pre-biopsy. WA reported a significant reduction in their sepsis rate following the introduction of this strategy.

The host state, Victoria, reported an increase in active surveillance, with 42% of men diagnosed with low risk prostate cancer (Gleason 6, PSA> 10, low volume disease) being managed in this way. This treatment option was explored in depth over several sessions, recognising its increasing importance in these times of over-diagnosis and over treatment of low grade, low volume disease in an environment of PSA screening. It is unclear whether the early detection of these tumours reduces prostate cancer mortality, but we do know that radical treatment can certainly have a big impact on quality of life.

Dr. David Penson, professor of Cancer Research and Urologic Surgery, Vanderbilt University, advocated the importance of the outcomes of high quality comparative effectiveness studies being available to inform treatment decisions. Such clinical trials make a comparison of one diagnostic / treatment option to others, and aim to answer questions related to prostate cancer specific mortality and all-cause mortality.

Nursing care insights on PCa
One example of such a trial is "The ProtecT trial - evaluating the effectiveness of treatments for clinically localised prostate cancer." Recruitment for the ProtecT study ended in 2009 with approximately 109,750 men having taken part. The overall aim of this randomised controlled trial is to evaluate the effectiveness, cost-effectiveness and acceptability of treatments for men with localised prostate cancer.

Men have been randomised to conformal radiation, radical prostatectomy or active surveillance. The primary outcome is prostate cancer specific mortality at 5, 10 and 15 years after treatment. Secondary outcomes are all cause mortality, treatment harm, development of metastases and quality of life.

Baseline data was presented from an Australian randomised controlled trial examining couple distress following prostate cancer diagnosis. The study has three arms with 70 heterosexual couples randomised to each treatment group: peer support, nurse-led support or usual care.

All groups have received information in the form of electronic media and guidebooks. The intervention arms also received 6-8 telephone consultations with either a trained peer support person or a nurse. Data is collected from both men and their partners at baseline, 3, 6, and 12 months, followed by annual time points until five years out from recruitment. The information gathered includes data pertaining to sexual adjustment, marital satisfaction, use of sex aids and quality of life.

The researchers are currently analysing data from the first 12-month time points. Lisa Nielson, Queensland Cancer Council, presented a snapshot of baseline data at the meeting indicating that partners were more distressed at baseline (diagnosis) than men, with high levels of anxiety or depression seen in 32-38% of women compared to 6-8% of men. It is hoped that this data and the other results to follow can be utilised to inform health professionals interventions aimed at couple support.

One realises that it has been a worthwhile conference when you bring home urological insights that you can't wait to share with colleagues and additional knowledge that have the potential to influence practice. It is also a bonus when the learning has been enhanced by the sights of a vibrant city, with the warmth of rekindled friendships and providing a respite from a fast-paced work environment. I do hope that others will also have the opportunity to join similar learning experiences.

EAUN around the world

The EAUN Board have been involved in or attended the following activities throughout the world recently:

October 2012	Cancer- and Treatment-Related Bone Disease course, Zurich, Switzerland
November 2012	SUNA 43th Annual Conference, Washington DC, USA
November 2012	BAUN Meeting, Brighton, United Kingdom
November 2012	Symposium V&VN, Ede, Netherlands
November 2012	URHOT Annual Meeting, Helsinki, Finland
November 2012	EAUN Board Meeting, Amsterdam, Netherlands
January 2013	EAUN Board Meeting, Amsterdam, Netherlands

Is your National Society organising a meeting and would you like the EAUN to be present? Contact our chair at k.fitzpatrick@eaun.org

Call for case studies for sessions at the EAUN Meeting in Milan

To make the sessions of the EAUN Congress in Milan more interesting we would like to use real cases from your practice. Your case will discussed by the panel with the audience (you don't have to present it yourself).

Deadline for sending in cases: 15 January 2013
Submission at: eaun@uroweb.org

Bladder Cancer Session:

- Patient sex
- Age
- Profession
- Symptoms at first visit or reason of visit
- Date of first diagnose
- Histological staging and grading of first diagnose
- Treatments ("patient journey" with 1st line, 2nd line, adjuvant treatments, neoadjuvant treatments)
- Psychological impact
- How the relatives dealt with the disease

If available:

- Additional staging results (e.g. MRI, CT, bone scan)
- Complications and their treatments
- Rehabilitation

Difficult Case Session:

- Patient sex
- Age
- Profession
- Disease
- Date of first diagnose
- If important histological staging and grading of disease
- Complications and past treatment
- Psychological impact
- How the relatives dealt with the disease
- Ongoing problems that have to be solved or need treatment suggestions

In the Difficult Case Session also unsolved cases are welcome and hopefully a possible solution will be proposed in the discussion.

First ERUS nursing meeting in London

Specialised meeting examines robot-assisted surgery's impact on nursing practice

Obviously, the acquisition of a robot is not the only change that hospital personnel will have to deal with when sophisticated surgical techniques and new equipment are introduced in a urological clinic. Aside from the doctors, theatre and ward nurses and clinical nurse specialists will also need extra training for any innovation introduced in a hospital.

With this as context, Netty Kinsella, clinical nurse specialist at the Guy's and St. Thomas' Hospital, was inspired to organise a nurses' programme in this year's EAU Robotic Urology Section (ERUS) meeting held in London. When she attended the ERUS 2011 meeting held in Hamburg she missed nurse representatives in the programme, and found no content regarding urological nursing in the offered courses and plenary meetings.

Kinsella accepted the challenge, with the help of the nursing team at Guy's, to organise a very good and solid programme. With financial support from Ferring, Coloplast, Medi-Plus and Dantec, the costs of the meeting were covered. And upon the initiative of and invitation from the organising team, the EAUN extended its support and contributed to holding the event.

The programme was well-balanced with guest speakers coming from London (UK), Denmark to as far as Australia. Around 60 nurses attended the meeting, majority or about 60% from the UK and the remainder from the rest of the world.

Mr. Pardeep Kumar, consultant urologist of the Royal Marsden (UK) spoke about the evolution of the robot and its impact on current minimally invasive surgery. Representing theatre nurses, nurse specialist Mrs. Jane Petersson, (Aalborg, Denmark) discussed innovative developments in nursing care and minimally invasive surgical techniques. She spoke about her experience as being the first Danish specialist nurse assistant in robotic surgery. Theatre nurse Maria Nightingale from Guy's also shared her experience and gave a lively lecture regarding nursing preparations for robot-assisted surgery and how to manage problems or challenges in the OR.

Mrs. Janette Kinsella, CNS

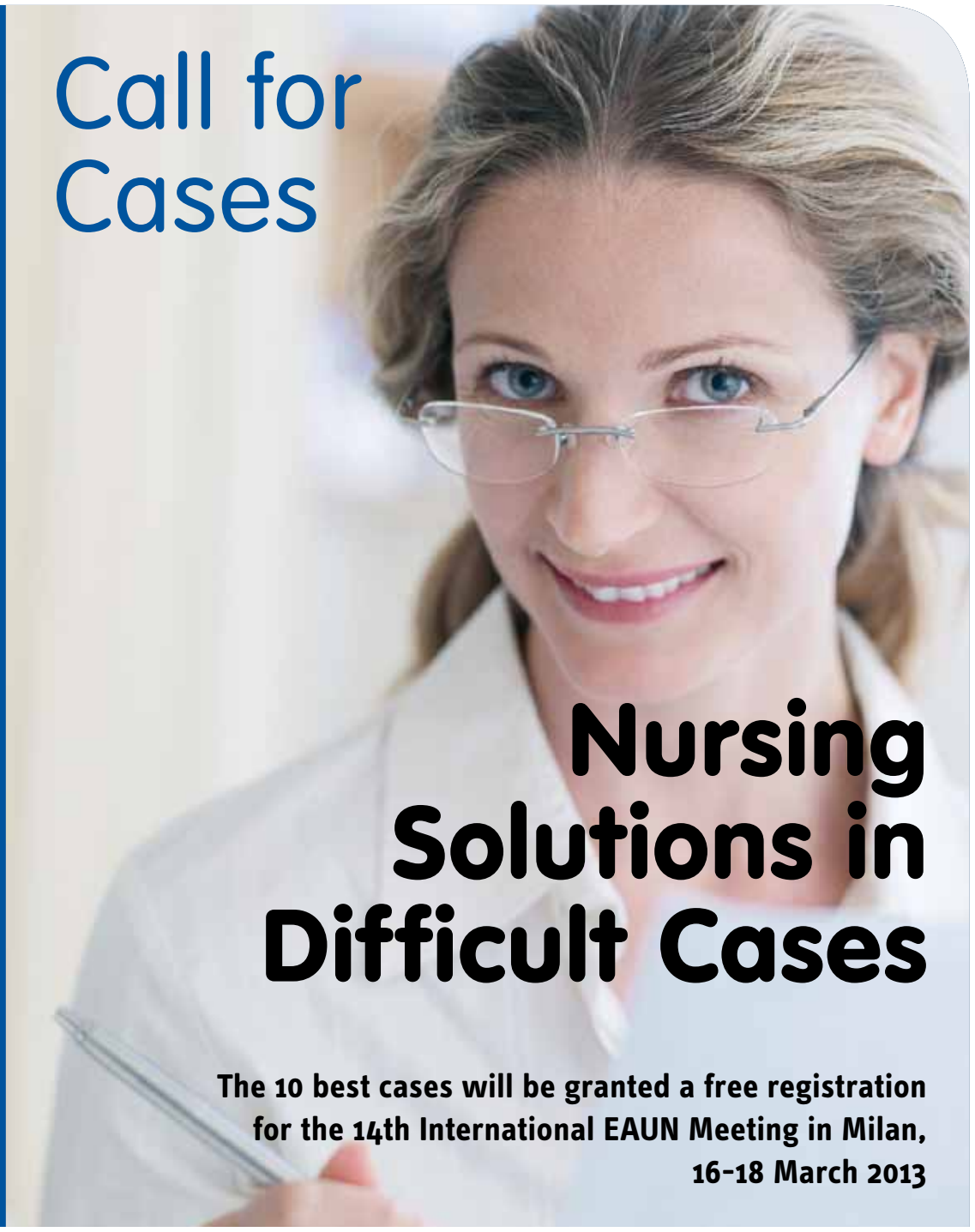
During the meeting, not only the robot and all its elaborate machinery were shown. Netty Kinsella, Kathryn Chatterton and Willem De Blok, all CNS's, presented lectures on how nurses have adapted their OR practices after the introduction of the robot in urology, and how it can lead to innovations in nursing care. A perspective on pain management as developed by our Australian colleagues was given by Helen Crowe, advanced nurse practitioner from Melbourne.

A minute-by-minute report of the entire programme would not fit this column, but suffice it to say that more than 20 persons contributed to this comprehensive and very interesting course that covered robotic surgery for prostate, renal and bladder procedures. The programme concluded with a debate by doctors providing pro and contra opinions in uro-robotic surgery. The lively and sometime intense exchange of opinions, gave the audience important insights on the current role of minimally invasive surgery and the challenges ahead that need to be faced by all healthcare professionals.

It is also important to note that there has been a definite change in attitudes over the last few years, which have led to our medical colleagues now actively encouraging and supporting specialised nursing practice through advance training and education. After this year's successful nurses programme at ERUS, nothing stands in the way of repeating this success in 2013, and the years to come. In fact, ERUS has already invited the EAUN and Ms. Kinsella to once again organise the nurses' masterclasses at next year's event.

Audience participation in the debate concluding the nurses' programme on uro-robotic surgery

Call for Cases



Nursing Solutions in Difficult Cases

The 10 best cases will be granted a free registration for the 14th International EAUN Meeting in Milan, 16-18 March 2013

Join our search for Nursing Solutions in Difficult Cases
If you are among those who encounter atypical cases in daily practice and have found your own solutions, we would like to invite you to take a few photos and write a standard protocol. You can download a form with a list of standard questions. The form should include a description of the problem, the nursing intervention provided, the material you have chosen to help the patient and the final results. **Please note:** Difficult Cases that have not been (completely) solved may also be submitted!

Share your expertise
Together with the EAUN you will share and pass on this knowledge to other nurses. The cases will be evaluated by an international expert jury. The 10 most interesting cases are presented by the authors and discussed with the audience in a special session at the 14th International EAUN Meeting in Milan. The EAUN will place the material on their website as a unique opportunity to learn from each other. All submissions that meet the criteria will be published on the EAUN website and in European Urology Today.

Some of the Submission Criteria and Rules
- The authors and presenter of this Difficult Case must be registered nurses
- The topic selected must be of relevance to urology nursing interventions in Difficult Cases
- The case is illustrated with photos of the problem and the solution (if any), preferably 2-5 photos
- The solution described in this Difficult Case is your own solution and a nursing intervention
- The case is presented in a completed submission form accompanied by a written patient consent
- When invited to present the Difficult Case in Milan you will present the case using the EAUN Difficult Cases slides

All criteria can be found at the Milan website:
www.eaumilan2013.org/14th-eaun-meeting

How to apply
- Please check the special page on Difficult Case submission at the congress website for full details.
- For more information you can contact the EAUN Office at eaun@uroweb.org

Submission deadline: 1 December 2012

Join our search for the best nursing solutions! We are looking forward to your contributions!

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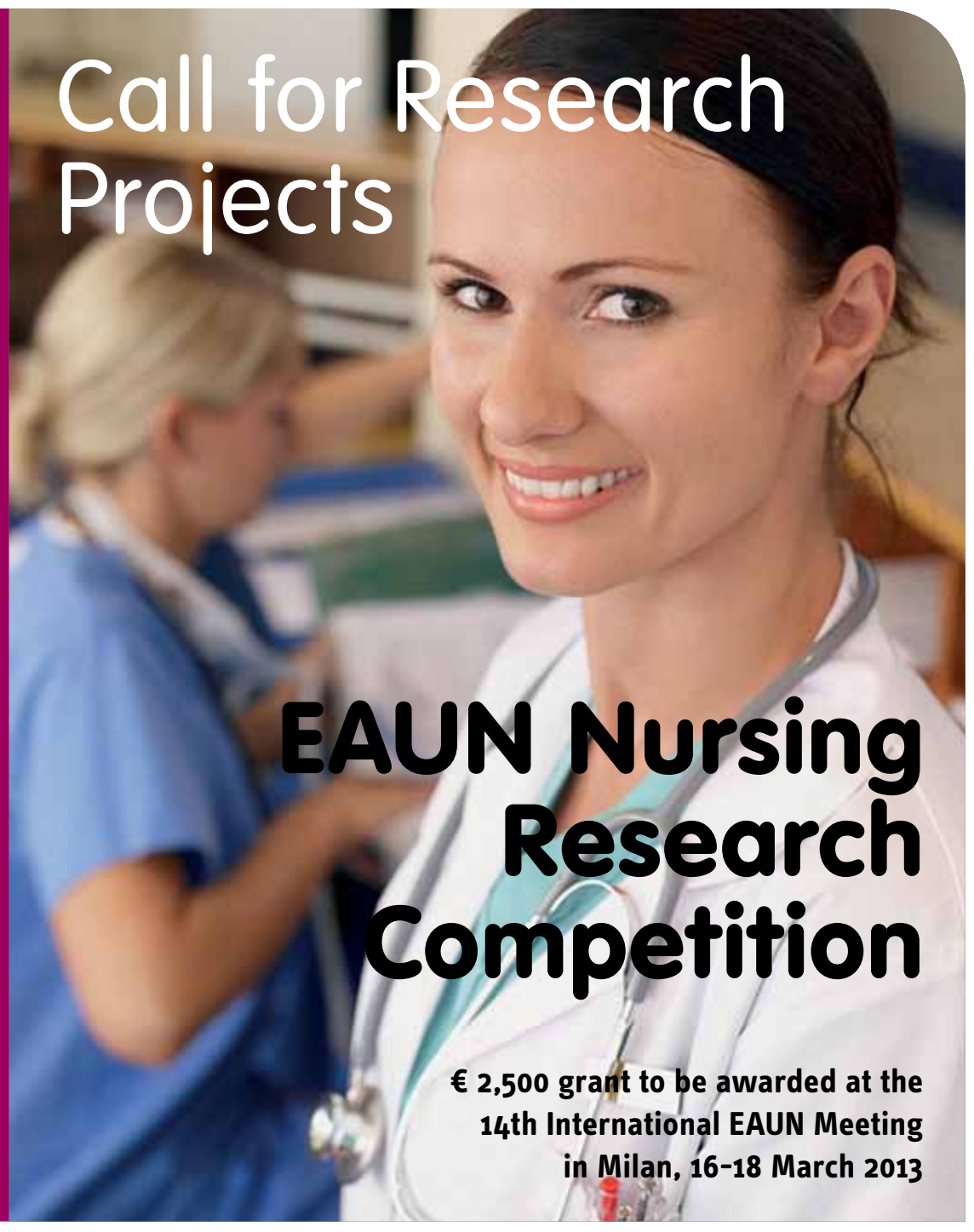
Call for Research Projects



EAUN Nursing Research Competition

€ 2,500 grant to be awarded at the 14th International EAUN Meeting in Milan, 16-18 March 2013

Do you have an idea for a project that will.....
- Improve the quality of your daily work in urology care
- Turn a new or unique aspect of nursing care into a research project
- Evaluate developments which have taken place in your urological field
- Turn practical clinical issues in nursing into a research project to help resolve them
- Or do you have a small practical project which you would like to develop into a research project

... then we invite you to submit a research project proposal for the EAUN Nursing Research Competition.

You can find the full details of the submission process and details of previously submitted research project plans on our website. The winner in 2012, H. Cobussen, for example, submitted the project: "Which factors make clean intermittent (self) catheterisation successful".

During the 14th International EAUN Meeting in Milan (March 2013), all projects of the nominees will be discussed in a scientific session, enabling all participants to learn through feedback and discussions. If English is not your first language do not let this deter you from submitting a research proposal; the jury are well aware that it is much more difficult to write such a proposal in a foreign language, and your proposal will be judged on its merits.

A winner chosen from the final six nominees selected by a jury, will receive € 2,500 to (partly) fund the research project.

To be eligible participants must comply with the following:
- Be a registered nurse
- The project must not have started at the time of submission
- The proposal, the presentation and the project must be undertaken by the submitting nurse
- The topic selected must be of relevance to urological nursing
- The results of the prize-winning research project will be published in European Urology Today and on the EAUN website and the winner is invited to present the results or parts of the result at the next International EAUN Meeting.

All details regarding participation and criteria for submission can be found at the Milan website: www.eaumilan2013.org/14th-eaun-meeting/

- For more information you can contact the EAUN Office at eaun@uroweb.org

Submission deadline: 1 December 2012

We hope that you will not miss this opportunity. Remember, nursing research small or large can still change the urological world!

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