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 importance 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 Lawverston, from Waikato Urological Hospital presented their work examining effectiveness of 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 relevant District Health Board laboratory practice records of men with elevated PSA test in 2010 were two posters. 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 when to start screening and the age when screening should no longer be offered.

Posters in the nursing category presented patient outcomes following surgery for postprostatectomy 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 67-year-old man who experienced unexplained post-prostate biopsy, with the culprit bacterium Burkholderia cepacia being in the isolated to contaminated lubricating gel. B. cepacia was identified in both opened and unopened bottles of Sonexal 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 led to prostatectomy or active surveillance patients prior to implantation of biopsies. 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 contaminated lubricating gel. B. cepacia was identified in both opened and unopened bottles of Sonexal ultrasound gel, a product made in Shanghai, China.

Active surveillance
Other factors associated with increased risk of post biopsy sepsis are diabetes, recent antibiotic use and possibly repeated biopsies. Some centres have moved to performing rectal swabs prior to prostate biopsy, using risk stratification protocols according to results. Auckland District Health Board has recently moved to this practice, having recently published a paper on low risk TRUS biopsy 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 povidone 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 24% of men diagnosed with low risk prostate cancer (<10% PSA, Gleason 6) being managed in this fashion. 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 cancer survivorship, 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.

Nursing care insights on PCa
One example of such a trial is “The ProtectT trial evaluating the effectiveness of treatments for clinically localised prostate cancer.” Recruitment for the ProtectT 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, radiotherapy alone or active surveillance for clinically localised prostate cancer. 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 follow-up until five years after 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 point. Lisa Nelson, 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 33-38% 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 kindled 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.
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 a 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 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 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 Marden (UK) spoke about the evolution of the robot and its impact on current minimally invasive surgery. Representing theatre nurses, nurse specialist Mrs. Jane Petersen, 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.

During the meeting, not only the robot and all its elaborate machinery were shown. Netty Kinsella, Kathryn Chatterton and Willem De Blok, all CN’s, presented lectures on how nurses have adopted 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 Mrs. Kinsella to once again organise the nurses’ masterclasses at next year’s event.

14th International Meeting of the European Association of Urology Nurses (EAUN)
In conjunction with the 28th Annual EAU Congress
16-18 March 2013, Milan, Italy

Preliminary Programme

Friday (pre-congress)
13.00-15.30 Hospital visits*

Saturday, 16 March 2013
08.15-08.30 EAUN Opening
08.30-09.45 EAUN Workshop Intentional catheterisation and dilatation
08.30-10.15 EAUN Workshop Writing evidence-based guidelines Followed by panel discussion on Clinical development in practice
10.00-10.30 State-of-the-art lecture Complimentary medicine in urology
10.45-11.30 Lecture AUROD
10.45-12.00 EAUN Workshop Bladder irrutations for interstitial cystitis/radiation cystitis
11.45-12.45 EAUN Workshop Nursing solutions in difficult cases: Case studies
13.15-13.45 Poster viewing
13.45-15.00 Poster Abstract Session
13.30-15.30 EAUS-ESU Course - 1 Prostate Part 1 - Oncological
14.45-15.45 State-of-the-art lecture Health economics
16.00-17.00 Sponsored session
17.00-18.00 Welcome reception

Sunday, 17 March 2013
08.00-10.00 EAUN Market Place Workshop Shopping for tools Embarrassing issues in urology
08.30-10.15 EAUN Workshop Implementation of healthy lifestyles in urology pathways
11.00-12.00 Research Competition
11.45-12.00 Panel discussion Day-to-day bladder issues
12.30-13.00 Debate & panel discussion PCa Screening
13.00-13.30 State-of-the-art lecture The gender aspect
13.30-14.30 Lecture The online diary for patients – communication tool
14.00-14.45 State-of-the-art lecture Pelvic carcinomas
13.45-14.45 State-of-the-art lecture Pre-operative interventions/ nutritional aspects
15.00-15.30 Poster viewing
15.10-15.45 Panel discussion Bladder cancer
15.00-15.45 Operating Room Nurses Session
16.00-17.00 Sponsored session

Monday, 18 March 2013
08.30-09.30 EAUS-ESU Course - 2 Bladder Session
09.45-10.15 EAUS-ESU Course - 2 Bladder Session Part 2 - Oncological
11.00-11.45 State-of-the-art lecture Palliative care in urology
11.45-12.15 Lecture Transitions from childhood to adult urology
12.15-13.05 EAUN General Meeting (AGM)
13.15-13.45 State-of-the-art lecture Brachytherapy in urological cancer
13.30-14.30 State-of-the-art lecture Urological disorders and surgical problems
14.30-15.00 Award session
15.00-15.45 Operating Room Nurses Session
16.00-17.00 Sponsored session

www.eaumilan2013.org

For more information please check www.eaumilan2013.org or contact Congress Consultants at info@congressconsultants.com

www.eaumilan2013.org

Call for Abstracts, Difficult Cases and Research Plans
Deadline: 1 December 2012

* Limited places are available and registration will be on a first-come, first-served basis through the online system.
Join our search for Nursing Solutions in Difficult Cases

If you are among those who encounter atypical or unusual cases in your daily practice and have your own solutions, you are invited to submit a research project proposal for the EAUN Nursing Research Competition.

Some of the Submission Criteria and Rules
- The authors and presenter of this Difficult Case must be registered nurses.
- The topic selected must be relevant to the 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!

The 10 best cases will be granted a free registration for 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 relevant 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!