

Psy 06

POST-OPERATIVE TUMOR CARE IN NORTH-RHINE WESTPHALIA

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Rehabilitation and continuous control of tumor disease are part of the tumor treatment. In order to be in a position to carry out such treatment in a manner that is satisfactory to physician and patient alike, the "Gesellschaft zur Bekämpfung der Krebskrankheiten" (GBK) (the German cancer society), the "Aktionsgemeinschaft der nordrhein-westfälischen Tumorzentren und Onkologischen Arbeitskreise" (ATO) (the action pool of North-Rhine Westphalian tumor centres and oncological working groups) founded by GBK, and the "Arbeitsgemeinschaft für Krebsbekämpfung im Lande Nordrhein-Westfalen" (ARGE) (working pool for the fighting of cancer, of the carries of the compulsory health and old-age insurances in the Land of North-Rhine Westphalia) have joined efforts.

In collaboration with the expert representatives of GBK, ATO issued post-operative care recommendations and worked out therapeutical guide-lines which have been coordinated with the panel doctors' association. Work on the local working groups is based on these recommendations, and ARGE, guided by its socio-legal possibilities, its offering to the public its 20 oncologically controlled post-operative care hospitals for rehabilitation and in-patient treatment. A report will be rendered on the experience gained from this cooperation.

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Psy 07

EFFECTS OF AFTERCARE ON PSYCHOSOCIAL STRAINS IN CANCER PATIENTS

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At the Tumor Center Kiel 2 trained nurses and a physician work on the psychosocial aftercare of cancer patients in consultation hours and home visits. By a special questionnaire the team tries to measure the patients demand for aftercare and to objectify the effects of counselling. The questionnaire consists of 3 parts: The first section asks for general aftercare data, favorite contact and form of counselling. The second part covers the contents and main areas of the counselling and its evaluation by the patient. The third section tries to determine the following stress factors; fear, social behavior, partnership problems, information deficits, performance, social resonance and psychological disorder. For the measurement of stress factors a sample of questions by P. Herschbach was used, which has already been applied to a larger group of comparable patients (Onkologie 8, 219, 1985). Out of Herschbachs survey a parallel group of patients was put together and compared with the counselled group. The evaluation of 237 questionnaires yielded reduced stress in the counselled group in nearly all investigated areas. This group appeared to be more enterprising and secure in intercourse with others. The patients rarely felt treated badly and complained less about information deficits concerning social and medical problems. The counselled set of patients also showed less inability to talk about their problems. There was no linear correlation between the patients assessment of their physical ability to perform (Karnofsky Performance Status Scale) with the data on psychological stress. The presented results offer starting points for psychosocial aftercare which is related to an individual indication.

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Psy 08

INCIDENCE OF DRUG EXTRAVASATION: A THREE YEAR EXPERIENCE WITH IV CHEMOTHERAPY ADMINISTRATION BY NURSE PRACTITIONERS IN AN OUTPATIENT CLINIC

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Introduction: Antitumor drug extravasation is of grave concern to the patient, nurse, and physician. Its incidence can be only inferred by the few reports on the vesicant Doxorubicin (up to 6% (9/139) of pts treated and up to 0.9% (9/995) of the total number of injections). **Aim of the investigation:** Evaluation of the incidence of drug extravasation and the safety of chemotherapy administration by nurses. **Patients, Methods:** 7200 IV injections were given to pts in our outpatient clinic from 7/1982 to 10/1985. 3700/7200 injections referred to Vincristine, Vinblastine, Vindesine, Doxorubicin, Epirubicin, seldom Daunorubicin, and recently Mitoxantrone. An additional number of injections concerned other cytostatics which also may cause necrosis such as Dacarbazine, Dactinomycin, Etoposide, Mitomycin, and rarely Cisplatin. All 7200 injections were given through "Butterfly" needles inserted into an upper extremity distal or proximal vein (bolus or short infusion). **Results:** A review of the 7200 IV injections did not reveal any case of extravasation which led to skin loss or loss of range of motion, or which needed operation. Only 2 pts experienced a moderate skin reaction and thrombophlebitis without ulceration and late sequelae. Of note is that during the same period several extravasations among in- and outpatients occurred when chemotherapy was performed by physicians who were not familiar with its toxic effects. All chemotherapy was administered by nurses who have been trained specifically. Our data indicate that IV chemotherapy administration by nurses is safe and should encourage other institutions to establish teams of cancer chemotherapy nurses, which are as yet not commonplace even in university hospitals in this country. (Ref: Am J Nurs 79, 94-96, 1979. Cancer Treatm Rep 68, 939-944, 1984. Cancer Treatm Rep 68, 939-44, 1984. Plast Reconstr Surg 76, 397-402, 1985)

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Lun 01

INFLUENCE OF TUMOR DEFENCE OF HOST TISSUE ON SURVIVAL OF RESECTED LUNG CARCINOMA PATIENTS

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Tumor defence of host tissue of 282 resected primary lung carcinomas was analysed by grading the amount of inflammatory infiltrations at tumor boundary and in tumorous tissue. Lymphocytic subpopulations of 46 resected specimens were analysed by use of immunohistology related to B-lymphocytes (BS3/BS4), T-lymphocytes (T3+), helper cells (OKT4+), suppressor cells (OKT8+), monocytes (OKM+). Exact tumor mass was measured by serial sections of resection specimens. Survival of patients was obtained by periodically questioning of house physicians.

Results: Patients showing moderate to severe inflammatory infiltrations in lung carcinomas were obtained in about 50% of all cases. Majority of lymphocytes could be classified as T-lymphocytes. Three tumor cells were accompanied by one helper cell and six tumor cells by one suppressor cell at average. Metastases into resected lymph nodes were less frequent in patients showing severe inflammatory response of host tissue compared to patients without lymphocytic infiltrations in tumorous tissue ($p < 0.05$). Survival of patients was strongly depending upon tumor mass. Survival rates of patients suffering from tumors infiltrated by moderate or dense inflammatory infiltrations were superior compared to those of patients without inflammatory response of host tissue, if grouped according to tumor mass ($p < 0.05$).

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