Dear EBMT NG Members,

I take great pleasure in welcoming you to the third edition of the Nurses Group Newsletter 2009.

Very soon several new and attractive projects will be launched stemming from close cooperation between numerous members of the EBMT Nurses Group. Our group has grown substantially in the past few years, as is indicated by the number of abstracts submitted to and the growing participation in the Annual Meeting and we currently represent one of the largest nurses groups in the field of haematology and haematopetic stem cell transplantation, with a total number of members reaching 582.

This success may certainly be accredited to the large number of nurses that have participated in the many projects we have undertaken and I would like to offer my heartfelt thanks to each and every one of you who has helped to make the EBMT NG so successful.
Which advancements has the EBMT Nurses Group made?

The EBMT NG Board joined the Oncology Nursing Society (ONS) Conference in San Antonio, Texas.

On behalf of the EBMT NG I participated in a faculty of colleagues from the USA to present practical therapeutic options and approaches regarding MDS Patients in collaboration with the MDS Foundation (USA). You can find out more about this meeting in the ‘News from the Board’ section of the newsletter.

Publications

The EBMT NG Board is very pleased to announce that two articles have already been published this year by members of the EBMT Nurses Group.

In collaboration with Novartis Oncology Region Europe, the EBMT NG has completed a survey to assess the scope of the educational needs for nurses and other allied health professionals. The working group produced an article entitled: “Defining the scope of haematology nursing practice in Europe” which has been published in European Journal of Oncology Nursing: http://dx.doi.org/10.1016/j.ejon.2009.06.008

In addition, the colleagues of the EBMT NG Research Committee have conducted a survey on donors. An article entitled “Management of related donor care: a European survey” has been published in Bone Marrow Transplantation: http://www.ncbi.nlm.nih.gov/pubmed/19503111?log$=activity

Communication and Networking Committee

The NG Board welcomes Reggie Belkhedim, from the King Faisal Specialist Hospital & Research Centre Oncology (Section of Adult Haematology/BMT), Riyadh, Saudi Arabia, as new member in this committee.

We are very pleased that B Braun Medical and PALL Medical AG will support the Nurse’s Group Newsletter for 2010 and we thank both of them for their confidence and support.

Paediatric Committee

On the 5th and 6th of May the ‘7th Meeting of the EBMT Paediatric Diseases Working Party’ & the ‘2nd Meeting of the EBMT Paediatric Nurses’ was held in Genova (Italy). I would like to thank Prof. Dini, Simona Calza, Marco Deiana and the organisation committee for their hospitality.

The members of the paediatric nurses committee developed a questionnaire survey to identify and map the role of paediatric nurses working in the field of haematology and stem cell transplantation.

The survey was launched in Genova and has been sent to all EBMT centres. The colleagues from the Paediatric Committee will analyze the data and present the outcome next year in Vienna.

Scientific Committee

The members of the Scientific Committee met on the 22nd and 23rd May and compiled the programme for the next Annual Meeting which will take place 21st – 24th March 2010 in Vienna: http://www.congrex.ch/ebmt2010/

The EBMT will hold their 4th Patient & Family Day on Saturday 20th March 2010, before the 26th Meeting of the EBMT Nurses Group takes place. Patients and their families can share their experiences and concerns with each other here and a group of experts will offer a varied programme; comprised of plenary sessions and 5 workshops each focusing on specific diseases. The day will end with a session about “Rehabilitation after HSCT”, “Psychological support during HSCT” and “Music and Medicine” in which an ex-patient will talk.
about his experiences after transplantation:
http://www.ebmt.org/10.1Patients&Families/4th_Meeting_Vienna2010/Poster_A5_4%206%2009.pdf

On Sunday 21st of March the 6th Pre-Meeting Study Day will be held from 9:00 – 16:30 with some interesting topics regarding haematology, stem cell transplantation and quality of life issues.

Directly after the Pre-Meeting Study Day there will be a Nurses Symposium organised by Novartis Oncology Region Europe, “Meeting the challenge of adherence to oral cancer therapies”, where 3 experts in this field will present perspectives from patients and nurses plus the medical challenge of adherence to oral cancer therapies.

On Monday 22nd of March, the EBMT NG committees will present their achievements I am pleased to announce that we will also present the 2nd EBMT Nurses Group Distinguished Merit Award. In the afternoon the EBMT NG Nationals Groups and Forums have the opportunity to meet each other and the Joint Session held on Tuesday 23rd of March will this year centre on “Infectious Issues”.

From Monday – Wednesday several educational sessions will be held alongside workshops and plenary sessions, where different topics relevant to nurses and allied health care professionals are addressed by international experts.

On Wednesday 24th March the Annual Meeting will end at about 13:00 with the presentation of prizes for best poster and best abstract/presentation.

This year’s deadline for submission of abstracts is 25th November 2009. We are looking forward to receiving many abstracts this year!

**Exchange Visit**

The Board gave a grant to colleagues from the University Hospital of Freiburg (Germany) and the Landspitali University Hospital of Reykjavik (Iceland) to visit each other. We are looking forward to joining them up and hearing about their experiences in Vienna.

**Scholarship**

Monica Kirsch, from the University Hospital Basel in Switzerland received this year’s scholarship and will be visiting the Karolinska University Hospital, Department of Haematology, Stockholm (SE).

**Education Initiatives**

As already announced in the introduction of this newsletter, colleagues from the EBMT Nurses Group together with other colleagues working in the field of haematology and HSCT have been working hard on some exciting projects...

Stem cell mobilisation and aphaeresis brochure: The EBMT NG is currently undertaking an educational project together with colleagues from Genzyme about key issues in stem cell mobilisation and aphaeresis and a number of nursing and medical experts have compiled a very professional and useful educational brochure. It can be used by nurses in haematology, oncology and/or bmt units as well as for outpatient clinics and aims to educate nurses on stem cell mobilisation and aphaeresis, focusing on the autologous stem cell transplantation process. The brochure will be launched in November 2009 and each member of the EBMT NG will receive a copy by post.

We are also involved in a European project together with Amgen Europe, European Oncology Nursing Society (EONS) and European Association of Urology Nursing on the education of bone health. The EBMT NG participated in reviewing a DVD about the reconstitution and administration of azacitidine, Vidaza, a
subcutaneous chemotherapy. This DVD is an excellent educational tool which can be used for clinical practice. It is available in English, Portuguese and Spanish. The French, Italian and German versions are due in October and all can ordered from Celgene. Please send your name, role and hospital address, email and contact telephone number directly to Liz Cook (cook@celgene.com), European Nurse Advisor MDS.

Together with Novartis Oncology Region Europe the EBMT NG is working on a CML Nurse Education Initiative and an “Adherence Project”. Since the projects are still in an early phase I will divulge more in the next newsletter.

Myeloma Nurse Learning Programme - The EBMT NG signed off an agreement to start an active collaboration with Myeloma UK. Together we will develop, promote and deliver a Myeloma Nurse Learning Programme. More information about this online education activity for nursing professionals will follow.

1 Day Lymphoma Training Day for Nurses - On 22nd August I met with Anna Sureda, Chair of the Lymphoma Working Party (Barcelona) and Stephen Marcos Jones, Lymphoma Working Party Assistant and agreed on organizing a 1 day training day for nurses on lymphomas on a yearly basis. This unique day will be held on Friday 26th February 2010 in Barcelona and will be based on the scientific, medical and nursing sides to the care of lymphoma patients. We will inform you by e-mail and our next newsletter about the programme and registration for this training day.

**Elections**

This year you can nominate yourself for the following post that will be available from 24th March 2010:

**EBMT NG President Elect**
**EBMT NG Treasurer**

The Board is looking forward to receiving your nominations. Please feel free to contact the board members for any information or questions you have about the posts. For more information about this please visit our website (http://www.ebmt.org/6NursesGroup/nurses1.html)

**In Closing...**

The EBMT Nurses Group has intensified its specialized development in relation to the interest of their members. Based on multi professional co-operation with patients, physicians, other allied health professionals, patient associations we aim to increase the number of patient advocates and companies conferring mutual support. Together we can maintain and improve the quality of life and care of our patients and their loved ones.

With my very best wishes,

**Erik Aerts**
President of the EBMT Nurses Group
Dear Colleagues

It is with great pleasure that we welcome you to the 8th issue of the Newsletter!

The EBMT Nurses Group (EBMT NG) has been very active over the past year; you can read more about its developments and goals achieved in the introduction from the president of the group, Erik Aerts.

The EBMT NG Committees have also been very busy; we had a chance to meet each other in Manchester for a very successful and productive meeting. It was great to meet each other face to face and work together on further developments for the EBMT NG! It was also interesting to see so many nationalities and to chat about the different practices in our centres.

The Communication and Networking Committee gives Reggie Belkhedim a warm welcome as a new member to our group. Reggie works in King Faisal Specialist Hospital & Research Centre Oncology. In the article below she tells us a bit more about herself.

The Paediatric Committee also welcomes a new member: Merja Stenval who works in Helsinki University Central Hospital, Finland. Merja has also prepared an introduction for you.

The Scientific Committee have been hard at work preparing the programme for the next EBMT NG annual meeting; you can read more about this in their update.

The CNC is also planning to assist in updating and relaunching the EBMT website, quite a big task but we are very much looking forward to it and will hopefully give you more information on it at next years annual meeting.
We have two articles in this Newsletter; Janet Vlug from Amsterdam, The Netherlands wrote an article about psychosocial team support and Priscilla Gates has provided us with an article on the development of a haematology late effects nurse in Melbourne, Australia.

Many thanks also to the National Groups who provided us with an update. You can read about the achievements and goals of the Swiss, UK, Italian, East Forum and Dutch National Groups.

So, quite a lot of reading pleasure! You can also print out the Newsletter and pass it on to colleagues who are not members of the EBMT NG by clicking on 'pdf version' at the top of each page.

As always all suggestions or information are welcome!

Best Wishes,

Reggie, Sabine and Sara
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New Member of the CNC

My name is Reggie Belkhedim, I was born in Algeria but at the age of 5 my family moved to Belley, France, a beautiful and historical town between Lyon and Geneva, Switzerland, where I spent most of my life and completed all my education as well as my nursing degree. I currently reside in Cannes or Antibes which are located in the south of France.

Having been a hematology patient in my younger years, I was particularly interested in specializing in Hematology/Oncology at an early stage in my nursing career.

Subsequently, I became an active member of the initiating team that developed the Oncology Center Hospital in our town as part of the regional health program that saved patients long trips going to and fro from Lyon to receive their treatments.

Seeing my first BMT patient in the early 1977, it became another milestone for me to pursue my interest in BMT and since then, I have been closely involved and associated with the management and care of Hematology/ BMT patients.

I have spent time furthering my education by gaining a degree in Nursing Management in 1982, attending many courses, workshops and training sessions to advance my knowledge in this specialized area throughout France, Europe, U.S. and Saudi Arabia.

In the early 1990’s I moved to King Faisal Specialist Hospital and Research Centre (KFSHRC) in Riyadh to work in the Hematology/BMT Inpatient Unit as a RN. In 1995, I became the Adult BMT Coordinator and have been in this role ever since.

When I came to work as Coordinator, we had one program for both paed and adults and only did Allogeneic and Autologous Bone Marrow Transplants, with an average of 40-50 transplants per year. Over the years the Programme has expanded and divided into two, adult and pediatric with individual nursing staff and physicians. From only doing bone marrow harvests we now cover the spectrum of sources, peripheral stem cells, and cord blood, MUD and donor lymphocyte infusions. I am proud to say that I have been part of the team that has been at the forefront of these changes and now we are undertaking more than 250 transplants from all sources (adult and paediatric).
I was part of the committee that implemented the National Cord Blood Bank at KFSHRC. We have collected more than 1600 cord blood units since November 2006 and in the last year we have transplanted 12 patients using units from our National Cord Blood Bank.

Here at KFSHRC, 67% of our patients will have a fully matched donor, which is much different from other countries where families are smaller and patients are reliant on Matched Unrelated Donors. However we did our first MUD transplant in Nov 2005 from a donor selected through the NMDP. It is difficult to find matched unrelated donors for our patients for many reasons and my vision is that we will have our own donor registry program here in Saudi Arabia.

Recently we went through the JACIE accreditation which was another challenging undertaking. This is one of the most enriching and rewarding experience I have got involved in during my tenure in KFSHRC. The experience has taught me a lot and added more knowledge and confidence in my career as a BMT coordinator.

Through all the years, Saudi Arabia has become a second home to me where chapters and pages had been added to my life. With all the extensive experience and motivation I have in me, I would like to share the love and dedication I have for this country where I have learnt and grown up as a person and a professional in my line of work.

I am excited just as I am apprehensive having the privilege of being part of the EBMT Nursing Group. In my own little way I will do my best to contribute and share the undertakings of the team.

In addition to my work experiences, my exposure to a multi-cultural setting can be a contributing factor in helping develop programmes in terms of better communication and cultural understanding.

Reggie Belkhedim
rbelkhedim@kfshrc.edu.sa
EBMT NG at ONS Annual Conference

On the 30th of April 2009 a delegation of the EBMT Nurses Group Board attended a meeting with colleagues from the Oncology Nursing Society (ONS) and the Blood & Marrow Stem Cell Transplant Special Interest Group during the ONS annual conference in San Antonio, Texas.

Establishing important contacts using by important meeting such as this is an important and valuable opportunity for our Nurses Group. It opens doors for a relationship in the future, a future in which the EBMT NG would like to take part. Besides the exchange of information, it is important to build a foundation of trust between both groups as a basis for a successful collaboration.

During the meeting the EBMT NG Board presented information regarding the EBMT Nurses Group and our activities and we all agreed to start an active collaboration. In this sense, the 3 days from April 29th – May 1st can without a doubt be called a success.

The colleagues from the Blood & Marrow Stem Cell Transplant Special Interest Group celebrated their 20th Anniversary this year and herewith I want to kindly congratulate them on behalf of the EBMT Nurses Group. Finally we are looking forward to a fruitful collaboration with both the ONS and the BMT SIG.

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Psychological Team Support
Who takes care of you?

Psychosocial load of hematology / oncology nurses
Janet Vlug oncology nurse (Janetvlug@hotmail.com), Arno Mank research nurse, F6 South haematology / oncology ward AMC, Amsterdam

Background
Haematology and oncology nurses have been indentified as a group at risk of emotional overload because they are frequently in touch with emotional loss situations, for example; coping with processing life-threatening illness, dying and resuscitation. Effects of constant stress at work are anxiety, agitation or depression1. There is a lot of emotional burden at an Haematology/ oncology ward but there is not always a structural way to support each other. Often there are problems of understaffing and lack of time. So, how much and what kind of psychosocial support do haematology nurses need?

Method
To begin we carried out a literature study search using Pubmed with keywords like; nursing; oncology; practice; stress; burn out and choosing only the most recent literature.

In collaboration with the Academic Medical Centre (AMC) Health and Safety Executive Group a quickscan was held on ward F6 south. This is an anonymous self-made questionnaire about the emotional burden that nurses experienced as a result of exposure to loss situations. The questionnaire consisted of 17 questions, 13 questions/ statements and 4 open questions, for example; "After I experienced an emotional loss situation, I received enough support from my colleagues", "I feel I have sufficient skills to cope with a loss situation in work”.

Results
The most stressful experience for haematology nurses is the death of patients with whom they have developed a close relationship and the consequent grieving reaction. Such losses are inevitable1. Ward culture can either help the nurse or actually increase their emotional overload even more, for example; confidence within your team and work load. The literature research showed that nurses have at a certain period of their life felt themselves psychosocially overloaded and some have even left the department for this reason. Haematology nursing is associated with highly stressful and emotional loss situations2.

Emotional overload has repercussions on emotional and physical well-being. Psychological effects of stress at work, fear, anxiety, depression, dissatisfaction with the function and reduced quality of life. These are emotional barriers a nurse may carry around in their professional and personal life. This can reduce the quality of care. Furthermore, a stressful job leads to a variety of physical problems ranging from reduced resistance, to gastro-intestinal problems and heart problems. Other consequences may include the omission of work and the emergence of personal conflicts3.

The Quickscan was sent to 23 nurses, in total 18 employees returned it. 89% of respondents would like to discuss structural loss situations during daily evaluations. Nurses also gave other suggestions for discussing emotional loss situations: patient event discussions, the debriefing of resuscitation and death of patients together with the doctor. 78% of the nurses felt they received enough support from their colleagues after they experienced an emotional loss situation. Overviews of the rest of the statements are shown in the table below.
Table: Results of statements of Quickscan N=18:

<table>
<thead>
<tr>
<th>Statement</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>After I experienced an emotional loss situation I received enough support from my head nurse.</td>
<td>10</td>
<td>8</td>
</tr>
<tr>
<td>After I experienced an emotional loss situation I consulted the help of another professional instead of my colleagues.</td>
<td>0</td>
<td>18</td>
</tr>
<tr>
<td>I feel a safe emotional relationship between me and my colleagues.</td>
<td>16</td>
<td>2</td>
</tr>
<tr>
<td>The experience of a loss situation will affect the quality of my work in a negative way.</td>
<td>1</td>
<td>17</td>
</tr>
<tr>
<td>If I am home after an emotional loss situation I will no longer think about it.</td>
<td>9</td>
<td>9</td>
</tr>
<tr>
<td>After I experienced an emotional loss situation my family and friends will support me.</td>
<td>10</td>
<td>8</td>
</tr>
<tr>
<td>The experience of a loss situation will give a great impact on the enjoyment of work.</td>
<td>2</td>
<td>16</td>
</tr>
<tr>
<td>I do feel I have sufficient skills to cope with emotional loss situations at work.</td>
<td>9</td>
<td>9</td>
</tr>
<tr>
<td>I have the feeling preventative action is undertaken on the department to create a healthy atmosphere at work.</td>
<td>8</td>
<td>10</td>
</tr>
<tr>
<td>I do feel less motivated to go back to work after I experienced a loss situation.</td>
<td>2</td>
<td>16</td>
</tr>
<tr>
<td>I would like to talk about emotional loss situations in a structural way.</td>
<td>15</td>
<td>3</td>
</tr>
</tbody>
</table>

Conclusion

Looking at the current situation of ward F6 south nurses generally feel enough support from colleagues and the head nurse, but there is a clear absence in the field of structural support of nurses in the psychosocial area. How is it that on a department where nurses have a constant confrontation with death and emotional overload this seems to be overlooked? Is structure missing or do nurses find it difficult to talk about their own emotions? Psychosocial support will be used in a structural way and should take place in form of daily evaluation, patient events discussions, and ‘Take Care” meetings.

Post Survey

In continuation of this survey a one day “team training” took place outside of the hospital with all nurses in the ward. After the training nurses felt a strengthening of the relationships between colleagues, a feeling of security, solidarity, appreciation and recognition. New agreements for structural meetings have been agreed.

References

1 de Carvalho; Campos; Muller; de Carvalho; de Souza Melo; Stress in the Professional Practice of Oncology Nurses. Cancer Nurse. 2005, 28(3); 187-192

1 Kushnir, Talma; Rabin, Stanley, Azulai, Sima. A descriptive study of stress management in a group of pediatric oncology nurses Cancer Nurse. 1997, 20(6); 414-421

Late Effects Nurse Consultant
The development of a Haematology Late Effects Nurse Consultant role with a national scope.

Gates.P¹ (Priscilla.Gates@petermac.org), Krishnasamy M², Wheeler.G¹, Seymour.JF¹, Schembri.S³.

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Abstract

Background

Long-term survivors of childhood, adolescent and adult haematological malignancies are an important and expanding patient group with unique and wide ranging survivorship issues. With advances in multimodality therapy, survival rates from many haematological malignancies now exceed 80%. This results in a large cohort of survivors who are at risk of developing long term Late Effects (LE) related to treatment including secondary malignancies, cardiac and endocrine dysfunction, infertility and psychosocial sequelae. Many LE are avoidable or can be ameliorated by early detection and/or risk modification.

Objective

Following an analysis of need based on clinical observation, the LE unit at the Peter MacCallum Cancer Centre (Peter Mac) identified the need for a haematology LE Nurse Consultant (LE NC) role. The aim of the role was to address the needs of haematology survivors, focusing on increasing patients’ knowledge of risk factors associated with LE; providing psychosocial support and evidence-based education regarding lifestyle modifications to reduce the incidence and/or severity of LE.

Method

Supported through funding from the Leukaemia Foundation of Australia a dedicated haematology LE NC role, with a national scope, was established. Core role functions include information provision, education for patients and families, psychosocial support, screening for LE and developing individualized lifestyle modification programs. Resources developed as part of the NC interventions include individualized education packages and a patient-owned survivorship care plan.

Conclusion

This is one of only 3 haematology dedicated adult LE clinics in Australia. The LE NC has specialist knowledge and advanced practice skills that enable her to provide support and advice to nurse clinicians throughout Australia. This nurse-led initiative is instrumental in addressing the unique issues faced by this population of survivors within the context of a multi-disciplinary, haematology late-effects clinic.

Introduction

Haematology Late Effects

Despite impressive survival rates for patients diagnosed with Hodgkin Lymphoma (HL), approximately half of those who do not survive die of HL, twenty percent die of new cancers and 14% die of cardiovascular complications (Donaldson et al 1999). The risk of death from causes other than HL is four times more than the general population beyond 20 years from diagnosis (Ng et al (2002). The most prevalent secondary malignancies in patients treated for HL are leukaemia, breast, lung, gastrointestinal, thyroid, melanoma
and non-hodgkin lymphoma (NHL). Reports from large cohorts have shown a seven to eighteen times higher risk of second malignancies compared with the general population (Friedman et al, 2006).

Evidence from a study of 1024 cancer survivors indicated that the transition from treatment to long-term survivorship is marked with emotional and psychosocial concerns (Wolff 2006). Almost a half (502/49%) of the patients studied reported emotional concerns, 614 (60%) reported relationship problems with partner/spouse, and 338 (33%) reported limited emotional resources available to them to cope with emotional concerns. Over a half (542/53%) reported emotional needs harder to cope with than physical needs (Wolff 2006). Evidence indicates a critical transition as survivors complete primary treatment and enter into a new trajectory of self care and reduced medical surveillance. The majority of survivors have been shown to be largely unaware of their heightened health risks and ill prepared to manage their future health needs (Beckjord et al 2008). In a study of 1040 cancer survivors between two to five years post diagnosis Beckjord et al (2008) found that information needs were prevalent among cancer survivors, including information related to follow up care and surveillance (738/71%), health promotion (707/68%), late effects of treatment (655/63%), psychosocial issues (562/54%), sexual function and fertility (322/31%). Knowledge deficits were also identified amongst a sample of 266 cancer survivors regarding cancer treatment, increased vulnerability to health problems such as secondary cancers and cardiovascular disease (Hudson et al, 1999). These knowledge deficits were shown to limit survivor’s awareness of their health risks and their ability to choose to adopt self protective and healthy behaviours.

For survivors of HL, self care behaviours such as healthy nutrition and regular aerobic exercise have been shown to reduce the risk of subsequent cancers and cardiovascular events (Haupt et al 1992). However, evidence indicates that some survivors of HL do not adopt healthy lifestyle behaviours known to reduce their risk of developing serious late effects (Haupt et al 1992). Hudson et al (1999) proposed that interventions designed to enhance survivors’ knowledge about their risks of LE in order to motivate them to adopt healthy lifestyle behaviours, may reduce morbidity and mortality.

Nurse-led care in the context of a multidisciplinary, haematology LE clinic

The Late Effects (LE) clinic at Peter Mac was established in 2000 and is one of three known LE units for adult survivors in Australia. Referrals come from all over Australia and include hospitals, advocacy groups, primary care physicians or survivors may self-refer. Patients are accepted into the unit five years after completion of treatment. Currently, there are 432 patients on the LE unit database, of whom 169 (39%) are survivors of haematological malignancies (Tables 1and 2).

<table>
<thead>
<tr>
<th>Table 1: Number of Haematology LE patients developing second cancer (n=169), follow up 5-40 years</th>
</tr>
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<tbody>
<tr>
<td><strong>Secondary (2°) tumour</strong></td>
</tr>
<tr>
<td>---------------------------</td>
</tr>
<tr>
<td>Breast 10 (6 % overall; 24 % of female HL survivors)</td>
</tr>
<tr>
<td>Meningioma 6 (4%)</td>
</tr>
<tr>
<td>Thyroid 4 (2%)</td>
</tr>
<tr>
<td>Mal colonic polyps 1 (0.6%)</td>
</tr>
<tr>
<td>Parotid 1 (0.6%)</td>
</tr>
<tr>
<td>Seminoma testis 1 (0.6%)</td>
</tr>
<tr>
<td>Melanoma 1 (0.6%)</td>
</tr>
<tr>
<td>Uterine 1 (0.6%)</td>
</tr>
<tr>
<td>HL 1 (0.6%)</td>
</tr>
<tr>
<td><strong>Total 26 (15%)</strong></td>
</tr>
</tbody>
</table>

Nurse-led care in the context of a multidisciplinary, haematology LE clinic
The team includes a haematologist, transplant physician, radiation oncologists, fellow and registrar, cardiologist, endocrinologist, primary care liaison officer, psychologist and a specialized LE Social Worker. In 2008, a LE Nurse Consultant was appointed to the team to work specifically with survivors of haematological malignancies. The position is funded by the Leukaemia Foundation of Australia and was motivated by recognition of the considerable health deficits experienced by survivors of haematological malignancies.

Prior to each LE clinic, all patients scheduled to attend are considered in detail by the multidisciplinary team in order to consider anticipated health risks, review relevant past disease and treatment issues and relevant or potential areas of risk. Any screening investigations required are identified in advance of the clinic appointment. This preparatory work is undertaken to maximize efficiency of the review appointment for the individual and multidisciplinary team. The model of care in the LE clinic is strongly patient-orientated with outcomes directed at sustained or enhanced wellbeing of each attendee. All relevant practitioners meet with the patient on the same day. Patients remain in one location throughout the visits and are not required to move from room to room for consultations with the relevant practitioners (Gates et al 2009).

### A model of nurse-led, late effects consultations

Referral for nurse-led consultation is a core element of the LE model of care at Peter Mac, based on evidence that nurse-led consultations may improve survivor outcomes (Gates et al 2009). Nurse-led consultations aim to address patients’ needs through systematic assessment of supportive needs and identification of dominant patient concerns in order to deliver individualized, comprehensive, education packages to promote health lifestyle (Absolom, 2009). Care is planned and delivered by an expert haematology nurse with 13 years experience in the specialty. All consultation interactions, interventions and patient outcomes are recorded in a dedicated database to assess the impact of the LE Nurse Consultant contribution to survivor outcomes. Patient eligibility criteria for nurse-led consultation, evidence-based care pathways and protocols for the clinic have been developed in consultation with the multidisciplinary, LE team.

### Health deficits

1) Emotional distress

Since the incidence of emotional distress is significant in cancer survivors (Aziz 2007) screening for emotional distress is undertaken at every consultation, with timely referral for specialist support as needed. The LE Nurse Consultant has undergone training in eliciting and responding to emotional cues and uses a locally developed Supportive Care Needs Screening Tool (SCNST) in all her consultations.
2) **Informational needs to promote healthy living**

The nursing consultation focuses on six key domains informed by best-available evidence to indicate prominent health-related needs for cancer survivors: physical activity, healthy eating, smoking status, alcohol consumption, self-examination and sun protection (Klosky et al 2008). The information is presented to each individual within the context of an education package directed specifically at their concerns, problems or health risks. In response to evidence indicating lack of awareness of where to find additional supportive information, each individual is given details of recommended websites to access information when at home (Mesters et al 2001).

As gender, age, primary diagnosis and treatment history all impact the nature of LE experienced and risks associated with them, the ability to undertake screening and assessment is essential to the success of the nursing consultation (Cox et al 2006). Education provision is tailored to each person’s social context, personal beliefs and health requirements and the interventions form part of a cohesive, multidisciplinary survivorship care package (Hewitt 2006).

3) **Survivorship care plans**

Survivorship care plans (SCP) are recognised as an important element of comprehensive survivorship care (Institute of Medicine 2001) and as a means of raising survivors’ awareness of the importance of surveillance, healthy living and a coordinated plan of follow up care (Aziz 2007). In response to evidence that indicates that as few as 30% of survivors know they are at risk of developing LE and that as many as 15% of cancer survivors choose not to attend long-term follow up clinics (Klosky 2008) each survivor attending for nurse-led consultation receives an individualised SCP. This includes details of medical history, treatments received, potential for LEs, requirements for follow-up appointments, tests and reasons for them. The SCP focuses on health promotion and highlights the need for and how to adopt healthy behaviours. It also addresses psychosocial issues, how to identify them and where to get help. A copy of the SCP is sent to each person’s primary care physician to ensure they are kept up to date with information essential to monitoring the health of a cancer survivor and to provide the cancer survivor with a knowledgeable source of support and advice close to home.

**Conclusion**

This innovative nurse-led model of survivorship follow up is in its infancy. Data is currently being gathered to evaluate its contribution to the outcomes of survivors of haematological malignancies and findings will be published in 2010. The interventions are informed by patient-reported concerns, are delivered by an advanced-practice haematology nurse, have been based on best-available evidence and endorsed by a multidisciplinary team of experts in the field. The NC role, situated within a multi-disciplinary, LE team offers a new model of cancer survivorship care that may prove to be applicable to other patient groups in future.

**Acknowledgement**

The Haematology Late-effects Nurse Consultant role is supported by funding from the Leukaemia Foundation of Australia.

**References**


Feasibility of implementing health promotion interventions to improve health related quality of life. International Journal of Cancer (12) 139-142


NG Scientific Committee Update
26th meeting of the EBMT Nurses’ Group

Come join us in Vienna in March 2010!
After a wonderfully successful meeting in Göteborg this year we would like to invite you all to join us in Vienna in March 2010 to participate in the 26th meeting of the EBMT Nurses’s Group (NG). Vienna is a wonderful city with lots to see and do in addition to the programme which we have planned for the meeting.

The conference will start on Sunday 21st March with the study day aimed at nurses and health professionals who are less experienced and new to the field of transplantation. The focus of the 6th Annual Study Day will be Acute Myeloid Leukaemia in the morning and Quality of Life Issues in the afternoon.

For the more experienced nurse and allied health professional the scientific committee are pleased to announce the continuation of an afternoon session on Sunday for this group of practitioners. This year this will take the form of a training course for nurses – a train the trainer session – on Cancer and Sexuality which will be facilitated by C Wendt and C van Eltink who ran the afternoon session on sexuality at the meeting in Göteborg. Attendees will be welcome to attend the morning session of the Pre meeting study day or this session only. The attendance for this session will be limited and attendees will have to be pre-registered. Attendees will be welcome to attend the morning session of the Pre meeting study day or this session only.

The meeting will open on Monday with a special plenary session focussing on the activities of the EBMT NG and it’s committees. The Distinguished Merit Award for someone who has contributed to the field of HSCT and the activities of the EBMT NG will be presented at this session.

Educational Sessions
As usual we will have 6 educational sessions aimed at giving an insight in diseases and clinical and management issues. The six sessions are:

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<tr>
<th>Day</th>
<th>Session</th>
<th>Speaker</th>
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<tr>
<td>Monday</td>
<td>Multiple Myeloma</td>
<td>N Kroger (Hamburg, DE)</td>
</tr>
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<td></td>
<td>Survivership</td>
<td>R Boyajian (Boston, US)</td>
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<td>Tuesday</td>
<td>Cord Blood Transplants</td>
<td>V Rocha (Paris FR)</td>
</tr>
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<td></td>
<td>Stress management in HSCT setting</td>
<td>F Schulz Kinderman (DE)</td>
</tr>
<tr>
<td>Wednesday</td>
<td>Acute Lymphoblastic Leukaemia</td>
<td>E Koller (Vienna AU)</td>
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Plenary & Workshop Sessions
The Nurses group will hold 3 workshops which will have limited capacity – registration will be available via your meeting registration form and any available spaces will then be allocated on a first come first serve basis will be in Göteborg. It is hoped that by doing this we will be able to have a more interactive and practical session and two of these sessions will be repeated (one on Tuesday morning and the other on Wednesday morning).

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<tr>
<th>Type</th>
<th>Session</th>
<th>Proposed Speaker</th>
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<tbody>
<tr>
<td>Workshop (limited numbers &amp; repeated on Tuesday)</td>
<td>Oral Complications in patients undergoing HSCT</td>
<td>J Raber (Amsterdam NL)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>M Fiedler (Berne CH)</td>
</tr>
<tr>
<td>Workshop (limited numbers &amp; repeated on Wednesday)</td>
<td>Therapeutic touch</td>
<td>A Watzl (Vienna)</td>
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<tr>
<td>Workshop</td>
<td>Patient Information Needs</td>
<td>EBMT NG Research Committee</td>
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The other 5 sessions will be plenary sessions giving participants the opportunity to meet the expert. These sessions will be on throughout the programme.

**Plenary Sessions**

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<thead>
<tr>
<th>Type</th>
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<tr>
<td>Hot Topics in HSCT</td>
<td>Central Venous Catheter</td>
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<td></td>
<td>Family Care</td>
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<td></td>
<td>Rehabilitation, Physiotherapy</td>
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<tr>
<td>Palliative Care post HSCT</td>
<td>Pain management</td>
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<td></td>
<td>Transition from curative to palliative treatment</td>
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<tr>
<td></td>
<td>Family care</td>
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<tr>
<td>Apheresis</td>
<td>Management of complications of apheresis</td>
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<td></td>
<td>Information needs for patients and staff in Apheresis</td>
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<tr>
<td></td>
<td>Pleraxifor and it’s use</td>
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<tr>
<td>Early Complications in HSCT</td>
<td>Pulmonary complications – use of CPAP</td>
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<td></td>
<td>Acute GVHD</td>
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<td>VOD</td>
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<td>Challenges in HSCT Nursing</td>
<td>Nuclear accidents</td>
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<td>Hot Topics in HSCT</td>
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<td>Rehabilitation, Physiotherapy</td>
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</tbody>
</table>

**Joint session**

The joint session on Tuesday morning is an exciting opportunity for us to get together with the other disciplines attending the meeting and collaborate. This year is an exciting session looking at Infectious Issues and the effects on our patient population.

**Abstracts**

The scientific committee would like to invite you to submit your work as a abstract for presentations as a poster or oral presentation at the meeting. This is an established forum to present the results of your work or to share your experiences with colleagues from around the world. There will be prizes for the best poster and oral presentations prizes. The closing date for abstract submission is Wednesday 25th November 2009. Guidelines and information is available on the conference website at [http://www.congrex.ch/ebmt2010](http://www.congrex.ch/ebmt2010) or on the EBMT NG at [http://www.ebmt.org/6NursesGroup/nurses1.html](http://www.ebmt.org/6NursesGroup/nurses1.html).

The meeting will have the usual social events and the poster viewing sessions in the evenings giving us all the opportunity to meet and chat with colleagues and exchange ideas and experiences.

The scientific committee look forward to seeing you in March and wish you all an enjoyable conference. The final programme will be available towards the end of February at [www.congrex.ch/ebmt2010](http://www.congrex.ch/ebmt2010).
NG Paediatric Committee Update

- NG Paediatric Committee...our first year
- Introducing Merja Stenvall

NG Paediatric Committee......our first year

At the end of 2008 the EBMT Nursing Board decided to create a Paediatric Committee, offering an answer to European nurses requests for specific knowledge and focus points on infants and adolescents. This committee held their first meeting during the 25th Meeting of the EBMT Nurses Group in Goteborg (March 2009) where initial discussions took place regarding the working of the group and possible projects to take forward. The second meeting was carried out during the 2nd Training Course on Blood and Marrow Transplantation in Genoa (June 2009). The team consists of three members, all from different countries; Merja Stenvall (Finland), Marco Deiana (Italy) and Eugenia Trigoso (Spain).

Our first task was to send a survey questionnaire to hospitals across Europe, in order to identify: paediatric centres or centres for adults with paediatric patients, the training of paediatric nurses in different countries, and last but not least, what are nurse’s expectations from the EBMT NG Paediatric Subcommittee. The results of this survey will guide the EBMT NG Paediatric Committee in its decisions of education and projects in the future.

During a face to face meeting in September we finished the final draft of our “terms of references” and planned our next steps to analyse the questionnaires and present the results in Vienna. The Paediatric Committee is also taking part in the development of “Interactive educational material for pediatric bone marrow transplantation nurses” in cooperation with other Working Parties. Our next face to face meeting will be in October 2009.

Merja Stenvall (Finland)
trigoso_eug@gva.es

Marco Deiana (Italy)
marcodeiana@fastwebmail.it

Eugenia Trigoso (Spain)
merja.stenvall@hus.fi

Introducing Merja Stenvall from Finland to the Paediatric Committee...

My name is Merja Stenvall and I work in the Paediatric Haematology-Oncology and HSCT Unit, Helsinki University Central Hospital, Finland. I have been working there since 1985 when I qualified as a registered nurse. I finished my specialisation studies in paediatric nursing in 1988 and got my masters degree in nursing science in 2005 (major in nursing science and minor subjects’ clinical nursing science and administration and management in health care). I also have specialisation studies in the care of paediatric / adolescent cancer patients and haematological nursing.

My work experience as a registered nurse since 1985 has involved various activities and positions in the unit. As deputy nurse manager I have been partly responsible for the JACIE accreditation process and now I’m keeping up the quality management work together with a paediatric haematologist. I’m involved in the continuous education of our nursing staff and I’m also trying to implement evidence based nursing...
In the care of paediatric HSCT patients. Furthermore, I also give educational lessons in paediatric hsct/haematological nursing in our own organization and other hospitals in Finland.

I have been actively participating in both national and international congresses concerning SCT/haematology nursing when ever possible. I have had posters and have given oral presentations in EBMT congresses, EBMT paed. and NOBOS congress (Nordic Society of Pediatric Oncology Nurses).

Co-operation between paediatric SCT nurses across Europe is very important in order to develop patient care and nursing practices. I believe that paediatric nurses must play an active role in the EBMT NG as I’m sure we can learn from each other. Co-operation with the EBMT Paediatric Working Party is going to be important too.

I hope that with the co-operation of the EBMT NG we will be promoting HSCT patient care from infants to adolescents.

I’m looking forward to making contact across Europe and beyond.

Merja Stenvall
merja.stenvall@hus.fi
Local Nurses Diary

News from Vienna...

My name is Birgit Keinrath. I work as a nurse in the Haematology ward where we also have two transplant beds at the Hanusch Hospital in Vienna. I have been working there for 16 years and have experience with haematology patients since 2002.

In 2007 we started our Austrian Working Group and since then I have been Chair of the EBMT NG Austrian National Group. I really enjoy being this as I get to meet so many great people from all over the world and am kept up-to-date on BMT issues. Hence I was happy when they asked me to be the local nurse for EBMT 2010.

Last year in Göteborg they had 3 local nurses which made the work for them much easier. I am on my own, but with help from the Board and Scientific Committee I never feel lost.

The work as a local nurse is very interesting. I am part of the NG Board and NG Scientific Committee for one year until the congress is over. When this event is finished, the next local nurse will join the board. Like every year the first mission begins with abstract selection for the preceding congress, so I started in November 08 where I had to read and review 30 abstracts for the congress in Goteborg, and then met in December 08 with the NG Board and NG Scientific committee to select the best abstracts for oral and poster presentations. That weekend was a lot of hard work and I thought to myself, “Wow! So much work, so much English! Help!” Thankfully it was not only work... we had a nice dinner in the beautiful City of Göteborg with great conversation where we all got to know each other better – as everyone had something interesting to share!

Then at the congress in Göteborg 09 I was very concentrated and I tried to catch as much information as possible. I also had some meetings there, where we were already discussing the next congress in Vienna. This gave me a better understanding about the content and work for such an event.

Over last month we have had some telephone conferences about the 4th Patient & Family Day, for which I have to contact Nurses for co-chairing and promote the Day.

The NG Board Meeting in Amsterdam was held in April 09. This day was also very informative and you can read the summary on the Homepage. After this meeting I had one day off so I used the time for some sightseeing. Now that’s a good combination, isn’t it?

In May 09 the Scientific Committee Meeting was held in Barcelona, where we discussed the content of the conference in Vienna 2010. This meeting was also very productive and yet again the social contact was not missing; we had a great dinner in beautiful city of Barcelona. The Sponsorship Meeting was held in June in Vienna and in September there was another Board meeting in Manchester, which I couldn’t attend as our ward was too busy.

Now for the moment everything is done: The Nurses and Physicians giving an educational session or workshop in Vienna are officially invited. My next mission is the abstract selection in December with the Board and Scientific Committee and by then the local nurse from Paris will already be on board. My! Time goes by quickly...

Thanks to everyone else involved, who is doing their job with such motivation and enthusiasm!

I am looking forward to seeing my EBMT-Colleagues in December in Vienna.

Birgit Keinrath
birgit.keinrath@wgkk.at
MDS Foundation
Get Acquainted with the MDS Foundation

The Myelodysplastic Syndromes (MDS) Foundation, Inc. was founded in 1994 with the worldwide goals of improving the diagnosis of MDS, facilitating research and research communication in these syndromes, supporting MDS patients and their families/caregivers, and educating nurses, physicians, and other allied health professionals about MDS.

The Foundation’s main office is in the United States in Crosswicks, New Jersey. We opened our EU office in 2007 at King’s College in London, England. This office was made possible through the generosity of Professor Ghulam Mufti. Prof. Mufti donated the space for this office. Through this office we provide MDS patients outside the US referrals to our Centers of Excellence, we distribute educational materials for patients, nurses, and physicians, and we assist patients and their families with educational information.

Currently the Foundation is exploring ways that we can better serve patients worldwide through offices located in strategic areas of the world.

The Foundation has an international Board of Directors that includes some of the most knowledgeable researchers and clinicians in MDS research and treatment. Dr. John M. Bennett (one of the original members of the French-American-British ((FAB)) group that differentiated MDS from acute leukemia in the mid-1970s) serves as Chairman of the Board. Drs. Mario Cazzola, David T. Bowen, Terry Hamblin, Eva Hellström-Lindberg, Franz Schmalzl, Theo J.M. de Witte, Pierre Fenaux, Ghulam Mufti, Charlotte Niemeyer, Stephen Nimer, Alan F. List, Eli Estey, and Peter Greenberg comprise the remainder of the Board, in addition to Robert Weinberg, Esq. and myself.

In 1994 the MDS Foundation instituted a Centers of Excellence (CoE) program designed to identify those university or university-affiliated programs that exemplified the highest level of knowledge and research into the myelodysplastic syndromes. To qualify as a CoE these programs must be actively conducting research in MDS, must have the ability to accurately diagnose MDS including cytogenetic and/or molecular genetic testing, and must be published in peer-review journals. These CoEs are approved by the MDSF Board of Directors on a regional basis. There are currently 58 CoEs within the United States and 86 outside the US.

The Foundation has conducted educational symposia in conjunction with the American Society of Hematology’s annual meeting for 12 consecutive years and with the European Society of Hematology for five consecutive years. The MDSF has developed a series of educational programs for physicians and nurses. The MDS Awareness Program is available on-line in the Foundation’s Educational Resource Center on our website: www.mds-foundation.org.

In 2007 the Foundation initiated Nursing Advisory Boards in the US and Europe to provide input and support to the Foundation for the development of worldwide nursing education programs and support for MDS patients and families through nursing participation in the Foundation’s Patient and Family Forums.

The US Nursing Advisory Board has worked to develop multiple nursing education programs for the Oncology Nursing Society (ONS) in the United States and several of these nurses have participated in European programs.

The Foundation’s EU Nursing Advisory Board, Chaired by Louise Arnold from the St. James Infirmary in Leeds, UK, includes representatives from all of the European countries. This group has been instrumental in developing nursing symposia on MDS that have been presented at the European Oncology Nursing Society (EONS) in 2007 and at the Nursing Society of the EBMT in 2008. A second EBMT symposium is planned for 2009 and will be Chaired by Eric Aerts. This symposium will focus on the significant role that nurses play in treating MDS patients, supporting patients’ quality of life, and in providing education for MDS patients and their families/caregivers. We will provide nurses attending this symposium with cutting edge information to assist them in helping MDS patients.

Our Nursing Advisory Boards are cooperatively developing an educational program for nurses consisting of four modules that are adaptable for diverse knowledge and practice levels. This educational program is available in multiple languages for use worldwide. Our EU Nursing Advisory Board will be conducting
educational symposia for nurses in Europe to introduce this program and to assist EU nurses as they begin utilizing the new therapies being introduced for MDS in Europe.

The Foundation also supplies a variety of educational resources for MDS patients and their families. These include patient handbooks, diaries, and an on-line EZ Tracker for monitoring MDS. All of our materials are available free of charge from the MDS Foundation. You can contact us through our website at: www.mds-foundation.org, via email at swintrich@mds-foundation.org or via phone at 44 20 7733 7558.

If you have questions for the Operating Director, please contact me directly at: kheptinstall@mds-foundation.org or use our US telephone number 609-298-6746. The MDS Foundation looks forward to assisting you and your MDS patients.

Kathy Heptinstall, RN, BSN
Operating Director
kheptinstall@mds-foundation.org
Scholarships and Grant

Dear Colleagues

I hope this announcement finds everyone well and relaxed after a summer that seems to disappear all too quickly. Autumn is fast approaching and as always time seems to disappear too quickly. This also means that while the next EBMT conference is still some time away, it will be again upon us before we know it!

With that in mind I would once again like to bring to everyone’s attention the opportunities that are available as a member of the EBMT Nurses Group.

The 2010 annual conference promises to be not only a fantastic educational opportunity but also an amazing cultural and social event. Please don’t miss out on the opportunity to be able to attend the 26th annual meeting of the EBMT Nurses Group in the fabulous city of Vienna, Austria. On behalf of the Nurses Group Board we would like to encourage you to apply for one of two EBMT travel grants. All the information required can be found below. Once again please do not be put off applying just because the process may seem daunting as we are more than happy to help interested and motivated individuals with their application.

Yours Faithfully

Michelle Davies
Secretary EBMT Nurses Group

EBMT Conference Travel Grants

There are two travel grants available each year for nurses to attend the Annual EBMT Conference, each to the value of 500 Euros (maximum) plus free registration. One grant is aimed at nurses/allied health professionals employed in outreach centres and one for nurses/allied health professionals working in any part of Europe.

To qualify for this scholarship, applicants must:

• Be a registered nurse/allied health professional involved actively in SCT care.

• Be a member of the EBMT NG and working in Europe.

• Provide a biographical data sheet.

• Give a brief description (max. 250 words) of their goals regarding the conference

• Provide a letter of approval from their work centre which must accompany the application.

• Use the money for travel and accommodation only. The applicant must cover any costs exceeding the 500 Euros per person.

• Share the experience within the EBMT NG as an article in the EBMT NG Newsletter.

• Applications should be submitted to Michelle Davies (michellemhoyle@hotmail.co.uk) secretary of the EBMT NG anytime before January 1st 2010.
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  - ideal for high energy demand (e.g. BMT patients)
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EBMT NG National Groups Update

View here the EBMT NG National Group presentations from Gotenborg:
http://www.ebmt.org/6NursesGroup/NGDocs/overall_national_groups09.pdf

- East Forum Update
- Italy NG Update
- Swiss Forum Update
- Dutch NG Update
- UK NG Update

East Forum Update

Göteborg, Sweden, 4/2009: Rodica Ghelase (Romania), Eva Bystricka (CZ), Samuel Vokurka (CZ), Jana Skardova (CZ), Klara Kabatova-Maxova (CZ), Maria Visokaiova (Slovakia), Jana Bockova (Slovakia), Eva Murdichova (CZ), Blanka Ciperova (CZ), Ivana Benova (CZ), Irena Skoda Gorican (Slovenia), Metka Mlekoz (Slovenia), Andrejka Sunar Perko (Slovenia), Ewa Mazur (Poland), Monika Legiec (Poland).

During the 25th EBMT-NG Congress in Göteborg, Sweden, the decision was taken to rename the former "Middle European EBMT Nurses Group" into the "East Forum EBMT Nurses Group". At present, educational, scholar and working meeting of the East Forum is to be held in Plzen (Pilsen, Czech Republic) on 9-11 October 2009 under the promotion of the EBMT Outreach Committee Co-Chairman Dr. Vladimir Koza and the Bone Marrow Transplant Foundation in Pilsen. The schedule of the meeting will comprise several lectures and workshops on specific nursing problems (AML, Infections, Protective isolation and Oral mucositis), Quality management and JACIE accreditation process, and debates on selected SOPs in nursing (Protective isolation, Oral mucositis and CVC care). More intensive cooperation on new nursing research projects and on possible development of an international nursing SOP is expected to start soon. In addition to this, the Group’s Constitution, membership conditions and registry of cooperating centers must be revised. Any outcomes and results of this Meeting will be presented during the next EBMT Congress in Vienna. The "East Forum" web page is available at: http://www.ebmt.org/6NursesGroup/nurses1.htm

Eva Bystricka
Chair East Forum National Group
Bystricka@fnplzen.cz
EBMT NG Italian National Group

The Italian-NG has been a part of GITMO for 11 years, and all 116 members (1 in every center) show a great interest in improving and sharing their skills.

This year there have been a number of changes in the main board with the arrival of new members. The Board meets 3-4 times a year and via representatives in each center it is able to maintain contact with all member centers and coordinate scientific and educational group activities.

Every year we hold a general meeting where the results of various projects developed throughout the year are presented, alongside various individual projects, in order to develop, compare and encouraging group activities.

3 committees have been created within our group: the training committee, the infections committee and the EBMT committee. All of them have been established due to the need to improve the coordination and development of these activities.

This year the infections committee has been busy investigating the influenza vaccination in immunosuppressed patients, caregivers and healthcare staff. Results may be found on www.gitmo.net.

The training committee successfully worked at the educational course on conditioning therapy, so this year a questionnaire was distributed to all centers and based on the results a course on thrombotic and hemorrhagic issues related to CVC was proposed. It will be held in Vicenza (Italy) on October 2009.

At the moment new projects are in progress, they include surveys on ‘GvHD skin wounds’ and ‘nutrition in neutropenic patients’. The main purpose of them is to check our knowledge and then to draw up common treatment guidelines.

Letizia Galgan
Chair Italian National Group
lgalga@tin.it

EBMT NG Swiss Nurses Group
Our next meeting will take place on the 26th of October in Lucerne.

Our meetings are twice yearly and we have the following regular items on our agenda:

- A short report of each centre; changes, news, etc.
- Interdisciplinary Jacie activities in the centres
- Educational programmes
- EBMNT activities
- At our next meeting we have two topics to discuss and take decisions on:

A one day educational programme: report from the Education Subcommittee
A nurse exchange programme either within our group or within EBMNT National Groups

The educational program for the meeting will be:

Follow-up care after high dose chemotherapy and autologous and allogeneic transplantation: Differences between treatments.
Presented by Dr. Michael Gregor, Head of Hematology, Kantonsspital Luzern

This is all the news from the Swiss National Group.

Best regards to all of you,

Christel Pino Molina
Chair of the Swiss National Group
cphinomolina@uhbs.ch

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EBMT NG Dutch National Group

The launch of the Special Interest Group (SIG) Haematology: On the 20th of November at the National Congress of the Oncology Association of Nurses (V&VN-Oncology) in Utrecht the launch of SIG Haematology will take place.

Hereby the SIG will extend from stem cell transplantation only activities to full haematology. This way we hope to be able to represent oncological haematology within the V&VN-Oncology and nurses of non transplantation centers can also participate.

SIG Haematology stands for and encourages excellent care for patients with a haematological disease by bringing together nurses and other care professionals working in this field. We want to offer solutions to all the questions that nurses and other care professionals may have.

The SIG is composed of members of the V&VN Oncology interested and working within the area of haematological Oncology. From these members a Board is elected consisting of 4 positions: President, Secretary and two support posts. The tasks of this board are defining the policy and organization of the SIG, preparing the annual plan and reports, and actively maintaining national and international contacts.

Marjan Rademaker
Chair Dutch National Group
m.t.rademaker@amc.uva.nl
EBMT NG UK National Group

Carole Charley and Helen Jessop in Reading Town Hall

The EBMT (UK) NAP group is looking forward to a challenging and exciting winter 2009/10. The group said a fond farewell at our June meeting in Reading to our long term Chair, Carole Charley, our Secretary, Joan Newman and Treasurer, Helen Jessop. All three have been an integral part of the group from the early days and it is true to say that the UK group has thrived due to the commitment and dedication of these committee members. They have been an inspiration to hundreds of BMT nurses who have attended the meetings over the years.

Reading Town Hall, June 2009
The upcoming meetings are set to take place in Derby (November 2009) and York (June 2010). The Derby meeting will feature the first EBMT (UK) NAP Patient, Family and Friends day, which is an exciting new venture for the group. We are keen to get feedback from the patients and their families in order to shape future meetings. The day is generously supported by Elimination of Leukaemia Fund (ELF) for which our group is very grateful. A range of speakers are being lined up for both the nurses and patients’ programmes respectively.

The EBMT(UK)NAP is also looking at ways of updating and re-launching our website. The aim is to combine our two sites (group website and the BMT directory website), into one interactive site, which will be available as a resource to all nurses and AHPs working in BMT. For the first time it will also enable delegates to register for the UK meetings via the website. The new on-line look will be formally launched at the Derby meeting.

Further information about the UK national nurses group is available at www.ebmt.co.uk

**Louise Ritchie**  
Chair UK National Group  
louise.ritchie@rmh.nhs.uk
General Information

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General Information

Membership is open to nurses and health-care professionals who are actively working within the fields of blood and marrow transplantation or haematology, or who are committed to developing this sphere of nursing. Membership lasts from 1st January to 31st December every year, and must be renewed annually in November. If you wish to terminate your membership, you should inform the treasurer at least one month prior to the annual conference. Members will receive the following:

- Reduced registration fee for the next annual meeting of the EBMT-NG
- News bulletins and related BMT nursing news
- EBMT News, published three times a year

Membership fee

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<tr>
<th>Form of payment</th>
<th>Current members:</th>
<th>New member:</th>
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<tbody>
<tr>
<td>Bank transfer</td>
<td>40 Euros</td>
<td>40 Euros</td>
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Payment will only be accepted in Euros via bank transfer; no other currency or form of payment will be accepted. All current members will be reminded to renew their membership in November to ensure membership is valid when registering for the EBMT conference.
For further information, please contact the Membership Administrator:

**EBMT NURSES GROUP**
Membership Administrator

C/Rosselló 140, 1-1
08036 Barcelona
Spain
Phone: +34 93 453 8711
Fax: +34 93 451 9583
E-mail: nurses@ebmt.org

Further information about the Nurses Group is also available on the EBMT website at:
www.ebmt.org/6NursesGroup/nurses1.html

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**Next Issue – dates to remember!**

The next issue of the NG Newsletter will be distributed in February 2010. Deadline for the submission of articles will be January 15th, 2010

We will shortly make contact with you and we look forward to receiving your articles and updates.

Best Wishes from,

*Sara Zulu*
*Sabine Degen*
*Reggie Belkhedim*

EBMT NG Communication & Networking Committee
Important Dates and Upcoming Meetings

2009
Napier University, Scotland, UK
On-line modules: Therapeutic Options for Malignant Haematological Disorders
http://www.napier.ac.uk/fhiss/nmsc

November 4 2009
Derby, UK
EBMT (UK) NAP
http://www.ebmt.co.uk/

19 – 20 November 2009
28th Oncology Day in The Netherlands

February 23-28, 2010
Orlando, Florida
BMT Tandem Meetings
ONS BMSCT SIG with ASBMT and CIBMTR
http://www.asbmt.org/

15 April - 17 April 2010
The Hague (Den Haag, the Netherlands)
7th EONS Spring Convention
http://www.ecco-org.eu/

For details of related meetings, a regularly updated list of all meetings and conferences taking place,
http://www.ebmt.org/2RelatedMeetings/annual2.html

Details of various courses taking place in Switzerland can be found in the following website:
http://www.onkologiepflege.ch/Fortbildungen.fortbildung0.0.html