HAEMATOLOGY SOCIETY OF AUSTRALIA AND NEW ZEALAND
NURSES GROUP

HSANZ NG News

# From the president

Dear members and colleagues,

Time flies and its early June and the 1st call for abstracts for the HAA meeting in October in Adelaide has gone out and the closing date is 13th July 2009. So, get your thinking caps on and your pencils sharpened – well keyboards polished!

We are running an advertisement for exciting new courses at the University of Sydney and the HSANZ NG has been invited by the Leukaemia Foundation (Queensland) to explore the possible development of a haematology course. So it's all happening on the education front.

You'll read more inside but – I can't stress how exciting it is that we have more time and sessions at the annual conference than ever before, thanks to the ever hard working and ingeniously organisationally capable Adelaide committee – so let's share our research and practice innovations. Coincidentally, someone wrote into the Tea Room Guru enquiring about just how to write an abstract and so it's all there!

Okay, on that note, I am going off to think about what to talk about at HAA – have fun and don't get too chilly over winter,

Moira Stephens

# Committee Changes

**Queensland**

It is with regret and thanks that Rosita has resigned from the National Council. I would like to thank her, on behalf of all members and haematology nurses in general, for her outstanding commitment to the group in it's vital formative years.

Rosita is working to find a replacement for the Queensland representative on the council, so if you are interested, please contact either myself or Rosita,

**Western Australia**

It is also with regret that Barbara O'Callaghan has also tendered her resignation to the National Council. Barbara, together with Krys Emery, organised a magnificent Nursing Programme at the Perth HAA meeting last year and we thank her for that. Cassi Sprague (cassi.sprague@health.wa.gov.au) is the new representative for Western Australia and we look forward to working together.

Moira

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**What do you want to know?**

- *Ask the Expert—email in with your questions and your answer will appear in the next issue.*
- *How Do I — Make a presentation? Understand statistics? Let us know what you want to know.*
- *Tea Room Guru—What's your beef?*

***Please send your comments, questions & articles to***

***angela.booth@gsahs.health.nsw.gov.au.au***

# From HAA 2009 Organizing Committee

HAA Adelaide has an absolutely amazing nursing program over three days to inform and update your Haematology Nursing knowledge. You can view the program at www.fcconventions.com.au/HAA2009/

With 3 days we have more spots for nurses to present their work and I would encourage you to submit your abstract at

www.fcconventions.com.au/HAA2009/abstracts.html

Presenting your work is nerve wracking and daunting to say the least but it is also a wonderful experience to share your ideas, allow others to learn from your work and find peers with similar interests. So start writing your abstracts and submit them by July 13th.

**Would you like to check a local unit???** While you are in town if you would like to visit one of the local haematology units please contact me as a number of outpatient areas, transplant coordinators and inpatient units are willing to have some small groups come visit. Numbers and times are limited to keep things manageable, so contact bquested@arcbs.redcross.org.au by the 31 of August.

Locals will tell you Adelaide is a great place to live, with the beach nearby and you can head north south or east to find great food and wine - so arrive a few days earlier or stay for a few more days.

- The conference dinner will feature local produce and great local wines as well as dancing until the small hours.
- For active individuals we have arranged a Fitness on the Torrens Program that includes a bike ride, Pilates class or walk on Monday morning.

So feast on the great program ideas, savour the great food and explore our easy to get around city!

See you in Adelaide

Bev Quested

# Continuing Nurse Education

As you may be aware the HSANZ Nurses Group (HSANZ NG) is able to award Continuing Nurse Education (CNE) points to nurses attending educational activities organised by them.

The HSANZ NG is an Authorised Provider of Endorsed Courses (APEC) organisation. This allows the HSANZ NG to endorse their educational activities on behalf of and according to the criteria set out by the Royal College of Nursing, Australia (RCNA). This helps to ensure that we are providing quality educational activities of a high standard that will add value to a nurse's continuing education.

CNE points are useful in providing evidence of continuing professional development and can be added to your professional portfolio. CNE points can also be used with the RCNA's Life Long Learning Program, 3LP which is designed to encourage nurses to undertake professional development throughout their careers using a planned approach. One CNE point is equivalent to one hour of learning and the RCNA recommends that nurses should aim to achieve 30 CNE points per year to aid their professional development. This can be made up in various ways through conference attendance, educational events, journal readings and so on.

Attendance certificates are available for HSANZ NG educational activities that state CNE points earned and hours of education attended.

So look out for the educational activities in your local HSANZ NG and the CNE points you can accrue!

If you would like to learn more about the RCNA and 3LP have a look at the links below!

http://www.rcna.org.au/

http://www.3lp.rcna.org.au/

# News from eviQ (CI-SCaT)

The last four months have been incredibly busy for the team at CI-SCaT as we prepare for the launch of eviQ Cancer Treatments on line. From June 14 CI-SCaT users will be provided with links to new and upgraded information services at www.eviQ.org.au.

The 4th Annual CI-SCaT Nurses Reference Committee Meeting was held at the Menzies Hotel, Sydney, on Wednesday 29 April – Friday 1 May, 2009.

236 applications were received for 150 available places. I would like to thank Cancer Australia & Cancer Institute NSW for their support and recognising the importance of bringing nurses from metropolitan, regional, rural & remote areas throughout Australia to debate and standardise nursing policy & procedures. To all the members of the nursing reference committee thanks for your ongoing commitment, enthusiasm and support to the development of nursing knowledge and evidence informed policy and practice. At the meeting a large body of work was critically debated and evaluated, assessment charts and education tools developed and the eviQ website underwent validity testing. An overwhelming majority of attendees of the meeting felt motivated and invigorated by the meeting, and were keen to put what they had gained into practice.

If you would like any further information about the new website eviQ or would like to become a member of the eviQ nurses reference committee please contact Karen Eaton
email Karen.Eaton@cancerinstitute.org.au

# Can you help? Hickman catheter problems

We have had a spate of Hickman Line fractures over the past few months. We use triple lumens for our allo transplant patients. The nursing care of them hasn't changed recently and the doctors say that their insertion technique hasn't changed. We are using Cook brand and they are determined that it is not the lines - they say that there are too many variables out there and that those things (like nursing care, insertion etc) should be looked at first.

We would be interested to know:

- What brands other centres are using?
- Do they use doubles or triples?
- Has anyone else had any problems with lines fracturing?
- Who inserts the lines? And where?
- Where is the Hickman exit situated?

Please reply to Catherine Wood, Wellington Hospital

Catherine.Wood@ccdhb.org.nz

# 2009 dates for your diary

**International Conferences**

**11-16 Jul:** International Society for Thrombosis & Hemostasis, Boston, USA

**20-24 Sep:** European Cancer Organisation, Berlin, GERMANY

**14-18 Nov:** ISBT (Asia), Nagoya, JAPAN

**5-8 Dec:** American Society for Hematology, New Orleans, USA

**National/Trans Tasman Conferences/Meetings**

**18-20 June:** CNSA Winter Congress, Newcastle

**8-11 Oct:** ANZ Haemophilia Conference, Brisbane

**4 Sep:** BMT Network Annual Scientific Forum

**18-21 Oct:** HAA, Adelaide

**11-13 Nov**: ALLG, Melbourne

**Regional Meetings/Conferences**

**NSW Educational Supper Meetings (for** more information contact Moira Stephens - m.stephens@usyd.edu.au)
18 June
20 Aug
19 Nov

**Introduction to BMT Nursing Course (BMT Network NSW)**
July 31, Aug 28 & October 2 (all 3 days mandatory attendance).
Target audience: nurses new to BMT, adult focus
Registrations close June 29 and places are filling up fast.
Free to anyone working in a BMT/haem unit in NSW. Those from interstate welcome but will incur a cost as per previous years (usually around $50-70 each day).
CNE points will be given to those who attend, through the RCN.
Contact Chloe Ahern, A/CNC, ph 8382 4636 or Mob 0447 672261

If you'd like your local events added, please email Angela on angela.booth@gshas.health.nsw.gov.au

# News from the regional groups

**New Zealand (North Island)**

The NZ branch of HSANZ had their annual meeting in Wellington in March this year. It was a two day conference which had some invited speakers from Australia and the US. Nurses had almost half a day to run their own meeting and we had four quality speakers presenting. Joe Mikhail, a consultant Haematologist at the Mayo Clinic gave an excellent presentation on Multiple Myeloma. He gave a good update on current therapies and where the future in Myeloma might be heading. We also had two excellent presentations about the role of the Haemophilia Specialist Nurse and the setting up of an Anti-Coagulant service within the hospital. There was also a short panel discussion about central lines looking at what other centres were doing with preventing and treating line infections etc.

As yet there have been no evening education sessions for nurses but this is in the pipeline. If there is anyone in the Wellington Region who would be willing to help organise these, please get in touch with me.

***Catherine Wood***

**New Zealand (South Island)**

Recently the sub committee HSANZ held another successful education night. There were two presenters, the first presenter Glynis Cumming, discussed patient sexuality and the issues that patients have following intensive treatment and bone marrow transplant. The second presenter was Alison Trengrove who discussed patient issues and new trends in bone marrow transplant. The evening was supported by the Leukaemia and Blood foundation of NZ. The nurses who attend this evening receive credits for education.

The committee is now looking at accessing Cancer Net NZ so that we can link into study evenings but continue to run the evenings under HSANZ. The aim is to reach nurses working in more remote areas in NZ.

Recently I was fortunate enough to travel to St Louis, Mo in the USA to attend the National Association of Clinical Nurse Specialists. The conference gave me insight into the CNS role and how it is managed in the USA. I was able to meet the members of the committee who were very keen to hear about HSANZ and their commitment to education. The aim of the CNS in the USA is similar to our own and that is to promote the unique, high value contribution the clinical nurse specialist makes to the health and wellbeing of individuals, families, groups and communities.

In June of this year the first CNS conference will be held on June the 27th in NZ and has been advertised in NZNO and this can accessed via Google for any CNS from Australia wishing to attend.

***Sharron Ellis***

**South Australia/Northern Territory**

The third educational meeting for the South Australian and Northern Territory group has just been held. This time, to mix things up a little we held a breakfast meeting in North Adelaide. We had an excellent presentation from Clinical Psychologist Melissa Bond of the Royal Adelaide Hospital Cancer Centre. The topic was of great interest with 24 nurses attending bright and early to hear about "Psychological Aspects of the Cancer Journey". Again we had a good mix of both public and private hospitals represented on the morning.

Melissa has worked within the Cancer Centre for a number of years and is closely linked with the haematology and bone marrow transplant service. Some very good insights were presented including defining and assessing for distress, how patients manage their distress and how distress may be affected at varying stages of the treatment continuum. Also discussed were insights into the differing types of grief and loss as well as various strategies employed to assist patients in distress. These included cognitive behaviour therapy, acceptance /commitment therapy as well as group therapy.

We also got to hear about a couple of interesting new developments at the RAH. One is a new programme for patients starting this year based around Cognitive Behavioural Stress Management. Patients will have the opportunity to learn and discuss various aspects of stress and stress management through a structured group programme run over twelve weeks and facilitated by a clinical psychologist. Also, reacting to needs identified by the Royal Adelaide Hospital Cancer Centre's Bone Marrow Transplant Coordinators there will be a study looking at the impact of psychological support for related allogeneic and voluntary unrelated donors.

In recognition of the varying levels of psychological support available to patients in different hospitals, Melissa rounded off the session with a very useful discussion about resources that are available to all patients. This includes PBS reimbursed counselling sessions, community mental health services as well as accessing support agencies like the Cancer Council and the Leukaemia Foundation. It was also good to hear that as nurses we are an important front line support and resource for our patients.

Our thanks go again to our supporters for providing a delicious breakfast; Amgen Australia Pty. Ltd., Gilead Sciences Pty. Ltd., Novartis Oncology and Roche Products Pty. Ltd.

Our next education session is planned for August and it won't be long before we hope to be seeing everyone in Adelaide for the HAA 2009 conference in October.

***Allan Hayward***

**NSW**

NSW has recently had a change of committee with Tracy and Angela concentrating their energies on the National Council. Moira has remained as part of the NSW group (in addition to her role as National President) and is joined by Jacqui Jagger (Gosford) jjager@nsccahs.health.nsw.gov.au, Heather Mackay (Westmead) heather_mackay@wsahs.nsw.gov.au and David Collins (BMT Network NSW) dcollins2@stvincents.com.au

There was a lively meeting in Gosford in April where 45 nurses attended to hear Dr Cecily Forsyth present on Myelodysplasia, kindly sponsored by Amgen and Jansen-Cilag. The restaurant and the food were delightful, listening to an exciting talk with the water views over to the left – it's a hard life!

The next NSW meeting is sponsored by Amgen and Kim Strong from the Centre for Values, Ethics and the Law in Medicine at Sydney University will present a discussion on "Saviour Siblings".

***Moira Stephens***

# Cancer and Haematology Nursing

## Expand your knowledge of cancer and haematology nursing at the University of Sydney.

The Faculty of Nursing and Midwifery at the University of Sydney understands the importance of professional education for the cancer nursing and haematology workforce.

In 2010 we are offering new postgraduate programs in the areas of cancer and haematology nursing*, clinical trials research* and nurse practitioners**. Our new courses will enable nurses to develop advanced knowledge and skills for specialist clinical practice and research in cancer and haematology.

Choose from the following programs to help provide better patient care and shape future trends in treatment, patient care and disease prevention:

**Master of Cancer and Haematology Nursing**
**Graduate Diploma in Cancer and Haematology Nursing**
**Graduate Certificate in Cancer and Haematology Nursing**
**Master of Nursing in Clinical Trials Research**
**Graduate Diploma in Clinical Trials Research**
**Master of Nursing (Nurse Practitioner)**

Nurses with graduate certificates in cancer or haematology nursing may apply for recognition of prior learning. Research degrees, including the Master of Philosophy and Doctor of Philosophy, are also available to prepare nurses for leadership in research, teaching and administration.

Graduate certificates are Commonwealth Supported courses (CSS). Students for other courses are encouraged to obtain financial support through the Cancer Institute of NSW Education Scholarship Scheme.

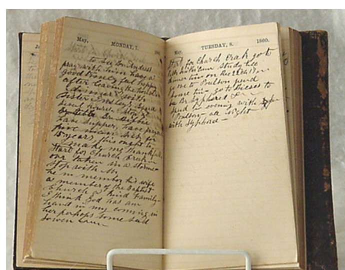
### Contact us for more information

Cancer and Haematology Nursing: m.stephens@usyd.edu.au
Phone: +61 2 9351 0693 Fax: +61 2 9351 0508
Email: info@nursing.usyd.edu.au
Web: www.nursing.usyd.edu.au

* New courses proposed for 2010 are subject to Academic Board approval.
** Subject to Academic Board and Nursing & Midwifery Board of NSW approvals.

The University of Sydney

CRICOS provider No. 00026A H21736



**Pre-registration adult nurses' knowledge of safe transfusion practice: Results of a 12month follow-up study.**

Smith FC, Donaldson J, Pirie L. **Nurse Educ Pract.** 2009 May 21. [Epub ahead of print]

This research project ascertained student nurses' knowledge retention of safe transfusion practice following a standardised teaching and learning programme (produced by the Scottish National Blood Transfusion Service, United Kingdom (UK)) within a School of Nursing in Scotland, UK. Several studies including the Serious Hazard of Transfusion (SHOT) annual reports demonstrated that there are risks to the patient in receiving blood components: receiving the wrong blood was the most common risk associated with blood transfusion (Ottewill, 2003; SHOT, 2007). This evaluative study used a questionnaire to assess the level of knowledge students (n=118) attained on the day of the session, 4-6months and 11-12months following the session. The study provided an insight into the effectiveness of a standardised teaching approach and highlighted areas for review in light of incorrect answers elicited. Despite all receiving the Standardised Programme, there was a wide range of initial overall scores achieved. The study demonstrated, within the small sample completing at all 3 time points, that there is clear degradation of knowledge during the study period. The influence of experience on knowledge retention appears to have a positive effect at 6months but no appreciable effect at 12months. These outcomes merit further, more robust and multi centre investigation to identify if there is replication of results.

**Two new drugs for chronic ITP.**

No authors listed. Med Lett Drugs Ther. 2009 Feb 9; 51(1305):10-1

Romiplostim (Nplate - Amgen), a recombinant fusion protein injected subcutaneously, and eltrombopag (Promacta - GlaxoSmithKline), a non-peptide taken orally, have been approved by the FDA for treatment of chronic immune thrombocytopenic purpura (ITP) refractory to corticosteroids, immunoglobulins and/or splenectomy.

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**Combined bone marrow and peripheral blood progenitor cell autografts for patients with poor mobilization.**

Sinitsyn Y, Malone A, Mandeli J, Grosskreutz C, Osman K, Scigliano E, Shi P, Isola L. **Cytotherapy. 2009** Jun 4:1-7.

Background aims:
Peripheral blood progenitor cell (PBPC) autografts with low CD34(+) cell content provide inadequate platelet (Plt) and red blood cell (RBC) reconstitution. Repeat collection and bone marrow (BM) harvesting are used in this situation. Minimum cell contents for BM-PBPC combined grafts are undefined. Methods: A retrospective analysis of 19 autologous stem cell transplants (ASCT) with combined BM-PBPC for poor initial PBPC collection was carried out. Mobilization was with filgrastim (10 microg/kg/day) alone for 5 days or after chemotherapy. BM was harvested if PBPC collections were CD34(+)<2.5x10(6)/kg. Results The median age was 55 years (range 19-74). The diagnoses were multiple myeloma (7), non-Hodgkin's lymphoma (7), Hodgkin's disease (4) and acute myeloid leukemia (1). The median cell content (CD34(+)/kgx10(6)) was 1.1 (0.3-2.7) for BM, 1.2 (0.04-2.8) for PBPC and 2.2 (1.4-4.9) combined. Eight grafts contained <2.0x10(6) CD34(+)/kg (1.4-1.8). The median engraftment in days (range) was: absolute neutrophil count (ANC) > 500, 12 (9-39); Plt > 20 000, 25 (15-70); RBC transfusion independence, 17 (6-93). Six patients died of progressive disease (58-293 days post-ASCT), one of infection on day 141 and one of AML on day 11. All patients except one maintained ANC > 1000 without filgrastim support beyond day 19. One patient had cholecystitis and delayed graft failure on day 90. PBPC CD34(+) content did not predict CD34(+) BM content but correlated with ANC > 500 (r= -0.64, P=0.003). BM and combined CD34(+) and BM TNC/kg did not correlate with engraftment or outcomes. Combined CD34(+)/kg < or > = 2.0x10(6) produced similar engraftment and mortality. Conclusions: After a failed PBPC collection, BM harvest is a reliable option for obtaining an adequate combined autograft. Combined BM-PBPC autografts with <2.0x10(6) CD34(+)/kg can produce satisfactory engraftment.

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**A randomized phase 3 study of tipifarnib compared to best supportive care, including hydroxyurea, in the treatment of newly diagnosed acute myeloid leukemia (AML) in patients 70 years or older.**

Harousseau JL, Martinelli G, Jedrzejczak WW, Brandwein JM, Bordessoule D, Masszi T, Ossenkoppele GJ, Alexeeva JA, Beutel G, Maertens J, Vidriales MB, Dombret H, Thomas X, Burnett AK, Robak T, Khuageva NK, Golenkov AK, Tothova E, Mollgard L, Park YC, Bessems A, De Porre P, Howes AJ. **Blood.** **2009 May 21**. [Epub ahead of print]

This Phase 3, multicenter, open-label study evaluated the efficacy and safety of tipifarnib compared to best supportive care (BSC), including hydroxyurea, as first line therapy in elderly patients (>/=70 years) with newly diagnosed, de novo or secondary AML. A total of 457 patients were enrolled with 24% >/=80 years of age. Tipifarnib 600 mg p.o. BID was administered for the first 21 consecutive days, in 28-day cycles. The primary endpoint was overall survival (OS). The median survival was 107 days (95% CI: 85, 129 days) for the tipifarnib arm and 109 days (95% CI: 93, 136 days) for the BSC arm. The hazard ratio (tipifarnib vs. BSC)

for OS was 1.02 (95% CI: 0.84, 1.24; p-value stratified log-rank test 0.843). The complete response rate for tipifarnib in this study (8%) was lower than that observed previously, but with a similar median duration of 8 months. The most frequent grade 3 or 4 adverse events were cytopenias in both arms, slightly more infections (39% vs. 33%), and febrile neutropenia (16% vs. 10%) were seen in the tipifarnib arm. The results of this randomized study showed that tipifarnib treatment did not result in an increased survival when compared with BSC including hydroxyurea.

**The effectiveness of chlorhexidine-silver sulfadiazine impregnated central venous catheters in patients receiving high-dose chemotherapy followed by peripheral stem cell transplantation.**
Maaskant JM, De Boer JP, Dalesio O, Holtkamp MJ, Lucas C. **Eur J Cancer Care (Engl).** 2009 Apr 22. [Epub ahead of print]

The effectiveness of chlorhexidine-silver sulfadiazine impregnated central venous catheters in patients receiving high-dose chemotherapy followed by peripheral stem cell transplantation. Immuno-compromised patients are at high risk for all kind of infections. Unfortunately, they need central venous catheters (CVCs), which are associated with infectious complications. In this study we examined the effectiveness of chlorhexidine-silver sulfadiazine impregnated CVCs to prevent catheter-related infections in patients receiving high-dose chemotherapy followed by peripheral stem cell transplantation. This historical cohort study evaluated 139 patients of whom 70 patients were provided with non-impregnated CVCs and 69 patients with impregnated CVCs. Patients were treated for different diagnoses. The median number of days a CVC stayed in situ was 18 in the non-impregnated group and 16 in the impregnated group. The median duration of neutropenia of patients with non-impregnated CVCs was 9 days compared with 7 days of patients with impregnated CVCs. We found less catheter colonization (CC) in patients with chlorhexidine-silver sulfadiazine CVCs (RR 0.63, 95% CI 0.41-0.96; P = 0.03). Catheter-related blood stream infections (CR-BSI) were also diminished, but this result was not statistically significant (RR 0.15, 95% CI 0.02-1.15; P = 0.06). The reduction in CC and CR-BSI did not diminish the incidence of fever. We conclude that the use of chlorhexidine-silver sulfadiazine impregnated CVCs provide an important improvement in the attempt to reduce CC and CR-BSI.

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**Comparison of three peripherally-inserted central catheters: pilot study.**
Di Giacomo M. **Br J Nurs.** 2009 Jan 8-21;18(1):8-16.
Peripherally-inserted central catheters (PICCS) are non-tunnelled, central catheters inserted through a peripheral vein of the arm. They are 50-60 cm long and are usually made of either silicone or second-third generation polyurethane. PICCs can be used for prolonged, continuous or intermittent infusion therapies (up to 3 months) both in hospitalized patients and in patients treated as outpatients, in a hospice, or at home. When establishing a vascular service it is key to select a PICC that meets the requirements of safety, cost-effectiveness, high resistance (ability to take increasing fluid volumes with high pressure devices) and durability, and low complications rate. The complications and dwell times of three different PICCs were studied: coated polyurethane, valved silicone and power-injectable. The study was conducted at the chemotherapy suite at the author's hospital with the aim of selecting the right PICC based on low incidence of complications, resistance and enhanced dwell time. Results show a low incidence of complications and long dwell time among patients with the power-injectable PICC. Furthermore, this study demonstrated a reduction on the rate of occlusion and rupture with power-injectable PICCs, which makes them safer to use for administration of chemotherapy and other vesicant agents, as well as for the management of patients in critical care.

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**Management of related donor care: a European survey.**
Clare S, Mank A, Stone R, Davies M, Potting C, Apperley JF. **Bone Marrow Transplant.** 2009 Jun 8. [Epub ahead of print]
Donating BM or peripheral stem cells is a challenging process that requires a considerable commitment on the part of the donating individual, especially when there is a relationship between donor and recipient. In order to develop a better understanding of related donor management, the research subcommittee of the European Group for Blood and Marrow Transplantation-Nurses Group (EBMT-NG) designed a questionnaire to survey European transplant centres. This questionnaire investigated several key areas, including guidelines, patient information, donor consent and follow-up services. It was distributed to a sample of delegates (N=150) at the 2005 meeting of the EBMT-NG. Guidelines for the information given to patients were primarily from local (33, 52%), and a combination of local and national (13, 21%) sources. Transplant information was predominantly given to related donors by the recipient's transplant team (36, 57%). A total of 33 (52%) centres indicated that donors were also consented by transplant doctors, whereas 16 (25%) identified that consent was obtained by doctors who were not connected with the transplant team. At present, there is a lack of recognized standardized guidelines for the management of related donors. The development of such guidelines would assist in maintaining patient autonomy, confidentiality and access to accurate and objective information.

# Tea Room Guru

Dear TRG,

I've never been to Adelaide and a friend of mine told me an easy way to get a trip. She said something about a haematology conference being on there in October and 3 travel scholarships to be won – just write an abstract she said – it's easy. I'm not so sure, it all seems a bit scary – how do I write an abstract?

OK – she's correct – it's not hard, just something we're not always used to doing – here's a couple of points first;

1 – an abstract is a short synopsis of what you intend to present at the conference. Presentation can be as a poster (can use it as a wall hanging at home afterwards) or as a talk.

2 - abstracts don't have to be about randomised controlled clinical trials – they can be about qualitative research, or they maybe about a systematic review of the literature or a quality project or action research which can be describing and evaluating a change in practice you have made.

3 – what makes the presentation "this is what we do at our hospital" into a scholarly presentation about a piece of action research is adding the existing literature about the subject and an evaluation of the change in practice.

**How to write an abstract**

The purpose of an abstract is to serve as a link between the title of a presentation (research study etc) which may be only a few words long and the full presentation paper which may be 8-10 pages long. The abstract is a useful summary of the article (your research project) that provides justification for the research. The abstract allows the reader to conclude whether the full presentation (your research) is worth hearing about.

Contents

The abstract should outline the objectives of the research study and its rationale. The materials and methods of the study should be stated with any statistical methods used, or search engines or tools used to evaluate the practice change. The results of the research should be concisely stated. A brief interpretation for practice should be provided and a conclusion briefly stated.

Other factors

If you have any questions about how to prepare your abstract, e-mail Moira who knows the TRG at m.stephens@usyd.edu.au or any of the other committee members and they will be happy to do a formative review for you or assist you.

References

DeAngelis, C An Introduction to Clinical Research New York: Oxford University Press 1990.

Huss, K, Ainsley, S, Huss, RW Writing a Research Abstract, Johns Hopkins University School of Nursing.

Huth, EJ, How to Write and Publish Papers in Medical Sciences Baltimore: Williams and Wilkins, 1989

Iverson, C et al American Medical Association Manual of Style Baltimore: Williams and Wilkins, 1989

Plaut, SM Preparation of Abstracts, Slides and Presentations for Scientific Meetings Clinical Research 30 (2)18-24 1982

**Writing an abstract of your research process**

- Study Objective
- Design
- Setting
- Population
- Materials, Methods and Interventions
- Results
- Conclusions

**How to evaluate a good abstract**

- Originality
- Scientific (qualitative or quantitative) or clinical practice merit
- Clinical relevance or significance
- Suitability for audience/meeting

## A Sample Abstract

**What Do Myeloma Blogs Reveal About The Experience Of e-patients In The Era Of Novel Agents?**

Moira Stephens

Centre for Values, Ethics and the Law in Medicine, The University of Sydney, Sydney, NSW, Australia

**Aim**

To review changes in the experience of living with multiple myeloma (MM) by analysis of myeloma blogs, with particular reference to the impact of novel agents.

**Background**

There is an emerging field of study examining how blogs are used by people with cancer. As of December 2007 75.9% of the Australian population– 15,504,532 people - use the internet (www.internetworldstats.com/), however, there are barriers to internet usage, one of which is the "digital divide" (Kontos et al 2007).

People in a higher economic position (SEP) demonstrate a greater access and usage compared to those in a lower SEP. Broadband access has also been shown to influence health seeking internet usage (Cline & Haynes 2001) and as of December 2007, 23% of the Australian population had Broadband access (www.internetworldstats.com/) highlighting that care must be taken in planning health care information initiatives to be inclusive. Patients use the internet "to gain, maintain and display familiarity with a remarkable body of medical and experiential knowledge about their illness" (Ziebland et al 2004). This enables them to be able to be technically proficient and discriminating users of medical information and medical services, covertly questioning their doctors advice (Ziebland et al 2004) and suggesting a change from the traditional 'doctor knows best ' approach (Coulter 2001).

**Methods**

This exploratory study examined four Blogs written by people with multiple myeloma. All were in the public domain and not requiring any password access. The impact of novel agents on the experience of living with myeloma was of specific interest and so all were searched using key words "Velcade", "Revlimid", "Lenolidamide" and "novel agent".

10 to 80 entries were found in each blog with up to 5 comments by other people, per entry. These were analysed to determine how peers affected by myeloma communicated via blogs.

**Results**

This study found 2 major ways that people used their blogs ; as an information resource (evaluating treatment choices; reporting complications and biomedical data; publishing news and reports; sharing advice and recommendations) ;and as a source of unicity ( story telling; supportive comments; acknowledgment).

**Conclusions**

Patients use the internet in a variety of ways; much of the clear benefit found by patients in this resource in managing life threatening and chronic illness of may be underestimated or unknown. What appears to be clear, however, is that some patients are experts in their illness, possessing both medical and empirical knowledge and is apparent that expertise in patienthood is an important tool in their healthcare management.

"No conflict of interest to disclose". (You won't always need to put this—it depends on the subject of your abstract.)

Good luck – and don't forget there are three travel awards to be won.

TRG

**Ed note: Don't forget to follow the guidelines for abstract submission exactly as this may make the difference between your abstract being accepted or rejected.**

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