Consultation

NZNO regularly seeks members input on a range of documents up for consultation. The listing is regularly updated and can be found here

**New Zealand’s Seventh Periodic Report under the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment – Draft Report**

NZNO is seeking your views on New Zealand’s compliance with the above United Nations Convention. New Zealand will report to the UN Committee Against Torture in 2019 on measures taken domestically to implement the Convention.

The Convention covers a broad range of topics, including issues related to the nursing workforce, for example solitary confinement and seclusion in mental health facilities, refugee and asylum seeker health. We welcome your feedback on whether New Zealand is taking effective measures to prevent torture and ill-treatment, and adequately addressing all occurrences where it might occur.

Please see the link of the draft report
Please send feedback to Jill.Wilkinson@nzno.org.nz by 10 June, 2019.

**Enhanced Drug Impaired Driver Testing – Discussion Document**

NZNO is seeking feedback on options to improve the drug-driver testing process including:
- the methods that could be used to screen and test for drugs;
- the circumstances in which a driver should be tested;
- what drugs should be tested for and
- how an offence for drug driving should be dealt with by police.

A new framework for drug-impaired driving should be considered in the context of the Government's overall objective of addressing the health needs of individuals who harm themselves by using drugs.

Please review this discussion below
Please send feedback to policyanalysts@nzno.org.nz by 21 June, 2019.

**NZ News (general)**

*Medicine already in use may help cancer treatments*

From the Bay of Islands to Brussels there’s a call to take a fresh look at old drugs to see if they could treat cancer for a fraction of the cost of new medicines.
More young Kiwis getting bowel cancer is "tip of iceberg", says expert
A rise in bowel cancer among young Kiwis could be just the "tip of the iceberg", a leading New Zealand cancer expert says.

Researchers urge New Zealanders to get vaccine to lower throat cancer rates
Researchers are urging New Zealanders to get immunised against a virus known as human papillomavirus (HPV) in a bid to significantly reduce the country's alarming throat cancer rates.

Early Diagnosis and Treatment of GI Cancer
Gastrointestinal (GI) cancer incorporates a diverse set of cancers. This includes malignant cancers of the digestive tract and organs of digestion including oesophagus, stomach, small intestine, bowel, pancreatic, bile duct and liver cancer. Cancer of the digestive tract and associated organs is responsible for more cancer deaths than any other body system.

Bowel cancer

New bowel cancer kit aimed to help those under 60
People under 60 who are worried they may have bowel cancer are being offered a new screening service by a group of medical specialists.

Breast cancer

Breast cancer in young women: Good outcomes with advised therapy
Breast cancer in young women is characterized by more aggressive biological features as compared to those arising in older patients but outcomes are good when guideline-recommended treatments are given.


Objective: We investigated the incidence of falls and functional impairments in breast cancer patients with chemotherapy-induced peripheral neuropathy (CIPN). Additionally, we examined whether taxane-induced peripheral neuropathy was associated with the patients' falls and functional impairments. Methods: We conducted a cross-sectional study including 88 patients with breast cancer who received taxane-based chemotherapy and were recognized as having peripheral neuropathy symptoms (Common Terminology Criteria for Adverse Events Grade ≥1). Patients completed the Functional Assessment of Cancer Therapy-Gynecologic Oncology Group-Neurotoxicity questionnaire for neuropathy and described falls from the onset of the taxane-based chemotherapy to the time of the survey. Functional impairments were defined using the Activities of Daily Living subsection of the Vulnerable Elder's Scale. Data were analyzed using descriptive statistics and logistic regression. Results: Of the participants, 40.9% experienced falls and 38.4% reported functional impairments. Most falls occurred on flat ground. Bone fracture due to falls was observed in 11.4% of the participants. Logistic regression revealed that CIPN was not significantly associated with the reported incidence of falls. However, it was significantly associated with functional impairments (odds ratio, 6.415; 95% confidence interval: 1.271–32.379; P = 0.024). Conclusions: CIPN was associated with functional impairments, but not with the incidence of falls. Patients should be informed prior to the onset of anticancer therapy that CIPN is a risk factor for functional impairments.
Objective: Chemotherapy-induced alopecia is a common and distressful side effect, especially among breast cancer patients. Scalp cooling (SC) can reduce hair loss during anthracycline- and taxane-based chemotherapy. This study assessed the effectiveness of SC in daily clinical practice in three Italian oncology units. Methods: From 2014 to 2016, we prospectively included 220 female early-stage breast cancer patients undergoing curative chemotherapy in combination with SC using the Paxman device. Effectiveness was defined as the severity of hair loss according to the Common Terminology Criteria for Adverse Events Version 4.0 as follows: Grade 0, no hair loss; Grade 1, <50% hair loss not requiring a wig; and Grade 2, ≥50% hair loss at each cycle and at completion of chemotherapy. The tolerability and safety were also evaluated. Results: The overall success rate of SC (hair loss Grade 0–1) was 68%. Severe hair loss was avoided in 89% of women receiving taxane-based chemotherapy and in 78% of women receiving both anthracyclines and taxanes. Among women undergoing anthracycline-based chemotherapy, 47% experienced hair preservation. SC was well tolerated, as only 20 patients discontinued SC for reasons other than hair loss. Conclusions: Our study confirmed that SC provides a reliable chance for breast cancer patients to keep their hair during taxane- and/or anthracycline-based chemotherapy. 

This article is not freely available but may be sourced from databases available via the NZNO library or those of a DHB or educational institution

Quality of life and personal resilience in the first two years after breast cancer diagnosis: systematic integrative review

The aim of this systematic integrative review was to examine the early impacts of a breast cancer diagnosis (up to 2 years after diagnosis) in relation to quality of life and personal resilience. The bibliographic databases of Medline, CINAHL, Cochrane, and Psychology and Behavioral Science Collection were searched using predetermined search criteria. Research studies published up to February 2019 were considered and following appraisal 36 articles were included in the review. Younger age, disease progression at first presentation, personality factors such as optimism, and moderators such as social support, clinical interventions and development of self-management abilities predicted better quality of life and personal resilience. Not recovering from the physical and psychological impacts of a new diagnosis has implications for future mental and physical health. This systematic, integrative review highlighted that building resilience and working with women's strengths should be the focus for contemporary clinical interventions for women in the early period after diagnosis of breast cancer.

Chemo/radiation therapies

With cancer rates rising worldwide, oncologist shortage predicted
(Reuters Health) - As cancer rates rise worldwide, researchers predict a shortage of specialists who can deliver chemotherapy, according to a new study.
When Cancer Spreads to Bone, A Single Dose of Radiation Therapy May Control Pain
For patients with cancer that has spread to their bones, a single dose of radiation therapy may treat bone pain as effectively as a series of lower doses of radiation delivered over multiple days, according to the results of a clinical trial.

Researchers discover a new way to protect against high-dose radiation damage
Radiotherapy is one of the most effective ways to destroy cancer cells and shrink tumors. Around 50 percent of patients with tumors located in the gastrointestinal cavity (liver, pancreas, colon, prostate, etc.) receive this type of treatment, which has increased cancer survival rates in recent decades. However, intensive radiation therapy not only damages tumor cells, but also healthy intestinal cells, leading to toxicity in 60 percent of treated patients. Whereas reversal of toxicity is observed after radiotherapy has concluded, 10 percent of treated patients develop gastrointestinal syndrome, a disease characterized by intestinal cell death, resulting in the destruction of the entire intestine and patient death.

Compassion fatigue

Experiences of compassion fatigue in direct care nurses
Introduction: The cumulative demands of experiencing and helping others through suffering have been considered to contribute to the potential of compassion fatigue. However, there is a lack of clarity on what specifically contributes to and constitutes compassion fatigue. Nurses suffering from compassion fatigue experience physical and emotional symptoms that leave them disconnected from patients and focused on the technical rather than the compassionate components of their role. This disconnect can also affect personal relationships outside of work.

Compassion Fatigue and the Hardship of Caring
Kimberly Shea, PhD, RN, still remembers the last patient she saw as a hospice nurse—a young woman with pancreatic cancer who died while Shea was helping her off the toilet.

Complementary/alternative therapies

Complementary, alternative medicine use high in cancer patients
(HealthDay)—One-third of patients with cancer and cancer survivors report using complementary and alternative medicine (CAM), and many do not disclose use to physicians, according to a research letter published online April 11 in JAMA Oncology.

Oncologists see benefit of medical marijuana, but not comfortable prescribing
A University of Colorado Cancer Center study presented at the American Society for Clinical Oncology (ASCO) Annual Meeting 2019 shows that while 73 percent of surveyed oncology providers believe that medical marijuana provides benefits for cancer patients, only 46 percent are comfortable recommending it. Major concerns included uncertain dosing, limited knowledge of available products and where to get them, and possible interactions with other medications.
Exercise

New exercise guidelines for people with cancer
A decade-old treatment recommendation for people with cancer to take a "slowly slowly" approach to exercise has been replaced with new guidelines recommending a personalised exercise program including high-intensity workouts to achieve the best treatment outcome.

Cancer-informed yoga reconnects mind and body after trauma of treatment
Colleen McBride has developed yoga practice specifically for people dealing with cancer.

Family support

This article is not freely available but may be sourced from databases available via the NZNO library or those of a DHB or educational institution.

Parents’ perceptions of how nurses care for children as relatives of an ill patient - Experiences from an oncological outpatient department
Golsäter, Marie et al.
European Journal of Oncology Nursing, Volume 39, 35 - 40

Research has shown that a child's knowledge about what is happening to a parent when he/she has a cancer disease is crucial to the child's health and wellbeing. Therefore the purpose of this study was to explore parents' perceptions of how nurses in clinical practice care for children as relatives when one parent in the family has a cancer disease.

Gynaecological cancers

Incidence rates of aggressive subtypes of uterine cancer rising, study shows
New findings show that U.S. incidence rates for aggressive subtypes of uterine cancer rose rapidly among women ages 30 to 79 from 2000 to 2015.

Lifestyle factors

New study estimates preventable cancer burden linked to poor diet in the US
A new study has estimated the association between suboptimal consumption of seven types of foods and specific cancers. They found that poor diet is on par with alcohol, excessive body weight, and physical activity.

Lung cancer (inc smoking)

Lung cancer under-recognized in people who have never smoked
Lung cancer in people who have never smoked is more common than most people think, and on the rise. Historically strong, and correct, messaging on smoking and lung cancer has inadvertently contributed to lung cancer receiving much less attention than breast, prostate and ovarian cancers. Increasing awareness could help lead to earlier diagnosis, reduce the blame culture around lung cancer and re-balance research funding.

Provider: “you have lung cancer....”

Patient: “oh ... but I have never smoked.”

Receiving a lung cancer diagnosis can be devastating news. Globally, lung cancer remains the primary cause of cancer death in men and second leading cause of death in women.[1] Despite preventive lung cancer screening for high-risk individuals where available, and treatment advances for patients including new targeted therapies and surgical strategies, 5-year overall survival rates remain low compared with other types of cancers with rates from 10% to 20% globally.[1]

### Lung cancer: Less invasive surgery for faster recovery

Every day, 78 Canadians receive a diagnosis of lung cancer, the most deadly form of cancer. Some will have one lobe of a lung removed. The results of a large international clinical study, pave the way for the widespread of thoracoscopic lobectomy -- video-assisted thoracoscopic surgery (VATS) -- combined with pulmonary artery sealing using an ultrasonic energy device. This technique reduce the risk of post-operative bleeding, complications and pain for patients.

### Palliative care

**Global burden of serious health-related suffering due to almost double by 2060**

New research findings show that the number of people dying with palliative care needs is set to almost double over the next four decades. By 2060, an estimated 48 million people each year (47% of all deaths globally) will die with serious health-related suffering, an 87% increase compared to 2016. 83% of these people will be in low and middle-income countries.

**Lost in Translation: Google’s Translation of Palliative Care to ‘Do-Nothing Care’**

My colleagues often ask me: “Why are Chinese patients so resistant to hospice and palliative care?” “Why are they so unrealistic?” “Don’t they understand that death is part of life?” “Is it true that with Chinese patients you cannot discuss advance directives?”

As a Chinese speaking geriatrician and palliative care physician practicing in Flushing, NY, I have cared for countless Chinese patients with serious illnesses or at end of life. Invariably, when Chinese patients or families see me, they ask me if I speak Chinese. When I reply “I do” in Mandarin, the relief and instant trust I see on their faces make my day meaningful and worthwhile.

*The following issue is not freely available in full text but should be available via a DHB library, the NZNO library or resources offered through an academic library readers may have access to. Check databases such as CINAHL or Proquest.*

**A nurse practitioner-led community palliative care service in Australia**

Julie Edwards, Dawn Hooper, Gillian Rothwell, Kerrie Kneen, John Watson, and Emily Saurman

Background:
Patients want community-based palliative care, but there was no continuity of care for patients at the Sydney Adventist Hospital to receive palliative and end-of-life care within a community setting. A nurse practitioner (NP)-led community palliative care service was developed.
Aims:
To present the background, design, function, and essential elements of the Sydney Adventist Hospital Community Palliative Care Service (SanCPCS).

Paediatric cancers
These articles are not freely available but may be sourced from databases available via the NZNO library or those of a DHB or educational institution

‘What are you crying for? I don’t even know you’ – The experiences of teenagers communicating with their peers when returning to school
Pini, Simon et al.
*European Journal of Oncology Nursing*, Volume 39, 28 - 34

• Participants described “telling” as an ongoing dynamic process marked by multiple school visits throughout their treatment.
• Changes to their appearance, mobility and abilities propelled YAs into the foreground and invited questions from peers.
• Having the attention of many distant peers in school was a challenge to participants' desire for normality.
• Sometimes questioning from peers on their return to school highlighted the limitations of their knowledge about their cancer.
• Providing a knowledgeable and confident narrative allowed participants to reinforce the belief that they will survive cancer.

Primary care

*Telephone-Based Rehab Program Helps People with Advanced Cancer Maintain Independence*
As cancer progresses, it often leads to physical disability and pain that can threaten a person’s independence and devastate their quality of life. Yet most people with advanced cancer don’t receive physical therapy or engage in exercise that can help maintain function, said Andrea Cheville, M.D., a rehabilitation physician at the Mayo Clinic in Rochester, MN.
Prostate cancer
Hodges P, Stafford R, Coughlin GD, et al

Efficacy of a personalised pelvic floor muscle training programme on urinary incontinence after radical prostatectomy (MaTchUP): protocol for a randomised controlled trial


Introduction Prostate cancer is the most common cancer in men. Prostatectomy is the most common treatment. Morbidity from prostatectomy is high—80% of men experience urinary incontinence which negatively impacts the quality of life. Postsurgical pelvic floor muscle training is commonly prescribed but recent systematic reviews found no evidence of efficacy. We propose a new treatment that commences preoperatively and targets functional training of specific pelvic floor muscles that contribute to urinary continence. Assessment and biofeedback using transperineal ultrasound imaging assists in training. This will be compared against conventional training (maximal pelvic floor muscle contraction assessed by digital rectal examination) and no training

Screening programmes

Cancer screening rates decline when patients see doctors later in day
Decision fatigue and doctors falling behind schedule may lead to lower cancer screening rates, a new study finds.

Urological cancers

Lifting the lid on bladder cancer support
Bladder cancer is a painful and sometimes life-threatening condition that patients can find difficult to talk about, with many becoming homebound as they cope with debilitating side effects such as incontinence.

Wellbeing (physical and spiritual)

Being present: Mindfulness and nursing practice
Bernstein, Sandra, MSN, RN, APRN-CS, LMFT

Nursing2019: June 2019 - Volume 49 - Issue 6 - p 14–17

BEFORE YOU read this, take a moment to check in with yourself. What thoughts were foremost in your mind before you began to read? Were you rehashing something from the past or thinking about the future? Notice what physical sensations are present in your body. When you stop to pay attention, do you become aware of areas of tension or discomfort? What emotions are present now? Having become aware of thought, sensation, and emotion, focus now on your breathing. Follow the flow of air as you breathe in and breathe out three times. When you notice your mind has wandered from the breath, gently and without judgment return your attention to your breath for a few more cycles. When you are ready, widen the field of your attention to once more bring awareness to thought, body sensations, and emotion. What, if anything, has shifted in these moments of paying attention?
Health, safety and wellness

Mindfulness to promote nurses' well-being
Penque, Sue

Find out how one hospital introduced a mindfulness-based stress reduction program to increase work satisfaction and decrease burnout.

General articles
Bruun Lorentsen, V, Nåden, D, Sæteren, B. *The meaning of dignity when the patients' bodies are falling apart.* Nursing Open.2019; 00: 1–8. [https://doi.org/10.1002/nop2.301](https://doi.org/10.1002/nop2.301)

Background
People with advanced cancer disease experience great bodily changes due to disease or treatment. They tend to feel ashamed when their bodies are subjected to such changes and they feel their dignity is threatened.

Aim
To explore the patients' experiences of the bodily changes in relation to dignity.

The above bulletin has been compiled by Linda Stopforth, SNIPS, on behalf of Cancer Nurses College, NZNO.

It is provided on the last Friday of each month and contains an overview of news items, articles and research papers of interest to the College Members.

All links are current at the time of being compiled and distributed.

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