CURRENT PERCEPTIONS OF THE ROLE OF NURSES IN CANCER CLINICAL TRIALS

1Noriko Fujisawa*, 2Inami Kohara, 3Shuko Tamaki, 3Midori Yabuki, 4Mayumi Yamamoto, 5Hiroko Nakahama, 6Chiemi Kojima, 7Akiko Nosaki, 8Shimon Tashiro, 9Kenichi Yoshimura, 10Keiichi Fujiwara. 1The University of Tokyo, Department of Palliative Medicine and Advanced Clinical Oncology, 2Korea Gynecological Cancer Institute, 3Korea University, College of Medicine, 4Korea University, 5National Cancer Center, 6Chiba University, Graduate School of Nursing, 7Jichi Medical University Hospital, Department of Nursing, Tochigi, Japan; 8Saitama Medical University International Medical Center, Department of Nursing, Saitama, Japan; 9Jichi Medical University Hospital, Department of Nursing, Tochigi, Japan; 10Nursing, Chiba, Japan. 11Saitama Medical University International Medical Center, Department of Gynecologic Oncology, Saitama, Japan. 12Chiba University, Graduate School of Arts and Letters, Sendai, Japan; 13Hiroshima University Hospital, Future Medical Center, Hiroshima, Japan; 14Saitama Medical University International Medical Center, Department of Gynecologic Oncology, Saitama, Japan. 15.1136/ijgc-2023-IGCS.293

Introduction Clinical (bedside) nurses play a crucial role in supporting cancer patients in making decisions regarding clinical trials, but this role is currently not being fulfilled sufficiently. The purpose of this study was to clarify the current perceptions of clinical nurses regarding their role in cancer clinical trials.

Methods Nurses who participated in a study; ‘Development of Learning Program to Nurses Supporting Patients’ Decision Making in Cancer Clinical Trials’ were surveyed using an originally developed questionnaire (Kohara, 2023). Descriptive statistics of these responses were conducted using SPSS Statistics ver. 25.

Results The analysis included 101 nurses from two university hospitals in Japan, with a median clinical nursing experience of 12 years. 51% of the nurses worked in in-patient units. About half of the nurses reported experiencing the burden of communicating with patients in clinical trials, with the main reason being their inability to explain the trial properly due to insufficient understanding (36%). Furthermore, 90% of the nurses felt a lack of knowledge about clinical trials, and the fear of being able to provide proper answers to patient-nurse relationships (75%). Only 17% of nurses had the opportunity to be involved in caring for patients and making decisions regarding their participation in cancer clinical trials in the last three months.

Conclusion/Implications Clinical nurses play an important role in supporting patients’ decision-making process about participating in cancer clinical trials. However, their limited knowledge and burdens might hinder their nursing care, which calls for educational programs to improve their practice in clinical research nursing.

EP212/#606 OCCUPATIONAL SAFETY AND THERAPEUTIC EFFECT OF PACLITAXEL ACCORDING TO TYPES OF FORMULATION AEROSOLIZED DURING ROTATIONAL INTRAPERITONEAL PRESSURIZED AEROSOL CHEMOTHERAPY FOR PERITONEAL METASTASIS

1Soo Jin Park*, 2Wongee Jung, 3Sumwoo Park, 4Wonyoung Park, 5Mijin Park, 2Chungsik Yoon, 6Hee Seung Kim. 1Seoul National University Hospital, Obstetrics and Gynecology, Seoul, Korea, Republic of; 2Graduate School of Public Health, Seoul National University, Department of Environmental Health Sciences, Seoul, Korea, Republic of; 3Gyeongsang National University, Department of Plant and Biomaterials Science, Jinju-si, Korea, Republic of; 4College of Life Sciences and Biotechnology, Konkuk University, Department of Biotechnology, Seoul, Korea, Republic of. 10.1136/ijgc-2023-IGCS.294

Introduction To evaluate the occupation safety and effect of paclitaxel based on types of formulation aerosolized during rotational intraperitoneal aerosol chemotherapy ( RIPAC) in pigs.

Methods In terms of occupational safety, we first conducted RIPAC using paclitaxel twice over two days (n=2), and then performed RIPAC using paclitaxel (n=3) and polymeric nanoparticle micellar paclitaxel (PM-Pac, n=3) three consecutive times a day in eight pigs for estimating airborne and surface contamination. Moreover, we tried to make ten piglets with peritoneal metastasis (PM) using SNU-008 cells. We evaluated the pattern of PM by using the modified peritoneal cancer index (PCI) score five weeks after the first inoculation. After RIPAC only on piglets with successful PM, we compared the rate of tumor reduction between paclitaxel and PM-Pac used in RIPAC.

Results The airborne detection rate of paclitaxel was 75–100% despite no detection of PM-Pac during RIPAC. The number of airborne particles increased in the abdominal closure period during RIPAC using paclitaxel despite no increase in them during RIPAC using PM-Pac. Among surface wipe samples, the concentration above the limit of detection (LOD) was more common in paclitaxel than in PM-Pac (100% vs. 66.7%) for laparoscopic instruments, P=0.03; 87% vs. 3.6% for healthcare personnel equipment). On the other hand, the modified PCI score increased after PM-Pac despite no change after paclitaxel for RIPAC in seven piglets with PM.

Conclusion/Implications PM-Pac may be safe occupationally for RIPAC, whereas it may not be effective in suppressing PM of ovarian cancer when compared with paclitaxel.

AS10. Oncologic care during and post-pandemic

EP216/#619 SAFETY OF COVID-19 VACCINATION IN GYNECOLOGIC CANCER PATIENTS AT KING CHULALONGKORN MEMORIAL HOSPITAL, THAILAND

Sasivimon Ratree*, Natcha Pholcharoen, Somsook Sambenchakul. Faculty of Medicine, Chulalongkorn University, Obstetrics and Gynecology, Bangkok, Thailand. 10.1136/ijgc-2023-IGCS.295