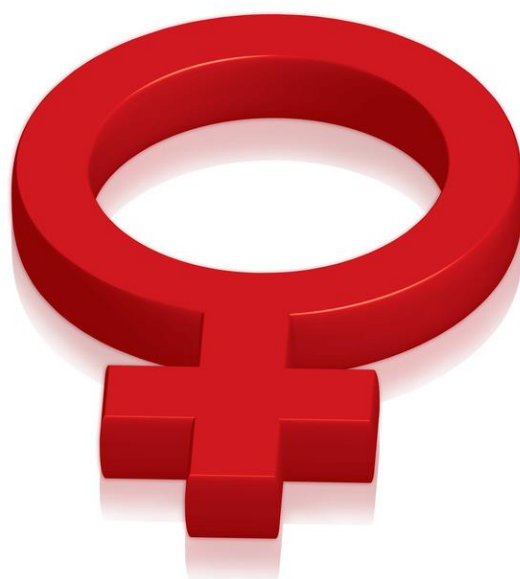


Gynaecology Oncology Nurses

Current Awareness Newsletter

May 2017
(Quarterly)

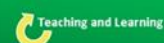


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Training Calendar 2017

All sessions last one hour

May	(13.00)
Mon 15 th	Literature Searching
Fri 26 th	Interpreting Statistics
Wed 31 st	Critical Appraisal
June	(12.00)
Thurs 1 st	Literature Searching
Thurs 8 th	Interpreting Statistics
Tues 13 th	Critical Appraisal
Thurs 29 th	Literature Searching
July	(13.00)
Mon 3 rd	Interpreting Statistics
Wed 12 th	Critical Appraisal
Fri 21 st	Literature Searching
Wed 26 th	Interpreting Statistics

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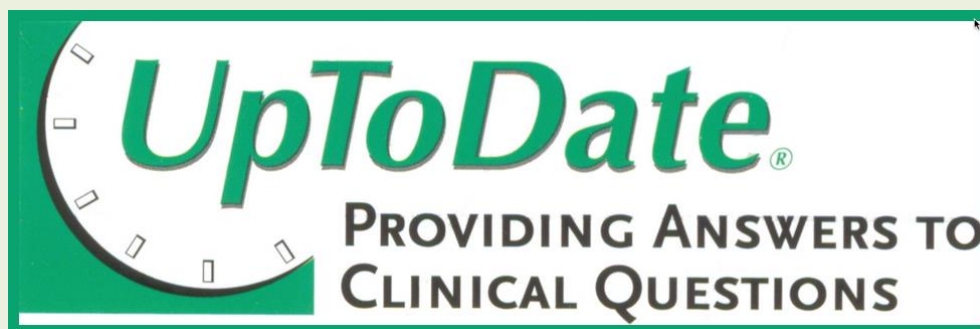
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Journal	Month/ Year	Volume	Issue
Cancer Nursing	May/Jun 2017	40	3
European Journal of Oncology Nursing	June 2017	28	-
Seminars in Oncology Nursing	May 2017	33	2
Canadian Oncology Nursing Journal	Quarterly	27	2
Cancer Nursing Practice	April 11 2017	16	3
Clinical Journal of Oncology Nursing	April 2017	21	2
Oncology Nursing Forum	May 2017	44	3



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Gynaecology Oncology

6. Nonsteroidal Anti-inflammatory Drugs and Endometrial Carcinoma Mortality and Recurrence.

Author(s): Brasky, Theodore M.; Felix, Ashley S.; Cohn, David E.; McMeekin, D. Scott; Mutch, David G.; Creasman, William T.; Thaker, Premal H.; Walker, Joan L.; Moore, Richard G.; Lele, Shashikant B.; Guntupalli, Saketh R.; Downs, Levi S.; Nagel, Christa I.; Boggess, John F.; Pearl, Michael L.; Ioffe, Olga B.; Park, Kay J.; Ali, Shamshad; Brinton, Louise A.

Source: JNCI: Journal of the National Cancer Institute; Mar 2017; vol. 109 (no. 3); p. 1-10

Publication Date: Mar 2017

Publication Type(s): Academic Journal

Abstract:Background: Recent data suggest that the use of nonsteroidal anti-inflammatory drugs (NSAIDs) may be associated with reductions in endometrial cancer risk, yet very few have examined whether their use is related to prognosis among endometrial cancer patients. Methods: Study subjects comprised 4374 participants of the NRG Oncology/Gynecology Oncology Group 210 Study with endometrial carcinoma who completed a presurgical questionnaire that assessed history of regular pre-diagnostic NSAID use and endometrial cancer risk factors. Recurrences, vital status, and causes of death were obtained from medical records and cancer registries. Fine-Gray semiproportional hazards regression estimated adjusted subhazard ratios (HRs) and 95% confidence intervals (CIs) for associations of NSAID use with endometrial carcinoma-specific mortality and recurrence. Models were stratified by endometrial carcinoma type (ie, type I [endometrioid] vs type II [serous, clear cell, or carcinosarcoma]) and histology. Results: Five hundred fifty endometrial carcinoma-specific deaths and 737 recurrences occurred during a median of five years of follow-up. NSAID use was associated with 66% (HR = 1.66, 95% CI = 1.21 to 2.30) increased endometrial carcinoma-specific mortality among women with type I cancers. Associations were statistically significant for former and current users, and strongest among former users who used NSAIDs for 10 years or longer (HR = 2.23, 95% CI = 1.19 to 4.18, two-sided P trend = .01). NSAID use was not associated with recurrence or endometrial carcinoma-specific mortality among women with type II tumors. Conclusions: In this study, use of NSAIDs was associated with increased endometrial carcinoma-specific mortality, especially in patients with type I tumors. Barring a clear biologic mechanism by which NSAIDs would increase the risk of cause-specific mortality, cautious interpretation is warranted.

Database: CINAHL

Nurse Cancer Training OR Nurse Cancer Education

1. 1261 - Factors influencing communication skills and abilities for empathy of oncology nurses.

Author(s): Koç, Z.; Masat, S.; Çinarlı, T.

Source: European Journal of Cancer; Feb 2017; vol. 72

Publication Date: Feb 2017

Publication Type(s): Academic Journal

Database: CINAHL

2. 1272 - Determination of level of job satisfaction and burnout of oncology nurses.

Author(s): Koç, Z.; Masat, S.; Öztürk, E.A.; Şener, A.

Source: European Journal of Cancer; Feb 2017; vol. 72

Publication Date: Feb 2017

Publication Type(s): Academic Journal

Database: CINAHL

Cancer AND Sexual Impact

8. A Controlled Study on Vaginal Blood Flow During Sexual Arousal Among Early-Stage Cervical Cancer Survivors Treated With Conventional Radical or Nerve-Sparing Surgery With or Without Radiotherapy.

Author(s): Bakker, Rinske Maria; Pieterse, Quirine D; van Lonkhuijzen, Luc R C W; Trimbos, Baptist J B M Z; Creutzberg, Carien L; Kenter, Gemma G; de Kroon, Cor D; Ter Kuile, Moniek M

Source: International journal of gynecological cancer : official journal of the International Gynecological Cancer Society; May 2017

Publication Date: May 2017

Publication Type(s): Journal Article

Abstract:OBJECTIVESexual problems among cervical cancer survivors may in part be caused by reduced vaginal blood flow due to damaged hypogastric nerves during radical hysterectomy with pelvic lymphadenectomy and/or by radiation-induced vaginal changes after pelvic radiotherapy. A nerve-sparing modification of radical hysterectomy (NSRH) may preserve vaginal blood flow. Vaginal blood flow during sexual arousal was compared between different treatment modalities.METHODSWe investigated premenopausal women treated for early-stage cervical cancer with radical hysterectomy (n = 29), NSRH (n = 28), NSRH with radiotherapy (n = 14), and controls (n = 31). Genital arousal and subjective sexual arousal in response to sexual stimuli were measured using vaginal photoplethysmography and a questionnaire. Results were compared by using a between-study (treatment groups) by within-study (stimulus) design.RESULTSParticipants were aged 29 to 51 years (mean, 42 years) and at 1 to 14 years (mean, 5 years) after treatment. Measured vaginal blood flow in women treated with NSRH was similar to controls. Women treated with radical hysterectomy had a significantly lower vaginal blood flow compared with controls overall and lower compared with the NSRH group during sexual stimulation. Women treated with radiotherapy had a vaginal blood flow intermediate between the other groups without significant differences. The erotic films were equally effective in enhancing subjective sexual arousal among treatment groups.CONCLUSIONS Cervical cancer treatment with radical hysterectomy disrupts the vaginal blood flow response, and this may be prevented by conducting an NSRH. Treatment with radiotherapy did not significantly impact vaginal blood flow, but further investigation is needed with a larger sample.

Database: Medline

9. Review Article: Sexuality and Risk-Reducing Salpingo-oophorectomy.

Author(s): Tucker, Paige E; Cohen, Paul A

Source: International journal of gynecological cancer : official journal of the International Gynecological Cancer Society; May 2017; vol. 27 (no. 4); p. 847-852

Publication Date: May 2017

Publication Type(s): Journal Article

Abstract:INTRODUCTIONWomen with familial cancer syndromes such as hereditary breast and ovarian cancer syndrome (BRCA1 and BRCA2) and Lynch syndrome are at a significantly increased risk of developing ovarian cancer and are advised to undergo prophylactic removal of their ovaries and fallopian tubes at age 35 to 40 years, after childbearing is complete.METHODSA comprehensive literature search of studies on risk-reducing salpingo-oophorectomy (RRSO), sexuality, and associated issues was conducted in MEDLINE databases.RESULTSRisk-reducing salpingo-oophorectomy can significantly impact on a woman's psychological and sexual well-being, with women wishing they had received more information about this prior to undergoing surgery. The most commonly reported sexual symptoms experienced are vaginal dryness and reduced libido. Women who are premenopausal at the time of surgery may experience a greater decline in sexual function, with menopausal hormone therapy improving but not alleviating sexual symptoms. Pharmacological treatments including testosterone patches and flibanserin are available but have limited safety data in this group.CONCLUSIONSDespite the high rates of sexual difficulties after RRSO, patient satisfaction with the decision to undergo surgery remains high. Preoperative counseling with women who are considering RRSO should include discussion of its potential sexual effects and the limitations of menopausal hormone therapy in managing symptoms of surgical menopause.

Database: Medline

10. Perioperative sexual interest in women with suspected gynecologic malignancies.

Author(s): Bretschneider, C E; Bensen, Jeannette T; Geller, Elizabeth J; Gehrig, Paola A; Wu, Jennifer M; Doll, Kemi M

Source: Gynecologic oncology; Apr 2017

Publication Date: Apr 2017

Publication Type(s): Journal Article

Abstract:OBJECTIVESFor women with gynecologic cancer, the impact of surgery on sexual interest and desire in the immediate and later postoperative period is not well characterized. The objective of this study was to report the perioperative trends of changing sexual interest and desire in a cohort of women undergoing surgery for suspected gynecologic malignancies.METHODSThis is an ancillary analysis of a cohort study analyzing health-related outcomes in women who underwent primary surgical management of a suspected gynecologic malignancy between 10/2013 and 10/2014. Subjects completed the Patient-Reported Outcomes Measurement Information System Sexual Function and Satisfaction Questionnaire (PROMIS-SFQ) preoperatively and questions on sexual interest and desire at one, three, and six months postoperatively. Bivariate tests and multiple linear regression were used to analyze data.RESULTSOf 231 women who completed a baseline PROMIS-SFQ, 187 (81%) completed one-month, 170 (74%) three-month, and 174 (75%) six-month follow-up interviews. Following surgery, 71% of enrolled subjects were diagnosed with a malignancy. Women age ≥ 55 (-5.5 ± 1.0 vs -2.3 ± 0.9 , $p=0.02$). In a multivariable analysis, age <55 remained associated with a larger decrease in sexual interest at one month postoperatively (-4.6 , 95% CI: $-1.8, -7.4$), as did having cancer vs benign disease for women of all ages (-5.6 , 95% CI: $-9.6, -1.5$).CONCLUSIONSThis study provides new data regarding the timing and magnitude of changes in sexual interest following gynecologic oncology procedures.

Database: Medline

11. Management of sexuality, intimacy, and menopause symptoms in patients with ovarian cancer.

Author(s): Whicker, Margaret; Black, Jonathan; Altwerger, Gary; Menderes, Gulden; Feinberg, Jacqueline; Ratner, Elena

Source: American journal of obstetrics and gynecology; Apr 2017

Publication Date: Apr 2017

Publication Type(s): Journal Article Review

Abstract:Issues of sexuality, intimacy, and early menopause significantly impact the quality of life of patients following the diagnosis and treatment of ovarian cancer. These are undertreated problems. Successful treatment requires the provider's awareness of the problem, ability to identify it, and willingness to treat it. Unfortunately many providers do not address these issues in the pretreatment or perioperative period. Furthermore, patients do not often alert their providers to their symptoms. While systemic hormone therapy may improve many of the issues, they are not appropriate for all patients given their action on estrogen receptors. However, other nonhormonal treatments exist including selective serotonin reuptake inhibitors, antiepileptics, natural remedies, and pelvic floor physical therapy. In addition psychological care and the involvement of the partner can be helpful in managing the sexual health concerns of these patients. At the time of diagnosis or at initial consultation, women should be informed of the potential physiologic, hormonal, and psychosocial effects of ovarian cancer on sexuality and that there is a multimodal approach to dealing with symptoms.

Database: Medline

12. The effect of ovarian cancer screening on sexual activity and functioning: results from the UK collaborative trial of ovarian cancer screening RCT.

Author(s): Fallowfield, Lesley; Solis-Trapala, Ivonne; Menon, Usha; Langridge, Carolyn; May, Shirley; Jacobs, Ian; Jenkins, Valerie

Source: British journal of cancer; Apr 2017; vol. 116 (no. 8); p. 1111-1117

Publication Date: Apr 2017

Publication Type(s): Journal Article

Available in full text at [British Journal of Cancer](#) - from National Library of Medicine

Abstract:BACKGROUNDTo examine the impact of multimodal (MMS) and ultrasound (USS) screening on the sexual activity and functioning of 22 966 women in the UK Collaborative Trial of Ovarian Cancer Screening (UKCTOCS) RCT.METHODSFallowfield's Sexual Activity Questionnaire (FSAQ) was completed prior to randomisation, then annually in a random sample (RS) of women from MMS, USS and control groups. Any women in the study who required repeat screening due to unsatisfactory results formed an Events Sample (ES); they completed questionnaires following an event and annually thereafter.RESULTSOver time in the RS (n=1339) there was no difference between the MMS and USS groups in sexual activity compared with controls. In the ES there were significant differences between the USS group (n=10 156) and the MMS group (n=12 810). The USS group had lower pleasure scores (mean difference=-0.14, P=0.046). For both groups women who had ≥ 2 repeat screens, showed a decrease in mean pleasure scores compared with their annual scores (mean difference=-0.16, P=0.005). Similarly mean pleasure scores decreased following more intensive screens compared with annual screening (mean difference=-0.09, P=0.046).CONCLUSIONSOvarian cancer screening did not affect sexual activity and functioning unless a woman had abnormal results and underwent repeated or higher level screening.

Database: Medline

Clinical Nurse Specialists

3. Partnering to Improve Outcomes: The Nurse Executive and the Clinical Nurse Specialist.

Author(s): Quatrara, Beth; Rea, Kathleen; Wilkins, Kristi; Facticeau, Lorna

Source: Nurse Leader; Feb 2017; vol. 15 (no. 1); p. 61-64

Publication Date: Feb 2017

Publication Type(s): Periodical

Database: CINAHL

4. The Advanced Practice Clinical Nurse Specialist.

Author(s): Mayo, Ann M.; Ray, Melinda Mercer; Chamblee, Tracy B.; Urden, Linda D.; Moody, Rachel

Source: Nursing Administration Quarterly; Jan 2017; vol. 41 (no. 1); p. 70-76

Publication Date: Jan 2017

Publication Type(s): Academic Journal

Database: CINAHL

5. The Various Roles of Oncology Nurse Specialists: An International Perspective.

Author(s): Kadmon, Ilana

Source: Asia-Pacific journal of oncology nursing; 2017; vol. 4 (no. 2); p. 89-90

Publication Date: 2017

Publication Type(s): Editorial

Abstract: Ilana Kadmon, PhD, RN was for many years a nurse specialist in Breast Cancer at Hadassah Medical Center, Jerusalem, Israel. From 2016, she started the role of a nurse academic consultant at the nursing division at Hadassah. Her PhD is from The University of Edinburgh, UK. Her research involved psychosocial aspects of breast cancer, and the role of the breast care nurse (BCN). She was a pioneer in developing the post of the BCN in Israel. This position was initially developed by her at Hadassah and initiated by the Israel Cancer Association. Beyond her clinical expertise, at the Hadassah School of Nursing, she lectures and writes in many areas on breast cancer care in general. She served as a board member of the European Oncology Nursing Society, and was also a member of the Editorial Committee of the European Journal of Oncology Nursing. Moreover, she serves as a reviewer for many nursing journals. She was involved in a mutual international collaborative project with nurses in Tianjin, China. She was there for seminars and initiated some cross-cultural research in the area of partners of women with breast cancer, involving both countries. Moreover, she has been invited to Cyprus, Greece Russia, and Turkey to teach and give workshops.

Database: Medline

7. Oncology Nurses' Role in Politics and Policy in the New Administration.

Author(s): STONE, ALEC

Source: ONS Connect; Dec 2016; vol. 31 (no. 12); p. 25-25

Publication Date: Dec 2016

Publication Type(s): Academic Journal

Abstract:The article focuses on the role of oncology nurses in politics in the new administration. Topics discussed include opportunities of the nurses by giving them right to speak in the new administration; nursing issues such as cancer moonshot initiative, prescription drug pricing and biomedical research problems; and efforts of Oncology Nursing Society in promoting cancer patients, funding and education and training programs.

Database: CINAHL

Latest Evidence

NICE National Institute for
Health and Care Excellence

[Sacrolpopexy with hysterectomy using mesh to repair uterine prolapse \(IPG577\)](#)

March 2017

In development

[Endometriosis: diagnosis and management](#) September 2017 NICE guidelines

In development

[Heavy menstrual bleeding \(update\)](#) November 2017 NICE guidelines

Quality standards

[Menopause \(QS143\)](#) February 2017

In development

[Niraparib for ovarian cancer \[ID1041\]](#) March 2018 Technology appraisal guidance

[Ovarian \(epithelial\), fallopian and peritoneal cancer - pazopanib \(maintenance\) \[ID545\]](#) TBC
Technology appraisal guidance

[Ovarian cancer - vintafolide \(with pegylated liposomal doxorubicin\) \[ID564\]](#) TBC Technology appraisal
guidance

[Ovarian cancer \(platinum sensitive\) - cediranib \[ID790\]](#) TBC Technology appraisal guidance

[Ovarian, fallopian tube and peritoneal cancer - rucaparib \[ID1184\]](#) May 2018 Technology appraisal
guidance

[Tests in secondary care to identify people at high risk of ovarian cancer](#) November 2017 Diagnostics
guidance

In development

[Infracoccygeal sacropexy using mesh to repair uterine prolapse](#) May 2017 Interventional procedures
guidance

[Infracoccygeal sacropexy using mesh to repair vaginal vault prolapse](#) May 2017 Interventional
procedures guidance

[Urinary incontinence \(update\) and pelvic organ prolapse in women: management](#) February 2019
NICE guidelines

[Uterine suspension using mesh \(including sacrohysteropexy\) to repair uterine prolapse](#) June

2017 Interventional procedures guidance

In development

[Infracoccygeal sacropexy using mesh to repair vaginal vault prolapse](#) May 2017 Interventional procedures guidance

[Sacrococcolpopexy using mesh for vaginal vault prolapse repair](#) TBC Interventional procedures guidance

[Surgical repair of vaginal wall prolapse using mesh \(IP660/2\)](#) September 2017 Interventional procedures guidance



[Risk of endometrial cancer in women treated with ovary-stimulating drugs for subfertility](#)

Alkistis Skalkidou, Theodoros N Sergentanis, Spyros P Gialamas, Marios K Georgakis, Theodora Psaltopoulou, Marialena Trivella, Charalampos S Siristatidis, Evangelos Evangelou, Eleni Petridou

Online Publication Date: March 2017

Other: NHS 'Behind the Headlines', Guidance etc

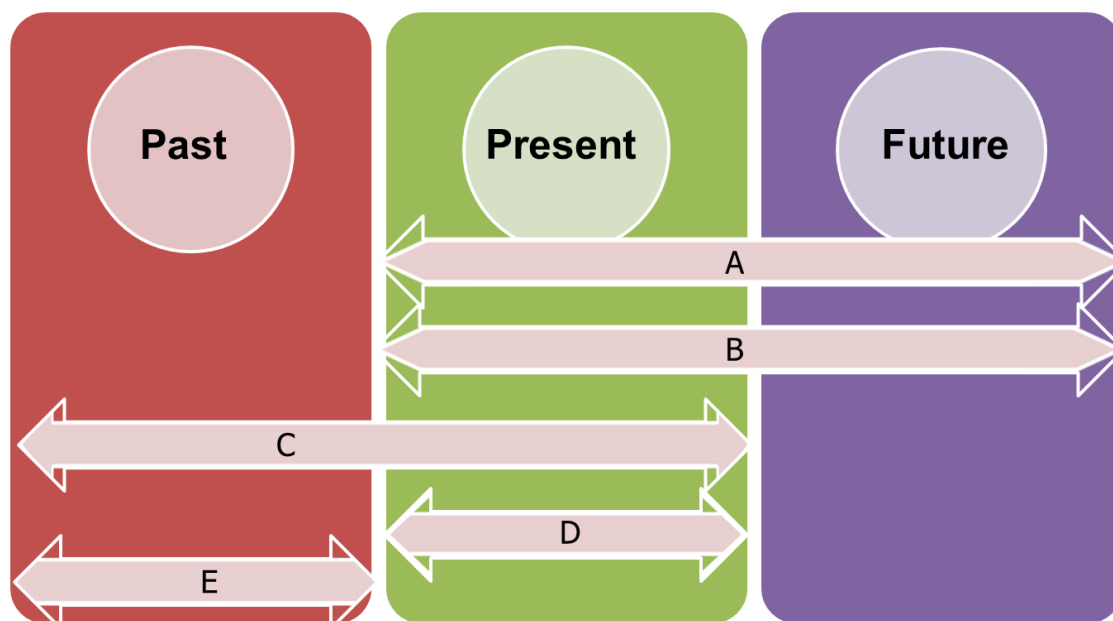
[The pill provides 'lifelong protection against some cancers'](#)

Wednesday Mar 22 2017

"The pill can protect women from cancer for 30 years," is the front page headline in the Daily Mirror. The paper reports on a landmark study that followed more than 46,000 women in the UK for up to 44 years...

Exercise: Study Design Timeframes

Match the study design with the timeframe it covers.



1. Randomised Controlled Trial
2. Cross-Sectional Study
3. Case-control Study
4. Cohort Study
5. Case Report

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Answers: 1A/B; 2D; 3C; 4A/B; 5E



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