



ISSUE 21, SUMMER 2016

NLCFN Newsletter

IN THIS ISSUE...

NLCFN Annual Conference Solihull 2016 2

News and Publications
Which patients are assessed by lung cancer nurse specialists? 3
NEW report on the impact of lung disease in the UK 3
NEW Statistics on Smoking in England – 2016 3
Scottish Patient Experience Survey published 3
Health and well-being events 3
ASCO 2016 Update 4
Update from Roy Castle Lung Cancer Foundation 4
From the bench to the bedside 4
Healthcare professionals' attitudes towards patients with cancer who smoke 4

Mesothelioma News 5

Research News
10th NLCFN Annual Award 2016 - £1,500 Award in Support of Successful Project 6
National Lung Cancer Forum for Nurses Research Interest Group (RIG) 6

Professional Development and Support
Patients First: Supporting nurse-led innovation in practice 8
Raising awareness of Acute Kidney Injury (AKI) 8

Information for Patients
New patient Information 9
Support for lung cancer patients who have previously worked for an ABTA organization 9

Members News 9

Dates for the Diary 13

MESSAGE FROM THE NEWS CO-EDITOR

Welcome to the Summer Newsletter



Looking for inspiration? What better way than to absorb the excitement and energy of the Rio Olympic Games. There were of course some setbacks but, as in our roles, this often makes us stronger and strive to change and improve our service.

This newsletter is packed with feedback from conferences and workshops already held in 2016 and details of conference information ahead. Also, feedback from Norwegian colleagues on their visit to the surgical team at Birmingham Heartlands Hospital – a valuable opportunity for us to learn from each-other and share best practice.

There is also an opportunity to get to know more about 2 of our committee members – on this occasion Lesley Holland and Jeanette Draffan. Further profiles of committee members will appear in future newsletters which we hope you will enjoy and learn more regarding our roles and how you are represented at regional, national and international levels. Perhaps you are a committee member of the future! If you would like to share any of your work or thoughts in the Autumn Newsletter please do so via email.

I hope you all enjoyed a summer break and look forward to seeing as many of you as possible at our NLCFN Conference in St John's Hotel, Solihull 10th and 11th November.

Best wishes,

Lavinia Magee
Newsletter Co-Editor



The National Lung Cancer Forum for Nurses

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STOP PRESS – SAVE THE DATE

NLCFN ANNUAL CONFERENCE

10TH & 11TH NOVEMBER 2016

New Horizons – The changing landscape of lung cancer management

**Book BEFORE
12th September for
Early Bird rates
saving you £45.00
on regular
registration**



Our annual flagship conference, provides a unique opportunity for NLCFN members to meet with colleagues, network and share information and best practice and learn all about the latest developments in the diagnosis and management of lung cancers and mesothelioma. The conference provides professional development and support for all lung cancer nurse specialists and offers a varied programme including clinical issues and symptom management by key opinion leaders, development of the LCNS role including nurse-led clinic support, as well as updates on management and new therapies. There's also an update from the Nursing and Midwifery Council (NMC) on preparing for revalidation and an exclusive opportunity to attend the motivational interviewing session by founder of the Academy for Health Coaching expert Dr Tim Anstiss.

NLCFN members are able to submit abstracts which are displayed in poster format at the conference with prizes awarded and presentations for the best abstract.

A limited travel bursary programme is also available on a first-come, first served basis – see <https://www.nlcf.org.uk/bursary-places> for more information.

NLCFN - Have your say....

The Annual General Meeting of the NLCFN will also be held at the Annual Conference on 11th November 2016 at 09.00. This is your opportunity to have your say on the running of the organization, don't miss out.

**For full details of this year's conference,
to download the conference programme
and for details on how to register and
book your accommodation**

**see the conference web pages at
<https://www.nlcf.org.uk/2016-annual-conference>**

Sharing best practice at conference...

**Support provided for the production of posters for accepted abstracts -
full details upon acceptance of abstract**

CLOSING DATE FOR RECEIPT OF ABSTRACTS 26TH SEPTEMBER 2016

Submit an abstract for poster presentations on the following topics:

- **Examples of achievement in improving patient care**
- **Developing good practice**
- **Implementing evidence based care**
- **Symptom management**
- **Nurse led initiatives**
- **Clinical leadership**

Abstracts should include a maximum of 250 words and must be submitted by 26th September 2016 indicating the appropriate category. Please see website for more information at <https://www.nlcf.org.uk/content/submit-abstract>

Original posters will be judged at the conference and the winner(s) will receive a prize.

The NLCFN **does** consider abstracts which have previously been submitted elsewhere and/or will be submitted to other events including BTOG 2017.

NEWS AND PUBLICATIONS

Which patients are assessed by lung cancer nurse specialists? A national lung cancer audit study of over 128,000 patients across England

The above paper published in *Lung Cancer* 96 (2016) 33–40 in March 2016 explored the role of the lung cancer nurse specialists (LCNS), assessing whether there is variation in access to and timing of LCNS assessment. The National Institute of Health and Care Excellence (NICE) recommend that all patients have access to a LCNS. The paper concluded that LCNS assessment varied by patient and Trust features, which may indicate unmet need for some patients. The current workforce needs to expand as well as retain experienced LCNS.

You can access the manuscript at <http://dx.doi.org/10.1016/j.lungcan.2016.03.011>

NEW report on the impact of lung disease in the UK

For the past 3 years the British Lung Foundation has been investigating the impact of lung disease in the UK. The Battle for Breath examines the overall extent and impact of lung disease across the UK. It also takes a closer look at the impact of 15 major lung conditions.

The new report is a valuable resource for policymakers, researchers, health care providers and more.

For more information please go to <https://www.blf.org.uk/what-we-do/our-research/the-battle-for-breath-2016>

Scottish Patient Experience Survey published

Please see below the website addresses to the Scottish Cancer Patient Experience Survey results, for your information.

The first website address gives National Results, while the second website address takes you to Health Board, Cancer Network and Specialist Cancer Centre Results.

www.gov.scot/cancersurvey

<http://www.gov.scot/Topics/Statistics/Browse/Health/cancersurvey/Cancerlocalreports2016>

Diana Borthwick
NLCFN Chair
Edinburgh Cancer Centre - Western General Hospital

Health and well-being events

Health and well-being events are a key component of the Recovery Package – see <http://www.macmillan.org.uk/aboutus/healthandsocial-careprofessionals/macmillansprogrammesandservices/recoverypackage/recoverypackage.aspx>

By providing critical education and information, these events support people living with and beyond cancer and their families to take control of their recovery and initiate positive lifestyle changes.

Fletcher SG *et al* showed that people living with and beyond cancer who attended such an event had more confidence to deal with the physical discomfort and emotional distress associated with cancer, as well as a sense of reassurance.¹

The support provided at these events including peer-to-peer networking and support has been shown to improve patient outcomes and reduce unplanned hospital admissions.

Following a research study in 2015 on the national reach of these events, Macmillan has put together a toolkit to support their delivery and showcase best practices. The toolkit will be available towards the end of 2016 for anyone running a health and well-being event. For more information contact Macmillan at recoverypackage@macmillan.org.uk.

1. Fletcher, S.G. *et al* (2006). An improved approach to follow-up care for the urological patient: drop-in group medical appointments. *Journal of Urology* 173:3 1122-1126.

Josie Roberts
Committee member
Rotherham NHS Foundation Trust

NEW Statistics on Smoking in England – 2016

This new statistical report from the Health and Social Care Information Centre (HSCIC) presents a range of information on smoking which is drawn together from a variety of sources. The report aims to present a broad picture of health issues relating to smoking in England and covers topics such as smoking prevalence, habits, behaviours and attitudes among adults and school children, smoking-related ill health and mortality and smoking-related costs.

For more information please go to <http://www.hscic.gov.uk/catalogue/PUB20781>

Diana Borthwick
NLCFN Chair
Edinburgh Cancer Centre - Western General Hospital

ASCO 2016 Update

Following the Roy Castle Lung Cancer Foundation inaugural Alumni Meeting on Friday 10 June, please find below a website address to the ASCO 2016 Lung Cancer Update film, produced in partnership with the British Thoracic Oncology Group:

www.roycastle.org/how-we-help/research/asco2016

The following slide sets are also available in the Downloads section, to the left of the page:

- *Diagnostics, staging and screening* – Dr Richard Booton
- *Radiotherapy – Radical and Palliative Treatments* – Dr Fiona McDonald
- *Systemic Therapy; Emerging and Palliative Treatment* – Dr Tim Benepal

Jackie Tebbs
Roy Castle Lung Cancer Foundation

From the bench to the bedside

Don't forget to read the highly relevant paper entitled "From the bench to the bedside—promoting the roles of nurses and allied health professionals in the management of lung cancer and mesothelioma" by our very own John White from Leeds. The paper was published in *Translational Lung Cancer Research* in June 2016. You can access the paper [HERE](http://tldr.amegroups.com/article/view/8127/7293) (<http://tldr.amegroups.com/article/view/8127/7293>).



White J. From the bench to the bedside—promoting the roles of nurses and allied health professionals in the management of lung cancer and mesothelioma. *Transl Lung Cancer Res* 2016;5(3):214-215. doi: 10.21037/tldr.2016.06.09

John White
Leeds Teaching Hospitals NHS Trust



Update from Roy Castle Lung Cancer Foundation

A belated but sincere thank you to all of you who participated in last year's Nurse Awards. We asked patients and carers to nominate nurses who had gone out of their way to be supportive. There were many worthy nominations and after tough competition the final awards were made. Tracey Hiley, and Elaine Dockree were highly commended and Lung Cancer Nursing Team of the Year winner was the Coventry team.

We have added new materials to our print collection from August this year. This will cover: travelling with lung cancer; brain metastases and small cell lung cancer. In addition our AYQ pack; surgery and targeted therapy booklets will be updated.

We will develop material in relation to immunotherapy as issues around availability become clearer.

Following successful Information Days in Belfast, Portsmouth and Kent our next patient and carer events are planned. We are working with the teams in Coventry, Glasgow and Inverness on events in July, September and November.

We are delighted to confirm that we have 54 patient support groups across the UK. This reflects the hard work and dedication of many of you facilitating such groups. We are running our next group facilitation training in September so please get in touch if you are interested in assessing need for a group in your area or are keen to develop your skills.

We are currently producing new films featuring patients with a range of experiences of diagnosis, treatment and living with lung cancer. If you are aware of patients or carers who might be interested in sharing their experience either via Inspire, our website or on a video do put them in touch.

Meanwhile we have a new free phone number for our nurse led helpline which is 0800 358 7200, or questions can be emailed to lungcancer-help@roycastle.org

Lorraine Dallas
Director of Information & Support
Roy castle Lung Cancer Foundation

Healthcare professionals' attitudes towards patients with cancer who smoke

Introduction: The following research was conducted as part of my Master dissertation and reflects opinions of healthcare professionals in a regional Cancer Centre towards cancer patients who smoke and how this impacts on the health promotion advice that they provide.

Method: The study included a multi-professional cohort of staff. A questionnaire was sent to all professional groups within the centre, followed

by two focus groups looking at nurses and radiographers attitudes.

Results: Findings revealed that staff are aware of the effects of smoking on cancer treatments, however the number of staff that address smoking cessation with patients is variable. Staff reported particular concerns about addressing smoking cessation with palliative patients, as they perceived this as being too sensitive an area

to discuss with patients facing a limited life expectancy.

To read the full article please visit
<http://dx.doi.org/10.7748/cnp.2016.e1323>

Sarah Cubbin
Clatterbridge Cancer Centre

MESOTHELIOMA NEWS



MESOTHELIOMA UK
CHARITABLE TRUST - 1126083
Supporting People With This Asbestos Cancer

Helpline: 0800 169 2409
Website: www.mesothelioma.uk.com

Mesothelioma UK / National Lung Cancer Forum for Nurses Mesothelioma Meeting

On Sunday May 1st at the Hyatt Hotel in Birmingham an informative and friendly afternoon of speakers welcomed nurses from across the globe to IMIG 2016. This pre-event meeting was organised by Mesothelioma UK and the National Lung Cancer Forum for Nurses (NLCFN) and was sponsored by Lilly Oncology and Irwin Mitchell. Over 65 delegates from Canada, USA, China, Scotland, Wales, England, Italy, Australia and Japan attended.

Sessions over the afternoon covered symptom management, survival, clinical trials, service coordination and development, campaigning, education, exploring the difference between Meso and Lung Cancer and caring for people receiving immunotherapy.

A very British afternoon tea was served mid event and delegates left on mass to attend the IMIG official opening ceremony.

Mesothelioma UK and the NLCFN would like to thank the sponsors, all of the outstanding presenters and the delegates. The conversation, top class presentations, the professional warmth and friendliness was wonderful and provided a great foundation for the excellent IMIG meeting that followed.

The agenda and presentation from each speaker are available from the Mesothelioma UK Website.

Vanessa Beattie and Liz Darlison
Aintree University Hospital NHS Foundation Trust / University Hospitals of Leicestershire NHS Trust

13th International Conference of the International Mesothelioma Interest Group Birmingham May 1-4 2016



iMig 2016

Towards Personalized Care

I was delighted to attend the International Mesothelioma Interest Group in Birmingham. The theme was "Towards Personalised care" and consisted of plenary sessions, mini symposia, oral abstracts and poster sessions. Building on the success of preceding meetings the conference featured a highly active and stimulating programme.

The conference provided the ideal forum to stimulate ideas, establish collaborations and build on truly international debates between delegates. All with the true desire to improve diagnosis, treatment and care for people with mesothelioma. Scientists and clinicians came together working to understand, cure and prevent mesothelioma.

The conference commenced on the Sunday with the Mesothelioma UK / National Lung Cancer Forum for Nurses IMIG 2016 Meeting. Liz Darlison and Vanessa Beattie welcomed delegates and hosted an afternoon of international presentations.

Michelle Turner USA, gave an informative presentation on the nursing care required for mesothelioma patients receiving immunotherapy. Dr Natalie Doyle, Nurse Consultant, Living with and Beyond Cancer at the Royal Marsden talked about the living with meso toolkit.

Melissa Culligan, USA described a coordinated approach to setting up and managing a comprehensive mesothelioma service. Hannah Ball, Mesothelioma UK Nurse Specialist, Oxford, presented her findings on the difference between psychological care needs for those with lung cancer and mesothelioma – a review of the literature.

Karen Lord covered the top tips for symptom management in mesothelioma. Mary Hesdorffer USA, delivered a global overview of clinical trials in pleural and peritoneal mesothelioma. Judy Rafferty, Nurse Educator (asbestos disease) Australian Lung Foundation gave a lively, fun filled presentation about taking mesothelioma on the road. Around Australia in 80 days. The session closed with Melinda Kotzian, Chief Executive, MARF, USA outlining key messages and campaigns.

The conference also hosted the Mesothelioma UK Annual Patient and Carer Day on Tuesday 3rd of May in the nearby Hyatt Hotel. The opportunity to hold advocacy sessions alongside the main conference facilitated an excellent opportunity to include international speakers. Dr Hedy Kindler of the iMig Board and previous chair gave an overview of the organisation.

Jane Lynch, Nurse Specialist in London gave an informative account on understanding the side effects of immunotherapy. Dean Fennell, Professor in Medical Oncology gave an update on clinical trials in the UK and spoke of hope for the future.

Noelle O'Rourke, Clinical Oncologist from Glasgow delivered a presentation entitled "Should I Have Radiotherapy"? She received rapturous applause and empowered the patients to know what they want from a consultation.

The morning sessions closed with an international panel of thoracic surgeons, Apostolos Nakas, Leicester; Walter Weder, Zurich; Joe Friedberg, Baltimore with Melissa Culligan, moderator asking questions from the audience.

Dr Mick Peake, chaired the afternoon session and introduced Mesothelioma Warrior, Mavis Nye and her husband Ray. Ray and Mavis gave an emotional account of her diagnosis in 2009 and treatment history.

Mavis told the audience about her most recent treatment with Pembrolizumab and she has received outstanding results. Mavis certainly

became the star of the conference as she also appeared in one of the plenary sessions of the main conference. The "Immune War" on mesothelioma.

The afternoon continued with Tony Dee who gave an account of his father's compensation claim. Brian Wallis, Mesothelioma UK Ambassador spoke of his wife's asbestos related disease and the setting up of three support groups East Anglia. Lindsey Reece from Sheffield presented on active exercise and the Patient and Carer Day closed with Ghislaine Boyd delivering an update on Mesothelioma UK. At the end of the day there was a dove release in front of the Birmingham International Conference Centre.

The conference as a whole was a huge success. On a lighter note as the chairs of the iMig organising committee and several of the organising committee were Leicester based, there were many celebrations as Leicester were declared the champions of the Premier League and I will certainly remember where I was when Leicester won the title?

Lorraine Creech
Chair, NLCFN Trustees

RESEARCH NEWS

10th NLCFN Annual Award 2016 - £1,500 Award in Support of Successful Project

NLCFN members are invited to submit an abstract outlining a project or initiative devised by individuals or as a team, describing how the project has affected/will affect patient care and outcomes. The work may have been adapted from other therapy and treatment areas but will be new to the lung cancer team. The initiative or project must be new or have been implemented within the last 12 months.

The £1,500 award will be valid for 12 months and may be used in support of the project and/or for registration fees, travel, accommodation costs to relevant conference(s), study days/courses or for educational books/literature or IT equipment to assist with interaction with patients.

Full details and application criteria available from the NLCFN website at <https://www.nlcf.org.uk/content/AnnualAward>

National Lung Cancer Forum for Nurses Research Interest Group (RIG)

The Research Interest Group

The National Lung Cancer Forum for Nurses (NLCFN) is keen to develop research and evaluation activity to help improve care and services within lung cancer. With this goal in mind the NLCFN established a Research Interest Group (RIG) in 2010. This RIG aims to facilitate collaboration and dialogue between clinical and academic colleagues and bring together experienced researchers and nurse specialists with a declared interest in lung cancer and research.

***Are you interested in research in lung cancer?
A date for your diary: 5th September 2016***

There is an open invitation to any member of the NLCFN to the next Research Interest Group. This will be held at 2.45 on 5th September in the Burlington Hotel in Birmingham.

In addition to updates on research grants, research training and plans for BTOG and IASLC Conference in Vienna, we will have two speakers presenting their research.

1. Mathew Johnson, Lead Cancer Nurse at Royal Brompton and Harefield NHS Foundation Trust will be giving an update on his PhD findings. His study explores how risk of recurrence is communicated following lung cancer surgery and asks what is the best way of delivering this information?
2. Professor Jane Seymour, Professor of Palliative Care Nursing and University of Sheffield, will present her findings from a systematic review of the roles and impact of Clinical Nurse Specialists on the outcomes of patients with palliative care needs

If you are interested in attending the RIG in September please contact Tricia Bryant info@nlcf.org.uk

NLCFN Small Research Grant

Many congratulations go to Jackie Fenemore who was successful applicant for the Forum small research grant in 2016. There was strong competition for the award this year as all applications had merit and strength.

Jackie will be collaborating with Professor Janelle Yorke from the Christie and University of Manchester to conduct a study on curative intent chemo-radiotherapy for people with NSCLC: identification of support and information needs along the care pathway.

Mesothelioma UK Research Grant

The first Mesothelioma UK Nursing Research Grant has been awarded to a team from Weston Park Hospital in Sheffield (Helena Stanley, Clare Warnock), the University of Sheffield (Angela Tod), and Oxford (Hannah Ball). The team will be exploring diagnostic experience of people with mesothelioma and seeking to generate recommendations to improve patient experience.

Both schemes will be repeated in 2017. If you have ideas for research do start working on them now ready for an application next year. Further information about both schemes is available on the NLCFN website. <http://www.nlcfm.org.uk/RIG>

Research Training

BIL TORCH for Nursing: Research Workshop. Over the last year the NLCFN RIG has been working with Boehringer Ingelheim Ltd (BIL) to develop a training workshop for Nurses. The workshop was held on 22nd and 23rd April 2016 in Birmingham. NLCFN members had priority for places on the workshop. They were joined by a small number of research nurses whose focus is lung cancer. 18 delegates attended the workshop.

A small faculty was involved in developing the workshop and delivering the content. Faculty members included Professor Janelle Yorke from Manchester, Professor Alison Leary from London South Bank and Professor Angela Tod from the University of Sheffield.

We are hugely grateful to Dr Lynne Goodacre who facilitated the workshop. Some excellent sessions were delivered by Clare Warnock (We-

ston Park Hospital) Natalie Doyle (Royal Marsden), Karen Lord (Leicester) and Clare de Normanville (Sheffield Hallam University).

The TORCH workshop had excellent evaluation (see Box below). All those attending reported an improvement in their knowledge, confidence and understanding of research. As a result BIL have agreed to fund another workshop in 2017. In addition we will be holding an additional top-up training event for those who attended the 2016 workshop. This will be in October – we will be in touch with details soon.

If you are interested in attending TORCH for nurses 2017 please let us know and we will keep you posted on progress. Contact: info@nlcfm.net

Research database

We are now in a position to launch the NLCFN research database. This will keep a live record of any research projects and outputs that the RIG is currently involved in. Do let us know of any research projects that should be added to the database please contact Tricia at info@nlcfm.net

IASLC World Conference on Lung Cancer, Vienna, 4-7 December 2016

This year the International Association of the Study of Lung Cancer takes place in Vienna. The NLCFN aims to maintain the impact and presence they had at the previous IASLC conferences. We encourage Forum members to start planning now for IASLC 2016. It will be 4-7 December in Vienna. Key dates are:

- Author notifications: SEPTEMBER 14, 2016
- Early registration: SEPTEMBER 23, 2016
- Late-breaking abstract: SEPTEMBER 30, 2016
- Submission deadline for regular registration: OCTOBER 21, 2016

Good luck to all of you who submit an abstract. Please let the Forum know if you are successful.

Some comments from TORCH delegates

I had a great experience and it restored my faith in collaborative endeavours. We developed a research question in less than 24hrs by brainstorming and networking. The team of nurses present were fantastic and motivated and the facilitation staff were tremendous. Definitely a project I would want to be part of. Organisation and secretariat were professional and very well done.

Overall, I really enjoyed the 2 days and found it extremely challenging and thought provoking.

I thought the course was excellent. I had the chance to work with people of varying experiences and who were interested in research. I left feeling very enthusiastic and excited about being able to take our research project forward. Thank you so much for organising it.

PROFESSIONAL DEVELOPMENT AND SUPPORT

Patients First: Supporting nurse-led innovation in practice

Over the past seven years, 80 nurses-led teams and numerous patients and carers have experienced the benefits of Patients First. Supported by the Burdett Trust for Nursing, this programme has a proven track record of successful innovations and personal development. At a time when the quality of healthcare and nursing practice is under tremendous scrutiny, Patients First offers teams in any health and social care setting across the UK, a fantastic opportunity to show how nurses, midwives and health visitors are leading innovation and championing a practice culture where care is the best it can be.

Over a period of 18 months, the Patients First Programme provides:

- A dedicated experienced Practice Development Facilitator offering

- direct support in the workplace and via telephone/email
- Six full day learning and development workshops that will bring together the nurse-led teams to explore and enable the development of effective strategies for changing practice and provide opportunities for networking and sharing
- A bursary of up to £5000

Year 8 of the programme is now open to applications. More information and application documents are available on our website <http://www.fons.org/programmes/patients-first.aspx>

Closing date: 5pm, 7th September 2016.

Raising awareness of Acute Kidney Injury (AKI)

The NCEPOD (2009) report 'Adding insult to injury' highlighted that 100,000 deaths each year in the UK were associated with AKI and up to 30% of these could be prevented with the right care and treatment. As a result many Trusts have employed AKI Nurses to educate clinical staff and raise awareness of AKI.

Mesothelioma UK have employed Carole Best in a new post (funded through a CQUIN initiative) to raise awareness and education across the whole trust about Acute Kidney Injury (AKI) through education sessions.

What is AKI?

Acute Kidney Injury (formerly known as Acute Renal Failure) describes a rapid deterioration in a patient's renal function over hours or days. Clinically AKI should be recognised by the onset of oliguria, anuria and/or deteriorating biochemistry in the form of rising serum creatinine. If unrecognised and allowed to deteriorate, AKI will result in uraemia, acidosis, hyperkalaemia and ultimately death.

Stages of AKI

AKI is classified into three stages: 1 mild, 2 moderate, 3 severe. All stages of AKI, even small increases in serum creatinine, are associated with worse outcomes for the already sick patient including: prolonged hospital stay, increased morbidity and increased mortality. Increasing severity of AKI is linked with increased mortality with mortality for AKI stage

1 being reported as 16.1% versus 36.1% for stage 3 (Selby *et al*, 2012). Acute kidney injury has also been linked to the development of chronic kidney disease. The earlier AKI is detected the better the chance of a full recovery of kidney function.

Causes of AKI

80% of AKI cases are due to pre-renal causes i.e. issues that cause reduced blood flow to the kidneys including: sepsis, dehydration, hypovolaemia & hypotension. A further 10% are classed as intrinsic renal causes due to damage to the functional tissues of the kidneys e.g. from nephrotoxic medication or the early stages of kidney disease. The last 10% of cases have a post renal cause due to obstruction to urine flow from the kidneys e.g. blocked catheter, kidney stones, enlarged prostate or a tumour.

Prevention, Detection & Management

NICE Guidelines (CG169) suggest that where possible we should prevent AKI. By identifying at risk patients (table 1) we can ensure they are well hydrated and avoid, where possible, nephrotoxic medication including contrast agents used in scans.

Early identification of AKI is aided by the introduction of the AKI National Algorithm which identifies any deviation of creatinine from the patient's baseline. This then generates an AKI Alert notifying the clinician of the stage of AKI. Once identified the treatment of AKI depends

Table 1. Patients at Risk of AKI

- Previous episode of AKI
- CKD
- Age ≥ 65yrs
- Congestive cardiac failure
- Atherosclerotic peripheral vascular disease
- Diabetes
- Liver disease

on the cause. The use of AKI care bundles is advocated to aid prompt management. AKI care bundles vary across Trusts however all should include:

- Prompt treatment of Sepsis (Sepsis Six care bundle)
- Fluid assessment and management of hypovolemia/hypotension
- Medication review
 - a) Consider withholding nephrotoxic medication e.g. ACE, ARBs, NSAID
 - b) Check drug dose adjustments in AKI
- Renal ultrasound within 24hrs of suspicion of renal obstruction – subsequent relief of obstruction
- Urinalysis
- Timely referral to Nephrologist

Carole Best
UHL AKI CQUIN Nurse

Further information on AKI can be obtained from the Think Kidneys website: <https://www.thinkkidneys.nhs.uk/aki/>

INFORMATION FOR PATIENTS

New patient Information

The Roy Castle Lung Cancer Foundation produce written information for Lung cancer patients. They have updated and developed information regarding:

- **Travelling and going on holiday** <http://documents.roycastle.org/Living%20with%20lung%20cancer%20-%20Travelling%20and%20lung%20cancer%20-%202014.pdf>
- **Understanding Brain Metastases** <http://documents.roycastle.org/Managing%20lung%20cancer%20symptoms%20-%20Other%20symptoms%20-%202014.pdf>

The NLCFN together with many others have an opportunity to comment on the information as it is being developed. Look out for this new information for your patients. Also being developed is a booklet regarding Small Cell Lung Cancer.

Lesley Holland
Committee member
Kettering General Hospital NHS Trust

Support for lung cancer patients who have previously worked for an ABTA organization



Lifeline, is a charitable trust which provides financial assistance to those in need who are working for or have previously worked within the travel and tourism industry for an ABTA (Association of British Travel Agents) registered company.

Individuals can apply for assistance via a webform available at http://www.abtalifeline.org.uk/assets/uploads/ABTA_LifeLine_Application_Form.pdf

MEMBERS NEWS NEWS NEWS NEWS NEWS

A visit to the Heart of England, Heartlands Hospital, April 2016

Working as a Norwegian Oncology Nurse at a thoracic surgery department at Oslo University Hospital I have been searching the web for information that could be of interest in my line of work. I was happy to find the NLCFN pages and to see that a thoracic surgery group existed. I was even happier when I was accepted as an associated member of the NLCFN.

I got in contact with Vanessa Beattie in the thoracic surgery group who kindly put me in contact with Amy Kerr at the Heartlands Hospital in Birmingham. Together with a fellow nurse from my hospital I was then able to visit Amy Kerr and her colleagues in Birmingham. It was a pleasure to meet so much expertise and knowledge and also being met in such a welcoming and friendly way.

Before our visit I had corresponded with Amy and told her what our main interest were. The schedule made for our two days at the Heartlands Hospital met these interests in the best way.

After meeting the Thoracic Research Group at the MIDRU we learned about how the Heartlands Hospital is organized and how the lung cancer care in England work.

We then had an interesting tour at the pathology lab, seeing (amongst other things) how frozen sec-

tions from lung cancer resections are being examined. We enjoyed that.

We were then taken to the ward at Heartlands Hospital to see how it was organized. We also learned a lot here about the patient's journey through hospital and we now have new knowledge and new issues to discuss, especially when it comes to efficiency, coming home to Norway.

The Rehabilitation Program at the Heartlands was also an area of interest. We learned a lot about how to pre-habilitate and rehabilitate lung cancer patients going through surgery. Very interesting and also something we hope to do better in our hospital. We were also very fascinated about the Rehabilitation for Operated lung Cancer (ROC)-project. I know that our physiotherapists will want to learn more about that innovative programme.

We then spent some time at the Pre-Assessment Clinic, seeing and learning how nurses interview and examine the patients scheduled for surgery. This was also very useful as we organize things different in Norway and it was interesting to see how the nurses have a very important role in preparing the patients before their surgery.

Meeting a British lung cancer nurse was very useful and inspiring. We learned about the important and

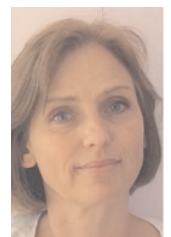
impressive job the lung cancer nurses do every day.

A thoracic research group like the one we met at the Heartlands Hospital was extremely inspiring. Patient centered research and innovative thinking like the Heartlands Hospital model was a good experience. We now have lots of good examples of good nursing practice to take home and to try to follow.

I would especially like to thank Amy Kerr for her friendly, welcoming and good way of taking care of my fellow nurse Therese Lahn and me. I would like to thank Vanessa Beattie from the NLCFN, thoracic surgery group, who arranged for us to visit Britain.

I would also like to thank Jo, Hollie, Emma, Nicola, Andy, Stuart, Lisa, Lynn and so many more off the lovely staff at the Heartlands Hospital in Birmingham.

Thank you all so much for sharing your knowledge and expertise!



Astrid Krohn-Hansen
Oslo University Hospital,
Norway

Thoracic Surgical Group (TSG)

Due to my increasing role within the NLCFN I stepped down from role as chairperson for the Thoracic Surgical Group in April. This was an excellent opportunity for 'new blood' to further develop this small but dynamic group!

Since taking the chair role as part of my NLCFN committee duties in September 2012 I have been delighted to witness a period of growth and confidence within the group.

The documents produced by the group thus far; 'Guidelines to prepare and support patients undergoing a lung resection'; Guideline for telephone follow up for patients undergoing thoracic surgery'; Patient information for enhanced recovery guidance, have all been invited for national and international presentation, a tes-

tament to the outstanding work the group have produced. I look forward to seeing the latest document on Smoking Cessation at completion!

I'm thrilled that Jenny Mitchell has accepted the role of chairperson for the group and I'm sure that the group will continue to go from strength to strength.

Thanks to Mike Holmes (Irwin Mitchell) for continued support in providing TSG meeting venues, refreshments and travel reimbursements. I wish the TSG well for the future and will continue to be an advocate of the group at every opportunity!

Vanessa Beattie
Aintree hospitals

BIL-TORCH

At the end of April, myself and other members of the NLCFN attended the BIL-TORCH Nursing Workshop in Birmingham kindly sponsored and organised by Boehringer Ingelheim. This was a two day workshop exploring different aspects of research and the facilitators included Professor Angela Tod from Sheffield University and Natalie Doyle, Nurse Consultant at The Royal Marsden.

During the first morning, the sessions looked at why research was important to us as individuals in the work setting and explored what was meant by being involved in research. This was quite thought provoking as my interpretation of this question was being involved in a research project however when you actually think about it, all of us in a nurse specialist role are "involved" in research on a daily basis either utilising it in delivering evidence based practice or reading research articles and papers which we share with colleagues.

All the sessions were interactive and Claire Warnock from Weston Park Hospital used practical examples to highlight the difference between service evaluation, audit and research.

Following lunch we were divided into three groups working with an academic facilitator looking at two themes and developing a research question. We then came back together in a group to discuss who might be important to collaborate with in our networks and the different steps in the research process. This led to us developing a "pitch" to communicate our research question to potential sources of funding.

The second day found us developing our research ideas further in our respective groups to formulate project which we could take forward.

When I read in the programme that the sessions were mainly interactive it was a little daunting at first as although I was really keen to participate in a research project I had not done anything of that nature for a few years but I need not have worried. The group was made up of health care professional with varying levels of experience and very different ideas about the extent they would like to take be involved in research. The workshop facilitators created a very relaxed environment where everyone felt as though they could participate. I found it not only informative but also very supportive and inspiring. I am really looking forward to continuing to develop our group's research proposal.

For anyone who has even a slight interest in research or who is not sure whether or not they want to be involved in research other than in their daily practice, this is a brilliant, worthwhile opportunity. Not only did I increase my knowledge but also my self confidence in believing that I could actually do it.

Many thanks to Boehringer Ingelheim for providing us with this workshop.

Alison Bennett
Committee member
Barnsley Hospital NHS Foundation Trust

Annual Workshop 2016

This event took place over the evening of 16th May and a full day 17th May. It was a heavily subscribed meeting with representation from Scotland through to the South of England, with a wide range of experience and skills on display!

Although the workshop had advertised a project title, in discussion between delegates and under the facilitation of George Bate the overall project took a different slant, entitled 'Can the early intervention of a Lung Cancer Nurse Specialist improve the patient experience, pathway and outcomes for those admitted by the emergency route on first presentation?'

The delegates worked within two groups, John McPhelim and Paula Shepherd leading, with Paula working with Jeanette Draffan as overall project lead to provide an update to delegates at NLCFN annual conference later this year. At the close of the meeting delegates left with a clear plan of work to be undertaken. There will be a follow up / closing meeting Wednesday 14th September to amalgamate the work streams and production of a poster abstract for submission to NLCFN and BTOG.

I thank Lilly for supporting the event, in particular Ailsa Budden for her enthusiasm and ongoing commitment to the workshop, along with her colleague Sarah Owen. George Bate for his facilitation skills and NLCFN for providing delegates with travel reimbursements.

Vanessa Beattie
Aintree hospitals

Passing the baton



Two members of the National Lung Cancer Forum for Nurses are delighted to be 'passing the baton' of our privileged profession to the next generation more than 30 years after their own careers began.

Sally Rowe (far left) and Liz Darlison (far right) proudly attended their daughters, Emily Rowe (centre left) and Lucy Darlison (centre right), graduation at the University of Nottingham earlier this month.

Emily (Adult nursing) and Lucy (Child nursing) have both have graduated with a Master's Degree. Emily is set to start her career later this summer at the Nottingham University Hospitals whilst Lucy is packing her bags for a year of travelling before looking for a post.

Congratulations Emily and Lucy from your very proud Mums!

Liz Darlison
NLCFN Chair
University Hospitals of Leicestershire
NHS Trust

NICE Representation

One of my roles as a NLCFN committee member is to represent the forum and lung cancer patients at various National Institute for Health and Care Excellence (NICE) appraisals. I attend as a patient representative.

The content of individual meetings is highly confidential, but I thought it may be interesting to provide an insight into the appraisal process.

NICE provides guidance to the NHS in England on the clinical and cost effectiveness of selected new and established technologies. NICE carries out appraisals of health technologies at the request of the Department of Health.

As an organisation the NLCFN is often invited to take part in the appraisal process. NICE share relevant documents via the NICE secure web based system; this information is strictly confidential and can only be accessed by the recipient. All consenting parties are asked to check the documents sent are accurate; and that all comparators are in-

cluded in the appraisal being considered. A date is set for the appraisal meeting. At this meeting the pharmaceutical company proposing the drug attend; invited patient and clinical experts and NICE committee. Presentations are shown of the proposed treatment; this will include comprehensive trial data suggesting a benefit to patients. The proposal data is critiqued prior to the meeting; these findings are also presented. Pharmaceutical representatives are questioned about the data and expected to provide evidence to support their answers. Clinical experts and patient experts are also asked questions.

After the meeting taking all aspects of meeting into consideration a detailed report is produced. Further appraisals may be suggested dependent upon the initial findings. It is a very comprehensive process

Carol A Davies
Macmillan
Lung Cancer Nurse Specialist Wales

British Thoracic Oncology Group (BTOG)

BTOG steering committee meeting 20.04.16. It was confirmed that BTOG are now officially a charity with the first trustee meeting held prior to the steering group meeting.

The steering committee meeting dedicated itself mainly to the planning of BTOG 2017 Conference and looking ahead to 2017 it is confirmed that the conference will again be held in Dublin, at the Doubletree by Hilton Hotel, 25th-27th January. The BTOG education bursary sponsored by Lilly in 2016 worked well and it was agreed by the steering committee that the BTOG education bursary is something that could be repeated for 2017 conference. Contact dawn.mckinley@uhl-tr.nhs.uk for further information. Poster abstract submission closes Saturday 1st October.

Vanessa Beattie
Aintree hospitals

Origin of the NLCFN Logo

Karen Wagg one of the first committee members explained the origin of the NLCFN logo in the first ever newsletter. Newer members of the organization may find it interesting to know its origin.

Violas were used in ancient times as an herbal remedy for lung and breast cancer. The colours of yellow and purple are also significant with yellow representing peace and calm and purple for valour and bravery. The viola was dedicated to the National Lung Cancer Forum for Nurses by Lilly Oncology who organised the first of the meetings back in 1997.

Diana Borthwick
Chair, NLCFN Committee



Your committee – Committee Member Profile



Lesley Holland

I am a Macmillan Lung Cancer Clinical Nurse Specialist at Kettering General Hospital NHS Foundation Trust since 2005, prior to this I was a community Macmillan palliative care nurse. My career has always been in respiratory nursing and palliative care so this role combines the 2 skills and

was a natural progressive move. I obtained my MA in Advanced Nursing / Palliative care in 1999, and became a non-medical prescriber in 2003.

I am passionate about delivering and improving the lung cancer service offered to patients locally and nationally and became a committee member of the NLCFN in 2011. My roles on the committee have been varied and I have learnt a great deal. I have been to parliament 3 times to represent the committee, currently my main responsibilities are with regard to patient information, and I liaise with the Roy Castle Lung Cancer Foundation regarding patient information particularly symptom management. I also act as a patient representative to the NICE committee with regard to certain drugs that are presented to NICE for approval. This is a new role and I am learning where nurse specialists can influence and advocate for patients in this forum.

I recognise the importance of nursing metrics that measure practice including seeking the views of patients and carers, which is vital to giving effective care and proving to others our role and activity. I have experience of auditing in many areas, including LCNS activity, and I produce an annual report of the local LCNS service. I take an active role in the East Midlands Cancer Network CNS group and the Expert Clinical Group, and I regularly input and give feedback on EMCN policies and documents particularly to nursing.

I have always enjoyed nursing at every level and feel privileged to be able to represent LCNS at a national level. I am a good communicator and very approachable I welcome anyone if they want to discuss the CNS role or need any support.

Apart from my nursing role I have a very active social life, I am married and we have a typical Jack Russell dog who likes to bark and bite, but we adore her just the same (don't blame me she is a rescue dog!) the three of us are often away in the motorhome meeting friends and family.



Jeanette Draffan

It is 31 years since starting my nursing career (I really am that old!). I found my niche in respiratory medicine and more importantly lung cancer. I worked my way up the career pathway on a respiratory ward eventually becoming ward sister. In December 2001 I was asked if I would be interested in applying for a new post - respiratory oncology nurse specialist. Of course I was interested; I applied and got the job. The chest consultant said at the time that I would only stay in the role for a couple of years as 'it's a depressing job'. Well I'm still here!!

I started in April 2002 at the time when chest physicians prescribed chemotherapy and MDT's were just starting out. Having said that, we were one of the first pilot sites for LUCADA. I met Mick Peake at a conference that April and felt an overwhelming admiration for him, as I still have today. Back then our oncologist didn't believe in chemotherapy for NSCLC and had a nihilistic attitude. I was undertaking a degree in care management and my dissertation was a literature review on 'The management of advanced inoperable NSCLC'. I met with oncology pharmaceutical representatives and persuaded my oncologist to try Gemcitabine, and the rest, they say, is history!

I joined the NLCFN as soon as I took up post having contacted my local colleagues and heard about the group. I've seen the developments we have made in lung cancer and been part of the Forum since then. I moved Trusts in 2007 to take up my current role as Macmillan Lung Cancer CNS. I had the pleasure of becoming a committee member in 2008. Since joining I have been involved with all but two of the NLCFN workshops. I am this year's lead for the project.

One of my first roles was to work with The Roy Castle Lung Cancer Foundation and I helped develop the DVD that is currently given to patients. I also named the RCLCF magazine 'Inspire'. I was the nurse member of Improving Lung Cancer Outcomes project (ILCOP). I currently sit on the National Lung Cancer Audit Group, the National Cancer Research and Audit Strategy group and the BTS Pulmonary Guidelines group. I am in the process of using these guidelines to set up a Nodule Service.

I co-lead a team of 6 LCNS's (5WTE's) and am as committed as any lung cancer nurse is - you can't do this role without commitment, yes it is depressing at times but the reward is the knowledge that you have made a difference.

My other passion (apart from my family) are horses and I'll make no apologies for the amount of equine posts on Facebook!!

My other passion (apart from my family) are horses and I'll make no apologies for the amount of equine posts on Facebook!!

DATES FOR THE DIARY



4th-7th September 2016	International Conference on Cancer Nursing (ICCN 2016) Hong Kong, China http://www.isncc.org/?page=ICCN2016	4th-7th December 2016	17th IASLC World Conference on Lung Cancer 2016 Vienna, Austria https://www.iaslc.org/events/17th-world-conference-lung-cancer
7th-11th October 2016	European Society for Medical Oncology - ESMO 2016 Copenhagen, Denmark http://www.esmo.org/Conferences/ESMO-2016-Congress	5th December 2016	Royal Marsden Hospital Molecular Mechanisms of Targeted Cancer Treatments London, UK http://sciencecommunicated.co.uk/05-december-2016-molecular-mechanisms-of-targeted-cancer-treatments/
12th October 2016	Royal Marsden Hospital Palliative Care Update London, UK https://www.royalmarsden.nhs.uk/news-and-events/conference-centre/study-days-and-conferences/royal-marsden-palliative-care-update	7th-9th December 2016	British Thoracic Society Winter Meeting 2016 London, UK https://www.brit-thoracic.org.uk/bts-learning-hub/bts-summer-and-winter-meetings/winter-meeting-2016/
17th-18th October 2016	Using Your Voice Workshop Birmingham	7th December 2016	Royal Marsden Hospital Advances in Nutritional Care of the Cancer Patient London, UK https://www.royalmarsden.nhs.uk/news-and-events/conference-centre/study-days-and-conferences/advances-nutritional-care-cancer-patient
6th-9th November 2016	National Cancer Research Institute (NCRI) Cancer Conference 2016 Liverpool, UK http://conference.ncri.org.uk/	25th-27th January 2017	BTOG 2017 - 15th Annual BTOG Conference Doubletree by Hilton Hotel, Dublin, Republic of Ireland Poster submission closes 1st October 2016 (BTOG will consider abstracts submitted to NLCFN Conference) Registration and hotel booking opens 1st September 2016 http://www.btog.org/annual-conference.htm
6th-9th November 2016	BASO - The Association for Cancer Surgery Liverpool, UK http://www.baso.org.uk/		
10th-11th November 2016	National Lung Cancer Forum for Nurses (NLCFN) 2016 St Johns Hotel, Solihull, UK https://www.nlcfn.org.uk/2016-annual-conference		
25th November 2016	BTOG Cachexia Study Day Wellcome Collection, Euston Road, London http://www.btog.org		



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