Case Study

B.R. is an 83-year-old Norwegian woman with stage III papillary serous ovarian cancer diagnosed after she presented with a two-month history of abdominal pain and bloating. An ultrasound followed by paracentesis revealed a moderate to large amount of ascitic fluid, and cytology was positive for adenocarcinoma. An abdominal computed tomography scan demonstrated extensive peritoneal carcinomatosis, extensive ascites, a heterogeneous nodule of the left adrenal gland, and trace right pleural effusion. Cancer antigen-125 (CA-125) was initially elevated to 71 u/ml (normal < 35 u/ml) and rose to 7,399 u/ml preoperatively.

B.R. underwent an exploratory laparotomy with total abdominal hysterectomy and bilateral salpingo-oophorectomy, including omentectomy and appendectomy. Pathology revealed high-grade adenocarcinoma. On postoperative day four, B.R. was started on single-agent carboplatin (Paraplatin®, Bristol-Myers Squibb, Princeton, NJ) for a total of five doses. After six cycles of chemotherapy, her CA-125 normalized to 10 u/ml but began to elevate during the next cycle. A computed tomography scan was ordered and confirmed progressive disease in the pelvis. At this time, B.R. was offered alternative medicine treatments (Lee, 2004a) to investigate conventional and complementary and alternative medicine treatments (Lee, 2004a) (see Table 1). Prior to signing an informed consent, patients should be informed about the study’s application to their situation, the terminology related to clinical trials, and the study phase involved. With the proper educational preparation, nurses can avoid a scenario similar to B.R.’s. Being in the presence of a patient who expresses shock or distress when reading an informed consent form can be difficult for any nurse.

What information regarding clinical trials research is best communicated to educate patients prior to signing an informed consent form?

Oncotherapy nurses play a vital role in the support and education of patients enrolled in clinical trials. The Institute for the National Cancer Institute (Erikson & Kuck, 2001), including the risks and benefits of treatment as well as confidentiality and compensation for any injuries incurred. Patients must understand that their participation is voluntary and that their consent can be withdrawn at any time without retribution (Erikson & Kuck).

Nurses should be familiar with the types of clinical trials that are conducted to investigate conventional and complementary and alternative medicine treatments (Lee, 2004a) (see Table 1). Prior to signing an informed consent, patients should be informed about the study’s application to their situation, the terminology related to clinical trials, and the study phase involved. With the proper educational preparation, nurses can avoid a scenario similar to B.R.’s. Being in the presence of a patient who expresses shock or distress when reading an informed consent form can be difficult for any nurse.

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