From Evidence to Practice in Cancer Nursing Care

Consensus Meetings in Türkiye

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Istanbul, Türkiye

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Declaration of Interests

I have no conflicts of interest to declare.

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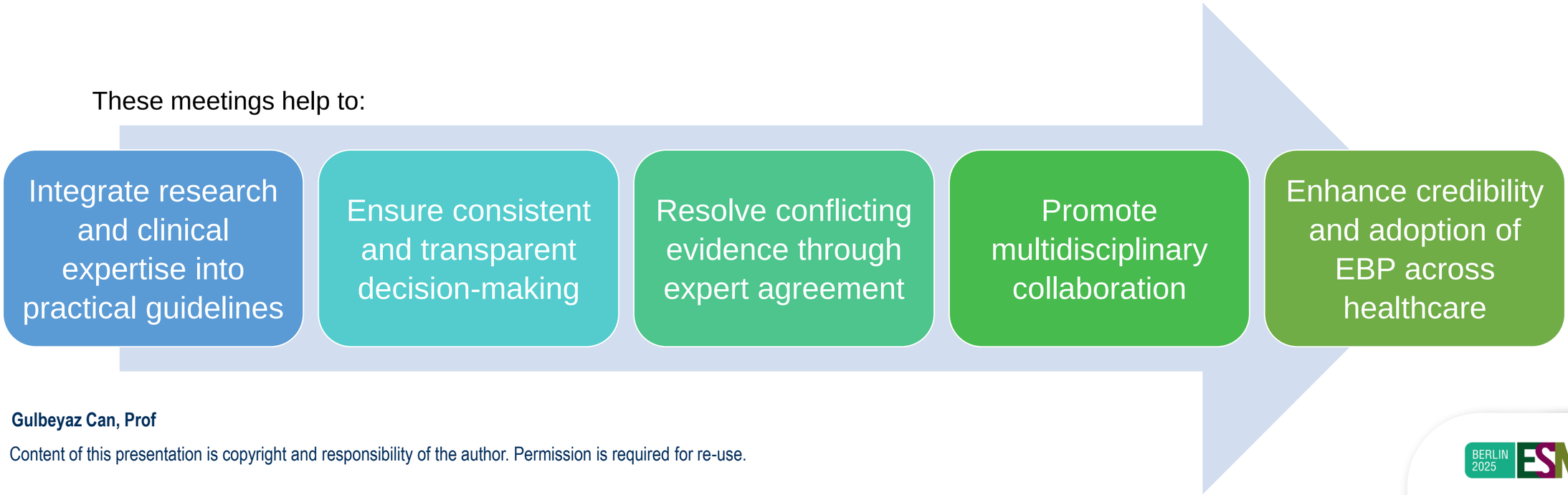


INTRODUCTION

Why Consensus Meetings Are Needed for Evidence-Based Practice in Nursing?

Consensus meetings are essential in evidence-based nursing practice because they bring together experts to interpret evidence, bridge gaps between research and clinical application, and establish shared professional standards.

These meetings help to:

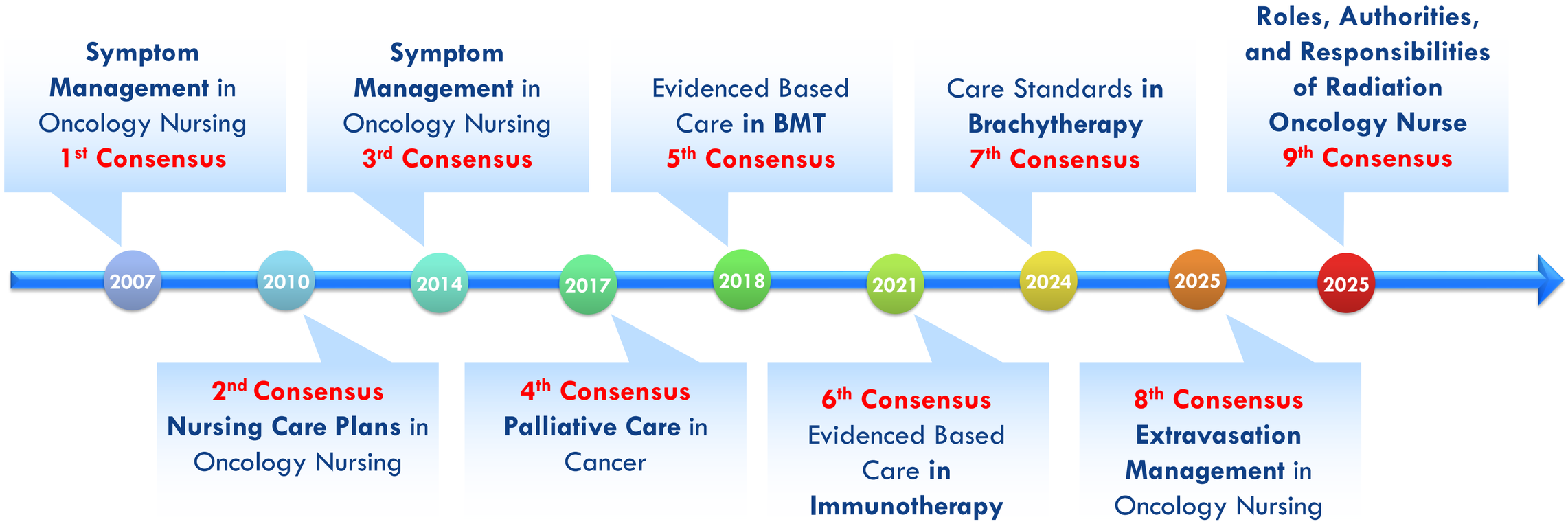


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Consensus Meetings in Oncology Nursing, Türkiye

Consensus Timeline



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6A Evidence-Based Approach in Consensus Meetings

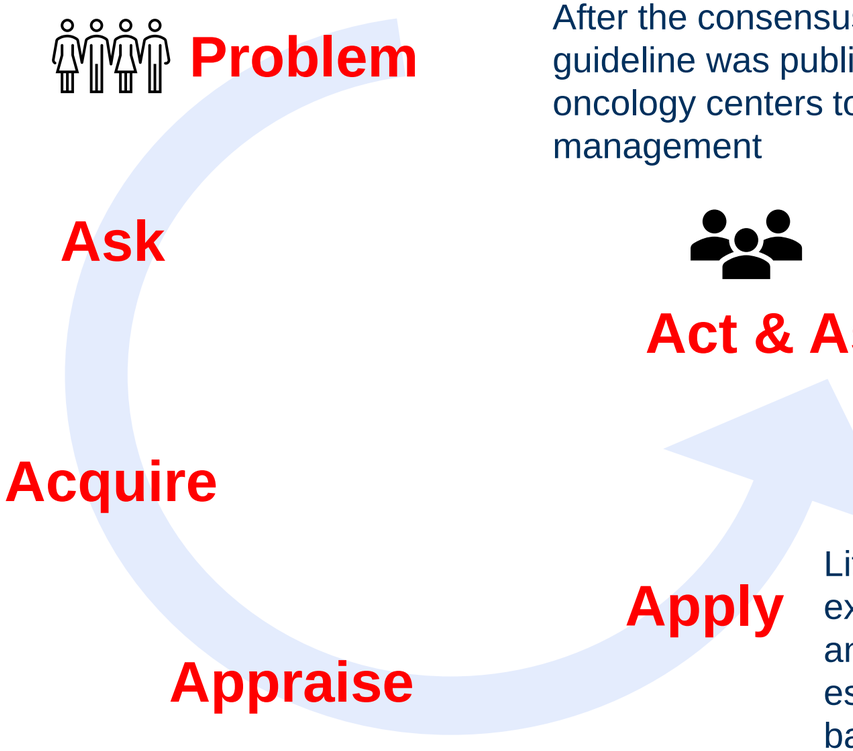
Each Oncology Nursing consensus meeting conducted in Turkey was based on the **6A steps of Evidence-Based Practice (EBP)**.

In 2007, despite extensive clinical experience, there were no national evidence-based nursing care standards for symptom management in cancer patients

Question: How to develop standards ensuring safe and effective care?

Acquire / Appraise: Preparatory work began six months before the meeting with pre-consensus groups reviewing evidence and guidelines to identify adaptable approaches for symptom management.

These findings guided structured discussions during the consensus meeting.



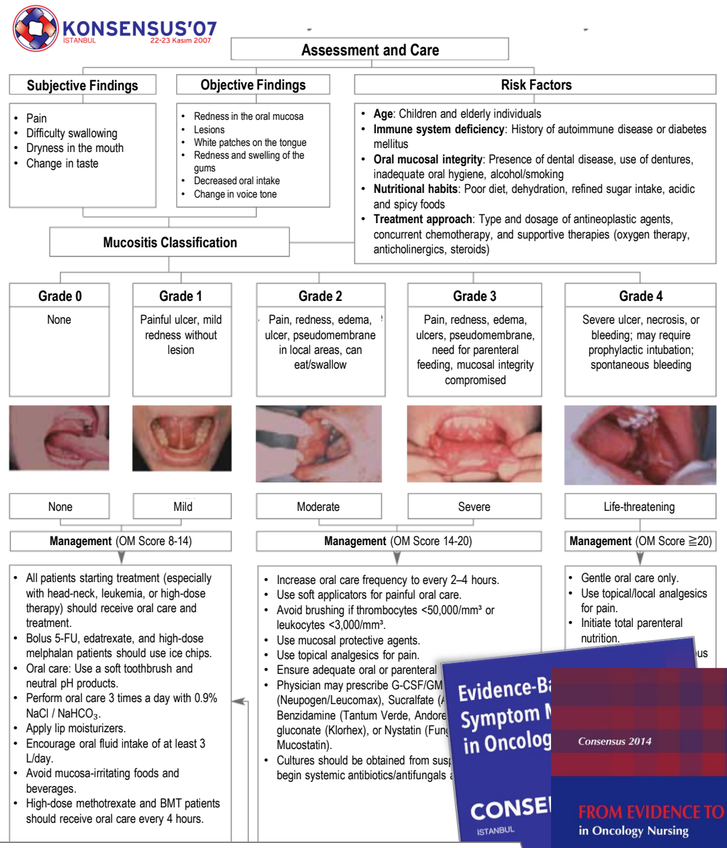
After the consensus meeting, an evidence-based guideline was published and implemented in oncology centers to improve symptom management

Literature, national data, and expert opinions were integrated and discussed, leading to the establishment of evidence-based standards for symptom management through consensus.

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Consensus Meetings in Oncology Nursing (2007–2017)



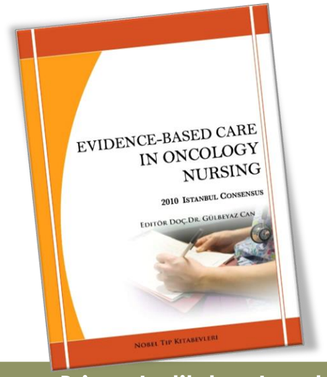
In **2014**, at the **3rd Oncology Nursing Consensus Meeting** with 450 nurses, cancer symptom management **algorithms** were **revised according to the latest evidence**.

In **2007**, we held the **1st Oncology Nursing Consensus Meeting** with **450 nurses** and established **key standards for cancer symptom management**.

KONSENSUS'10
İSTANBUL
13-14 Mart 2010

ND Code No: O219 **Nursing Diagnosis**: Risk for Impaired Oral Mucous Membrane Integrity	
Rationale: The administration of chemotherapeutic agents and radiotherapy triggers the activation of the immune system (NF-kB, TNF-α, IL-1β, IL-6) in response to DNA damage caused by reactive oxygen species (ROS), leading to mucosal injury.	
Defining Characteristics	• **Subjective Findings**: Altered sense of taste, dry mouth • **Objective Findings**: Chemotherapy (high-dose melphalan [140 mg/m²], bolus 5-fluorouracil and edatrexate), head and neck radiotherapy, increased salivary viscosity, OM (Oral Mucositis) score 8–14 • **Laboratory/Test Results**: None
Nursing Interventions	• Patients scheduled to receive chemotherapy (especially leukemia, high-dose therapy) or head and neck radiotherapy should be referred to a dentist before starting treatment for dental care and necessary procedures. — IV • Patients scheduled to receive chemotherapy or head and neck radiotherapy should be informed about how to assess oral mucosal integrity using ADR (Assessment, Diagnosis, Response). — IV • Patients receiving chemotherapy or head and neck radiotherapy should be advised to assess mucosal changes once daily. — IV • Patients receiving chemotherapy or head and neck radiotherapy should be taught proper oral care techniques. — III **Frequency** • For OM Score 8: Oral care should be performed 3 times daily — after meals and before bedtime. — IV • For OM Score 8–14: Oral care should be performed every 4 hours. — IV • Patients receiving high-dose methotrexate, bone marrow transplantation, or with a history of mucositis should be advised to perform oral care once during the night. — IV • **Tooth Brushing** • Patients receiving standard treatment should use a soft toothbrush (especially those undergoing bone marrow transplantation). — IV

Evidence Level



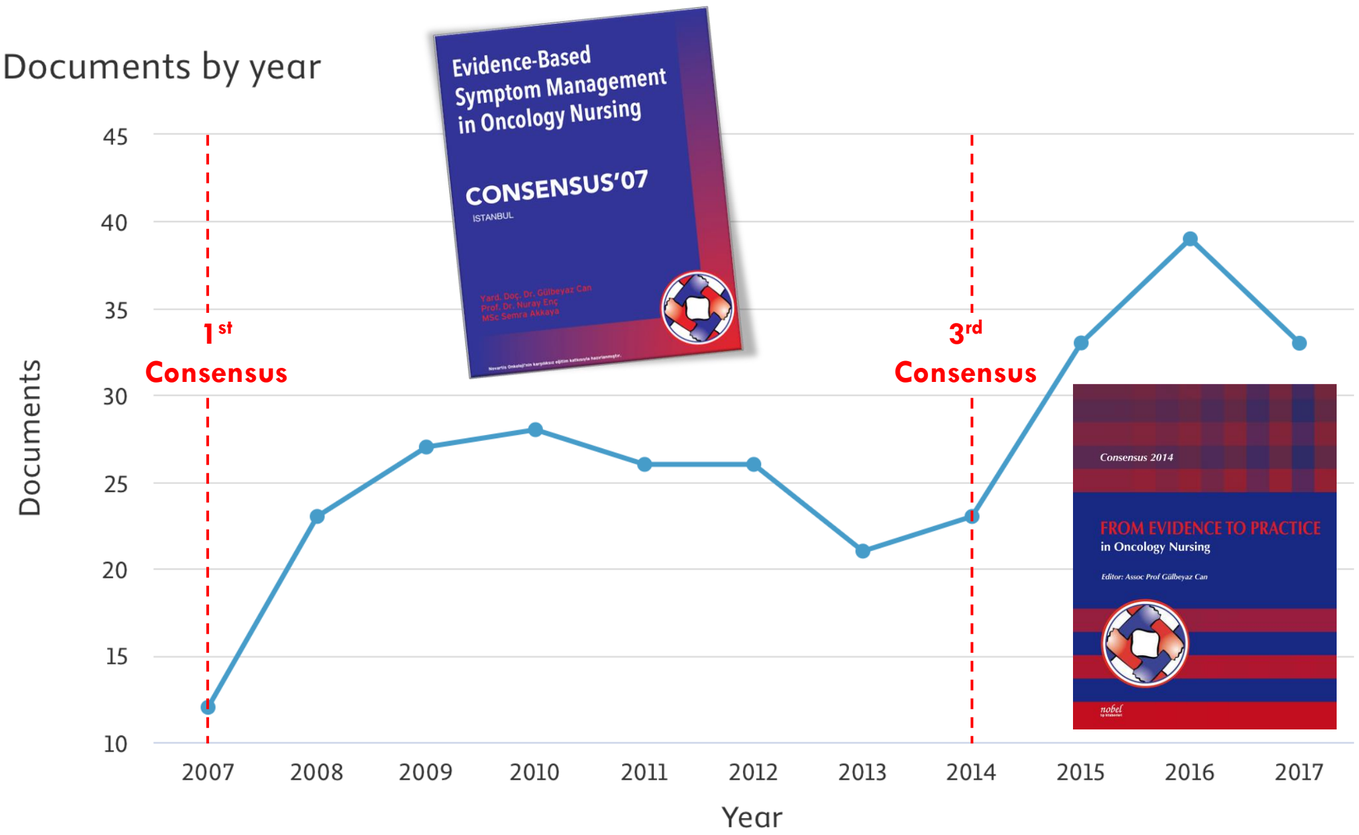
Joanna Briggs Institute – Levels of Evidence	
	Type of Evidence
I	Systematic review/ Meta-analysis
II	Randomized Controlled Studies
III.1	Controlled Studies
III.2	Multicenter, cohort/case-control studies
III.3	Uncontrolled experimental studies
IV	Clinical experience, respected authority opinions, descriptive studies or expert committee reports.

In **2010**, during the **2nd Consensus meeting**, we developed **standard nursing care plans** for cancer patients with the participation of **400 oncology nurses**.

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Consensus Meetings in Oncology Nursing (2007–2017)

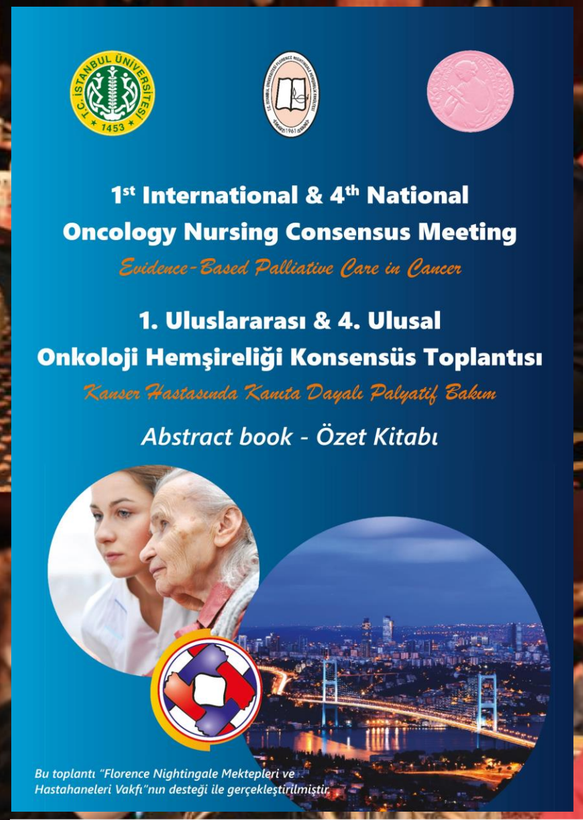


A noticeable increase in publications was observed especially after 1st and 3rd consensus meetings, suggesting a potential positive influence on research productivity in oncology nursing.

Although this pattern may be coincidental, the trend indicates growing academic engagement following each consensus.

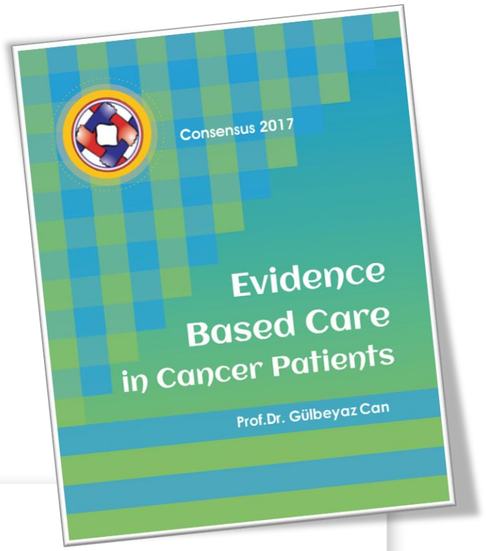
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A total of 385 healthcare professionals participated, including 20 from 12 MECC countries (Egypt, Iran, Iraq, Israel, Jordan, Kenya, Pakistan, Sudan, Oman, Tanzania, the United Arab Emirates, and Uganda), one from Spain, and 364 from Turkey, and standards of care for palliative cancer patients were established.

Evidence-Based Palliative Care in Cancer



Example Recommendations

Patient Education for Pain

- Take medications on time
- Maintain physical activity & change positions regularly
- Use distraction techniques (e.g., music, hobbies)
- Massage therapy (avoid over areas with bone metastasis) … etc

Hand-held Fan for Dyspnea

- Applied to the facial area from 15–20 cm distance for 5–10 minutes duration.
- Provides a cool air sensation that reduces perceived breathlessness

Massage for Constipation

- Abdominal massage (circular, effleurage, vibration, kneading, stroking) – should be apply 15 minutes daily,
- Accelerating gastrointestinal transit

Evidence-Based Care in Bone Marrow Transplantation

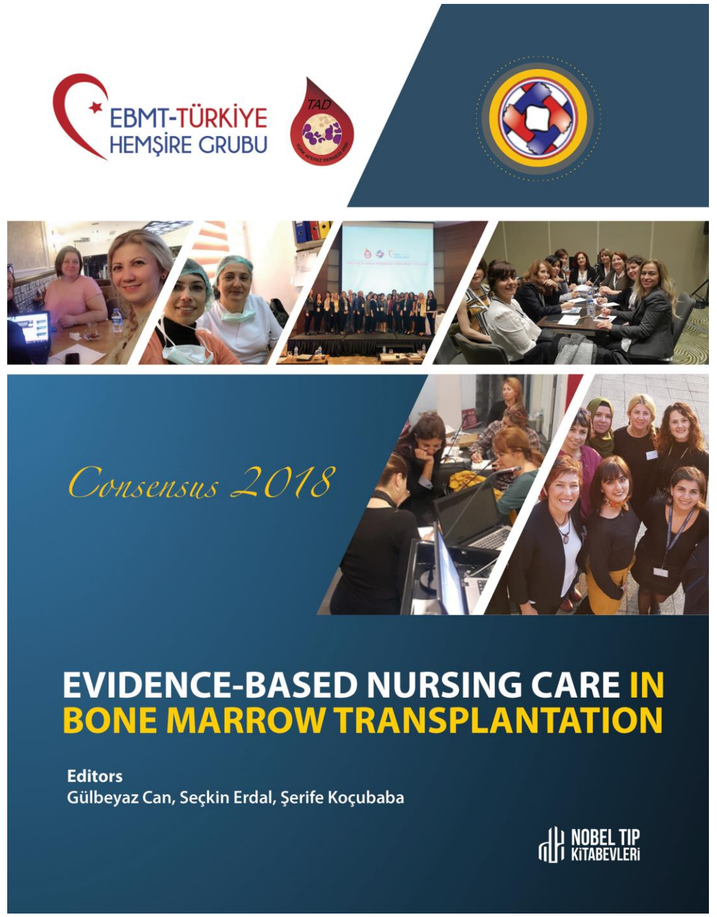
5th Consensus Meeting in 2018

Provide the best care to patients and **to standardize care by eliminating the differences in practice**.

A total of **87 BMT units** exist in the country, and **77 BMT units** participated in the consensus.

Five important topics … of BMT patients' care were discussed & decisions were taken to standardized care.

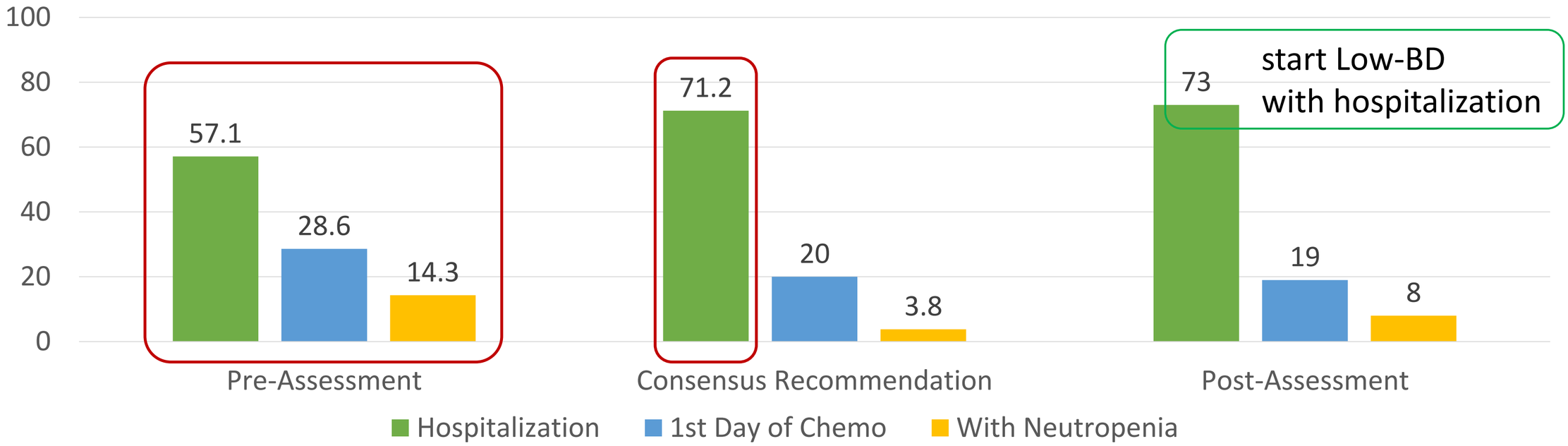
1. Neutropenic Diet
2. Catheter Care
3. Oral Mucositis
4. Skin Care
5. Protective Isolation



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Low-Bacteria Diet (Start Time)

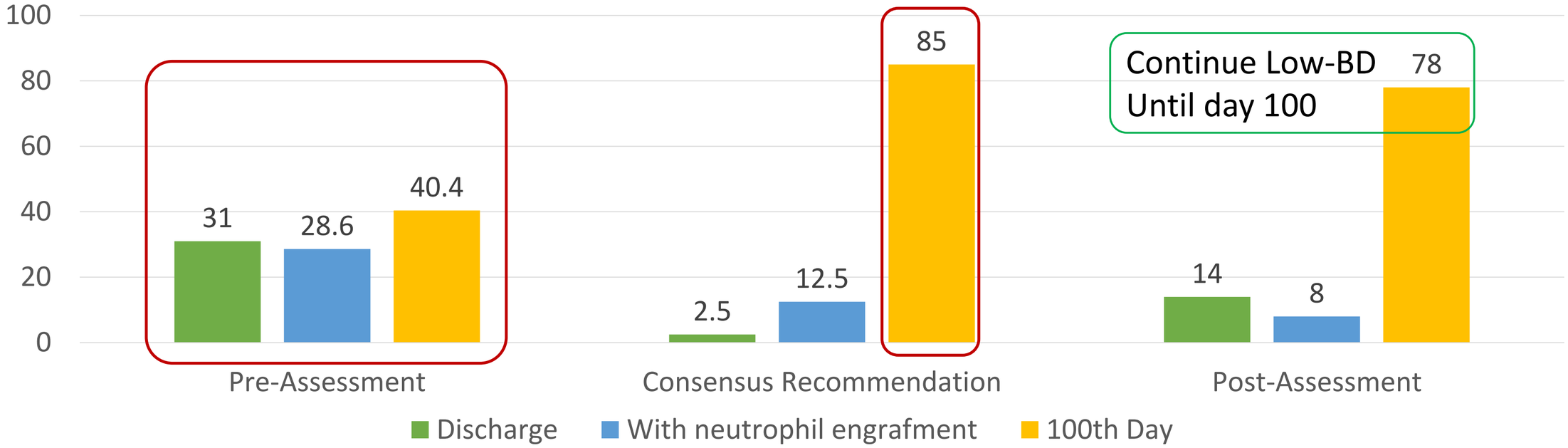


Recommendation 1-1

Start a low-bacteria diet with the patient's hospitalization was recommended.

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Low-Bacteria Diet (End Time)

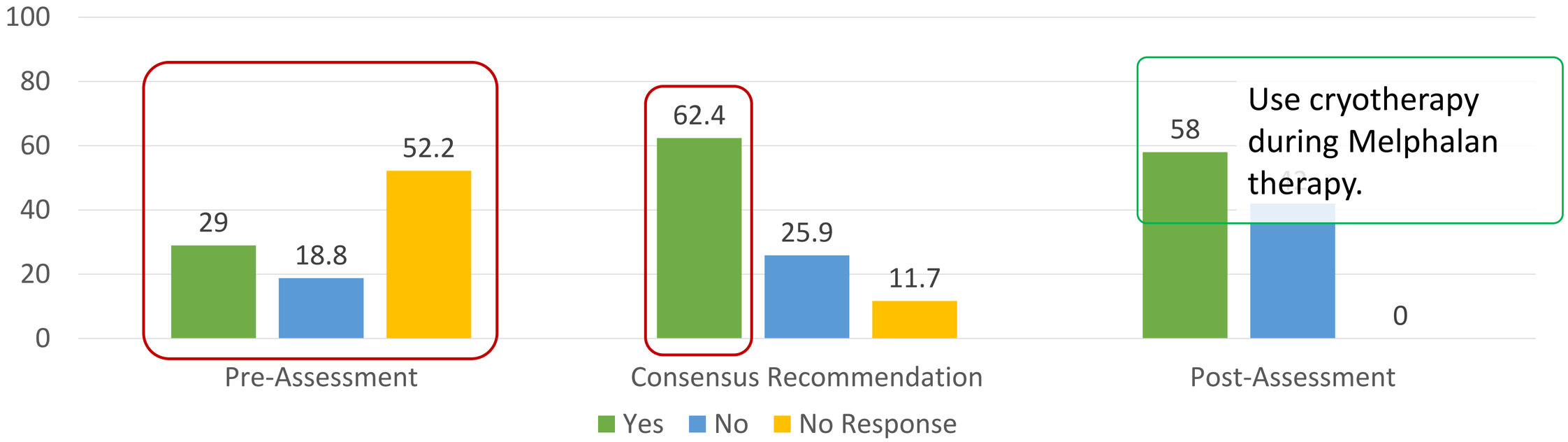


Recommendation 1-3

Continue the low-bacterial diet until day 100 of the transplantation was recommended.

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Cryotherapy – Melphalan



Recommendation 3-1a

The use of the cryotherapy was recommended only for patients who are receiving melphalan therapy in order to prevent the development of oral mucositis.

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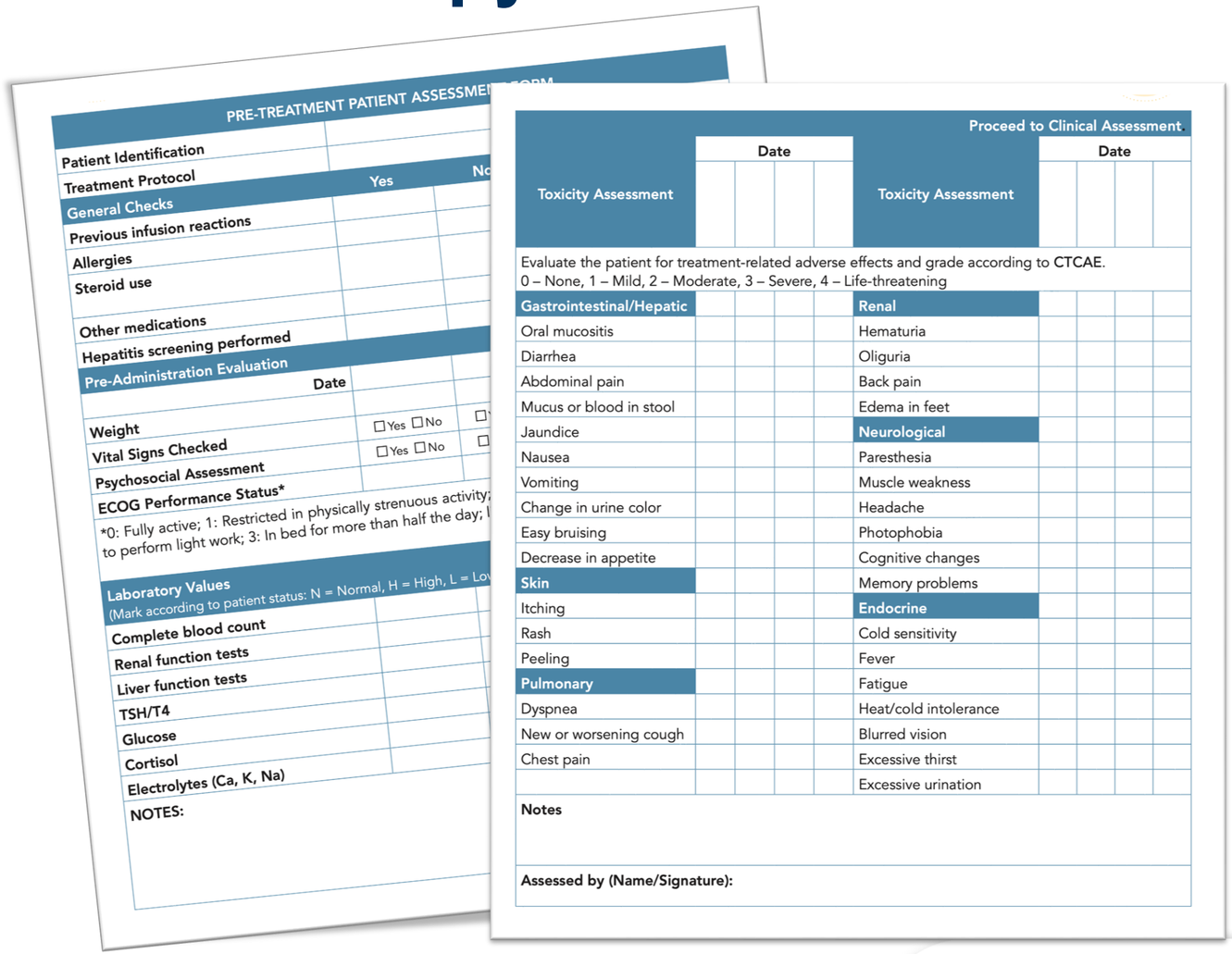
Evidence-Based Care in Immunotherapy

6th Consensus Meeting in 2021

Immunotherapy has been integrated into treatment protocols.

This shift has **redefined nursing responsibilities** in cancer care.

- **Rare but serious organ toxicities** have emerged.
- **Early detection and close monitoring** are now essential for patient safety and treatment success.



PRE-TREATMENT PATIENT ASSESSME… FORM

Patient Identification	
Treatment Protocol	

General Checks	Yes	No
Previous infusion reactions		
Allergies		
Steroid use		
Other medications		
Hepatitis screening performed		

Pre-Administration Evaluation	Date	
Weight		
Vital Signs Checked	☐ Yes ☐ No	☐
Psychosocial Assessment	☐ Yes ☐ No	☐
ECOG Performance Status*		

*0: Fully active; 1: Restricted in physically strenuous activity; to perform light work; 3: In bed for more than half the day;

Laboratory Values (Mark according to patient status: N = Normal, H = High, L = Lo…	
Complete blood count	
Renal function tests	
Liver function tests	
TSH/T4	
Glucose	
Cortisol	
Electrolytes (Ca, K, Na)	
NOTES:	

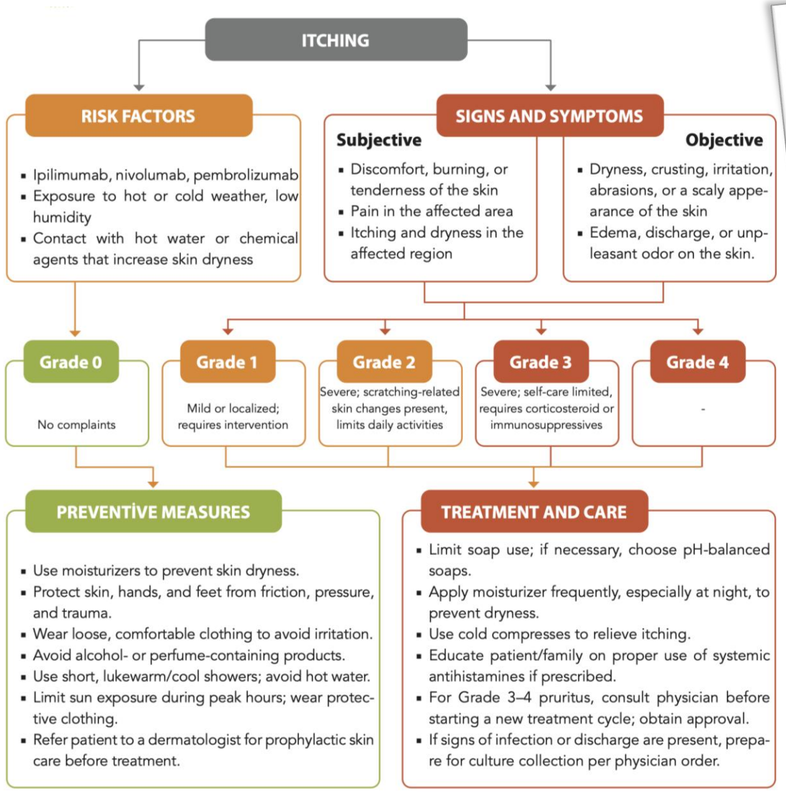
Proceed to Clinical Assessment

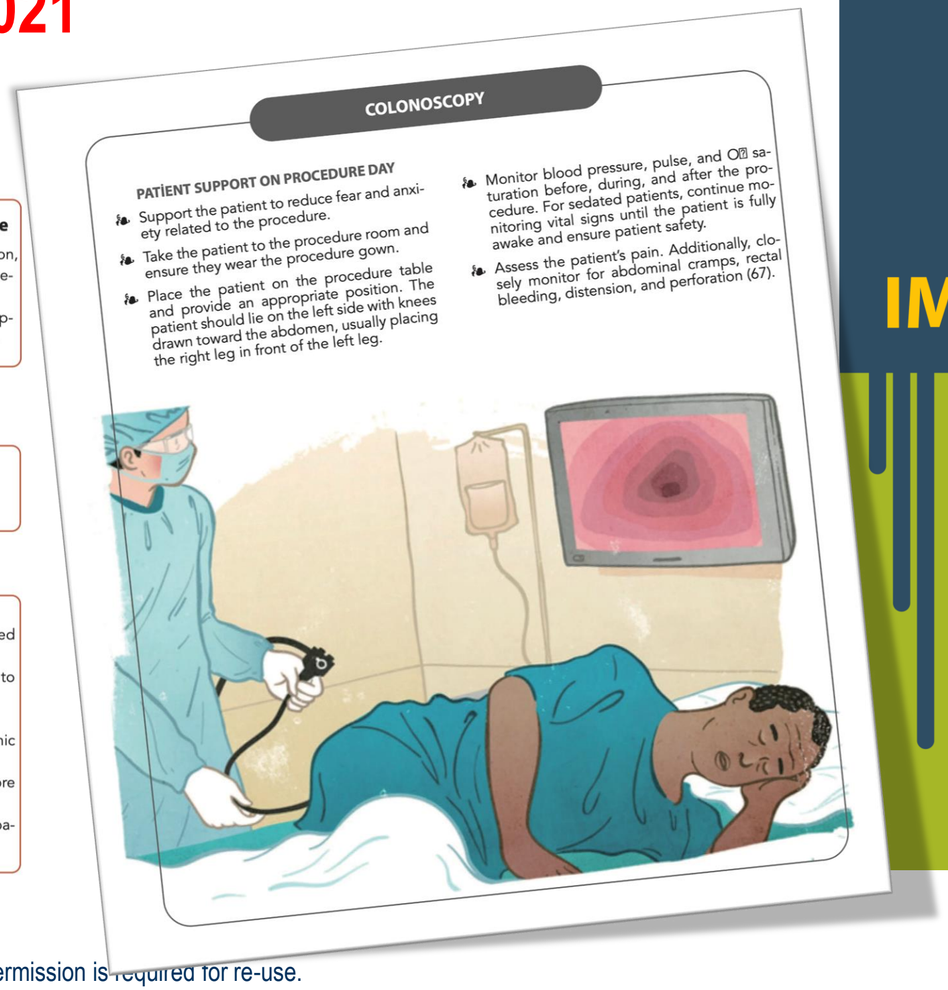
Toxicity Assessment	Date				Toxicity Assessment	Date			
Evaluate the patient for treatment-related adverse effects and grade according to CTCAE. 0 – None, 1 – Mild, 2 – Moderate, 3 – Severe, 4 – Life-threatening									
Gastrointestinal/Hepatic					**Renal**				
Oral mucositis					Hematuria				
Diarrhea					Oliguria				
Abdominal pain					Back pain				
Mucus or blood in stool					Edema in feet				
Jaundice					**Neurological**				
Nausea					Paresthesia				
Vomiting					Muscle weakness				
Change in urine color					Headache				
Easy bruising					Photophobia				
Decrease in appetite					Cognitive changes				
Skin					Memory problems				
Itching					**Endocrine**				
Rash					Cold sensitivity				
Peeling					Fever				
Pulmonary					Fatigue				
Dyspnea					Heat/cold intolerance				
New or worsening cough					Blurred vision				
Chest pain					Excessive thirst				
					Excessive urination				
Notes									
Assessed by (Name/Signature):									

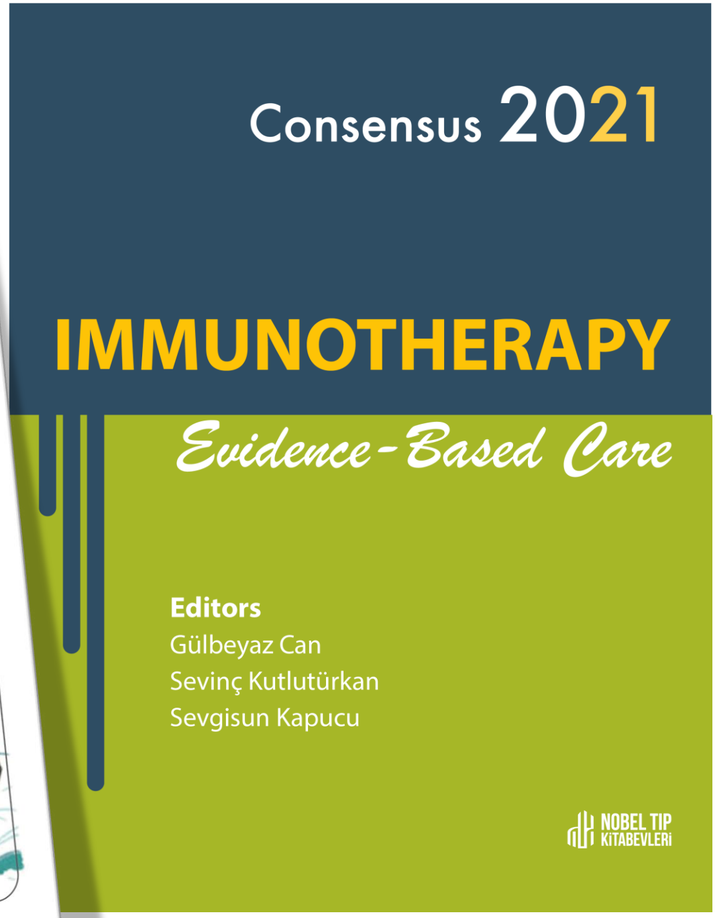
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Evidence-Based Care in Immunotherapy

6th Consensus Meeting in 2021







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Care Standards in Brachytherapy Nursing

7th Consensus Meeting in 2024

Brachytherapy nursing is a **specialized field within the nursing profession**. According to the **2011 Nursing Regulation in Turkey**, several nursing specialties are defined, **but brachytherapy nursing is not included**. Literature **lacks publications detailing the roles and responsibilities of brachytherapy nurses**.

Three-phase project completed over ~10 months:

- **Phase 1**: Defined characteristics, functions, and responsibilities of brachytherapy nurses.
- **Phase 2**: Developed care standards through a joint decision meeting supported by **TÜBİTAK 2223-B**.
- **Phase 3**: Results and decisions were published as a scientific book: "**Care Standards in Brachytherapy Nursing – Consensus 2024**".

Keynote: This project is crucial for **standardizing brachytherapy nursing practice and defining professional roles**.

A total of **41 brachytherapy units** exist in the country, and **78 of 98 brachytherapy nurses** working in these units (**79.6%**) participated in the consensus.



Picture 15. Trakya University Brachytherapy Team

A – Support Staff: Samime Hata, Brachytherapy Nurse (BrtN); Bengü Yurdakoç, BrtN; Çiğdem Kılıç, BrtN; Fatma Güngör, BrtN

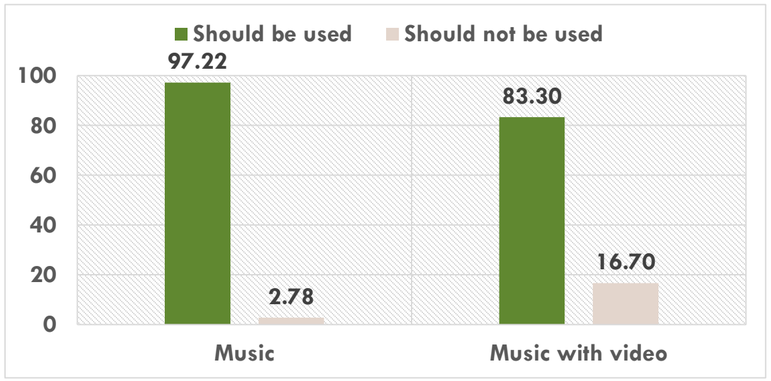
B – Brachytherapy Nurses & Academics: Bengü Yurdakoç, BrtN; Asst. Prof. Şule Parlar; Asst. Prof. Dilek Nurlu; Fatma Güngör, BrtN

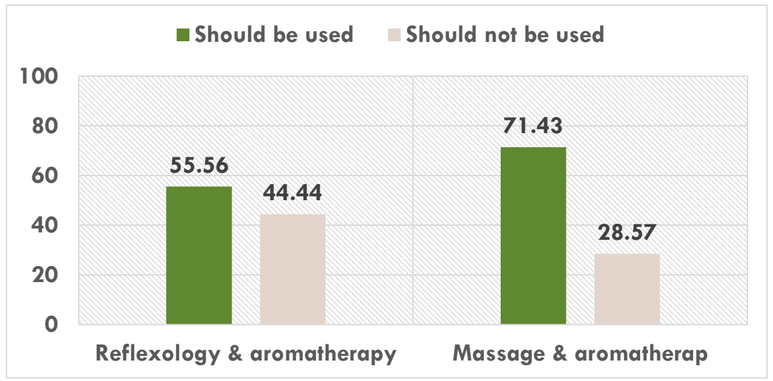
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Care Standards in Brachytherapy Nursing

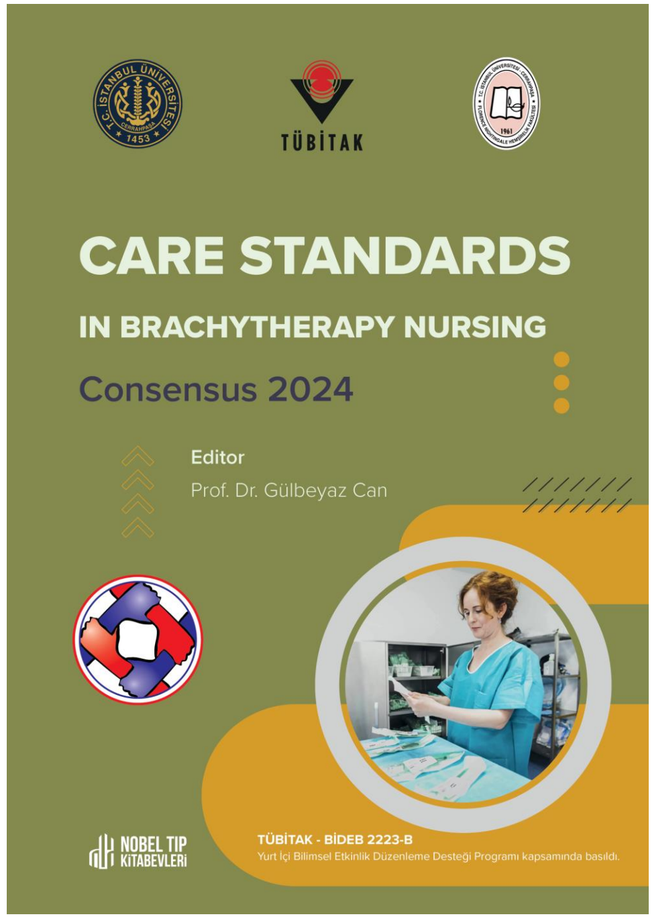
Example: Gynecological Brachytherapy

Non-pharmacological interventions (music, audiovisuals, aromatherapy, massage, reflexology, relaxation/imagery) showed to be effective in reducing pain and anxiety during gynecological brachytherapy, especially when combined.





Consensus: In gynecological brachytherapy, the use of music (97.2%), audiovisuals (83.3%), and massage & aromatherapy (71.4%) was recommended; but foot reflexology and aromatherapy (55.6%) had no clear consensus.



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Extravasation Management in Oncology Nursing

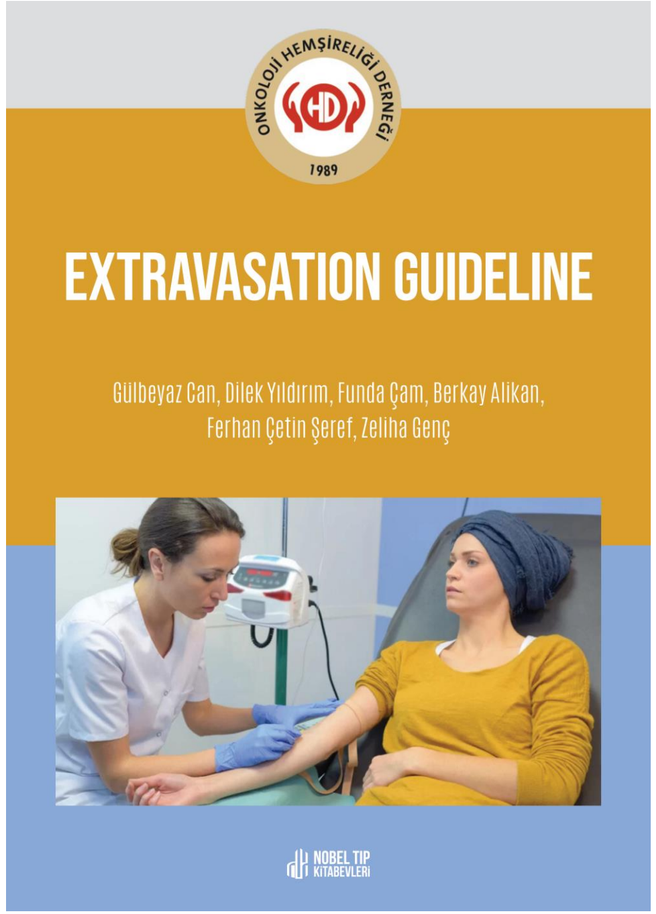
8th Consensus Meeting in 2025

Purpose To provide standardized prevention and management protocols for extravasation events.

Scope Risk assessment, early intervention strategies, nurse training materials.

Impact Reduced incidence of complications, improved patient safety.

Notes Strengthened practical skills and awareness among oncology nurses.



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Roles, Authorities, and Responsibilities of the Radiation Oncology Nurses

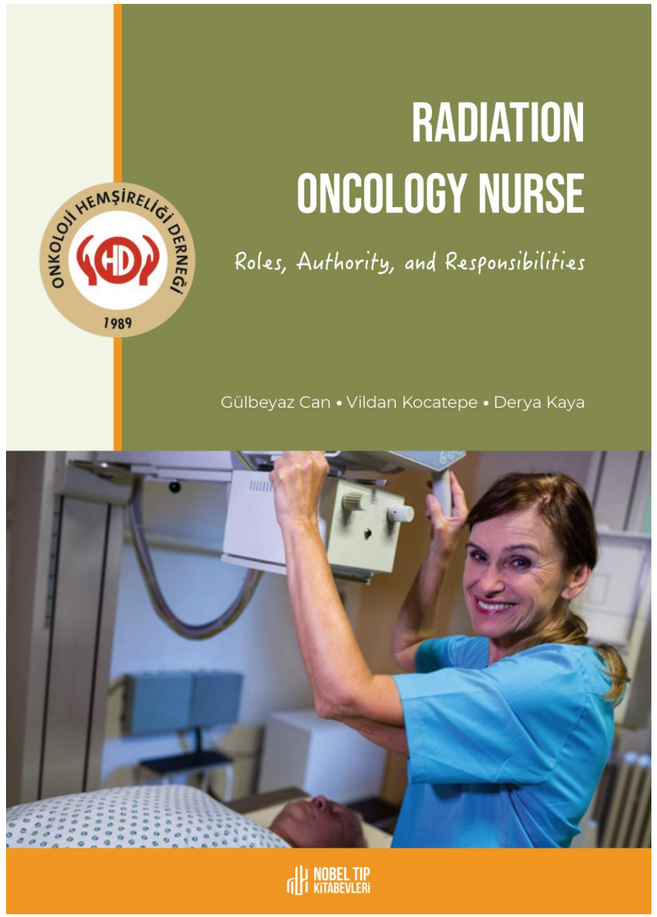
9th Consensus Meeting in 2025

Purpose To define the responsibilities and professional scope of radiation oncology nurses.

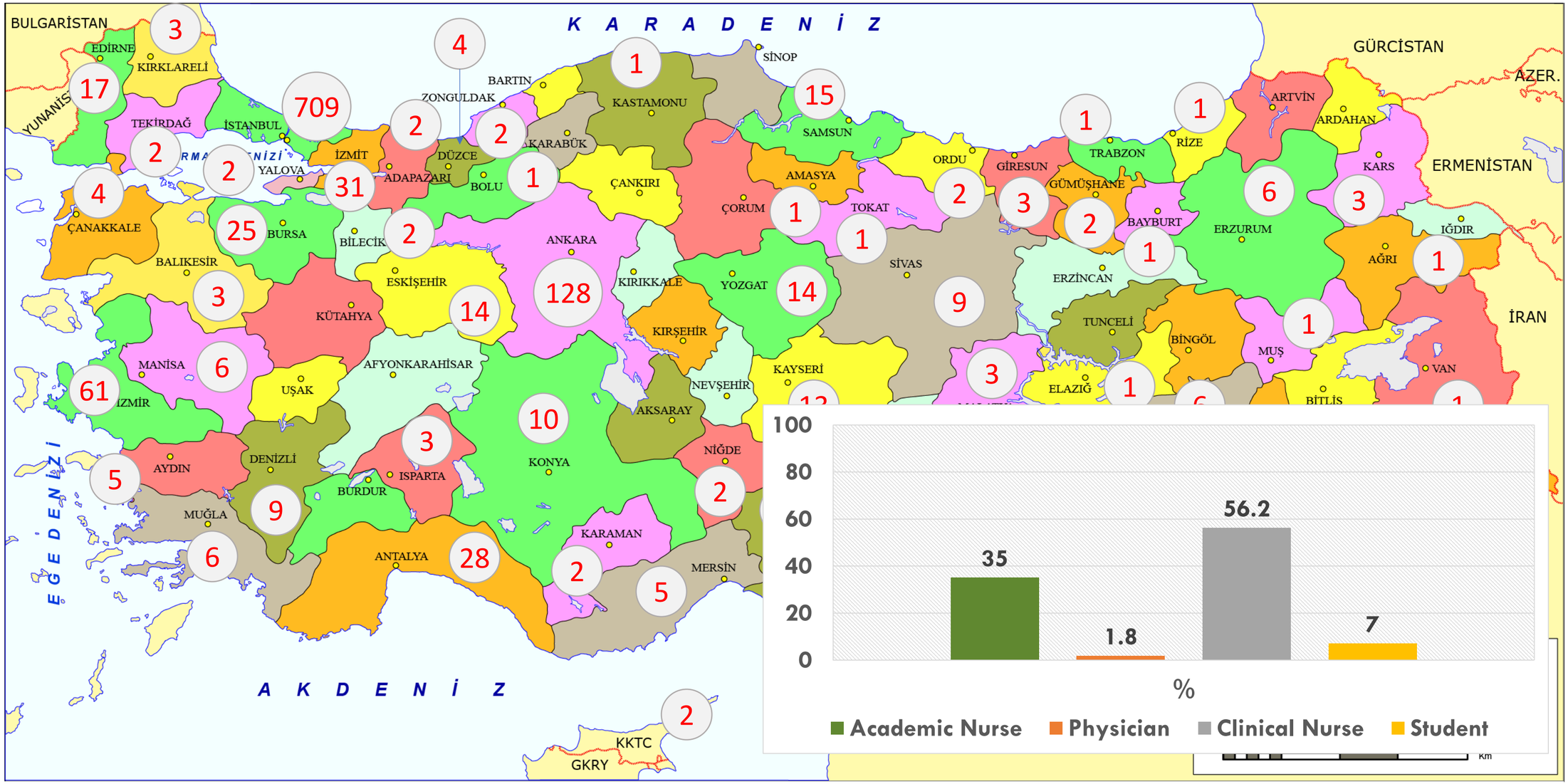
Scope Clinical procedures, patient education, team responsibilities, and workflow optimization.

Impact Clear role definition, improved team coordination, enhanced patient care quality.

Notes Aims to create uniform role expectations and empower nursing practice.



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Challenges and Barriers in Reaching Consensus

Limited Participation	Not all units or nurses could attend.
Variations in Practice	Different protocols and resources across units.
Limited or Conflicting Evidence	Especially for non-pharmacological interventions.
Personal Experience	Influencing votes and opinions.
Voting Difficulties	Close or split votes on certain interventions.
Time & Organizational Constraints	Scheduling and workload issues.

Conclusions

- Consensus meetings in Türkiye have bridged the gap between **evidence and clinical practice** since 2007.
- Developed **national care standards** across key areas of oncology nursing.
- Strengthened **collaboration, professional identity, and patient safety**.
- Despite challenges (limited participation, practice variation, evidence gaps), strong progress achieved.
- Positioned Turkish oncology nursing within the **global framework of evidence-based care**.
- Ongoing updates and international collaboration are key to **sustaining excellence**.

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Thank you

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