

11<sup>th</sup> World Hematology and  
Oncology Congress  
&  
47<sup>th</sup> World Congress on  
Nursing Care

July 24-25, 2019 | Rome, Italy

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July 24-25, 2019 | Rome, Italy

**A retrospective lab-based analysis of errors contributing to rejected haematology and blood transfusion samples in Cork University Hospital with comparative study in University Hospital Kerry**

**Katie Liston, Mary Cahill, Noirin Herlihy**

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**Background:** Wrong Blood in Tube (WBIT) is a blood sampling error that has potentially fatal patient consequences. Sample mislabelling has been identified as a leading root cause.

**Aim:** To retrospectively categorise features of individual WBIT errors in two types of laboratories and compare and contrast findings across two Irish hospitals.

**Methods:** Records of WBIT error were retrieved from CUH and UHK laboratories using Q-Pulse, APEX and hard copy surveys. All records of WBIT error in 2015/2016 were included. Each record was examined to determine date, location, grade of staff and discovery. Research was conducted with the support of University College Cork Medical School.

**Results:** 211 errors were identified. Identified rates of error were 3 times higher in CUH versus UHK (9/100,000 samples and 3/100,000 samples respectively). Transfusion error rates were higher than haematology error rates in both hospitals. Haematology samples are labelled electronically in CUH and hand-written in UHK, however, no significant difference between the two types of sample existed ( $p=0.2$ ). Location differences between the two hospitals were significant for GP errors ( $p=0.03$ ) and Maternity errors ( $p=0.03$ ) with greater numbers of error seen in CUH for both. Early discovery showed a significant difference ( $p=0.02$ ) as did late discovery ( $p=0.018$ ).

**Conclusion:** Distinct differences between rates and features of error exist between CUH and UHK. Similarities include higher proportions of transfusion error in both. Case ascertainment differed between transfusion and haematology due to method of recording. Further investigation into these findings is warranted.

**Biography**

Katie Liston graduated from University College Cork with a Bachelor of Medicine, Surgery and Obstetrics in 2018. Since then she has been working in Ireland and has recently completed her 1st year of internship in Cork city. Her main focus of research is the analysis of human factors that contribute to pre-analytical blood sampling errors and the various ways in which these errors can be minimised to promote patient safety.

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**Frequency of sequence variants BRCA1, BRCA2 and candidate genes in the Czech Republic**

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**Objectives:** Breast cancer (BC) is one of the most discussed topics and it's the most common cancers in women. BC are diagnosed over 6500 new cases for year in the Czech Republic. Risk factors include hormonal, nutritional, environmental and genetic factors. Genes play an important role in BC diagnosis are BRCA1/2 genes. In the Czech statistics, the lifetime cumulative risk of BC with confirmed mutations in BRCA1/2 genes ranges from 55 to 85%. The aim was to determine the presence of a pathogenic sequence variant in the BRCA1/BRCA2 genes, the frequency of mutation and finding the percentage of sick women and presence of mutation based on molecular genetic analysis.

**Methods:** 2033 probands were genetically tested for the presence of sequence variants in BRCA1/BRCA2 genes. Of these, 157 women already had BC, 26 women had ovarian cancer and 22 probands was healthy at the time.

**Results:** From genetically tested probands were confirmed 199 mutations in BRCA1/2 genes and 13 mutations in candidate genes. This confirms 9.8% of high-risk persons or already cancer patients are hereditary by mutation in the BRCA1/BRCA2 gene. The BRCA1/2 gene mutations were compared in the Czech population and a higher quantity was find in the BRCA1 gene variants. The most frequent sequence variant is c.5266dupC in the BRCA1 gene.

**Conclusion:** The results show 72% of women with confirmed BRCA1 mutation had BC and 16.4% had ovarian cancer. And women with confirmed mutations in the BRCA2 gene, 77.5% had breast cancer and 7% had ovarian cancer. Compared to Western European countries, the result is similar. The frequency of mutations in the BRCA1/BRCA2 genes is higher in the Czech Republic than the Eastern continent, as is the quantity of female BC patients. We should thing the causes and needs of investigating women with BC predisposition.

**Biography**

Petra Matulová is a PhD student in Public Health at the Department of Epidemiology and Public Health, Faculty of Medicine, Ostrava. She studies the prevention of individual diseases and also deals with the early diagnosis of cancer. She worked in the Laboratory of Molecular Biology, Department of Medical Genetics and now she is a member of the team at the Center of Epidemiology Research, Faculty of Medicine, Ostrava. She finds that genetics play an increasingly important role in the development and progression of various cancers. She deals with the issue of cancer too.

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**Preoperative haemoglobin assessment and optimization pathway at the Mater Hospital Brisbane**

**Gus Go<sup>1</sup>, Cara O’Callaghan<sup>1</sup>, Narelle Fagermo<sup>1</sup>, Naadir Gutta<sup>2</sup>**

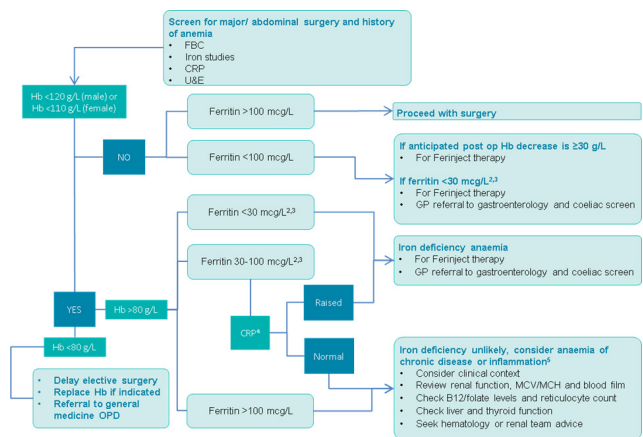
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Preoperative anaemia is associated with increased perioperative complication rate in patients undergoing elective surgery. Perioperative blood transfusion is associated with increased morbidity and mortality, even when as little as one unit of packed red blood cells is administered.

Patient blood management is a nation-wide hospital standard requirement. Our hospital has devised a management pathway to reduce post-operative blood transfusion. The pathway was created to streamline iron replacement therapy in our hospital.

The current pathway has been part of our hospital policy since 2018 and currently we are performing clinical audit to look at the rate of post-operative blood transfusion and the associated transfusion complication before and after the pathway has been in effect.



Also, as part of state-wide hospital standard requirement of blood management, we formed a working party in perioperative blood management to ensure we comply with the required national standard by ensuring all our surgical patient are fully optimized prior to their elective surgery.

In conclusion, we have devised a preoperative hemoglobin assessment and optimization pathway which will require ongoing audit to ensure compliance with national blood management standard.

**Biography**

Gus Go is a general and perioperative medicine physician currently practicing at Mater Hospital Brisbane. He is a committee member of the perioperative blood management working party and actively participated in the ongoing clinical governance of Mater Hospital to comply with national blood management standard. He is also an associate lecturer at University of Queensland actively involved with clinical teaching of medical students.

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**Surgical treatment of patients with locally advanced colon tumors complicated by necrosis**

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**S**urgical treatment of patients with complicated locally advanced colon tumors is one of topical issues of modern surgery. Poor immediate results, as well as an insufficient level of radicalism of combined surgical interventions, account for an unfavorable long-term prognosis in these patients.

A comparative analysis of the surgical treatment results of patients with locally advanced colon tumors complicated by necrosis was carried out. In the control group of patients (n = 45), traditional perioperative tactics and standard operating procedures were used. Preoperative intervention planning and embryologically-based operative surgery were used in the main group (n = 31). The control and main groups were comparable in terms of major demographic indicators and characteristics of tumor necrosis clinical manifestations. The comparison criteria for the control and main groups were the surgery duration, the intraoperative blood loss volume, the number of removed lymph nodes, the frequency of R0 resections, postoperative complications and mortality.

The average surgery duration in the control group was 250.4 minutes and 226.5 minutes in the main group. At the same time, the average blood loss in the control group was 789.3 ml and 643.3 ml in the main group. The results showed the decrease in the traumatic effect of surgical interventions in patients of the main group, which may be attributed to the use of preoperative planning of operational techniques based on the principles of the removed organocomplex mobilization in the plane of the embryological layers. The application of this approach has significantly increased the degree of oncological radicalism of surgical interventions. The average number of removed lymph nodes was  $10.83 \pm 3.09$  in the control group and  $17.12 \pm 3.42$  in the main group. At the same time, the frequency of R0 resections in the main group was increased to 87% (n = 27), compared to the control group, where this indicator was 57.8% (n = 26).

The incidence of postoperative complications in the control group was 40% and 25.8% in the main group. The incidence of complications directly depended on the number of organs involved in the neoplastic process and reached 66.7% with the involvement of four or more organs. In the structure of complications pneumonia, postoperative wound infection and eventration were prevalent in patients of both groups.

Postoperative mortality in the control group was 24.4%, while in the main group this indicator has been reduced up to 12.9%. The causes of deaths in the control and main groups were severe sepsis (63.6% and 25%, respectively) and pulmonary artery thromboembolism (36.4.8% and 75%, respectively).

Careful preoperative planning of combined surgery, based on a detailed analysis of diagnostic results in patients with locally advanced colon tumors complicated by necrosis, as well as the application of embryologically-based operative surgery into surgical practice allows not only to minimize the traumatic effect of multi-visceral resections, to reduce the incidence of postoperative complications and mortality, but significantly increase their radicalism, creating the conditions necessary for effective adjuvant therapy and, as a consequence, improve the long-term results of the treatment of this category of patients.

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**Disseminated intravascular coagulation in acute promyelocytic leukemia: Pathogenesis, clinic and treatment: Our experience**

**Xheni Ngjela, Polikron Pulluqi, Marsela Shani, Elsuarta Calliku**

University Medical Center of Tirana "Mother Teresa", Albania

**Background:** Disseminated intravascular coagulation is characterised by systemic activation of blood coagulation, which results in generation and deposition of fibrine, leading to microvascular thrombi in various organs and contributing to multiple organ dysfunction syndrome. Derangement of the fibrinolytic system in some cases may cause severe bleeding. In hematologic malignancies DIC is often seen in acute promyelocytic leukemia. There are two main elements in the pathogenesis of DIC caused by APL, hypercoagulability and hyperfibrinolysis. In hypercoagulation the main factors are elevation of TAT and fibrinopeptide A levels. Leukemic cells produce different types of coagulation factors such as tissue factors (TF)CP and microparticles (MPs). The coagulation cascade is activated by TF-factors VIII complex which activates factor X and leads to thrombi formation. Hyperfibrinolysis in patients with APL is explained by hypofibrinogenemia, decreased levels of plasminogen, a2 antiplasmin and plasminogen activator inhibitor 1(PAI 1) One of the most important factors responsible for exaggerated fibrinolysis in these patients is the expression of ANEXIN II and TAFI by leukemic cells.

**Study:** For this purpose, have been used data provided by the "Mother Teresa University Hospital" Statistical Service and data collected from the register of malignant diseases for the period 2007-2017.

A total of 48 cases diagnosed with APL were treated by the hematology service for the years 2007-2017, out of which 22 women (47%) and 26 males (53%). The average age of the affected was 45 years. Clinically they were presented with signs of DIC with hemorrhagic phenomena (metrorrhagia, epistaxis, petechie, echimoses) and also an increased tendency for bleeding mainly at the sites of manipulation.

Thrombocytopenia, low levels of fibrinogen and PT were the main laboratory findings. 2/3 of all APL cases were pancytopenia at the moment of diagnosis.

The treatment is based on immediate beginning of specific chemotherapy (3+7, ATRA) which reduces the leukemic mass leading to DIC improvement. On the other hand, the supportive care was also important. We use fresh frozen plasma, platelets and red blood cells transfusions in order to achieve safe levels of fibrinogen (100mg/dl) and platelets (50.000/mm<sup>3</sup>)

**Results:** Disseminated intravascular coagulation is characterised by systemic activation of blood coagulation, which results in generation and deposition of fibrine, leading to microvascular thrombi in various organs and contributing to multiple organ dysfunction syndrome. Derangement of the fibrinolytic system in some cases may cause severe bleeding. A total of 48 cases diagnosed with APL were treated by the hematology service for the years 2007-2017, out of which 22 women (47%) and 26 males (53%). The average age of the affected was 45 years. 2/3 of all APL cases were pancytopenia at the moment of diagnosis. The treatment is based on immediate beginning of specific chemotherapy (3+7, ATRA).

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Accepted Abstracts



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**2020 Clinical, Laboratory, Molecular and Pathological (CLMP) criteria for diagnosis and new treatment options of JAK2<sup>V617F</sup>, JAK2 exon 12, CALR and MPL<sup>515</sup> mutated Myeloproliferative Neoplasms: From Dameshek to Vainchenker, Kralovics, Tefferi and Michiels 1940-2020**

**Jan Jacques Michiels<sup>1,4</sup>, Vasily Shuvaev<sup>2</sup>, Adrian Trifan<sup>3</sup>, Zwi Berneman<sup>4</sup>, Wilfried Schroyens<sup>4</sup>, Hendrik De Raeve<sup>5</sup>, King Lam<sup>6</sup>, Achille Pich<sup>7</sup>, Vincent Potters<sup>8</sup>, Francisca Valster<sup>8</sup>, Yonggoo Kim<sup>9,10</sup>, Myungshin Kim<sup>9,10</sup>**

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The JAK2<sup>V617F</sup> mutated trilinear myeloproliferative neoplasms (MPN) is featured by clinical phenotypes ranging from Essential thrombocythemia (ET), prodromal polycythemia vera (PV), erythrocythemic PV, classical PV, masked PV and PV complicated by splenomegaly and myelofibrosis (MF). The JAK2<sup>V617F</sup> mutation load increases from below 30% in ET to above 50% in PV and further increases to 80% to 100% due to mitotic recombination of chromosome 9p from heterozygous into heterozygous homozygous and homozygous (9p loss of heterogeneity: 9pLOH) in PV and MF. Bone marrow histology of clustered increase of large pleomorphic megakaryocytes (M) with hyperlobulated nuclei are similar in JAK2<sup>V617F</sup> normocellular ET, prodromal PV and classical PV. Bone marrow cellularity sequentially increases in JAK2<sup>V617F</sup> mutated ET and PV due to erythromegakaryocytic (EM) and trilinear erythron-megakaryo-granulocytic (EMG) proliferation.

Two main variants of megakaryocytic leukemia (Dameshek 1951) or ET with platelet counts around 1000x10<sup>9</sup>/L and no features of PV include MPL<sup>515</sup> and CALR mutated thrombocythemia. Bone marrow histology in MPL<sup>515</sup> thrombocythemia is featured by megakaryocytic myeloproliferation (M) of large to giant megakaryocytes with hyperlobulated staghorn like nuclei in a normocellular bone marrow. Bone marrow histology of CALR thrombocythemia is characterized by megakaryocytic (M) myeloproliferation of large to giant immature megakaryocytes in a normocellular bone marrow followed by primary dual megakaryocytic granulocytic myeloproliferation (PMGM). Natural history and life expectancy of JAK2<sup>V617F</sup>, MPL<sup>515</sup> and CALR mutated MPN patients are related to the response to treatment, the degree of anemia, splenomegaly, myelofibrosis and constitutional symptoms. Epigenetic mutations at increasing age predict unfavorable outcome in advanced stages of JAK2<sup>V617F</sup>, CALR and MPL mutated MPN. Low dose aspirin in JAK2<sup>V617F</sup>, MPL<sup>515</sup> and TPO mutated ET and phlebotomy on top of aspirin in prodromal and classical PV will prevent platelet-mediated microvascular and major thrombotic events (Sticky Platelet Syndrome). Pegylated interferon (IFN) in JAK2<sup>V617F</sup> ET and PV and IFN or anagrelide in CALR and MPL<sup>515</sup> mutated thrombocythemias without features of PV are first line treatment options for the control of platelet count to prevent thrombohemorrhagic complications and for the control of MPN disease burden and spleen size to improve survival and quality of life. Ruxolitinib deserves a better place in the treatment of hypercellular PV to reduce MPN disease burden in symptomatic hypercellular PV before significant marrow fibrosis and splenomegaly do occur.

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**Why and why not repositioning post-traumatic patients**

**Abdulaziz Alanazi**

King Saud Medical City, KSA

**Background:** Patient repositioning is a pressure ulcer prevention procurement required for risky patients including post-trauma. However, patient repositioning is due to denial among nurses as a result of intrapersonal conflicts. Patient repositioning is required to prevent pressure ulcer, and it can lead to further harm too. This study aims to investigate the barriers and facilitators for patient repositioning with traumatized patients and purify the nature of the current intrapersonal conflicts.

**Methods:** Semi-structured interviewed applied to explore the nurses' perceptions of patients repositioning with six nurses in clinical settings. The study includes the emergency nurse, trauma nurse and the director of nursing in trauma services. The study got IRB approval from King Saud Medical City.

**Findings:** There are three themes effects on the nurse's response to do or not do the patient repositioning for the bedridden traumatized patients. A group of organizational and perception barriers which are lack of polices, the proper training and lack of turning equipment play the demotivational roles while the facilitator factors were the teamwork and the educational programs.

**Conclusion:** Patients repositioning phenomena with traumatized patients urgently required a revision for the current pressure ulcer prevention guidelines and the hospital's policies as well as modify the nursing education programs for further support in providing the proper patient repositioning techniques for patients post trauma. Unresolved the patient repositioning gap keep nurses in confusion condition.

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**Oncological emergencies in the treatment room: Nursing management**

**Esther Ordonez**

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**Statement of the Problem:** Oncological treatments and cancer disease can lead to urgent situations. The care of oncology patients with emergency problems can be a challenge for oncology nurses in the treatment room.

**Methodology & Theoretical Orientation:** How oncology nurses can identify and manage oncological emergencies in the treatment room.

To describe major oncological emergencies.

To describe the role of oncology nursing in the prevention and treatment of oncological emergencies.

To present nursing strategies to prevent and treat oncology patients in a safety environment, while treating them.

**Findings:** Results revealed that expertise increases the resolution of oncologic emergencies based on knowledge management.

**Conclusion & Significance:** From a safety perspective, the expert's performance emphasizes the need to consider the impact of the prevention and earlier detection of oncologic emergencies.

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**Opportunities for enhancing nursing research capability in the era of digital health**

**Grace Lindsay**

Umm Al Qura University, KSA

As nursing continues to develop its professional identity, the ability to contribute to new knowledge through nurse-informed research, remains a high priority. Many areas of nursing practice and patient care are transformed through use of digital technology devices and support systems. These systems provide new and exciting opportunities to efficiently and effectively conduct research activity within practice and community setting, with ‘real-time’ data collection and analysis a reality.

In this presentation some of the underlying concepts and capabilities of digital technology that relate directly to nursing research will be reviewed. The electronic health record provides a digital ‘data footprint’ characterizing all individuals. Thereafter, there are a wide range of devices and applications. Examples include automation and robotics in healthcare practice for monitoring, pattern recognition, early warning signs; delivery of basic healthcare interventions; and prototypes that capture and interpret interactive processes such as communication within operating room practices. In addition, harnessing ‘Smart phone’ capabilities can be applied to self-monitoring, diagnosis, alerts, bio-feedback and data storage to promote greater client involvement in healthcare and offer the ability to capture a wide range of real-life data related to healthcare behaviours and/or interventions and provide an accurate picture of the ‘lived experience’.

The digital system advancements reduce significant barriers to research engagement frequently reported by nursing professionals, in domains of data measurement, collection and analysis. This presentation concludes with some insights into future directions of digitalization and its impact on nursing and patient care into the realms of artificial intelligence and robotics.

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## Gastrointestinal stromal tumor presenting as lung mass: A case report

**Kristine Anne B Monte**

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Gastrointestinal stromal tumors (GISTs) are rare neoplasms of the gastrointestinal tract commonly seen in middle-aged and elderly adults with the most common location in the stomach and small intestine. These tumors most frequently metastasize to the liver and peritoneum and it is relatively rare that the tumor invades the lung and the bones. GISTs outside the gastrointestinal tract appear to relapse more frequently. The treatment of unresectable GISTs is systemic treatment with tyrosine kinase inhibitors. We present a case of a 20-year-old Filipino male with a 2-week history of exertional dyspnea which on work up showed a left pulmonary mass consistent with a high grade gastrointestinal stromal tumor with no evidence of intra-abdominal GIST on work-up. Immunohistochemistry revealed spindle cells positive for CD 117, DOG-1, and CD 56, negative for CK, TTF-1, SMA, desmin, S-100, and CD34. He underwent attempted video-assisted thoracoscopic surgery (VATS), open thoracotomy, lung mass biopsy, tumor debulking and decortication and began treatment with oral imatinib mesylate (Gleevec) at a dose of 400mg/day but was refractory after 3 months of treatment. The patient had pulmonary infection and evidence of tumor progression at that time. He then underwent radiotherapy and a second line pazopanib 400mg/day was started. Partial response was achieved after two to three months. The patient is currently stable and with good functional capacity.

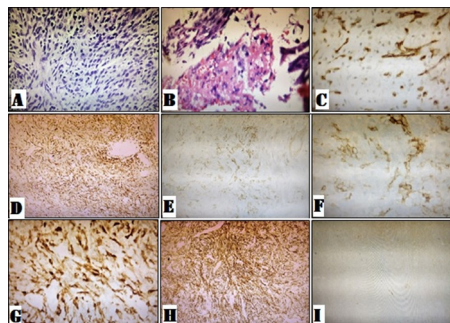


Figure. (A,B) The lung mass was composed of spindle cells and epithelioid cells, (C,D) positive CD 117, strong and diffuse, (E,F) positive DOG-1, (G,H) positive CD 56, (I) negative CD 34

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**Magnitude of virological treatment failure and its determinate factors among adults on first line antiretroviral treatment at Defence Main Health Department - Level II & Level III Hospitals in Ethiopia**

**Addisalem Mesfin, Desta Berhe, Yakob Gebregziabher and Yosef Gugsu**

Defence University College of Health Sciences, Ethiopia

**Introduction:** Highly active antiretroviral therapy (HAART) played a critical role in the medical management of HIV infected individuals by restoring the immune function and minimizes HIV related outcomes. But treatment failure minimized these advantages and leads to an increment of morbidity and mortality with poor quality of life in all HIV patients.

**Objective:** The aim of this study was to assess the virological treatment failure and its determinant factors of patients on first line HAART at five commandant Hospitals, Ethiopia.

**Methods:** A Retrospective hospital-based study design was used to determine magnitude of treatment/virology failure and its determinant factors, among HIV positive adults enrolled to HAART program at five commandant hospitals from February 1 to May 30, 2018. Data abstracted from patient charts or electronic data base was cleaned, coded, entered and analyzed using EPI data version 3.1 and SPSS version 23 statistical software package. Descriptive statistics, proportion of treatment failure cases among those diagnosed to have treatment failure was calculated. Bi-variate and multiple logistic regressions were used to analysis association between the outcome and the independent variables were taken as significant at  $P < 0.05$  (2 tail test) and 95% confidence intervals (CIs).

**Result:** Among the 326 participants enrolled, 229(70.2%) were males. The mean ages were 36.84 years (SD+7.716) years and the median months on HAART from initiation were 81.50 months. A total of 75 (23%) participants were found to have treatment failure among those 50 (15.3%) immunological failure, 7(2.1%) virological failure and 16 (4.9%) all Treatment failure (VF, IF&CF in one). The mean CD4 T-cells at base line and at study time were 213.3 cells/  $\mu$ l. Long duration on treatment (AOR= 4.231, 95% CI: 1.453-12.320), IPT cycle (AOR = 3.060, 95% CI: 1.388-6.746), Type of drug AZT based therapy (AOR =2.572, 95% CI: 1.357-4.875), experience of PEP (AOR=7.950, 95% CI: 1.945-66.915) and lost to follow up (AOR= 9.104,95% CI: 2.973-27.873) were found to be significant predictors of treatment/virologic failure and showed positive odds ratio.

**Conclusion:** This study demonstrates high treatment /virologic failure and the determinant factors of treatment/virologic failures among HAART first line adult are still changing. Therefore, evidence-based intervention and early detection of treatment failure must be made to further identify the potential causes and set standardized protective mechanisms of treatment/virologic failures.

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**Knowledge on non – pharmacological methods of pain management among nurses at Bindura hospital, Zimbabwe**

**Gwisai Reginald Dennis**

Bindura University of Science Education, Zimbabwe

This study is a quantitative descriptive study, which was conducted with an aim to assess the knowledge on non – pharmacological methods of pain management among registered general nurses at Bindura Hospital. This is because most nurses focus more on pharmacological pain management than non – pharmacological therapies which are given less attention or accord. This study used a descriptive study design, which is a non – experimental research design so as to obtain information about registered nurses' knowledge on non – pharmacological pain management. A convenience sampling technique was utilised to select a sample of seventy – five participants. Data were collected by the researcher who distributed self – administered questionnaires to available registered nurses after obtaining informed consent at Bindura Provincial Hospital. The mean knowledge score for this study was 48.6% and was below a pass mark of 50%, and far below 80% which is the minimal acceptable level of knowledge on the Nurses Knowledge and Attitude Scale. A minimum knowledge score of 16% was obtained from participants showing lack of knowledge on indications of non – pharmacological pain therapies and a maximum knowledge score of 97.3% was shown on knowledge on non – pharmacological techniques. The following conclusion was drawn from the research findings; the study showed that the nurses have poor knowledge regarding non – pharmacological pain management as indicated by mean knowledge score of 48.6%. The researcher therefore recommends that the nursing practice should take an initiative in ensuring that all practicing nurses practice the highest possible pain management nursing care, and that opportunities should be made available for nurses to be educated in effective pain management utilising non – pharmacological therapies.

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