一、就您對「臨床研究護理師」的認識與了解，闡述其角色功能（**10%**）與專業職責（**10%**）

二、請將下列這段英文敘述翻譯成中文，以忠實呈現其意涵。**(30%)**

【摘錄自 Taylor 等，2019 年發表於 Int J Gynecol Cancer, 29(1):147-152. 的文章: Phase I study of intravenous oxaliplatin and intraperitoneal docetaxel in recurrent ovarian cancer.】

Introduction: Intraperitoneal (IP) chemotherapy improves survival in ovarian cancer but its use has been limited by toxicity with cisplatin-based regimens. The primary objective of this study was to define the maximum tolerated dose and dose-limiting toxicity of intravenous (IV) oxaliplatin and IP docetaxel in women with recurrent ovarian, fallopian tube or peritoneal cancer. Secondary objectives were response rate, time to progression, symptom interference with quality of life, and pharmacokinetics.

Methods: Patients received a constant dose of oxaliplatin 75 mg/m2 IV on day 1 and docetaxel escalating from 50 mg/m2 IP on day 2 every 3 weeks using a 3 + 3 design. Treatment continued until disease progression, remission, or intolerable toxicity occurred. Plasma and IP samples were taken to determine drug concentrations. Patients completed the MD Anderson Symptom Inventory weekly.

Results: Twelve patients were included. The median number of cycles was 4 (range 2-6) with a median time to progression of 4.5 months. Among eight patients with measurable disease, the best responses were partial response in two patients, stable disease in five, and progressive disease in one. A total of 14 grade 3-4 toxicities were noted, most commonly hematologic. Four patients, all dose level 3, had six dose-limiting toxicities: two with prolonged neutropenia, one with infection, one with hyponatremia, and two with abdominal pain. Dose level 3 was therefore considered intolerable. The mean±SD ratio of docetaxel area under the curve (AUC) in IP fluid to AUC in plasma was 229±111. Symptom interference with life activities steadily decreased from cycle 1 to 5.

Conclusions: Oxaliplatin 75 mg/m2 IV on day 1 and docetaxel 75 mg/m2 IP on day 2 was the maximum tolerated dose. Most patients had partial response or stable disease, even in a heavily pre-treated population. At this dose level, patient-reported outcomes demonstrate temporary but tolerable decrements in quality of life.

三、請閱讀下列英文摘要，依序回答以下問題。

【摘錄自 Vlenterie 等，2016 年發表於 Eur J Cancer, 58, 62-72. 的文章: Outcome of chemotherapy in advanced synovial sarcoma patients: Review of 15 clinical trials from the European Organisation for Research and Treatment of Cancer Soft Tissue and Bone Sarcoma Group; setting a new landmark for studies in this entity】

(一) 請問本研究設計類型為何? **(5%)**

(二) 請簡述本研究中有關於 synovial sarcoma 病人，與其他 STS 病人相較之下，其年齡層分布狀況**(5%)**、對化學治療的反應**(5%)**以及存活率**(5%)**的相關陳述為何?

Abstract Introduction: Previous studies in metastatic soft tissue sarcomas (STS) showed that synovial sarcomas tend to have better survival rates and a higher chemosensitivity than other STS subtypes. However, data are derived from relatively small subgroups and statistical significance of these observations is lacking. Larger cohorts are necessary to define and confirm the specific characteristics of this subtype.

Patients and methods: Patient data were retrieved from 15 European Organisation for Research and Treatment of Cancer advanced first-line STS trials. Patient characteristics, survival and treatment response of synovial sarcoma patients were compared to other STS patients. Univariable and multivariable analyses were performed to evaluate prognostic factors.

Results: In total, 3330 advanced STS patients were retrieved, of whom 313 had a synovial sarcoma. Synovial sarcoma patients were significantly younger (median 40 versus 52 years), more often had extremity primary tumours and had a better performance status (PS 0: 50.2 versus 43.4%) compared to other STS patients. Additionally, synovial sarcoma patients had a significantly better response to chemotherapy (responders: 27.8 versus 18.8%) and better survival rates (progression free survival [PFS]: 6.3 versus 3.7 months; Overall survival [OS]: 15.0 versus 11.7 months). Age, PS, and presence of metastatic disease were defined as prognostic factors for PFS and OS in the univariable analysis. The last two factors were confirmed in the multivariable analysis for OS.

Discussion: Advanced synovial sarcomas are a distinct subgroup of STS, with a better response to systemic chemotherapy and longer PFS and OS. These results should be taken into account in the design of future synovial sarcoma specific studies.

見背面

四、請閱讀下列英文摘要，依序回答以下問題。

【摘錄自 Casey 等，2017 年發表於 Journal of Patient Experience. 2017, 4(3): 114-120. 的文章: **Nurse-Led Phone Call Follow-Up Clinics Are Effective for Patients With Prostate Cancer**】

(一) 請述說本研究的重要性。**(10%)**

(二) 請簡述民眾對於 Nurse-Led Phone Call Follow-Up service 的反應為何? **(10%)**

(三) 請問 Nurse-Led Phone Call Follow-Up service 的服務模式，在呼應研究護理師之角色功能與專業職責上，對您有何啟發? 請簡述您的看法。**(10%)**

Introduction: The rising cost of healthcare requires rethinking in terms of resource utilization care delivery. Nurse-led PSA phone follow-up clinics may provide a suitable option.

Materials and methods: 815 patients were recruited for the nurse-led stable prostate cancer telephone follow-up service. A convenience sample was selected for postal questionnaire assessment of their satisfaction.

Results: 815 patients had 3683 phone-call follow ups over 10 years. Patients' own understanding of condition varied from average (76.3%) and good (9.2%) in the majority. 87.2% found the service convenient and 75.6% informative. 95.3% found the telephone assessment preferable to attending the outpatient department. 87.2% were keen on savings on transport/travel. 53.5% found it more reassuring. 91.9% of patients felt that everything they wanted to talk about was covered.

Discussion: This service can be delivered in a high volume nurse-led service, with high levels of patient satisfaction, as an innovative service development.