Spanish workshop (Tue, 25 Sep, 11.30−13.30)

Nursing management on side effects in the new targeted therapies

8036 INVITED

Nursing management on side effects in the new targeted therapies

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Introduction: We are living an exciting time in oncology nursing practice because of the evolving molecular biology science and the vast number of new targeted therapeutic options for cancer patients. It does involve a learning challenge for nurses in order to ensure that oncology patients receive de best and most professional cancer treatment and clinical education possible.

Learning outcomes: The purpose and aims of the workshop will be to enable nurses to:

1. Know the main families of targeted therapies, their mechanisms of action and side effects
2. Establish nursing interventions for patients on treatment with targeted therapies:
   - administration procedures
   - prophylaxis and management of adverse events
   - patient education
3. Understand the learning challenge that emerging new targeted therapies means in current clinical practice

Workshop methodology:

1. Presentation of theoretical concepts
2. Case study: attendants will be divided into small groups and results of nursing intervention of every group will be discussed together
3. Knowledge test: previous and post workshop
4. Conclusions and future perspectives

Proffered papers (Tue, 25 Sep, 13.45−15.45)

Quality of cancer care and prevention

8037 ORAL

The impact of age on health related quality of life and symptom experience among postmenopausal women with breast cancer receiving adjuvant chemotherapy treatment

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Background: Elderly women with breast cancer are often given less aggressive adjuvant chemotherapy (CT) treatment then younger women. One reason for this is beliefs that older women have more problems to tolerate the side-effects compared with their younger counterparts. We here present the results of a study in which the impact of age on self-rated Health Related Quality of Life (HRQoL) and experienced symptoms were analyzed for seventy five postmenopausal women with breast cancer undergoing adjuvant CT.

Material and Methods: The study was conducted in two university hospitals, and one county hospital in Sweden. The participants responded to the two cancer-specific HRQoL questionnaires, The European Organisation for Research and Treatment of cancer (EORTC) EORTC-QLQ-C30, and EORTC-QLQ-BR23, and Hospital Anxiety and Depression Scale (HADS) before, during, and four months after completion of treatment. The design was descriptive, correlational and longitudinal. The correlations between age and sociodemographic plus clinical characteristic variables over time were analysed.

Results: Few significant relations between age and the different aspects of HRQoL and experience of symptom measured were found. The only exceptions were dyspnoea and sexual functioning. Women in younger age showed a significantly higher increase in dyspnoea from baseline to follow-up, while sexual functioning was significantly lower among women in older age at time of baseline. These results were obtained despite that the women in older age had significantly more cardiovascular disorders, and used significantly more medication, particularly cardiovascular medication.

Conclusions: Further research is needed to support the argument that age should not be used in isolation in decision-making about adjuvant CT for breast cancer in elderly women.

8038 ORAL

Things that are seen from there ... quality of oncology nursing care and its effect on psychological distress in Israeli cancer patients, from the patients' perspective

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Background: Battling cancer can be both a physically and mentally exhausting process for the cancer patient, at times becoming a source of psychological distress (PD). Minimizing this distress by being attentive to the patients' specific needs is achieved through quality nursing care. Discrepancies between patients' and nurses' views on what constitutes quality care may impede upon the achievement of such goals.

Objectives: 1. To define the components of quality oncology nursing care, from the patients' perspective, during their first year of treatment. 2. To examine the correlation between the quality of nursing care and patient PD. 3. To assess the effect of Hardiness, social support and disease factors on PD, in order to compare them to the influence of nursing on PD.

Method: The sample consisted of 80 oncology patients within 1 year of diagnosis and being treated in an out-patient clinic in a large Israeli hospital were selected to fill out a structured questionnaire with five sub-sections. The patients were further requested to answer four open questions regarding their positions on oncology nursing care and the factors leading to distress.

Results: Data were analyzed both quantitatively and qualitatively. A significant negative correlation was found between Hardiness and PD ($r = 0.44$, $p < 0.001$) and between social support and PD ($r = 0.359$, $p < 0.005$). No direct correlation was found between patients' views on the quality of nursing care and PD, although a significant predictive correlation between the disease factors and patients' opinions regarding the quality of care was revealed ($R^2 = 0.54$, $p < 0.001$). When measured on a scale of 1 to 6, the quality of care was scored at 5.32 ($SD = 0.65$) by the patients. The patients singled out the following as the most significant parts of oncology nursing care: Attentiveness to the needs of the patient (30%), workload and pressure (22.3%) and expertise and professionalism (14.5%). The main factors contributing to PD were adverse effects of the treatment, change of lifestyle and uncertainty.

Conclusions: This study revealed the needs and supporting factors significant to the oncology patients, and clarified the patients' views on oncology nursing treatment. These data may assist nursing staff in improving the quality of treatment and its effect on the patients' well-being.

8039 ORAL

Quality nursing care: perspectives of patients with cancer and the nursing response

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Background: Cancer remains a major cause of morbidity and mortality within Europe of the 25. In Cyprus, a recent member of the European Community, cancer is affecting one in four of the population. Alongside the nature of cancer has changed dramatically in recent years, including shorter inpatients stays, an increasing older cancer population and significant improvements in treatments outcomes and effectiveness. Despite the recent changes to service delivery, little attention in terms of the quality of health services has yet been focused on patients with cancer and nurses. In light of these factors, the need to focus the exploration of the experience on those involved in the delivery and receipt of the care and its' potential value to nursing practice within the cancer care settings is important. This study came as a response to the current climate and it aimed to produce a National Service Framework for Cancer Nursing Care for patients with cancer underpinned by a theoretical model of what quality of nursing care is according to the Cypriot context.

Material and Method: In hermeneutics, the primary source of knowledge is the lived experiences of the participants (Ricoeur, 1981). Therefore, when searching for understanding the intricacies of the peoples' experiences, hermeneutic phenomenology presents itself as a useful philosophical approach, hence methodology, used for this research. Twenty-five patients and twenty nurses were purposively selected and interviewed through narrative interviews and focus groups. The key informants' perspectives of the Cyprus Cancer Associations were also explored through a focus group. The data analysis in this hermeneutic study was carried out with a modified version of Ricoeur's Interpretation Theory.

Results and Discussion: The results indicate that patients stress for comprehensiveness, recognition, need for participation in the decision-making process, better communication with their carers, patient-centred

and holistic care emphasising the increased need for emotional support. In terms of how patients define 'quality nursing care' they focus on issues related with the satisfaction of their needs, safety, proximity, trusting and being cared by qualified and competent nurses. In terms of their beliefs in relation to cancer, many cultural and social themes emerged such as religion, stigma, taboo and prejudice. Nurses on the other hand in their views on 'quality of nursing care' focused more on the physical needs of the patients and the technical aspects of the care they delivered.
Conclusion: The data analysis allowed the identification of certain practices that improve the quality of the nursing care provided to patients with cancer. From these a National Service Framework was structured. Furthermore in the light of the views of the patients and nurses on what constitutes 'quality nursing care' a theoretical framework was established.

8040 ORAL

A smoking cessation counseling program for cancer patients

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Background: Smoking is the major cause of head and neck and lung cancer. Also other malignancies such as skin, bladder, stomach, colon, and breast cancer are associated with smoking. The synergistic effect between smoking and alcohol intake further promotes head and neck cancer risk. The disappointing low success rate (8%) of personal smoking cessation attempts formed the basis to initiate in 2003 a counseling program to support cancer patients to quit smoking.
Material and Methods: From 185 patients (104 male, 81 female; mean age 54 years) were referred for support, 115 patients had head and neck cancer, 38 lung cancer, 16 non-cancer related pulmonary problems and 16 patients cancer in other areas (bladder and breast cancer). The mean age patients started to smoke was 16 years (range 7−40 years) with a mean of 43 pack/years (range 3–154). The program consisted of (face to face) counseling (one hour per week during the first month and from the second month onward 20 minutes or 10 minutes for telephone counseling). Data were collected by means of structured, study specific questionnaires. The counseling program is based on the self-efficacy theory of Bandura and the addiction circle of Prochaska & DiClemente.
Results: The analysis was based on baseline, 6 and 12 months data. 27 patients refused to join the program after the first informative session and 4 patients died during the first year, leaving 154 patients for evaluation. At 6 months 66 (42.9%), and at 12 months 53 patients (34.4%) were still 'smoke-free'. Including the 27 refusing patients, the 12-month's success rate was 29%. Reasons given for lack of success were: lack of motivation (also due to alcohol consumption), cancer recurrence, and stress in the period before and after the treatment. Moreover, many patients reported that smoking cessation is especially difficult, when partners and/or colleagues (continue to) smoke. Some non-successful patients reported they still were quite pleased with the counseling program, since it at least helped them to considerably decrease tobacco consumption.
Conclusion: This counseling program shows a promising success rate of 34.4% and forms an important adjunct to our post-treatment care program.

8041 ORAL

Smoking cessation as an integrated part of cancer care

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Background: There is evidence that tobacco smoking during radiotherapy (RT) increases the risk for acute toxicity (skin and mucosal reactions), and in some cases increased the risks for treatment failure, recurrent disease or the development of a new smoke related cancer. Despite these risks, many cancer patients continue to smoke during RT. Cancer nurses have many opportunities to intervene and support patients and their family members with smoking cessation. However, only one third of Swedish nurses practice smoking cessation techniques.
Materials and Methods: We have developed a nurse-led smoking cessation program, tailored for cancer patients and offered to all patients treated with RT with a curative intention. The intervention contain of verbal and written information, support, free test-packs of nicotine replacement products and monitoring carbon monoxide in expired air.
Results: Of all curative patients ($n = 439$) treated at our RT-unit during 2006, 98 (22%) were current smokers. Seventy-nine (81%) of the smokers were considering quitting and 69 (70%) accepted to participate in the intervention. Quit rates, follow-up and experiences will be presented at this session
Conclusions: Cancer patients are interested in smoking cessation and interventions should be integrated into standard cancer care for easy access and close follow-up.

8042 ORAL

Use of the Internet as a tool of health knowledge search: perspective of Finnish radiotherapy patients

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Background: The purpose of this study was to describe radiotherapy patient's use of the Internet as a tool for searching health knowledge. The study was conducted as part of a larger research project "Evaluation of the Quality of Learning Outcomes in Nursing Education" at the University of Turku, Department of Nursing Science. This project is aimed at developing more inclusive methods of patient education that support active patient involvement in their own care and decision-making.
Materials and Methods: A survey for 150 patients starting their radiotherapy in one University hospital in Finland was conducted. Hundred questionnaires were returned (response rate being 67%). Of the respondents, 55% were male and the mean age was 62 years (range 21−79 years). Respondents were mainly (66%) retired and the most (60%) lived together with someone. Patients' education varied, 45% of the patients had no vocational degree, 40% had vocational degree or college degree and 15% a university degree. The most common (41%) type of cancer was prostate cancer. Data were analysed by descriptive statistic methods.
Results: The results suggest that almost one third (28%) of the patients used the Internet. Most frequent users were women (64%, $p = 0.010$), people aged 51−60 (15%, $p < 0.001$), patients with vocational qualifications (93%, $p < 0.001$) and breast cancer patients (54%, $p = 0.030$). The Internet was mostly used from a home PC (24%). Relevant information was searched from all kinds of health care sites. The majority (93%) considered the information reliable.
Conclusions: The study showed that Finnish radiotherapy patients use the Internet as a tool to search health knowledge. On websites patients search for information according to their individual needs. Further planning in patient education should focus on Internet education. Hospitals should provide reliable knowledge for patients throughout the process of radiotherapy treatment.

8043 ORAL

Action cancer: a schools programme for cancer prevention

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Background: With the recognition that 80% of cancers are preventable Action Cancer carries out numerous prevention programmes with children and adults. The programmes aim to increase knowledge levels to improve health behaviours and 'Health Action' is a three session programme covering smoking, alcohol, nutrition, exercise and body awareness specifically for post-primary school children. The aim of this study is to highlight, through the use of Action Cancer's evaluation protocol, the improved knowledge levels in children who have participated in the prevention programme carried out by Action Cancer within schools in Northern Ireland.
Materials and Methods: A baseline and follow-up measure, using a custom designed questionnaire, was administered to participants of the programme. Through a series of true/false questions the evaluation examined knowledge of smoking, drinking alcohol, nutrition, exercise and cancer awareness (with a maximum possible score of 33). On completion of the questionnaire knowledge scores were computed (higher score equals higher knowledge). All data was inputted into SPSS (v15) and the Wilcoxon signed ranks test was used to estimate any changes in scores.
Results: Four post-primary school groups (229 children in total) participated in the Health Action programme during a five week period between February and March 2007. Of these 51.2% were from year 10 (43.4% male, 56.6% female) and 48.8% from year 11 (53.8% male, 46.2% female). A large proportion of participants (61.2%) reported that they had previously participated in programmes dealing with smoking, 57.7% with alcohol, 29.4% on nutrition, 41.2% on exercise and 35.1% on cancer awareness. There was no significant difference in knowledge scores between boys and girls before or after the programme ($p > 0.05$). The average total knowledge scores significantly increased from 20 to 28 $p < 0.001$) after participation in the programme, with knowledge scores for smoking, alcohol, nutrition and exercise and cancer awareness all showing significant increases ($p < 0.001$).
Conclusions: Even though a large proportion of participants had previously participated in health related programmes, and reasonable knowledge levels were reported, the Health Action programme by Action Cancer still successfully increased health related knowledge levels of participants. However, long-term follow-ups are required to understand the