

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.

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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.

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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.

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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.

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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

long-term impact of the programme on knowledge levels and general health promotion.

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ORAL

#### **"Women to Women for Now" education of women on early diagnosis of breast cancer**

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The project was conducted by Turkish Oncology Nursing Association (TONA) with the support of City Health Department, Early Detection of Cancer and Education Centre (KTEM), Atatürk University School of Nursing, Erzurum City Development Foundation Woman Group (ERVAK), Local media and the Dokuz Eylül University School of Nursing, in Erzurum a city in East of Turkey.

The objective of the project was to increase women's awareness on breast cancer in the city of Erzurum. The aim of the project, was to educate the women of 40 years and over, to increase their awareness on early detection and diagnosis, to facilitate the use of the early detection methods, to improve the women's thoughts and beliefs in relation to early detection and diagnosis and to increase the use of Early Detection of Cancer and Education Centre (KTEM) available in the city. The target population of the project was 5,000 (15% of a total 33,000) women. The major activities of this educational project was: preparation of the educational materials, selection and the education of the selected peer educators, advertisement of the project through the local media, education of the target group of women, monitorization of the educational activities of the peer educators, and getting 1,000 women to refer to KTEM unit for a clinical examination and a mammography.

To achieve these objectives and to provide sustainability, 25 selected women educators were educated as peer educators in relation to adult education principles, breast cancer, early diagnosis methods (breast self examination, clinical breast examination and mammography), and practice. Each peer educator was expected to educate 200 women. Peer educators were provided with a flip-chart, small breast mannequin, data forms (Health Belief Model Scale and others), educational CD/VCD and player, brochures, shower cards etc. The Champion's Health Belief Model Scale, was adapted to Turkish and was used to evaluate the women's views about breast cancer and BSE at the beginning of the training session, as a pre-test data. Brochures, follow-up card, and a shower card was given to each woman and also informed about the mammography unit (KTEM) and its services. Peer trainers also arranged for the mammography appointment for the women that decided to have her taken. When women came for their mammography, they were asked to demonstrate BSE on a mannequin and the Health Belief Model Scale was filled as a post-test.

**Results:** The project had achieved to reach 5100 women and get 1040 of them have their mammography taken. Breast cancer was detected in 8 women. Statistical analyses showed positive changes in women's health beliefs.

### *Joint EONS/EBMT symposium*

(Tue, 25 Sep, 13.45–15.45)

#### **Nursing implications of innovative treatment**

8045

INVITED

#### **Oral oncology agents**

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We are moving from well-controlled intravenous chemotherapy administered in clinics and cancer centers to self-administered oral chemotherapy. The number of patients having oral antineoplasics at home or at any other setting will increase in the coming years. Some oral chemotherapy agents as Procarbazine, Mercaptopurine, Prednisone, or Tamoxifen have been part of the cancer treatment for a long time, currently quite a few intravenous (iv) formulations are available orally and others are new oral agents. Oncology nurses need to be familiar with oral agents to provide information, to optimize treatment and to avoid complications or misconceptions. When talking about antineoplastic drugs a great range of medications can be included.

Briefly we will discuss some of those agents and the factors involved: Existing and emerging oral oncology agents

- Traditional oral agents
- Hormonal therapies

- Immunomodulators
- Prodrugs
- Targeted therapies

Factors to be considered regarding oral chemotherapy

- Efficacy: (a) drug and food interactions, (b) metabolism and variable absorption, (c) inhibitors and inducers, (d) exposure achieved.
- Safety issues: (a) prescribing, (b) incidents in over or under dosing, (c) obtaining medication, (d) handling, (e) follow-up, (f) side effects management far from the healthcare providers.
- Adherence and drug monitoring: (a) complexity of the treatment regimen and duration, (b) patient expectations and health belief, (c) relationship patient-health care providers, (d) age, (e) multiple drugs, (f) poor social support, (g) convenience of clinics or pharmacy, (h) mental illness.

Caring for patients receiving oral chemotherapy adds new challenges to the already existing when iv therapy is prescribed. Oncology nurses have to be prepared about the new aspects associated with oral antineoplastic agents. Neutropenic infections will still be potential problems but newer aspects have to be addressed. How to avoid food interactions, handling and dealing with hazardous drugs at home, helping patients to understand dose schedules and other considerations are essential to improve patient management, optimize treatment and with so achieve better outcomes.

#### **References**

- Bedell CH, Griffin E, Birner A, Harting K (2003). Oral Chemotherapy Considerations for Oncology Nursing Practice. *Clinical Journal of Oncology Nursing* 7(6)
- Partridge AH, et al. (2002) Adherence to Therapy With Oral Antineoplastic Agents. *Journal of the National Cancer Institute* 94 (9), 652–661

8046

INVITED

#### **Symptom occurrence, intensity and distress in patients during conditioning and early post-transplant period – implications for nursing**

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Stem-cell transplantation (SCT) is a therapy alternative in cases of malignant diseases. The SCT process begins with a course of high-dose chemotherapy with or without irradiation, which results in side-effects that may range from minimal to life-threatening. The symptoms occurring from the conditioning regimen are well known, but the patients' experiences of them have been minimally studied. To actively and systematically measure, follow and document patients' self-reported symptoms and to encourage and facilitate evidence based strategies for alleviation and management of symptoms are some of the most important tasks for the nurse and the other members of the SCT-team in order to alleviate distressing symptoms and contribute to a better health and life situation for individuals undergoing SCT.

The aim of this presentation is to discuss symptom experience in patients undergoing SCT and its implication for nursing practice. The discussion will be based on results from previously published studies.

A majority (92%) of patients' reports one or more ongoing symptom already on admission and the symptom manifestation is related to the malignancy the patient is suffering from. From the day of the stem-cell infusion and up to approximately 10 days after the transplantation, between 33% and 54% of patients' reports >10 simultaneous symptoms. Tiredness (81–91%), loss of appetite (88–93%) and mouth dryness (70–83%) are among the most frequently reported symptoms during this period. Also nausea, sleeping problems, diarrhoea and changes of taste are reported by >50% of the patients during the protective care period. Vomiting, reduced mobility and fever are examples of symptoms that, once they have occurred, are perceived as distressing. Overall, during the hospital stay, patients reports the occurring symptoms as quite or very distressing at 916/1813 (51%) occasions. Patients' reports that the occurring symptoms leads to a worse health-related quality of life, especially decreased physical functioning.

8047

INVITED

#### **The changing face of graft versus host disease**

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**Background:** More than 40,000 haemopoietic stem cell transplants (HSCT) are performed worldwide each year. Although there have been numerous improvements in preventing relapse of primary disease, late complications contribute substantially to increased morbidity and mortality.