

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

8044

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) handing, (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, handing 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.

Graft versus host disease (GVHD) remains the most common post transplant complication despite rigorous immunosuppressive prophylaxis. It causes a wide variety of symptoms and multiple organs can be affected. GVHD is categorised into two diseases. Acute GVHD which is seen up to 100 days post HSCT and Chronic GVHD which occurs after this time.

Acute GVHD occurs in approximately 50% of patients who receive unmanipulated HLA-matched sibling transplantations and up to 80% of patients who receive unrelated donor transplantations. A skin rash represents the lowest grade. As the disease worsens the confluent rash may progress to skin blistering, profound diarrhoea, abdominal pain and hepatic dysfunction with altered liver function.

Chronic GVHD occurs in up to 30–90% of patients after allogeneic HSCT and is the primary cause of death and disability. Almost every organ can be affected.

The two types of GVHD are easily identifiable and have different presentations. With the increased use of reduced intensity conditioning transplants and donor lymphocyte infusions the incidence of GVHD has increased and it has become more difficult to grade GVHD as either acute or chronic according to time after transplant.

Aims:

- To review and discuss the symptoms of acute GVHD
- To review and discuss the symptoms of chronic GVHD
- Current treatment options
- To understand the advances in disease management
- Present a case study

What is necessary now is to diagnose the symptoms of GVHD and accurately monitor response to treatment. Although new drugs and therapies are being developed to try and reduce morbidity and mortality associated with this major complication, it is an area that will continue to challenge all members of the transplant team.

8048

INVITED

Innovations in prevention and management of oral mucositis: where to go from here?

M. Fliedner. University Hospital Bern, Oncology, Bern, Switzerland

It is well known that oral mucositis (OM), is a devastating side effect of several anti-tumor treatment regimens. In as many as 70–100% of patients undergoing hematopoietic stemcell transplantation (HSCT) or radio-chemotherapy for cancer in the head-and-neck region will suffer to a certain extent from this severe side effect. As a consequence it will impact the quality of life of the patient and the management of the disease. Costs of care can also be influenced by this side effect. Nursing management as part of the interdisciplinary team starts with a thorough assessment prior to initiation of treatment regimens of high risk for OM. Based on patho-physiological changes it will be important to systematically assess the oral cavity throughout the course of treatment until all signs and symptoms have resolved. For this several assessment instruments have been developed but no single instrument is so far universally accepted for every population at risk. Instructions about protective measures should be given to the patient at risk. The literature reports on different strategies to prevent severe OM, such as keratinocyte growth factor (KGF) for patients undergoing HSCT or IMRT for patients undergoing irradiation for head-and-neck cancer. The MASCC/ISOO provide useful guidelines based on the best available evidence that will help in the prevention and management of OM. In the case of OM experienced interdisciplinary symptom management is very important to support the patient throughout this difficult period of his cancer treatment. Looking at the literature this presentation will discuss assessment strategies, options to prevent severe OM and measures for symptom relief in case of OM. It is very important to involve a multidisciplinary team in the process to be able to take all aspects of care into consideration and support the patient to the fullest. Systematic standardized strategies will have to be set up to structure the care for the patient at risk for OM.

Discussion Forum (Tue, 25 Sep, 13.45–15.45)

Psychosexual assessment – do we do a good job?

8049

INVITED

Psychosexual assessment: do we do a good job?

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This forum is relevant to all practitioners working with individuals and couples whose illness and treatment impacts on their sexuality and sexual expression.

The aim of this session is to offer participants the opportunity to explore the challenges inherent to clinical assessment of sexual difficulties associated with cancer and its treatment in acute cancer care settings. Barriers to sexual health assessment in oncology will be analysed from social, organisational, professional, practitioner and patient perspectives.

The case study of a couple living with the impact of acute myeloid leukaemia will be used as an exemplar to illustrate the comprehensive clinical assessment of sexual difficulties incorporating physical, psychological and relationship domains as they are affected by both illness and treatment induced effects. Participants will be asked to consider different approaches to clinical assessment within different clinical settings and in contrasting patient groups for sexual difficulties arising both during the acute and rehabilitative phases of the cancer patient journey.

Participants in this discussion forum will be able to:

- Identify treatment induced limitations on sexual expression in patients experiencing haematological malignancies
- Explore clinical assessment approaches for patients with altered sexual function associated with haematological cancer and its treatment
- Identify gaps in knowledge and awareness about psychosexual support in cancers less frequently associated with sexual difficulties
- Consider how the intimacy needs of those affected by cancer can be addressed within the everyday reality of clinical practice
- Explore the psychosexual support needs of the patient/partner dyad in contrasting cancer care contexts

This forum aims to enhance practitioner's awareness and confidence in addressing the sexual concerns of their patient group(s). Speakers in this interactive discussion forum will offer specific content that will include:

- An outline of the phases of the human sexual response cycle
- Details of specific illness/treatment induced sexual difficulties affecting sexual desire, arousal, orgasm and sexual satisfaction
- Discussion of sexual assessment approaches that can be used within different cancer care contexts to enhance current practice in this domain of care
- Appraisal of the individual and organisational factors influencing the clinical assessment of illness/treatment induced sexual difficulties within cancer care

Award session (Tue, 25 Sep, 16.30–17.00)

TITAN award: best dissemination award

8051

INVITED

Improving the management of febrile neutropenia in paediatric patients with cancer: experience from a shared care system in Ireland

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Background: Our Lady's Children's Hospital Crumlin (OLCHC) is a tertiary paediatric cancer centre in Ireland, working in conjunction with 16 paediatric shared care centres (SCC) around the country. SCCs provide general support for cancer patients, a key aspect of which is the medical and nursing management of chemotherapy-induced haematological toxicities. Febrile neutropenia (FN) is the most common dose-limiting haematological toxicity that SCCs encounter as a result of chemotherapy – health care professionals (HCPs) should therefore be aware of this serious adverse event and the need for prompt treatment of children presenting with the condition. Our aim was to develop a concise, easily accessible and user friendly education package on FN for nurses, doctors and other HCPs.

Methods: We developed an FN educational package, based on OLCHC guidelines (Oncology Handbook 2006). This consisted of a pocket guide to FN, a slide presentation, and a checklist located at the patient bedside.