

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.

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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.