

were younger. The mean number of rehabilitation needs increased over time. The most common needs were related to physical problems. The participants in this study experienced significantly worse QOL over six months after the initiation of chemotherapy. QOL was most affected in the physical and sexual dimension. Rehabilitation needs increased over time.

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POSTER

Construction and validation of an exercise program for early physical rehabilitation of women submitted to mastectomy

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Background: The benefits of early physical rehabilitation in women that were submitted to mastectomy are widely known but there is no consensus about the best exercises to be prescribed, their periodicity and the duration of the program.

Purpose: Identify and select a set of exercises to be performed in a physical rehabilitation program for mastectomized women created for the functional recovery of the surgery's homo lateral member and validate this program with experts.

Methods: Bibliography review of studies on the changes of the shoulder movements width (SMW) after the surgery for breast cancer, or on the effectiveness of physical rehabilitation programs, published from 1997 to 2006 in MEDLINE, LILACS and PUBMED databases. Selection of a set of exercises for the shoulder SMW recovery, clustered according to the kind of movements, and their evaluation by Mastology experts.

Results: Twenty one articles were found regarding mastectomy and physical rehabilitation and twelve of them were studies which reported the testing or the standardization of procedures for post mastectomy physical rehabilitation. All studies emphasized the benefits of a supervised rehabilitation program and its efficiency for fast recovery of shoulder SMW in an average period of two months. As for the classification of the twenty exercises selected and submitted to the experts, eight were considered indispensable and one secondary and the agreement rate was from 80 to 100% for six of them and 60% for three other ones. The exercises that achieved the greater agreement rates were those of cervical stretching, shoulder flexion and of adduction and abduction, and those which achieved the lowest rates were the extension and muscle strengthening ones.

Conclusion: There was a homogenous distribution of the different movements for the functional recovery of the surgery's homo lateral member as well as a high agreement rate among the experts. These results represent an important contribution for reorganizing the existing manual at the Onco-Mastology service of the Federal University of Sao Paulo.
22 September 2007 13:45 – 15:45

Poster Session Transition in care

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POSTER

Role of the nurse in patient education and follow-up of people receiving oral chemotherapy treatment: A European Part of International survey

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Oral chemotherapy (CT) treatments increasingly are becoming part of patients' treatment regimens. The aim of the present study was to examine the nursing role in education and follow-up of patients who are taking oral CT and identify the gap in education about oral CT exist in oncology nursing in European Countries, forming part of international study.

MASCC Patient & Professional Education study group replicated a previous study by Kav and Bostanci (2005) in Turkey. All members of MASCC were invited to participate with request to obtain a sample of at least 60 nurses who work with cancer patients at different work sites.

During Nov 2005 – Jan 2007 nurse coordinators from 8 European countries collected data for a total of 724 oncology nurses: Spain (234), Finland (114),

Denmark (85), Greece (68), UK (66), Lithuania (60), Serbia (60), and Israel (37). The coordinators translated the survey into their respective languages and had it back translated for accuracy. Completed data was submitted to the principal investigator for analysis.

Findings showed that about half of subjects work in outpatient/ ambulatory clinics and have given at least two or more oral CT drugs (mostly capecitabine, etoposide, methotrexate, vinorelbine, oral cyclophosphamide). Although 57% of the total have some type of guidelines/protocols 39% of the total reported not having received any education about oral CT drugs. 51.7% of subjects indicated a lack of patient education materials that are specifically for oral CT agents. 68.7% report being involved in patient education; yet only 25% stated that they gave all necessary information such as when and how to take, drug safety and storage, side effects and symptom management.

Reasons for not being involved in oral CT education and follow-up included "Physician plans the oral CT and gives patients the necessary instructions"; "Lack of knowledge about oral agents" and "Nurse only see patients who receive IV chemotherapy".

Nurses' suggestions to facilitate better education and follow-up of patients included: nurse education/training; providing written materials for patients; development of guidelines/protocols; collaboration; tool to help patients (diary, video/DVD, checklist, calendar); patient counseling; nurse led clinic/specific clinic and phone follow-up.

The initial findings have revealed the need for nurse education to ensure comprehensive and consistent patient education and development of written materials for patients receiving oral CT treatment. Additional analysis will be used to identify differences between countries.

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POSTER

The lived experience of being given a cancer diagnosis in old age

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Background: The lived experience of elderly persons being given a cancer diagnosis and the impact of the illness on their lives is little researched. Such knowledge is needed to support elderly persons in dealing with issues arising after a cancer diagnosis.

Purpose: The purpose of the study was to illuminate the lived experience of being given a cancer diagnosis in old age.

Material and Method: A descriptive phenomenological method was used to investigate the phenomenon "the lived experience of being given a cancer diagnosis in old age". In total, 16 persons (aged 65+, range 68–83) with cancer were interviewed, all referred to the same oncology outpatient clinic in Copenhagen County. Open-ended interviews were used to get closer to the lived experience of being given a cancer diagnosis in old age. Giorgi's phenomenological analysis was used.

Results: The findings showed that the essential meaning of the lived experience was "Illness as a turning point marking old age". This main essence was represented overall by three essences: "Illness means losing control", "Disturbing the family balance" and "Life and death suddenly apparent". These three essences were signified in seven constituents: growing old in the context of illness, becoming a patient with cancer, everyday life controlled by bodily limitations, managing family reactions, fear of being a burden on others, conscious about dying and death through illness experience and retaining hope, and enjoying life.

Conclusion: To identify the specific meaning the turning point has for an elderly person with cancer, and to understand the particular approach he or she uses to handle the awareness of being old is important in clinical practice.

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POSTER

Meeting the support and follow-up needs of women with ovarian cancer: an evaluation of a nurse-led telephone follow-up service

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Background: Changes to cancer follow-up services are occurring as a result of pressure on cancer clinics but also as a result of increasing survival of cancer patients. Furthermore follow-up services are often criticised by patient groups for failing to meet supportive and emotional care needs in the transition between active therapy and survival.