4236 POSTER

Evaluation of the Efficacy of Enteral Nutrition With FortiCare in Patients Operated for Tumours of the Head and Neck

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Relevance: Anorexia-cachexia is one of the most frequent symptoms in cancer patients and must be suspected in case of a weight loss of more than 5% in 6 months. Approximately 80% of patients with head and neck tumours have a pronounced weight loss during their diagnosis.

Multicenter, randomized, prospective-retrospective clinical trial. 7 centers in 6 cities of the Russian Federation. 48 patients with II-IV stage of various malignant tumours were included.

Materials and Methods: 1. Control group: Nutrition support was provided by using regular food (retrospective). 2. FortiCare group: 125 ml three times daily. The patients started with FortiCare 7 days or longer before the operation and stopped 3 weeks after operation.

The most frequently symptoms (70%) in patients were appetite decrease, nausea, unpleasant taste in their mouth, disgust of food smell and physical activity decrease.

Inclusion criteria: 1. Patients with malignant head and neck tumours II-IV stages. 2. Planned surgery. 3. Age 18−75 years.

Exclusion criteria: 1. Simultaneous participation in other clinical research. 2. Lack of informed consent.

Results:

1. Flavoring acceptability FortiCare: Good: 64%; Tolerable: 28%; Intolerable: 8%.
2. Taste preference in the FortiCare group: Orange–lemon > Cappucino > Peach–ginger.
3. Decrease in body mass index during therapy: Control group: 36%; FortiCare group: 5%.
4. Complications: Less frequent in the FortiCare group vs in the control group

Conclusion: Perioperative appointment of enteral nutrition by FortiCare improves nutritional status, reduce the risk of postoperative complications and speed healing of wounds, as well as reduce the need for parenteral support.

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Supportive Care Needs of Patients With Lung Cancer − a Systematic Review of the Literature

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Background: Identifying and addressing the supportive care needs of people with lung cancer can be a challenging task for nurses in clinical practice. As a first step of a bigger project examining the use of patient-reported outcome measures by Lung Cancer Nurse Specialists, a systematic review of the literature was conducted to identify supportive care needs of patients with lung cancer.

Methods: A complex search strategy was developed comprising of three different search strings: (1) supportive care needs, (2) lung cancer and (3a) quantitative methodology or (3b) qualitative methodology. Each string included a combination of free-text terms, thesaurus terms and broad terms. The search strategy was run in five databases (Medline, CINAHL, PsychINFO, EMBASE, BNI) in the time interval between 1/2000 and 11/2010. Specific eligibility criteria were applied to aid the screening process.

Results: The search including the quantitative string yielded a total of 1,031 references from which 54 were examined in full and led to the inclusion of 22 original papers. Similarly, the search for qualitative evidence yielded 3,611 references from which a total of 70 were examined in full text and led to the inclusion of 28 original papers. The total sample of 51 studies was appraised for quality through a validated scoring system. Eight domains of specific needs were identified, namely physical, daily living, psychological/emotional, spiritual/existential, health system/information, practical, social/family-related, and cognitive needs. Interestingly, results emerging from the qualitative evidence focus on specific needs, which quite often the quantitative body of evidence failed to address.

Conclusions: Results from the current literature review are indicative of the distinct supportive care needs of patients with lung cancer. Identification of these domains of needs is essential for tailoring selection of the most suitable patient-reported outcome measures to address them.

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Lymphedema: Knowledge, Behavior, Risk Perseption and Primary Prevention in Breast Cancer

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Background: One in five breast cancer patient undergoing surgery with lymph node dissection and radiation therapy develops lymphedema. There are still no standards for diagnosis and treatment. Education of prevention is main approach to decrease this disabling complication of breast cancer treatment. The purpose of this study was to examine knowledge about lymphedema and risk perception among breast cancer patients.

Methods: A questionnaire-based survey was carried out among 125 patients undergoing the breast cancer treatment (60 persons with symptoms of developed lymphedema and 65 persons without signs of this complication). Knowledge about lymphedema was assessed with a questionnaire created for this study. Patients rated their risk perception and methods used in the prevention of lymphedema.

Results: The mean (SD) lymphedema knowledge score was 16.8% (4.6%) in urban patients with developed complication and 34.1%(6.8%) patients without lymphedema. Risk perception mean (SD) level was significantly higher in urban patients without lymphedem. Urban patients in both group were also more knowledgeable about lymphedema than rural patients. Primary prevention plan was ignored by 78% of patients with lymphedema and by 15% of patients without this complication of treatment.

Conclusions: The results indicate a low risk perception, absence of knowledge about lymphedema and primary prevention plan ignoring among breast cancer patients as a main cause of this complication. Persons with breast cancer must be informed about risk of lymphedema before cancer treatment and educational strategies need to be focus on primary prevention plan immediately after surgery with lymph nodes removal.

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Healthcare Professionals' Views on Palliative Care in Turkey

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Background: The concept of palliative care has disseminated slowly in Turkey and recently included in the National Cancer Control Program by The Cancer Control Department of Ministry of Health. Aim of this descriptive and cross sectional study was to explore healthcare professionals' knowledge and views on palliative care.

Material and Methods: This study has been conducted at two hospitals associated with university and one state oncology hospital. Total of 369 healthcare professionals (235 nurse, 84 physician, 18 physiotherapist, 16 dietician, 7 health officer, 5 social worker, 4 psychologist) works in adult clinics were constitute to the sample. Data has been collected via a form based on the literature (socio-demographics, open-ended questions and 16 statements on healthcare professionals' views on palliative care). Descriptive statistics, One Way Anova and chi-square tests were used.

Results: Mean age was 29; majority of them were women and had baccalaureate degree, mean years of work in the profession was 7. More than half (53.7%) did not receive education on palliative care; mostly received during university education (57.3%) and majority of them (86.2%) stated lack of in-service/continuing education on palliative care. Majority of them stated the meaning and goal of palliative care as "*improving the quality of life of patient who's in terminal stage*". While most of them indicated that nurse, doctor and psychologist should be the member of the palliative care team; volunteers, religious workers and pharmacist were less frequently stated. The target groups were listed as patients with oncological diseases (75.1%) and terminal stage (74.5%); majority of them stated that palliative care services can be provided as a hospital based service (87.8%). The barriers for development of the palliative care services in Turkey were listed as ignorance (44.4%) and lack of education (42.9%). Most of the respondents indicated the need for educational program on palliative care including basic concepts, principles (80.7%) and communication (78.9%) issues. Most of health professionals were agreed on these statements: *"Palliative care includes the services for patient with advanced cancer*"; *"Patient and family members are the main decision maker and member of the team"; "Palliative care should be provided by a multidisciplinary team*" and "*Palliative care should be a separate specialty*". However, nearly half of them disagreed on "*Palliative care provides only pain management*". In comparison the mean of the item responses towards some of the palliative care statements according to having knowledge on palliative care, profession, educational level/subspecialty area, age and working units; the difference were found statistically significant ($p < 0.05$).

Conclusions: Based on these results it has been recommended that palliative care should be provided in curricula and in-service education programs to increase awareness among healthcare professionals.