

gender (52.6%) were interviewed. Treatment given was cisplatin based chemotherapy in 42% of patients. Multivariate analysis confirmed that specific training strongly correlated with information status on clinical and appointment related procedures in the oncology department, chemotherapy toxicities, take home on premedication drugs, and nutrition, both as assessed by the patients (all p values <0.001) and by the interviewer (all p values <0.001).

Conclusion: Specific training as provided within a cancer education nursing unit strongly affects the information status of cancer patients on various domains of information needs. The cancer education nursing unit should be a part of medical oncology department.

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POSTER

Descriptive analysis of adverse drug events registered in a computerised information system

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Background: Adverse drug reactions (ADRs) are a significant source of morbidity and mortality among cancer patients. An ADR is harm that results despite having used the drug appropriately. Without details and documentation, it could be difficult to properly diagnose the event and monitor recurrences. Therefore, it is critical to improve patients' safety that oncologists and nurses take extra care to record in patient's medical charts any adverse events likely to have been caused by a drug. Our center has a computerized physician order entry and in 2004 it was developed an application to facilitate professionals reporting of ADRs. In 2006 it was modified to facilitate reporting and to allow access to nurses. The aim of this study is to assess the incidence, principal symptoms and treatment of adverse drug reactions (ADRs) of oncology patients admitted in the cancer outpatient unit.

Method: Retrospective descriptive study has been performed to analyse the adverse drug reactions registered in the computerized system from September 2006 to December 2008 in our cancer outpatient unit. Cluster analysis was performed to identify the symptoms pattern of clinical presentation.

Results: 132 ADRs were assessed from an amount of 20,500 chemotherapy sessions in our cancer outpatient unit (0.64%) and 39 have been communicated to the National Pharmacovigilance Organization. The 132 ADRs represented the 77% of the total ADRs reported in the hospital. The chemotherapy drugs most involved in the ADRs were Taxol, Taxotere, Oxaliplatin, Cetuximab, and Irinotecan. 63% were in combination with other cytostatics. Most of the ADRs were between the first and third doses although there are 18 ADRs (13%) that occurred after the sixth dose. The most frequent symptoms were rash (56%), dyspnea (36%), itching (25%) and changes in blood pressure (23%).

Conclusions: The incidence of ADRs in oncology patients is high although lower than what has been reported in previous articles. Registration makes possible to quantify and measure them in order to prevent and treat them more efficiently. The new reporting system and implication of nurses has improved the number and data quality of the ADRs documentation. New protocols have been developed to improve patients' safety during cytostatic administration.

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POSTER

A specific 3% urea hydrating lotion reduces radiation-induced dermatitis compared with hydration alone

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Background: To evaluate the efficacy of a specific 3% urea lotion compared with hydration alone in the prevention and reduction of acute skin toxicity following external radiotherapy.

Materials and Methods: Double-blind randomized, controlled study of the efficacy of a specific hydrating lotion containing 3% urea, polidocanol and hyaluronic acid (active group) versus a hydrating lotion without active agents (placebo group) to reduce the incidence and intensity of radiation-induced dermatitis (RID). Thirty patients with rectal cancer and 69 with breast cancer were included. All patients were followed up weekly until two weeks after its ERT completion. Skin toxicity was evaluated weekly using the RTOG/EORTC acute toxicity scale. To assess factors related to its development, a multivariate study with binary logistic regression model was used, including sex, age, diagnosis, skin phototype, total ERT dose and chemotherapy use as factors. RID severity was calculated using the

highest skin toxicity score and "toxicity during follow-up" obtained from the mean degree of toxicity during the study.

Results: Fifty-one patients were included in the active group (51.5%) and 48 in the placebo group (48.5%). The characteristics of ERT (total dose, fraction size, type of radiation) were similar in both groups with no significant differences. The incidence of RID was 91.3% in breast cancer and 63.3% in rectal cancer. The comparison between groups showed a lower incidence of skin toxicity in the active group (74.5% vs. 91.7%; group $p < 0.05$; OR: 3.76 [95% CI: 1.13–12.5]) and the multivariate analysis confirmed that the probability of developing RID during ERT was lower with the active hydrating lotion (OR: 8.4 $p < 0.05$). The incidence of toxicity grade ≥ 2 was 27.5% in active group and 34.5% in placebo group. Although this difference did not reach statistical significance, analysis on the evolution of toxicity during follow-up as a whole showed a significantly lower toxicity in the active group. Skin toxicity had repercussion (interruption of ERT or/and need of other dermatitis therapy) were more frequent in the placebo group (14.6% vs. 2.0%; $p < 0.05$, OR: 8.5).

Conclusion: The results suggest that the specific 3% urea hydrating lotion used lowered the risk of developing RID between three and eight times compared with hydration alone and reduced its intensity, as a result of the active substances in its composition.

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POSTER

Influence of social representations about cancer on nursing care

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The diagnosis of cancer is still associated with an emotionally negative impact, representing a terrible threat, for the patient as well as for family members and the population in general. Nurses who care for oncology patients carry their own social representations and are influenced by their own values, beliefs and myths. Their attitudes may influence the way the patient perceives and lives this experience. Results of research studies suggest that negative attitudes from the nurses towards cancer can be due to the prolonged contact with patients with recurrent disease or who are dying, than with long term survivors. This reality leads to feelings of impotence in treating cancer. The authors agree that educational processes and pedagogical strategies can contribute to change the values, myths and beliefs of the students with influence in the quality of care delivered. This highlights the importance that nursing students of different levels receive theoretical and technical education in this field. They have to become skilled in the recognition of factors contributing to less positive attitudes in their practice, in their relation with patients and families, health team and other persons in their life context.

The aim of this study is: Contribute to the knowledge about nurses' cancer representations to improve the adequacy of education which shall lead to enhance quality of care delivered to cancer patients and their families.

Goals:

- Identify the nurses representations about cancer, who just completed the Post Graduation Course in Oncology Nursing and are working in medical and surgical settings;
- Identify the students representations about cancer, who just graduated in Nursing in the public Nursing School of Lisbon;
- Compare the results obtained in both samples with different education.

Methodology: A questionnaire will be delivered to a non probabilistic sample of 20 nurses and 20 students. A free association of words is proposed. With this technique we intend to access the representations with the construction of semantic fields. The analyses of the free association of words results in a positive or negative significance of the social representation of cancer.

Data processing and analysis: The results, discussions and conclusions will be presented at the Conference, as at this time, the study is in course and it was yet not possible to treat the data.

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POSTER

Fast-track surgery for women with breast cancer

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The Breast Cancer Clinic at Rigshospitalet has implemented a new clinical pathway for patients undergoing breast cancer surgery. The pathway consists of an ultra short hospital stay as well as planned visits to a nurse-led outpatient department and telephone consultations. Key elements are a well-organized care process.