Health care of aged cancer patients

KEYWORDS: Aged; Neoplasms; Nursing Diagnosis; Delivery of Health Care

Physiological changes in organism due to aging, and numerous chronic diseases resulting from aging have great significance in health care delivery and in therapy conducting to cancer patients. Contemporary approach in health care delivery to elderly cancer patients requires from the medical staff identification of health problems of this population and their definition through nursing diagnoses; setting goals and their realization with planned nursing interventions; and evaluation of work. The end point of these procedures is better quality of life and conducting continual health care. The aim of this paper was to identify the most common problems of elderly cancer patients, and to point out importance of continual health care. Retrospective analyses of documentation of health care process at the Institute of Oncology and Radiology of Serbia was done, and the communication with visiting-nurse services was used as a source for this analysis. After we had analyzed the documentation of the health care process, we determined what the most common nursing diagnoses were found the collaborative problems, and analyzed how important continual health care of these patients was. The analysis showed that the needs for health care of elderly cancer patients are numerous and different, both due to nature of underlying disease and their age. Existing services for taking care of these patients in home conditions certainly cannot satisfy their needs. For that reason, priority should be given to the development and promotion of continual health care, enabling more qualitative patient life with his family and friends.

BRCA1/2 testing in patients with breast and ovarian cancer

KEYWORDS: Breast Neoplasms; Ovarian Neoplasms; Genetic Techniques

Breast cancer is one of the most common malignancies in human population and the leading cause of cancer death in women. The general population has 10%-12% lifetime risk of breast cancer; approximately 1 woman in 8 will develop this disease. The risk factors for breast cancer: lifetime, early menarche, late menopause, nulliparity are well known. But a family history of breast cancer is a key risk factor, indicating an important role for heritable factors in the development of the disease. About 5%-10% of all breast and ovarian cancers is due to inherited genetic mutations. During 1994 and 1995, two breast cancer related genes (BRCA1/2) were mapped. The cloning of the BRCA1 and BRCA2 genes offers the opportunity to select a group of breast cancer patients with alterations in the sequences of these genes. Eighty to ninety percent of hereditary breast and ovarian cancers are due to BRCA1 and BRCA2 mutations. BRCA1 mutation carriers have up to 87% risk of breast cancer, 40%-60% risk of a bilateral breast cancer and 15%-45% risk of ovarian cancer. Concerning the fact that each year in Institute of Oncology and Radiology, over 1000 new cases of breast cancer are diagnosed, the importance of this study is obvious. The first step is a selection a group of breast cancer patients with characteristics of familial breast/ovarian cancer, using the worldwide adopted criteria. It is necessary to obtain informed consent from patient after provision of pretest counseling. The process of genetic counseling is critical both before and after testing to ensure that patients understand the potential medical and psychosocial implications of testing and are aware of available options and resources.