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Health care during administration of combined docetaxel - mitomycin c - vinblastin therapy in treatment of metastatic breast cancer patients

KEYWORDS: Breast Neoplasms; Nursing Care; Antineoplastic Combined Chemotherapy Protocols; Drug Toxicity

Background: New chemotherapy combinations are extensively investigated in metastatic breast cancer, especially in anthracycline resistant patients. However, the higher the treatment efficacy, usually the greater therapy side effects are reported. We present our health care experience in treating advanced breast cancer patients with three-drug combinations consisting of Taxotere, Mitomycin C and Vinblastin. Aim of the work was to evaluate the toxicity profile and the effectiveness of health care measures in prevention of chemotherapy side effects. Nurses interventions in prevention of complications due to therapy related toxicity were as follows: regular check-ups of patients, monitoring for signs and symptoms of infection in severely neutropenic patients, monitoring for hemorrhagic syndrome in patients with severe thrombocytopenia, monitoring for the signs and symptoms of stomatitis and asptemic care of oral cavity in order to prevent oral mucosal damage.

Methodology: From December 1998 to April 2000, 27 patients were included in the phase II study of metastatic breast cancer patients. The following therapy regimen was used: Taxotere 80 mg/m2 every 3 weeks, Vinblastin 6mg/m2 every 3 weeks, and Mitomycin C 12 mg/m2 in 6-week intervals. Presented data are obtained from interviews, analysis of health care lists and patients' diaries, which they filled in at home.

Results: During the study, a total of 133 chemotherapy cycles were applied. Neutropenia of grade 3-4 was registered in 25/27 patients (93%), and only 12 patients (48%) had at least one episode of febrile neutropenia, which was manageable. Other toxicities were as follows: thrombocytopenia of grade 3 in 1 out of 27 patients, without development of hemorrhagic syndrome, anemia of grade 3 in 3 women, neurosensory toxicity in 4 patients, and liquid retention in 6 patients. However, mucositis of grade 4 occurred in 1 patients, and grade 3 in 2 of them despite the rigorous health care interventions. Fatigue of grade 2 developed in 7 patients. Other toxicities were mild or moderate, the most frequent of which was diarrhea in 3 women.

Conclusion: Our results confirm that a TXTR-MTC- VLB combination has considerable acute and cumulative side effects that are expected. However, regular monitoring and in time nursing interventions may spare patients from suffering the severe complications due to chemotherapy side effects.

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Attitudes of patients with cancer toward the diagnosis, treatment and prognosis of the disease and their influence on the process of adaptation

KEYWORDS: Neoplasms; Patients; Attitude; Diagnosis; Adaptation, Psychological

Background: For majority of people cancer means a serious suffering and concern about their own life. Within the cognitive model, which includes assessment, interpretation and evaluation related to cancer, the style of adaptation is developed according to what cancer means to patients, and its significance defines their emotional and behavioral response. The aim of this research was to establish patients' reactions and emotional responses to cancer and influence of its presence on the development of adaptation process.

Patients and methods: Thirty-six patients with gynecological and lung cancers and Hodgkin's lymphomas were asked to answer the questionnaire that had been previously developed for the purpose of this research.

Results: Our results showed that the considerable percent of patients do not accept the term "cancer" as their diagnoses (50% of patients accepted the term "tumor" and 8% of them did not even know which disease they were suffering from). All patients clearly recognized which therapy belongs to an anti-neoplastic treatment. Emotional distress, defined as anxiety (irritation, tension, trouble, nervousness) was present in 23% of patients. Thirty nine percent were depressive, 38.8% of them experienced significant weakness, while 12.9% suffered from insomnia. Fear for future was present in 45% of patients, mostly women. Fatigue was the dominant symptom (47% of patients) and alopecia was the most frequently observed therapy adverse effect.

Conclusion: Since the oncologists in our country usually do not communicate the real diagnosis of cancer with patients, rejection is a common psychological defense mechanism especially among males. The majority of patients were not depressed, but the depression was more frequently expressed than anxiety, especially at transitional points during the disease (at diagnosis, waiting for operation, check ups, etc). Our results indicated that our cancer patients accomplished positive process of adaptation.