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The evaluation of the studies related to breast cancer in Turkey between the years 2000 and 2009
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Introduction: Breast cancer is the most common type of cancer among women in the world. In Turkey based on the 2005 data breast cancer ranks first among female cancers reaching a value of 35.47%. Aims: Gather and evaluate the studies which are related to breast cancer in terms of the researchers, study type, sample type and subject areas and were carried out between January 2000 and September 2009.

Materials and Methods: The study data was gathered from the thesis screening database, medicine and nursing and Turkish online published journals. 109 studies in which at least a nurse or a midwife was involved were included in this study. During analysis of the data, SPSS 11.0 was used.

Results and Discussion: The data was gathered from online journals 65% from the thesis’s 26.6%, and from congress books 8.3%. In 2000 one, in 2001 one more, in 2003 six, in 2004 six more, in 2005 seven, in 2007 thirty two, in 2008 thirty and until the end of September of 2009, sixteen studies were carried out. No study was found to be carried out in 2002, and in general there was an increase in breast cancer related studies since 2005. However, this increase is not statistically significant (fisher X² = 13.51, p > 0.05).

When the type of research was examined 74.3% of the studies were descriptive, 24.8% were experimental or semi-experimental and 0.9% was methods-based. In terms of researchers profile, more studies were performed by academician nurses and midwives (88.1%) than the nurses and midwives working in the field (11.9%) and this result was statistically significant (fisher X² = 4.79, p < 0.05).

When the areas where the studies were carried out were examined two regions dominated. The Marmara region with 26.6% and the Aegean region with 25.7%. Fewer studies were carried out in the Mediterranean, East Anatolian and Southeast Anatolian regions. Statistically significant relationship was found between the number of researchers and regions (fisher X²D = 31.24 p < 0.05). Differences between the regions were thought to be due to the differences in cancer incidence, the sensitivity of the researchers to the subject and the presence of more established academic life in western cities.

The studies were evaluated in terms of the research subjects and listed in the order of 33.9% breast cancer, 25.7% BSE, 24% health-belief model, 9.2% mastectomy, 5.5% other screening tests and 3.7% breast cancer risk factors.

Conclusion: There is an obvious increase in studies related breast cancer around the world and in our country. However, studies regarding clinical practice of the nurses are inadequate in Turkey. Organizations, associations and universities that are working in this field should encourage nurses, midwives and academicians to work in clinical studies and should guide them and let them put evidence-based results into practice.

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The course of medicine: process analysis and preliminary results
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Introduction: In modern organization of the medical oncology unit it’s very important that the oncology therapeutics be prescribed, prepared, administered and expelled by way of a well organized course and traceable in each phase.

Objectives: The aim of our study is to valve the adherence and the feasible application of the procedure “Procedure for the correct performance of the activity of: distribution of personalized oncology therapy, management of supporting therapy, reaction to accident which began on 03/11/08 after six months activity”.

Methods: Collection of data from 03/03/09 to 24/04/09. Requires qualifications:

1. Completeness: cases of dispensing cards without the registration of control
2. Safety of the patient: therapy received not in conformity.
   • Dispensing cards: received not in conformity
   • Cases of lack of correspondence between patient and the labels of the therapy
   • Cases of lack of correspondence between dispensing cards and label of the therapeutics
3. Appropriate assistance: cases of complaints received by means of Public Relation Office
4. Safety of personal: cases of lack of observance of internal regulations by regarding individual protection devices.
5. Correct prescription: cases of not suitable prescription
6. Correct clinical: cases of patients who died after therapy done in the last month of life
7. Completeness: cases of cards with the final signature of the doctor; cases of clinical files with the final signature of the doctor; cases of complete lack of the final signature of the doctor
8. Waiting time: waiting time of maximum 10 minutes, max 20 minutes, max 30 minutes, over 30 minutes.

Results: The collected data regarding acceptance of the protocol and it’s feasible application.

Conclusions: Each improvement in quality needs involvement and adhesion by all the group and periodical monitoring of all the indicators of procedure.

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The evaluation of breast cancer patients’ receiving information situations
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Introduction: Patients with breast cancer have a need for professional support at every stage of their sickness, starting from diagnosis. The patients with breast cancer in our region have been seen to experience quite serious problems during diagnosis, treatment and the post-treatment period. It has been observed, however, that these problems have not been adequately addressed. The European Guidelines on the rights of patients with cancer (Association of European Cancer Societies, October 16, 2004) states that patients must be informed and supported in accessing information that will help them in understanding and coping with the disease.

This study was conducted to evaluate how patients with breast cancer access information about their sickness.

Material and Method: This is a descriptive study conducted through a part of the pre-test data of a three year long scientific project (TUBITAK-107K404 Project-Creating a More Comprehensive