

Poster Session I
#6

Concerns of Stem Cell Transplant Patients During Routine Ambulatory Visits

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Purpose: The purpose of this secondary analysis was to describe the written concerns of stem cell transplant (SCT) patients that may not be routinely assessed during ambulatory visits by oncology healthcare providers.

Background: SCT is a physically, emotionally, and psychologically challenging procedure for patients. Regular assessment by healthcare providers is important to identify patient symptoms and concerns. One type of symptom assessment, Electronic Self Report Assessment - Cancer (ESRA-C), has been designed to quantitatively assess patient symptoms and quality of life issues prior to ambulatory visits. The program also provides a free text box for the “two most important concerns” or “anything else we haven’t covered here.”

Methods: We analyzed data collected in free text boxes during ESRA-C assessment by the SCT patients between 2005 and 2007 at the Seattle Cancer Care Alliance. The ESRA-C was presented to 135 patients undergoing SCT prior to ambulatory visits at two time points: before any therapy had begun and at the first visit after hospital discharge. 139 text box entries were made: 52 entries before the transplant and 87 after transplant. Using content analysis, we categorized and ranked the entries according to their frequency.

Results: At both time points, common categories included symptom issues (n=43), financial/work issues (n=18), concerns about family/caregiver (n=11) and surviving the transplant (n=11). Financial/work, family caregiver and survival concerns were more common before undergoing transplant and symptom issues more common during therapy.

Conclusion and Implications: Given the opportunity, SCT patients readily prioritized concerns and fears about financial, family and survival issues prior to transplant on a symptom survey. These concerns may interfere with the patients being able to comprehend the complex treatment scenario that is being presented. Assessment of financial concerns and conversations about other fears should be a priority before transplant.