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Late-Breaking Abstracts From the Oncology Nursing Society 11th National Conference on Cancer Nursing Research

Each abstract has been indexed according to first author. See page E190.

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Podium Session

DX

THE IMPACT OF SECONDARY LYMPHEDEMA AFTER HEAD AND NECK CANCER TREATMENT ON SYMPTOMS, FUNCTIONAL STATUS, AND QUALITY OF LIFE. J. Deng, Vanderbilt University School of Nursing, Nashville, TN; S.H. Ridner, Vanderbilt University School of Nursing and Vanderbilt-Ingram Cancer Center, Nashville, TN; M.S. Dietrich, Vanderbilt University School of Nursing and Department of Biostatistics, School of Medicine, Nashville, TN; N. Wells, Vanderbilt University School of Nursing, Nashville, TN; K.A. Wallston, Vanderbilt University School of Nursing, Nashville, TN; and B.A. Murphy, Vanderbilt-Ingram Cancer Center, Nashville, TN

Patients with locally advanced HNC are treated with multimodality treatment that often leads to a damaged lymphatic system. Head and neck lymphedema may involve external sites (e.g., neck) and internal structures (e.g., larynx). Our study identified that 75.3% patients had lymphedema after HNC treatment. Theoretically, lymphedema may result in substantial physical and psychological symptom burden, functional loss, and decreased QOL.

Currently, no studies directly examine the impact of lymphedema in HNC patients. We aimed to examine the associations among the severity of lymphedema, symptoms, function, and QOL in HNC patients.

The Theory of Unpleasant Symptoms directed the study.

A cross-sectional, correlational design was used. The sample included 103 patients who were 3 months post HNC treatment. External lymphedema was graded using Foldi's Scale through physical examination. Internal lymphedema was determined using Patterson's Scale through endoscopic exam. Vanderbilt Head and Neck Symptom Survey was used to assess physical symptoms specific to HNC/its therapy. Psychological symptoms were evaluated using the Hospital Anxiety and Depression Scale and Body Image Scale. Function was evaluated by direct examina-

tion, including neck range of motion, hearing, and mouth range of motion. QOL was assessed using Functional Assessment Cancer Therapy-Head & Neck and Linear Analog Self-Assessment scale. Regression analysis was used for the analyses.

The severity of lymphedema was statistically significantly associated with swallowing difficulty, mucous/dry mouth (xerostomia)-related symptoms, nutrition-related symptoms, and impaired body image. Patients with more severe external lymphedema were more likely to have a decrease in neck forward flexion and neck left/right rotation. Patients with combined internal and external lymphedema were more likely to have hearing impairment. Patients with more severe lymphedema experienced poorer QOL. Findings suggest that HNC-related lymphedema can significantly impact patients' symptoms, function, and QOL. Healthcare professionals need to be equipped with HNC-related lymphedema knowledge, conduct physical examination to detect lymphedema, evaluate lymphedema-related symptomatology, functional impairment and QOL. Additional studies are warranted to identify causations of lymphedema and explore strategies to manage lymphedema.

DY

EFFECTS OF CANCER PATIENTS' RACE AND LANGUAGE ON PATIENT-CENTERED CARE AND PATIENT OUTCOMES.

L. Radwin, Independent Consultant, Chelmsford, MA; H.J. Cabral, School of Public Health, Boston University, Boston, MA; and K. Donelan, Institute for Health Policy, Massachusetts General Hospital, Boston, MA

Far less is known about disparities in nursing care than disparities in physician care. Understanding the equalities/inequalities in nursing care provides opportunities to decrease cancer care disparities.

The purpose was to examine relationships between hospitalized cancer patients' race and language, patient-centered nursing care (PCC-N) delivered at the bedside, and patient outcomes (PT-OUT).

This secondary analysis used the non-experimental, longitudinal prospective design of the primary study, and the Quality Health Outcomes Model provided the guiding theoretical framework.