Letters to the Editor

Reporting Study Results to Research Subjects

When conducting studies, nurse researchers typically think of the two R's: recruitment and retention. I respectfully suggest the addition of a third R: reporting. After completion of a recent study, I found myself reporting the results to physicians and hospitals. A thought occurred to me: What about my subjects with breast cancer?

A group of women who have been so generous of their time and effort with my work refer to themselves as the "pink ladies." The group is comprised of the newly diagnosed, those who recently completed treatment, and survivors (5, 10, and 15 years after treatment). The women meet once a month for about two hours, with an approximate attendance rate of 15–20 women.

As the thought of reporting my study findings burned in my mind, I contacted the group's coordinator and told her to make an announcement that I would present the results of a study in which many of them had participated to them the following month. Considering the usual attendance numbers, I figured my reporting would take about 15–20 minutes. When I arrived, I found approximately 45–50 women, some standing. I presented my findings regarding symptoms experienced and resultant symptom distress. Not only were the results of interest, but a sort of "symptom validation" occurred.

Women with breast cancer experience sensitive symptoms such as those associated with menopause and sexuality, body image, and, often, cognitive impairment. Most women do not want to share such symptoms openly, but when they appear on questionnaires, women relate comfort in the fact that, because they appear on questionnaires, others must be experiencing them as well. My reporting also gave the women an opportunity to share feelings and recommend questions for future work. They said that of all of the surveys and questionnaires they had completed since diagnosis, I was the only researcher who reported the findings of a study back to them. We finished the meeting with a thought raised by the women: "Did you share these findings with our doctors and nurses?"

Marcia M. Boehmke, RN, DNS, ANPc
Assistant Professor of Nursing
University at Buffalo,
State University of New York

Screening Test Must Precede Low-Molecular-Weight Heparin

In my article "Clinical Challenges: Management of Thrombosis in a Neuro-Oncology Patient" in the July issue of *Oncology Nursing Forum,* I neglected to add an important screening test that we use prior to beginning patients on low-molecular-weight heparin.

Patients should undergo noncontrasted computed tomography of the head to rule out any hemorrhage or bleeding before starting treatment with low-molecular-weight heparin. Hemorrhage rarely is found, but even one patient with an active hemorrhage who is inadvertently placed on the therapy is one too many.

Nancy Eisenson, RN, MSN, OCN®
Neuro-Oncology Clinical Nurse Specialist
Preston Robert Tisch Brain Tumor Center
Duke University
Durham, NC

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Correction

In the January 2007 issue, abstract 223 (p. 252) for the Ninth National Conference on Cancer Nursing Research contained incorrect author information. The authors of "Support After Breast Cancer: Evaluation of a Senior Peer Counseling Telephone Intervention" are as follows: Rebecca Crane-Okada, PhD, RN, AOCN®, Breast and Endocrine Research, John Wayne Cancer Institute, Santa Monica, CA; Evelyn Freeman, PhD, Center for Healthy Aging, Santa Monica; Holly Kiger, MN, RN, Center for Healthy Aging; Parisa Mirzadehgan, MPH, Breast and Endocrine Research, John Wayne Cancer Institute; Linda M. Deacon, BA, Breast and Endocrine Research, John Wayne Cancer Institute; and Armando E. Giuliano, MD, Breast and Endocrine Research, John Wayne Cancer Institute.