

## Proffered Papers

### Age and gender specific issues

1104

ORAL

#### Quality of life of elderly people with cancer at time of diagnosis

B.A. Esbensen<sup>1</sup>, O. Roer<sup>2</sup>, K. Østerlind<sup>2</sup>, I.R. Hallberg<sup>3</sup>. <sup>1</sup> Herlev Hospital, Oncology Clinic & The Swedish Institute for Health Sciences, Herlev & Lund, Denmark & Sweden; <sup>2</sup> Herlev Hospital, Oncology Clinic, Herlev, Denmark; <sup>3</sup> The Vårdal Institute, The Swedish Institute for Health Sciences, Lund, Sweden

**Background.** In the years to come an increasing number of elderly people will experience a cancer diagnosis. Health care staff need medical knowledge specific to the given cancer disease but also of Quality of Life (QOL) characteristics and related topics in order to handle these patients in a sufficient professionals. Unfortunately, how elderly people live with a cancer diagnosis and how their QOL is, having until now attracted limited research activities.

**Purpose.** The purpose of this study was to describe the QOL of elderly people with cancer. From time of the diagnosis and in relation to demographic and socio-economic data, type of diagnosis, treatment, social network and support, activities of daily living, and hope.

**Material and Method.** Newly diagnosed cancer patients n=101, 65+ were included in the study and were recruited from hospitals in the County of Copenhagen, Denmark. People with lung, breast, colon and ovarian cancer participated in the study. Structural interviews from a questionnaire specifically set-up to this study were conducted. The questionnaire made use of such internationally recognised and approved instruments as EORTC, ISSI, Nowotny's Hope Scale, IADL and PADL. In addition the questionnaire was supplemented by questions related to the support the patients receive from the Health Care System. Data was analysed by descriptive and analytical statistical methods.

**Results and conclusion.** The total population was divided into four age groups with the purpose to find age-related differences/explanations. The study showed that elderly people with cancer in general had no age-related differences on socio-economic data. However, there were no differences to QOL measured with the EORTC instrument. The poster presentation will focus on the factors influencing QOL of elderly people with cancer at time of diagnosis, which are e.g. social network, contact with children and grandchildren, financial situation and hope.

1105

ORAL

#### Older patients' experiences of colorectal cancer: functional status and service use following treatment

C. Bailey<sup>1</sup>, J. Corner<sup>1</sup>, J. Addington-Hall<sup>2</sup>, D. Kumar<sup>3</sup>, J. Haviland<sup>4</sup>. <sup>1</sup> University of Southampton, School of Nursing and Midwifery, Southampton, United Kingdom; <sup>2</sup> GKT School of Medicine, Dept. of Palliative Care and Policy, London, United Kingdom; <sup>3</sup> St. George's Hospital, Colorectal Surgery Unit, London, United Kingdom; <sup>4</sup> Institute of Cancer Research, Dept. of Epidemiology, Sutton, United Kingdom

**Background.** Cancer disproportionately affects people aged sixty-five and over, and the elderly have been described as bearing the brunt of the cancer burden. Age and ageing are therefore an important part of the context for the delivery of care and treatment for people with cancer. We conducted a 3-year multicentre study to determine the effect of age and functional status on treatment decisions in older patients with colorectal cancer. In this paper, we present an analysis of changes in functional status and use of services in the 6 months between pre- to post-treatment interviews.

**Material and methods.** 337 patients with colorectal adenocarcinoma aged 58-95 years were interviewed before treatment using the OARS Multidimensional Functional Assessment Questionnaire, the Rotterdam Symptom Checklist, and a severity of morbidity score. 229 patients were re-interviewed 6 months later (or 2 months after adjuvant chemotherapy).

Study end-points were defined as post-treatment functional status, symptom distress, severity of morbidity, and frequency of service use.

Pre- and post-treatment data were compared using matched analyses. Logistic regression was used to assess associations between age and the main outcome measures. Frequency of service use after treatment was compared between age groups using the  $\chi^2$  test. Patients aged <75 years were defined as 'young-old', and patients aged  $\geq 75$  years as 'middle/old-old'.

**Results.** 6 months after treatment younger patients experienced significant reductions in morbidity, psychological distress, and improved quality of life. Older patients experienced increased impairment in mental health and activity level. Impairment in physical health reduced in both age groups, whereas impairment in self-care capacity increased in both age groups. Increasing age was associated with greater severity of morbidity after treatment and greater impairment in social resources.

More patients received nursing care at home after treatment than before; more also received help with personal care, housework, and meal preparation. Nursing care at home was provided almost entirely by public agencies. In all other cases, however, the majority of help with services at home was provided by families. Older patients were more likely to say that they needed/were still receiving help at home when they were interviewed after treatment.

**Conclusions.** Patients in this study experienced both positive and negative outcomes following treatment. However, the months at home after treatment are demanding, and this is particularly so as age increases. Families play an essential role in supporting patients in the period after hospital treatment. This raises important questions about how much preparation families receive, or feel they need to support them. A collaborative approach is needed to design services that complement the contribution of partners and family to post-hospital care.

1106

ORAL

#### Survey of current UK practice in vaginal dilatation associated with pelvic radiotherapy

I. White<sup>1</sup>, S. Faithfull<sup>2</sup>. <sup>1</sup> City University, St.Bartholomew School of Nursing & Midwifery, London, United Kingdom; <sup>2</sup> University of Surrey, EIHMS, Guildford, United Kingdom

**Background:** This study evaluated existing practice for the preventative management of vaginal stenosis and fibrosis associated with pelvic radiotherapy through a UK-wide survey of gynaecology oncology nurses and radiotherapy centres.

**Material and Methods:** A postal questionnaire was sent to all UK radiotherapy departments (n=64) and members of the National Forum of Gynaecological Oncology Nurses (n=160).

The 38-item questionnaire enquired about specialist practice in the use of vaginal dilators and advice for psychosexual health during and post pelvic radiotherapy treatment. The questionnaire was piloted with a group (n=10) of clinical experts in sexual health, gynaecological oncology and radiotherapy for content and face validity. The data was entered into SPSS and analysed using descriptive statistics and additional comments were analysed through content analysis.

**Results:** Findings from the study represent advice given in relation to the following practice domains:

- Sexual Health Assessment Approaches
- Provision of Patient Information and Education
- Components of Vaginal Dilator Technique
- Evaluation of Patient Compliance

This study provides initial information as to the extent of inconsistency and diversity in this aspect of supportive care in radiotherapy and as a basis for further empirical research.

**Conclusions:** An important first step in the development of more effective interventions and support for women receiving pelvic radiotherapy is to describe current practice and usual care for these women within existing radiotherapy and cancer services. The results from this survey have identified best practice and will inform the development of national guidelines as an evidence base for this intervention. Such practice standardisation is also