## General health care and political issues

1199 POSTER

### Carcinoembryonic antigen testing in colorectal cancer follow-up: a study of patients' attitudes and preferences.

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**Background:** The routine use of CEA testing in the follow-up of colorectal cancer patients who have undergone curative resection remains inconclusive. [1,2] In general, cancer patients report a strong preference for follow-up even if it does not lead to earlier detection of recurrence and despite any anxieties experienced in the period prior to the follow-up visit. The attitudes of colorectal cancer patients towards specific investigations, in particular the CEA blood test, have not been formally examined in this way.

**Purpose:** The aim of this study is to increase knowledge of patient attitudes and preferences towards CEA monitoring during colorectal cancer follow-up. A specific objective is to identify patient opinions towards CEA testing in relation to the perceived level of benefit. Factors that may influence patient preferences e.g. time since surgery/treatment, fear of recurrence, medical history, age and sex will also be investigated.

**Material and methods:** This descriptive study uses a questionnaire to elicit patients' attitudes and preferences towards CEA testing. Recruitment is currently underway. The total number of patients will be 100. All patients on follow-up following curative resection for colorectal cancer in which routine CEA monitoring is already being carried out, including patients receiving chemotherapy, are eligible. Patients are currently being recruited during attendance at a colorectal cancer clinic, Edinburgh Cancer Centre. A pilot study of 16 patients was conducted in a district general hospital oncology clinic.

**Results:** The results of the pilot study demonstrate that the majority of patients are in favour of the test, regardless of whether further treatment can be offered or not. Data is currently being entered onto an Access database and will be analysed descriptively. The results will be presented at ECCO 12. It is our view that in deciding whether to test for CEA we should be guided by patients' preferences in addition to published data on survival and health economics.

#### References

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1200 POSTER

### Mouthcare compliance in neutropenic haematology patients

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In our experience patients in this group can find compliance difficult for a variety of reasons which is supported in the literature by Xavier (2000) who cited nausea, anorexia, vomiting, dehydration, fatigue, mucositis and poor nutritional status as some of the reasons for poor compliance.

On the Avon Haematology Unit we use a regimen of chlorhexadine mouth washes followed 20 minutes later by nystatin solution four times a day. Although patients are taught about the importance of mouthcare they frequently do not carry out routine mouthcare as advised.

An audit was carried out to try and determine how large a problem non-compliance was on the unit and for what reasons. All neutropenic patients were given a questionnaire and diary sheet to complete during 2 courses of chemotherapy. The data were collected over a four month period. The early analysis indicates that non-compliance is indeed a problem in some cases due to a range of issues such as nausea, dislike of product and poor understanding of the process. Once the audit is complete it is hoped that we will be able to trial alternative regimens that may improve compliance in the future.

#### References

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1201 POSTER

### Relationships between anemia and polichemotherapy in cancer patients

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Anemia is especially important from the standpoint of quality of life (QOL), because it profoundly affects patient's capacities, both mental and physical, and acceptance of further treatments. Therefore, the assessment of that health condition becomes very important in patients who are treated with antineoplastic agents. In order to evaluate the impact of first- or second-line polichemotherapy of metastatic or advanced neoplasms (lung, colorectal, gastric, pancreatic, breast, ovary carcinomas, kidney and liver cancers, sarcoma), 127 patients were enrolled in this study, without considering schedules nor drugs to which they were candidates, as well as alkylating agents, taxanes, topol inhibitors and antimetabolites (as well as 5-fluorouracil and gemcitabine). Also patients who were treated with infusional schedules (using infusional pumps from Sevit) were enrolled. The evaluation of anemia was performed by using the FACT-An scale in all 127 patients, and at 48 out of them was asked to answer to the questionnaire after each cycle of chemotherapy. The analysis of collected data revealed that cancer patients suffered from fatigue and anemia in a large percentage and in a severe degree. In fact, the mean ± standard deviation calculated for the FACT-An subscale was 50.8 ± 16.2, with a median value of 54. However, patients who were evaluated for anemia during 2 or more cycle of chemotherapy did not experienced a significant worsening of FACT-An score, and that did not interfere with the administration of following cycles of chemotherapy. Therefore, the present study demonstrated that antineoplastic chemotherapy is capable to affect patients' abilities and daily activities, and that the evaluation of anemia could be a reliable approach for nurses and physicians.

## Age and gender specific issues

1202 POSTER

### Women who talk together learn together. Results of a study of psycho-educative groups for women with gynaecological cancers.

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Patients react to a cancer diagnosis with a variety of emotions including shock, anger, guilt, denial, anxiety and depression. Psychosocial oncology focuses on how the physical manifestations of cancer impact upon the cognitive, behavioural, social and spiritual components of the lives of patients with cancer. Psychosocial interventions aim to alleviate the emotional and social impact of cancer on patients and their families. Information is a basic form of support. Correct and adequate information is essential to helping patient and family adapt to a diagnosis of cancer and develop coping skills. Studies suggest that patients who receive good information are more satisfied with their care and demonstrate lowered levels of anxiety and depression. The role of support groups has been well documented in cancer support. Psycho-educative group support helps people who have similar problems to act as role models to one another, especially in the use of adaptive coping responses. This paper describes the perceived benefits of a psycho-educative support programme for women diagnosed with gynaecological cancers. The programme is divided into four main areas dealing with the physical, psychological and social aspects of gynaecological cancers in an Irish context. The limitations of the programme are described and the discussion addresses the need for further patient education in centres throughout Ireland.

1203 POSTER

### Sexual care in cancer; the forgotten question

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**Introduction:** Germ cell neoplasm are unusual, with low incidence (almost 1,5%) and rather high curative rate over 90% in survival data. However, occur in relatively young population (rate from 15 to 35 years). Illness and treatment side-effects have physical, social and psychological results and dramatically changes in future to patients.

Sexuality is an important issue for human being in order to satisfy Quality of Life needs. Nurses are aware that is one of the most unattended activities in cancer nursing care. The main point: Is it a forgotten question for nurses?

**Background:** A deep review in general literature is focussed in the following points: Sperma decreasing flow and levels, sterility and problem in organic sexual development, but little is wrote on which is the patient perception and how the patients deal with changes and problems on it.

**Objectives:** The purpose of this study was to analyse sexuality under variables related by the patients. To evaluate which are the main worries for patient with a testis cancer on the topic of sexuality and how can be described this perception after treatment and, in a perspective from the past to the current situation.

**Patients and Methods:** *Sample/Patient selection:* From 1998 to date we have a retrospective register with all testicle cancer patients in our centre, we have contacted with them by phone and ask for permission to distribute a questionnaire. From those who have responded and returned the questionnaire, we have collect data from different variables as: Diagnosis and clinical history, demographic data, kind of treatment and type of sexual disturbances and perception related by patient.

*Design:* Descriptive study on sexual variables measuring and using validated test as: The Global sexual Functioning (SHF) and Erectil Malfunctioning (SHIM) and clinical data from each patient records.

*Main inclusion criteria were:* A total of 50 patients from the register with testis cancer diagnosis were included in our study. **The main exclusion criteria:** Patient characteristics at study enter was the approbal to participate in the study. Informed Consent form is required and, no cognitive disturbances in selected patients.

**Statistical analysis:** Correlation on different variables.

**Results:** We are running with pilot phase of the study. And we are planning to conclude with final data very soon.

**Discussion:** The study was undertaken to evaluate the sexual needs in testicle young cancer patient in a comprehensive cancer Centre in Spain; Institute Català of Oncology.

**Nursing implications:** We are trying to get with our data an effective tool to valorise as soon as possible the problems in sexuality testis cancer inform us. The data will help nurses to improve education measures in order to facilitate the final adaptation for male patients in sexuality.

1204 POSTER

### Subjective side effects of breast cancer patients on endocrine therapy using C-PET (Checklist for Patients on Endocrine Therapy): An outcome research study of 405 patients

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**Purpose:** To assess the subjective side effects of breast cancer patients on endocrine therapy both with early and advanced disease.

**Patients and methods:** This cross sectional study has been carried out in a multicenter setting over a period of 28 months. A total of 405 non-selected patients participated in the study, 32 women refused the participation. Before consultation patients completed the C-PET questionnaire. The Checklist for Patients on Endocrine Therapy has been developed by the Working Group on Living with Advanced Breast Cancer Hormone Treatment. This simple tool is to be completed by the patient without assistance. Therefore the patient is not influenced by nurses or doctors.

**Results:** Preliminary data have been evaluated in a descriptive manner, presenting global results. Symptoms experienced by frequency are:

| | Advanced (n=72) | Early (n=301) | Total (n=373) |
|---|---|---|---|
| Hot flushes/sweats | 57% | 73% | 70% |
| Weight gain | 28% | 49% | 45% |
| Nausea | 13% | 9% | 10% |
| Low energy | 50% | 46% | 46% |
| Fluid retention | 17% | 20% | 20% |
| Irritability | 18% | 18% | 18% |
| Decreased sex drive | 28% | 30% | 29% |
| Skin rash | 4% | 11% | 10% |
| Breathlessness | 19% | 17% | 17% |
| Vaginal bleeding | 3% | 2% | 2% |
| Vaginal dryness | 28% | 35% | 34% |

Patients in the adjuvant endocrine setting have reported higher numbers of hot flushes (+16%) and weight gain (21%) than patients with advanced disease. All other side effects were reported with differences $\leq 7\%$.

**Conclusion:** Weight gain, low energy, decreased sex drive and vaginal dryness are reported in a higher number than expected.

Due to an non influenced assessment of side effects in endocrine treatment, the awareness of these specific problems might be improved. As a consequence a more specific communication indicating these symptoms should be promoted.

1205 POSTER

### Soya isoflavones as treatment for menopausal symptoms in women with early breast cancer: findings of a randomised placebo controlled trial

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**Background:** Menopausal symptoms are now recognised as a particular survivorship issue for women with breast cancer (Canney & Hatton, 1994; McPhail & Smith, 2000). Together with increased use of adjuvant systemic therapies which may cause menopausal symptoms or premature menopause, media coverage of estrogen replacement treatment (ERT) as a universal panacea has led women with a history of breast cancer to seek treatments for estrogen deprivation (This et al, 2001). Soya phytoestrogens are being promoted as the "natural" alternative to ERT, with concentrated isoflavone extracts in particular being heavily endorsed (Davis, 2001).

The aim of this study was to assess soya isoflavone capsules as treatment for acute menopausal symptoms i.e. hot flushes and night sweats, in women with early breast cancer.

**Materials and methods:** A total of 72 participants were randomly allocated to receive either soya isoflavone capsules (n=36) or identical placebo capsules (n=36), twice daily for 12 weeks. Quality of life and response to treatment was evaluated using the EORTC QLC-C30 questionnaire + Breast Cancer Module BR23, and a menopausal scale developed for the purpose of the study. Data was collected at baseline, and at 4 weekly intervals during the study. Toxicity was also assessed, and graded using CTC criteria.

**Results:** No statistically significant differences were noted between soya isoflavone and placebo groups.

**Conclusion:** Current data provide an insufficient basis to support the use of isoflavones as an alternative to ERT in postmenopausal women. Further randomised trials are required to provide definitive data.<

## Developing practice

1206 POSTER

### Using handheld computers to support patients receiving outpatient chemotherapy

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**Background:** Given that the majority of chemotherapy in the United Kingdom is administered on an outpatient basis, patients often experience chemotherapy-related symptoms whilst at home without direct assistance from health professionals. This suggests a need to create a system whereby patients can be supported through professional advice and independent self-care in coping with their symptoms.

There is a growing body of evidence supporting the use of handheld computers by health professionals in clinical practice (Wagemann and Tossier, 2002) however, their potential use within a patient population is just starting to be realised.

This study aims to assess the feasibility and acceptability of handheld computers in symptom assessment and self care advice provision for patients receiving chemotherapy.

**Methods:** Patients with lung or colorectal cancer (n=20) receiving outpatient chemotherapy are using a handheld computer to complete a daily symptom questionnaire for two cycles of chemotherapy to measure fatigue, nausea and vomiting, oral problems and diarrhoea or breathlessness depending on which diagnostic group the patient belongs to. On entering symptom experiences, the handheld computer provides patients with self