

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 approval 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 de 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

care advice, tailored towards the nature and severity of symptoms that they have reported. Using a modem, patients then transfer their symptom information to a nurse at the specialist cancer centre. If the symptoms are consistently severe or out with expected norms, the system will alert the nurse via a pager who will then contact the patient, following a specific protocol. All contacts and action taken are documented. Daily symptom reports are collated into a cycle symptom report for review prior to the patients' subsequent cycle of chemotherapy.

**Results:** The feasibility and acceptability of the handheld technology to patients and health professionals forms the basis of the results. Patients have responded positively to initial pilot work with the handheld computer system and recruitment is currently ongoing. Full results will be available by September, 2003.

**Conclusions:** It is anticipated that this unique information and communication system will not only enhance continuity of care and resource allocation but will be used to build an individual profile of symptoms, ensuring that patients' previous experiences are used to shape their future care, promoting the concept of individualised patient directed care.

#### Reference

- [1] Wagemann CP and Tossier C (2002) Documentation goes wireless: a look at mobile healthcare computing devices *Journal of AHIMA* 73:8:36-9

1207

POSTER

#### Dendritic cell-based vaccines: implication for oncology nursing

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**Background:** In ongoing clinical studies at our institute dendritic cell vaccines are investigated for their capacity to induce anti-tumor immune responses in patients with various tumor types. At the department of Medical Oncology stage IV (protocol A) and stage III (protocol B) melanoma patients are treated with peptide-pulsed dendritic cells (DC).

**Materials and methods:** DC are obtained from patients by leukaferesis followed by cell culture. In protocol A the DC are injected 3 times iv./id., followed by 3 vaccinations of peptide alone. The primary endpoint is the immune response. In protocol B the DC are visualised by radioactive Indium and are injected id or intranodally prior to a radical lymph node resection. Subsequently patients are vaccinated 3 times in combination with IL-2. Migration of DC to lymphnodes is the primary endpoint. After each vaccination immunological responses are measured in peripheral blood. After the last vaccination a delayed type hypersensitivity skin test is performed from which biopsies are taken.

**Results:** To date 43 patients have been treated (31 stage IV, 12 stage III) and several objective clinical responses have been observed. Side effects were limited to malaise, fever, rigors, chills, and local reactions at the injection site

Oncology research nurses are involved in this program in informing patients, psychological support, instruction of injecting IL-2, monitoring side effects and logistics. In the future research nurses will be involved in performing skin tests and vaccinating patients.

**Conclusions:** We will discuss the implications of experimental treatment modalities such as DC-vaccins for oncology nursing in daily practice.

1208

POSTER

#### Advanced, computerised cold cap for preventing chemotherapy induced alopecia.

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**Background:** Besides nausea/vomiting and fatigue, patients receiving chemotherapy experience alopecia as one of the worst side effects. Purpose: The purpose of the present study is 1) to evaluate if it is possible to prevent chemotherapy-related alopecia by using an advanced, computerised cold cap, 2) to evaluate the side effects, and 3) to evaluate the cost.

**Material and methods:** Patients with primary breast cancer receiving adjuvant chemotherapy, 5-FU, epirubicin, and cyclophosphamide (FEC). The cold cap used has several advantages: 1) it is possible to regulate the temperature individually, 2) the time of cooling down can be prolonged to minimise the discomfort, and 3) data from the treatment session are monitored and recorded automatically. All patients received seven courses of FEC. Before every course the patients were pre-cooled for 20 minutes

(3C or 5C depending on the thickness of the hair). The post-cooling time after discontinuation depended on the actual dose of epirubicin given. Prior to the first course the patient filled in a questionnaire in order to validate their hair. During course 2-7 the patient filled in a visual analogue scale (VAS) to monitor the degree of alopecia and side effects related to the scalp cooling. After the last course the patient repeated a questionnaire monitoring the overall benefit of the scalp cooling treatment. In addition, clinical photos were used to validate the hair-loss. At any time during the treatment the patients could choose a free wig, but if they did, the treatment with the cold cap was discontinued.

**Results:** An interim analysis after a period of 6 month shows that 26 patients were treated with scalp cooling. Only 3 of these patients preferred a wig due to their own evaluation of the loss of hair. In other terms 88% did not use wig. All the patients found the side effects and the extra use of time acceptable. Only minor difficulties in the implementation of the scalp cooling treatment were experienced, and it was fairly easy to learn how to handle the equipment. Regarding the economics, the first estimation tells us that the expenses of the scalp cooling treatment are lower than budgeted wig expenses.

**Conclusion:** Scalp cooling with advanced computerised cold cap seems to be effective with acceptable side effects, a paying proposition, and clearly preferred by the patients.

1209

POSTER

#### The use of web based information in handheld computers in supporting patients receiving outpatient chemotherapy

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**Background:** The aim of the study is to assess the value of, usability and accessibility of web-based symptom management information installed on handheld computers in self care advice provision for patients receiving chemotherapy.

**Design Specification:** Information provided must be both usable and accessible to an older population who may have little or no computing experience and in addition may have never accessed the Internet. General symptom information takes the format of a web site. Other web-based information on chemotherapy, cancer and useful contacts are also provided, in the format of an "e-book".

**Design Issues:** The handheld has a screen size of 240\*160 pixels (approx. 3") and therefore poses a particular challenge in making vast amounts of information accessible and usable to patients of all capabilities. Given that 50% of the patients participating in the trial are likely to be of an older demographic, it is imperative to consider the needs of this user group in all stages of the design process. As there is very little research on what makes an interface usable for older adults (Hawthorn, D. 2000), the interface design has been trialled by patients attending a Colorectal Cancer Clinic (i.e. those patients in the older demographic) at each stage of the design process. Changes were then made to the design based on the feedback to facilitate a user-friendly interface, which would be accessible to all.

**Results:** The usability, accessibility and value of the information form the basis of the results. Initial trials of the interface have shown that patients respond favourably to the technology and the information provided, even those who have no computing or Internet experience. Full results will be available by September, 2003.

**Conclusions:** It is anticipated that this unique information and communication technology will promote the concept of individualised patient directed care and facilitate patient empowerment.

#### Reference

- [1] Hawthorn, D. (2002) Possible implications of ageing for interface designers. *Interacting with Computers* (12) pp. 507-528

1210

POSTER

#### Danish national special interest group in nausea and vomiting (SIG N&V) has made an audit on nausea and vomiting with cancer patients receiving chemotherapy

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SIG N&V is nationally represented and organized by the National Cancer Group for Nurses (FS13) and sponsored by Glaxo SmithKline