

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.

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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.

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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

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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