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POSTER

The courage to care: a report of a working party addressing sexuality and fertility concerns in cancer care

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The sexual concerns of patients have often been neglected in health care. In cancer care specifically there appears to be a misconception that people with cancer do not have sex. This presentation will address the practice developments initiated by a working party set up by nurses working in the field of cancer care. This was in response to nurses' and more importantly patients' views that the sexuality and fertility concerns of patients living with cancer were often not addressed. The group originally began by asking three questions: 'What are patients' needs?' 'What do we need to do to meet patients needs?' and 'What do we need to do to help nurses to address patient's concerns?'

In order to answer these questions the working party met monthly to provide a creative forum where nurses could explore the issues. This forum has helped raised the profile of this important element of care throughout two London hospitals. The group now includes, ward based nurses, clinical nurse specialists, educators and managers.

Some of the projects to date have included:

A study day addressing sexuality in cancer care

Supporting nurses in conducting a study to exploring colleagues' approach to sexuality in cancer care

Teaching, supporting and updating clinical staff

Closer liaison with colleagues from medicine and other therapies

Ensuring sexuality is addressed on all courses taught within the School of Cancer Nursing and Rehabilitation

Working party minutes are published on local websites highlighting the ongoing work

Planned audit to review work to date

The presentation will show that with commitment and the accessing of existing resources there is much that nurses can do to support patients in addressing sexual and fertility concerns.

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POSTER

Nurse-managed follow-up by telephone for patients with brain metastases

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Purpose: Annually, about 70 patients with brain metastases (BM) are treated in the Erasmus MC with Stereotactic Radiotherapy (SRT). This patient category has on average a life expectancy of only 6-12 months. Moreover, although clinical follow-up for assessment of efficacy and toxicity is essential, periodic hospital visits can be very taxing. To minimize these hospital visits and improve the quality of care, alternative follow-up strategies are currently being tested. This paper reports on the results of a study on nurse-managed follow-up by telephone.

Methods: Based on the Barthel Index, a modified questionnaire was developed including a quality of life (QoL) score. This questionnaire was to discriminate whether the patient's condition requires consultation by a radiation-oncologist (RO) or other specialties. The QoL score was determined by a linear self-assessment scale ranging from 1 (very poor) to 7 (excellent). From 2001 until 2002, 23 patients were treated by SRT for BM and seen in follow-up (FU) by the RO; in the same week of FU, patients were telephoned by the oncology nurse (ON). The WHO score and clinical status were determined by the RO; the ON determined the WHO score and clinical status based on the Barthel Index.

Results: Treatment resulted in a prolonged stabilisation of WHO-scores of surviving patients. The median WHO scores were 0.5 at baseline, 1 at 6 weeks, 1 at 3 months and 0.5 at 6 months. The mean QoL scores were 4.6 (6 weeks), 5.6 (3 months), 5.7 (6 months) following treatment, compared to a mean baseline value of 5.2. The Barthel index provided the ON with adequate information regarding the general clinical condition of the patients, and thus a tool to refer patients, if necessary.

Conclusions: From the questionnaire it is apparent that establishing the Barthel index provides the ON with an adequate tool to refer patients. From this study it is concluded that a nurse-managed follow-up clinic by telephone

is a promising future strategy for patients with BM, resulting in less periodic hospital visits and thus decrease in workload for the RO.

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POSTER

Pain – the use of a cognitive behavioural interventions

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Cognitive-behavioural interventions are an important part of a multimodal approach to pain management. They help to give the patient a sense of control and to develop coping skills to deal with the pain. With cancer patients, interventions introduced early in the course of illness are more likely to succeed because they can be learned and practiced by patients while they have sufficient strength and energy. Anxiety has been shown to consist of two common concepts. When anxiety is a permanent feature of an individual's personality, it is considered a personality trait. If a specific situation like hospitalisation or pain produces anxiety then this is a transitory response known as "anxiety state". Thus if a person with an anxiety trait is ill or hospitalised they may have an increased anxiety state. Many studies have demonstrated a high state of anxiety preoperatively, which decreased during recovery and was considerably lower one week post-operatively. Acute anxiety evokes a similar physiological response from the body as acute pain. Thus anxiety may have a role in potentiating pain by enhancing the physical symptoms. Allied to anxiety is powerlessness or helplessness. These feelings of powerlessness result, when due to previous experiences, an individual expects outcome to be independent of responses. The feelings of helplessness can be alleviated when this expectation is reversed and nurses can help by ensuring that patients maintain in control by encouraging them to be active participants in their own care and decision making. This paper describes the role of complementing analgesia with supportive care.

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POSTER

Laser palliation for colorectal tumours: evaluating effectiveness and quality of life.

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Background: Surgical resection remains the only potentially curative treatment available for colorectal cancer. Yet those with metastatic disease, extensive local disease, disease recurrence or those not fit for surgery due to existing co-morbidities will often require symptom relief. The use of laser treatment for palliation in the lower GI tract has become an attractive treatment option for such patients. Indications for use include obstruction, diarrhoea, constipation, bleeding, pain, tenesmus and rectal discharge.

Purpose: To undertake a systematic review of the literature relating to laser palliation for colorectal tumours. Subsequently carry out a retrospective review of laser use in treating symptoms of colorectal tumours from 1991 at the Western General Hospital, Edinburgh.

Method: MEDLINE and CINAHL from 1982 onwards were used to identify relevant literature along with contact with experts in the field. The Lothian Surgical Database was used to identify relevant patients for study from 1991.

Results: The literature shows that laser use in this area began to emerge in the mid 1980's. The majority of the studies have been retrospective in nature and have involved the review of unit caseloads over a number of years. Almost all studies have used the Nd:YAG laser in treatment. In general study numbers have been less than fifty, although a small number have utilised results from multi-centres. Studies have consistently reported an average of 80-90% success in symptom relief with the most treatable symptoms being bleeding and obstruction. Complication rates have generally been low as has related mortality. However most studies have neglected to provide measurements of success and have failed to determine whether the treatment has been acceptable to those patients involved.

Conclusion: From a review of the literature to date, it is apparent that well designed prospective studies are required that include clear outcome measures and address quality of life issues. A retrospective review of all patients treated with palliative laser at the Western General Hospital, Edinburgh since 1991 is currently underway. These results together with results from the literature will be presented at ECCO. The results will form the basis of a prospective study to assess treatment effectiveness and address quality of life issues in patients receiving laser palliation for colorectal tumours.