

of protecting vulnerable skin and promoting healing during radiotherapy treatment.

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POSTER

# Self-reported adverse health conditions (AHCs) among Norwegian men with prostate cancer (PC) who are members of The National Cancer Prostate Association (PROFO)

T. Borg<sup>1</sup>, S.L. Hess<sup>1</sup>, A. Hole<sup>2</sup>, T. Holter<sup>2</sup>, S.D. Fossa<sup>1</sup>. <sup>1</sup>Rikshospitalet – Radiumhospitalet Trust, Clinical Cancer Research, Oslo, Norway;

<sup>2</sup>Norwegian Cancer Society, Oslo, Norway

**Objective:** To characterise men with PC who are members of PROFO and to describe their experience of AHCs.

**Methods:** A questionnaire was anonymously mailed to 600 men who are members of PROFO. The questionnaire had 34 multiple choice questions, demographics, the patient's acknowledge about his PC and AHCs. A reminder was sent after 3 weeks.

**Results:** The survey yielded a response rate of 62% (n = 370). The median age was 67 years (range 48–88) with significantly difference to the median age of PC patients recorded to the Cancer Registry of Norway. At the diagnosis 72% of PROFO members had localised disease and for 49% ≤2 years had elapsed since diagnosis. PROFO members were better educated than men above the age of 50 years in the general population.

In spite of the above AHCs most PROFO members described their overall health as satisfactory.

**Conclusion:** Health-care workers should be aware of PC patient's considerable amount of AHCs which may remain undetected if not specifically asked for.

Results from questionnaire surveys as the present may improve information to be given to new patients. Furthermore, PROFO should increase attempts to reduce the shown differences between PROFO members and the majority of Norwegian PC patients.

Adverse health conditions	Androgen deprivation		Total
	Yes	No	
Impotence	75%	75%	75%
Urinary leakage	20%	38%	26%
Frequent urination	52%	37%	48%
Defecation problems	28%	9%	22%
Hot flushes	64%	11%	48%
Muscle weakness	40%	11%	31%
Joint pain	34%	8%	26%
Fatigue	56%	22%	45%
Sadness	29%	19%	26%

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POSTER

# Questionnaire on chemotherapy effects: a prospective study

A. Jiménez<sup>1</sup>, J. Pontón Sibilla<sup>2</sup>. <sup>1</sup>Institut Català Oncologia-Hospital Germans Trias i, Outpatient Oncology Unit, Badalona (Barcelona), Spain; <sup>2</sup>Català Oncologia-Hospital Germans Trias i, Pharmacy Service, Badalona (Barcelona), Spain

**Objective:** To assess the effectiveness of antiemetic treatment prescribed in our hospital to prevent of acute sickness as well as the influence on performance status (PS) and nutrition, in patients (pts) undergoing chemotherapy treatment.

**Methods:** This is a one week observational and prospective study. The questionnaires were filled down by patients who were treated with chemotherapy at our center. The questionnaire included information related to: number of vomits during the treatment and 24hrs after treatment, influence on PS and nutrition. Pharmacotherapeutic data was daily collected from the pharmacy informatic service (informatics net). Chemotherapy protocols were classified in four groups, according to ASCO guidelines, depending on the emetic effect (low, medium, high and very high). Performance status and influence on nutrition were assessed by punctuation: much, quite, poor/nothing. SPSS vr.10 program was used for the statistic analysis.

**Results:** 164 pts were included in the study. Patients characteristics: gender 102 (62.2%) men, 62 (37.8%) women, median age 59.1 years. Seventy (42.7%) pts filled down and returned the questionnaire. Chemotherapy treatments were classified as follows: low emetic effect 9.8%, moderate 42.1%, high 35.4% and very high 21.8%. Ondasentron and dexametasone doses were on average: 3 mgrs and 2 mgrs for the lowest emetic group, 11.6 and 11.3 mgrs for the medium, 13.5 and

17.5 mgrs for the high and 12.8 and 15.4 mgrs for the highest emetic group respectively. There weren't significant differences between ondansentron doses on medium, high and very high groups. 37.5% of the patients with the most emetic treatment, vomited the day of the administration and 28.6% did in the following day. Women vomited more than men (25.9% versus 2.6%) as well as did the younger patients (46.7 years versus 59.2 years). More than 50% of the patients receive high or very high emetic chemotherapy treatment. 85% of patients who answer the questionnaire didn't vomit during the study.

**Conclusions:** Alteration on nutrition is not related to the emetic effect of chemotherapy because 87.7% of the patients related few discomfort the day of treatment. Also PS is poor affected by chemotherapy, 78.5% of patients assure any trouble. Classifying treatments in four groups depending on the emetic effect, allow us to detect that patients with more emetic treatment, have poor vomit control. According to other author's bibliography, women and younger patients have less control on vomiting. However, in our study this group of pts (young and women) were treated with the high or very high chemotherapy group.

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POSTER

# Understanding factors contributing to nausea in advanced cancer: clinical and patient perspectives

P. Yates<sup>1</sup>, A. Clavarino<sup>2</sup>, G. Mitchell<sup>2</sup>, P. Hudson<sup>3</sup>, P. Martin<sup>4</sup>, K. Quinn<sup>5</sup>, L. Burrige<sup>1</sup>. <sup>1</sup>Queensland University of Technology, Faculty of Health, Kelvin Grove, Australia; <sup>2</sup>University of Queensland, School of Population Health, St Lucia, Australia; <sup>3</sup>University of Melbourne, School of Nursing, Melbourne, Australia; <sup>4</sup>St Vincent's Hospital, Palliative Care, Melbourne, Australia; <sup>5</sup>Centre for Palliative Care, Palliative Care, Melbourne, Australia

**Background:** Significant advances have been made in the management of chemotherapy related nausea and vomiting. Less attention has been given to understanding nausea experienced by people with advanced cancer.

**Aim:** The purpose of this multi-method study was to identify clinical and psychosocial factors that are associated with advanced cancer patients' reports of nausea, to facilitate a more effective and evidence based approach to identifying factors contributing to nausea in advanced cancer.

**Method:** Stage one of this study involved systematic review of the literature and qualitative interviews. A protocol outlining search strategies, inclusion criteria and data extraction procedures were developed to guide systematic review of literature. 15 articles were identified as being eligible for review. The articles were reviewed by two investigators to rate the quality of evidence about contributing factors. In addition, a total of seventeen participants including four Registered Nurses, six palliative care clinicians and seven patients with advanced cancer participated in semi-structured interviews to explore perceptions and observations of the experience of nausea and factors contributing to nausea. Interviews were transcribed verbatim, and thematic analysis undertaken to identify common themes around factors contributing to nausea, as perceived or observed by clinicians and patients. Findings from the systematic review and the qualitative interviews were compared to identify areas of congruence and divergence, with areas of divergence being discussed by the investigators to determine the strength and relevance of the divergent theme.

**Findings:** An evidence based description of categories of factors contributing to nausea was developed. These categories included: comorbidities; obstructive; CNS; chemical; psychological; other symptoms; environmental; dietary; activity levels. Within each of these categories, the specific clinical or psychosocial factor contributing to the experience of nausea was defined. The findings from this stage have been used to inform the development of the clinical assessment tool that is currently being evaluated in Stage 2 of this project.

**Conclusion:** Nausea in advanced cancer is a complex multi-faceted problem that is not well described in current research. The findings from this project will enable the development of more targeted assessment and intervention processes for patients experiencing nausea associated with advanced cancer.

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POSTER

# Development of an assessment instrument for chemotherapy associated dysgeusia and its implications for patients

R. Steingruber<sup>1</sup>, S. Gillesen<sup>1</sup>, C. Böhme<sup>1</sup>, F. Strasser<sup>2</sup>. <sup>1</sup>Oncology/Haematology, Internal Medicine, St. Gallen, Switzerland; <sup>2</sup>Oncology & Palliative Medicine, Onc./Haem, Internal Medicine, St. Gallen, Switzerland

**Background:** In our daily practice we see many patients (pts) treated with chemotherapy, who may respond to it but experience disturbing dysgeusia (D) (taste disturbance). This symptom is rarely reported in the pt's file or presented in the results of clinical trials. D can impact on our pts