patients, respectively. At every sixth week the same questionnaires were filled in until treatment was stopped

Twenty-five of the patients had previously received chemotherapy as adjuvant treatment and 41 patients in the metastatic setting. Eighty percent had a performance status (PS) 0 or 1 at entry, and bone and liver were the most common sites, both individually and in combination, for symptoms from metastases to occur. Median age was 62 (range 33–81). A quarter of the women were treated every week without pause and the rest with a pause every fourth week

**Results:** Fifty-six women were given 816 doses in total with a mean of 16 doses per patient. The most common side effect was muscle pain (30%) and the most common complaint was fatigue (69%). Most women (72%) did not experience any negative influence on social and familial life from the weekly treatment. For those who had had chemotherapy on a three-week schedule before, all but three found the weekly schedule more advantageous especially in terms of fewer side effects and a feeling of secure by seeing the nurse every week. At the sixth week and at the time of next to last dose, 75% and 60% respectively thought their total health was better or unimpaired and scored their QoL higher or equal compared to the baseline. This was in accordance with the nurses report of PS and the patient's total benefit from the treatment

**Conclusions:** The weekly Paclitaxel-regimen is well tolerated, has few side effects and has only a minor influence on the patient's daily life.

**1610** POSTER

### Monitoring and securing quality in oncological care – the 2004 longitudinal PASQOC® results

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The study on Patient Satisfaction and Quality in Oncological Care (PASQOC®) 2002 was the first assessment in Germany focussing directly on patient satisfaction in this therapeutic area. In 2004 PASQOC® was executed again, this time also to assess and observe quality of oncological care over time (2002/2004). Of 49 participating oncological practices and ambulances, 16 were following-up on their 2002 experience.

**Method:** Within a defined recruiting period the validated questionnaire PASQOC® was distributed to all cancer patients presenting at the investigators' practices. Patients' inclusion criteria: German speaking, ⩾18 years, confirmed cancer diagnosis, physical/mental ability to complete a self-administered questionnaire. The questionnaire is analysed by creating dichotomous 'problem scores' indicating the presence or absence of a problem. These are summed into 13 'dimension scores', each clustering a defined set of questions.

**Results (2002 figures in parentheses):** Samples did not differ significantly in structure. The 16 practices recruited n = 1639 patients (n = 1826), 50.9% women (55.0); mean age 63.6 years (62.4). By comparing 2004 with 2002 data it can be demonstrated that 5 practices showed overall improvement in all dimensions, 3 practices improved in some dimensions, 4 practices improved and decreased, while 4 maintained steady state.

**Quality assurance over time:** patients of one practice reported much more problems in all dimensions in 2002 than observed on average. The picture improved in 2004 as the practice presents itself on average with only "praxis organisation" being still an issue for patients (+37%). This practice demonstrated an overall better performance based on improvements in 8 out of 13 scales. Problem scores dropped (ie. improvement) especially in inter-person communication dimensions, ie. patient-physician relationship (−56%), co-management (−32%), involvement of family members (−54%) and discussion with other patients (−41%).

**Conclusion:** Assessing patient satisfaction over time is one tool to generate a platform for quality assurance in oncological care. The PASCOQ® questionnaire is a tool to assess not only status quo but is also feasible to detect changes in patients' satisfaction with physicians, staff, environment as well as side effects and supportive medication. The next step is to discuss and identify the levers that generated improvement with participating practices and ambulances.

**1611** POSTER

### Monitoring importance and satisfaction with patient information: a performance indicator measurement approach

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**Background:** Providing patient information is an integral part of a comprehensive cancer program. Patients' capacity to cope and handle the challenges arising from their cancer diagnosis and treatment is, in large measure, dependent upon their access to information that is relevant to them. Monitoring how well a cancer program is performing its role of providing relevant information, then, is an important quality improvement activity. However, the monitoring activity must take into consideration the burden on the patient and the high workload currently observed in many clinical settings. The tools used to monitor must be easily administered, and scored, as well as psychometrically sound.

**Materials and Methods:** The Cancer Patient Information and Satisfaction Scale is a newly developed reliable tool. It will allow monitoring over time of the importance patients assign to particular topic areas and their satisfaction with what information they received about important topics.

**Results and Conclusions:** Data have been gathered in a regional cancer center on five occasions ($N_1 = 540$; $N_2 = 39$; $N_3 = 2$; $N_4 = 59$; $N_5 = 63$). Internal consistency (Cronbach's alpha) for the Importance Scale is 0.89 and for the Satisfaction Scale is 0.92. Data analysis allowed identification of areas where there are potential problems and further investigation is warranted. For example, women reported lower levels of satisfaction with the information they received than did men. Key to the successful utilization of these performance data is clear and focused reporting and identified accountability for improvements.

**1612** POSTER

### Living with a peripherally inserted central catheter for the delivery of cancer chemotherapy: a phenomenological study

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**Introduction:** Since the implementation of the United Kingdom Central Council's (UKCC) Scope of Professional Practice (1992) nurses have undertaken roles and procedures historically in the domain of the medical profession, one such area has been the insertion and maintenance of peripherally inserted central venous catheters (PICCs). Central venous catheters have been studied in great depth over the last 10 years, however, an area of research that has been significantly overlooked is the cancer patient's experience of living with a central venous catheter.

**Aim of the study:** To describe the experience of living with a peripherally inserted central catheter for the delivery of cancer chemotherapy?

**Methodology:** A descriptive phenomenological approach; following the works of Colaizzi (1978) and Moustakas (1994) was utilised.

**Method:** In-depth focused one to one interviews were conducted with a purposeful sample of 5 patients who had received chemotherapy treatment via a PICC catheter.

**Results:** Five themes emerged from the data; adaptation to the PICC; caring for the PICC; visual indication something is wrong; no problem and the impact of the PICC.

The experience of living with a PICC is inseparable from the cancer experience. The PICC is a life giving entity, it enables one to receive the cancer treatment, and therefore it needs to be cared for, nurtured, protected and respected. Compliance with instructions is expected and willingly given. However the boundaries of compliance are tested in order to maintain a degree of control over ones life. Although the PICC affects a persons' view of themselves it is nothing in comparison to the diagnosis and subsequent treatment for the cancer. It is the reactions of others, the questions, the stares, that cause discomfort and lead to a dilemma concerning disclosing the cancer patient status. One would rather hide the PICC and avoid the questions.

**Conclusion:** The experience of living with a PICC impacts on the individual, however, this cannot be separated from the whole experience of having and being treated for cancer. The concerns of the participants were fundamentally linked to the diagnosis, for example the presence of stigma, altered body image and the desire for treatment success and cure.

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**1613** POSTER

### Breast cancer patients' fatigue and fatigue coping strategies during chemotherapy

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**Background:** Breast cancer is the most common cancer in women all around the world. In Finland, the incidence rate of breast cancer was 84.9