

Nurse Specialist, who would play a major role in providing emotional support, however, at present there is no such nurse in this Bristol hospital. The ward nurses are in a good position to develop therapeutic relationships with their patients, due to regular contact.

Methods: Over a four-month period, head and neck cancer patients were interviewed in an attempt to discover how well supported they felt at various stages of their cancer journey, specifically by ward nurses. The nurses were also given questionnaires to explore their views regarding how able they felt to support these patients emotionally.

Results: It was found that many patients did feel supported by the ward nurses, while most of the ward nurses felt they could not offer adequate emotional support, mainly due to time constraints and workload. Nurses and patients made suggestions as to how emotional support of the ward may be improved.

Conclusion: Due to the findings of the research, it was decided that the ward nurses should attend a teaching session. This helped them gain a better understanding of the patients' needs as well as providing encouragement that many patients did feel well supported already. The head and neck cancer patients care plan has also been updated to include a section of providing emotional support.

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POSTER

Evaluation of the supportive care needs of metastatic prostate cancer patients

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Background: In the last 12 months, there has been an increase of patient referrals with metastatic prostate cancer to Medical Oncology for further treatment within our hospital. This is due to the emerging role and benefit chemotherapy now provides these men. This patient group, ranges in age from 37 to 90. They require ongoing supportive care, symptom support, education and palliative care input. At present, no specific support system is in place for these patients.

Material and Methods: An audit of this patient group is being undertaken at present. The audit will collect data in regards to the current support needs of these men, who they are met by, and how they feel that this can be improved. Patients have also been asked whether they would like to attend educational group sessions, on specified topics and/or topics of their choice and to meet together on a regular basis. A proportion of these patients are currently enrolled in a clinical trial, evaluation to see whether their support needs are met by the Research nurse will be discussed.

Results: An evaluation of the audit results of the 60 patients currently visiting the Medical Oncology Department at Guy's Hospital will be undertaken and presented.

Conclusion: The audit has been developed to assess the current support needs of men with metastatic prostate cancer, and to evaluate what support programme/resources need to be developed. We wish to involve these patients in the future development of their care and not to provide what we think is best. Due to the wide age ranges and symptoms of this group of men, we strive to provide a service that is comprehensive to their needs.

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POSTER

Quality of life, depression symptoms and informational needs of cancer patients receiving chemotherapy and those of their families

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The purpose of this study was to determine the quality of life, depression symptoms and informational needs of cancer patients receiving chemotherapy and of their family caregivers. This article presents findings from a study of 111 patients with cancer and 34 of their primary family caregivers from an outpatient chemotherapy unit in eastern Turkey. The results indicated that the patients perceived a poorer quality of life than their family caregivers. The patients also were more clinically depressed. Furthermore, both the patients and caregivers received little information regarding the illness and the side effects of chemotherapy from their health professionals. Nearly, half of the patients and over half of the caregivers reported that information was given by health professionals was verbal. Most of both patients and caregivers reported that they felt that they need to be visited by health professionals at their home when they ask for such services and/or once a week. Patients reported the need for assistance with one or more personal, instrumental, or administrative activities. Administrative activities need of patients and caregivers were found to be similar. In conclusion, nurses must continue to work hard to focus not only on the disease and its symptoms, but also on the impact on the day to day living of the patient with cancer and his or her family. Home

visits may empower patients and caregivers by giving them information and professional support.

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POSTER

Women operated for breast cancer – their opinion of follow-up by breast cancer nurse

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Introduction: A study on follow-up 2000–2002 after breast cancer treatment of selected women was carried out at the Department of Surgery, University Hospital UMAS in Malmö, Sweden. The women were after the one-year follow-up transmitted to a nurse led out-patient clinic, where they taught to examine their breast themselves and where they received a list of symptoms to observe. Simultaneously with the early follow-up by the breast cancer nurse the women had mammography and were informed of the result on the same day.

Aim: The aim of the study was to describe how women operated for early breast cancer appreciate the follow-up of a breast cancer nurse two and three years after operation, following the one-year check-up by their physician.

Method: The analysis method used was inspired by phenomenography. The method is substance-oriented which means searching for the underlying structure of variance of essence. The point of phenomenographic studies is to describe the variety of conceptions and their prevalence in a well-defined population with respect to the phenomena in the surrounding world. Qualitative semi-structured interviews of 20 women were performed by an independent nurse.

Result: The women's statements were put together in the following three categories of description:

- Reluctance to take responsibility for self-examination.
- Accessibility gives security.
- The possibility for individualisation.

Conclusion: Follow-up after breast cancer treatment by a specially trained breast cancer nurse is a good option for selected women with early breast cancer. The women have confidence in the nurse and appreciate the easy access through her to all members of treatment team.

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POSTER

From a decade ago: a technology trial revisited

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Background: When new technology is introduced, first concerns are efficacy, safety, effect on patients. But also, by definition, before it becomes widespread, new tech is scarce. It might be important to ask what influences its sharing? In a trial 10 years ago comparing radiotherapy simulators, data was collected to evaluate the impact on patient comfort and on workload. The present reanalysis examines the impact on utilization from patient perspective.

Material and methods: Twenty-four patients presenting with early stage uro- or gynecological tumour participated in a non-blinded equally allocated randomized trial comparing simulation, based on integrated CT, versus based on diagnostic CT. Times required at various steps were recorded. A patient self-administered questionnaire was completed before simulation, during transition between simulation itself and CT, and after the whole procedure. Pain, unrest, anxiety and discomfort were assessed on a scale from 0 (no symptom) to 3 (most severe). Analysis was performed by linear models with total procedure time (simulation+CT) as dependent variable. Patient characteristics, allocation and questionnaire scores were examined by stepwise regression.

Results: There were 17 men (15 prostate, 2 bladder, catheterized) and 7 women (4 cervix, 3 endometrium). Mean age was 66 years, Karnofsky status 91.8, weight 78 kg, size 1.7 m, blood pressure 156/83. Mean cumulative pain score was 0.3, unrest 2.8, anxiety 1.0, discomfort 1.2. A score >0 before procedure and its persistence after procedure was noted respectively: pain in 4 patients before procedure, persistent in 1 after procedure; unrest in 21 before and 6 after; anxiety in 10 before and 3 after; discomfort in 7 before and 6 after. Mean total procedure duration was 65.4 minutes. By multivariate analysis, factors significantly related with procedure duration were equipment allocation ($p=0.004$), gender ($p=0.022$), and cumulative anxiety score ($p=0.046$). Based on the model retained, the estimated adjusted effects were: a change of equipment reduced procedure time by 11.6 min (different technical performances), gender was associated with a difference of 10.1 min (catheterization), whereas an increase of cumulative anxiety score from 0 to 5 was associated with an increased procedure time of 14.0 min (cumulative score indicated persistence of apprehension throughout the procedure) (Figure 1).

Conclusions: The CTs investigated have been both replaced with faster performing equipment. Nevertheless, the reanalysis emphasizes the