Graft versus host disease (GVHD) remains the most common post transplant complication despite rigorous immunosuppressive prophylaxis. It causes a wide variety of symptoms and multiple organs can be affected. GVHD is categorised into two diseases. Acute GVHD which is seen up to 100 days post HSCT and Chronic GVHD which occurs after this time.

Acute GVHD occurs in approximately 50% of patients who receive unmanipulated HLA-matched sibling transplantations and up to 80% of patients who receive unrelated donor transplantations. A skin rash represents the lowest grade. As the disease worsens the confluent rash may progress to skin blistering, profound diarrhoea, abdominal pain and hepatic dysfunction with altered liver function.

Chronic GVHD occurs in up to 30−90% of patients after allogeneic HSCT and is the primary cause of death and disability. Almost every organ can be affected.

The two types of GVHD are easily identifiable and have different presentations. With the increased use of reduced intensity conditioning transplants and donor lymphocyte infusions the incidence of GVHD has increased and it has become more difficult to grade GVHD as either acute or chronic according to time after transplant.

Aims:

- To review and discuss the symptoms of acute GVHD
- To review and discuss the symptoms of chronic GVHD
- Current treatment options
- To understand the advances in disease management
- Present a case study

What is necessary now is to diagnose the symptoms of GVHD and accurately monitor response to treatment. Although new drugs and therapies are being developed to try and reduce morbidity and mortality associated with this major complication, it is an area that will continue to challenge all members of the transplant team.

8048 INVITED

Innovations in prevention and management of oral mucositis: where to go from here?

M. Fliedner. *University Hospital Bern, Oncology, Bern, Switzerland*

It is well known that oral mucositis (OM), is a devastating side effect of several anti-tumor treatment regimens. In as many as 70–100% of patients undergoing hematopoietic stemcell transplantation (HSCT) or radio-chemotherapy for cancer in the head-and-neck region will suffer to a certain extent from this severe side effect. As a consequence it will impact the quality of life of the patient and the management of the disease. Costs of care can also be influenced by this side effect. Nursing management as part of the interdisciplinary team starts with a thorough assessment prior to initiation of treatment regimens of high risk for OM. Based on patho-physiological changes it will be important to systematically assess the oral cavity throughout the course of treatment until all sings and symptoms have resolved. For this several assessment instruments have been developed but no single instrument is so far universally accepted for every population at risk. Instructions about protective measures should be given to the patient at risk. The literature reports on different strategies to prevent severe OM, such as keratinocyte growth factor (KGF) for patients undergoing HSCT or IMRT for patients undergoing irradiation for head-and-neck cancer. The MASCC/ISOO provide useful guidelines based on the best available evidence that will help in the prevention and management of OM. In the case of OM experienced interdisciplinary symptom management is very important to support the patient throughout this difficult period of his cancer treatment. Looking at the literature this presentation will discuss assessment strategies, options to prevent severe OM and measures for symptom relief in case of OM. It is very important to involve a multidisciplinary team in the process to be able to take all aspects of care into consideration and support the patient to the fullest. Systematic standardized strategies will have to be set up to structure the care for the patient at risk for OM.

Discussion Forum (Tue, 25 Sep, 13.45−15.45)

Psychosexual assessment – do we do a good job?

8049 INVITED

Psychosexual assessment: do we do a good job?

I.D. White[1], D. Kelly[2], A. de Souza Melo[3]. [1] *University of Surrey, European Institute of Health & Medical Sciences, Guildford, United Kingdom;* [2] *Middlesex University, School of Health & Social Science, London, United Kingdom;* [3] *University of Ribeirao Preto-UNAERP, Department of Nursing, Ribeirao Preto Sao Paulo, Brazil*

This forum is relevant to all practitioners working with individuals and couples whose illness and treatment impacts on their sexuality and sexual expression.

The aim of this session is to offer participants the opportunity to explore the challenges inherent to clinical assessment of sexual difficulties associated with cancer and its treatment in acute cancer care settings. Barriers to sexual health assessment in oncology will be analysed from social, organisational, professional, practitioner and patient perspectives.

The case study of a couple living with the impact of acute myeloid leukaemia will be used as an exemplar to illustrate the comprehensive clinical assessment of sexual difficulties incorporating physical, psychological and relationship domains as they are affected by both illness and treatment induced effects. Participants will be asked to consider different approaches to clinical assessment within different clinical settings and in contrasting patient groups for sexual difficulties arising both during the acute and rehabilitative phases of the cancer patient journey.

Participants in this discussion forum will be able to:

- Identify treatment induced limitations on sexual expression in patients experiencing haematological malignancies
- Explore clinical assessment approaches for patients with altered sexual function associated with haematological cancer and its treatment
- Identify gaps in knowledge and awareness about psychosexual support in cancers less frequently associated with sexual difficulties
- Consider how the intimacy needs of those affected by cancer can be addressed within the everyday reality of clinical practice
- Explore the psychosexual support needs of the patient/partner dyad in contrasting cancer care contexts

This forum aims to enhance practitioner's awareness and confidence in addressing the sexual concerns of their patient group(s). Speakers in this interactive discussion forum will offer specific content that will include:

- An outline of the phases of the human sexual response cycle
- Details of specific illness/treatment induced sexual difficulties affecting sexual desire, arousal, orgasm and sexual satisfaction
- Discussion of sexual assessment approaches that can be used within different cancer care contexts to enhance current practice in this domain of care
- Appraisal of the individual and organisational factors influencing the clinical assessment of illness/treatment induced sexual difficulties within cancer care

Award session (Tue, 25 Sep, 16.30−17.00)

TITAN award: best dissemination award

8051 INVITED

Improving the management of febrile neutropenia in paediatric patients with cancer: experience from a shared care system in Ireland

H. Noonan[1], F. Brady[2]. [1] *Mid Western Regional Hospital, Staff nurse, Limerick, Ireland;* [2] *Portiuncula Hospital, Staff nurse, Ballinasloe, Ireland*

Background: Our Lady's Children's Hospital Crumlin (OLCHC) is a tertiary paediatric cancer centre in Ireland, working in conjunction with 16 paediatric shared care centres (SCC) around the country. SCCs provide general support for cancer patients, a key aspect of which is the medical and nursing management of chemotherapy-induced haematological toxicities. Febrile neutropenia (FN) is the most common dose-limiting haematological toxicity that SCCs encounter as a result of chemotherapy – health care professionals (HCPs) should therefore be aware of this serious adverse event and the need for prompt treatment of children presenting with the condition. Our aim was to develop a concise, easily accessible and user friendly education package on FN for nurses, doctors and other HCPs.

Methods: We developed an FN educational package, based on OLCHC guidelines (Oncology Handbook 2006). This consisted of a pocket guide to FN, a slide presentation, and a checklist located at the patient bedside.

All items were designed to aid HCPs in providing consistent day-to-day management of FN in paediatric cancer patients. Two educational sessions were arranged to train HCPs using these materials. A pre-training questionnaire was used to evaluate HCPs' prior knowledge of FN, with a post-training evaluation to assess the effectiveness of the educational package and identify further educational needs.
Results: Seventeen nurses, with a broad spectrum of experience, attended the two educational sessions. The post-training questionnaire showed the sessions were well received. Some nurses were shocked at learning the potential consequences of FN and said they would now respond more actively to the symptoms of FN by recommending antibiotics and asking patients to come to the hospital immediately. Overall, the comments emphasized that this package was an excellent and much-needed resource for staff.
We overcame many hurdles during our project, for example, we printed the document ourselves because we were not able to finance professional printing.
Conclusions: The principal outcome of this project was the production of a user-friendly educational package on FN designed for HCPs who care for paediatric cancer patients in SCCs. Pending approval from OLCHC, educational sessions in further SCCs are planned. The pocket guide booklet and educational package will also be published with the aim of maintaining/improving the standard of care for FN in paediatric cancer patients.

Wednesday, 26 September 2007

Teaching Lecture (Wed, 26 Sep, 08.15–09.00)
People with intellectual disabilities and their need for cancer information

8052 INVITED

People with intellectual disabilities and their need for cancer information

I. Tuffrey-Wijne. *St. George's Hospital Medical School, Division of Mental Health, London, United Kingdom*

Background: Up to 3% of the population have intellectual disbalities. Many people with intellectual disabilities are affected by cancer in their lifetime. There is a lack of knowledge about their experience and understanding of cancer, and about their need for cancer information.
Materials and Methods: This presentation will explore current knowledge around this topic. St George's University of London has developed a range of accessible information materials for people with intellectual disabilities, including cancer information. We have conducted three studies investigating the views and experiences of people with intellectual disabilities around cancer and cancer information, using a range of qualitative methods (ethnography, interviews and observation).
Results: The people with intellectual disabilities in our studies wanted to be informed about cancer, but in practice they are often not provided with such information. We will explore some of the possible reasons for this. Guidelines will be given for effective communication with people with intellectual disabiities, and issues around breaking bad news will be discussed.
Conclusion: This area is very much under-investigated. Further research is needed, as well as further development of accessible information materials on cancer.

Proffered papers (Wed, 26 Sep, 09.15–11.00)
Research utilisation

8053 ORAL

Analysis of protocol related predictors concerning occlusion in totally implanted venous access devices

G. Goossens[1], W. De Ceulaer[2], W. Sermeus[2], M. Stas[3]. [1]*University Hospital Leuven, Nursing Departement, Leuven, Belgium;* [2]*Catholic University Leuven, Departement of health and nursing research, Leuven, Belgium;* [3]*University Hospitals Leuven, surgical oncology, Leuven, Belgium*

Background: Many oncology patients need a reliable venous access for the administration of chemotherapy: totally implanted venous access devices (TIVAD) allow infusion of drugs and blood sampling with a minimum of discomfort. For nurses, these devices are practical in use. However, device occlusion can occur leading to a delay in the prescribed therapy. Attempts to solve this problem is for both health care providers and patients a time-consuming task. Incidence rates of blood withdrawal occlusion (WO) varies from 3 to 28% of all accesses in different hospitals using different maintenance protocols. We hypothesized that differences in protocols of care can influence the incidence of withdrawal occlusion.
Material and Methods: In 2004, data on the incidence of WO in 8,658 TIVAD accesses were prospectively recorded in oncology day clinics in the frame of a multicentre study in Flanders conducted by VlaNinka (Flemish Network on Vascular Access). A secondary data-analysis was carried out trying to highlight risk factors related to the incidence of WO.
Results: Relationship between flush solution (volume of normal saline, volume and concentration of heparin, syringe diameter), discard volume of first aspirate before blood sampling, number of days between needle change and incidence of WO will be reported. A flushing volume of 10 ml of normal saline is the optimal volume in reducing the risk on WO.
Conclusion: Further research has to focus on all potential risk factors for development of WO such as insertion procedure, catheter tip position, device shape and material, compliance to maintenance protocols and differences in skills within nursing staff.

8054 ORAL

Validation of a supportive needs screening tool

S. Aranda[1], A. Pollard[2], K. Thompson[1], D. Rose[3], H. Mulcare[1], C. Pigott[1]. [1]*Peter MacCallum Cancer Institute, Nursing and Supportive Care Research, Melbourne, Australia;* [2]*Peter MacCallum Cancer Institute, Clinical Psychology, Melbourne, Australia;* [3]*Peter MacCallum Cancer Institute, Consultant Psychologist, Melbourne, Australia*

Background: Assessing supportive care needs is an essential step in improving patient support outcomes. The Peter Mac Supportive Needs Screening Tool (SNST) seeks to address problems in using research based tools in routine practice. A pilot study indicated the SNST was acceptable to patients and clinicians and assisted referral.
Materials and Methods: We sought to validate the SNST psychological domain against the BSI-18 and the Supportive Care Needs Survey (SCNS) and the physical, sexuality, support, health system and information domains against the SCNS. We also undertook repeatability testing of the SNST. The study was a cross-sectional study of 200 patients attending an ambulatory radiotherapy centre without prior exposure to the SNST.
Results: Strong positive relationships were found between the SNST Psychological Domain and the BSI-18 Total Score, and with the SCNS Psychological Domain. Patients who scored highly on the BSI-18 and the SCNS tended to score highly on the SNST Psychological Domain. The SNST correctly classified 96% of cases identified by BSI-18 (25 out of 26), and 85% of cases identified by SCNS (94 out of 111). The SNST is a highly sensitive tool for identifying patients with potential psychological or emotional needs.
A strong positive relationship was found between the physical domains of the SNST and the SCNS. Patients who scored highly on the SCNS Physical Domain also tended to score highly on the SNST Physical Domain. Weak to moderate strength relationships were also found between the SNST and the SCNS on corresponding domains for Sexuality, Support, and Health-System and Information.
Overall, the majority of questions in the SNST displayed an appropriate level of repeatability in relation to the nature of the question. All questions in the Psychological Domain displayed strong repeatability, supporting that these questions tap into the relatively long-term and ongoing nature of psychological and emotional needs associated with depression and anxiety. The Physical, Support, Sexuality, and Health-System and Information Domains all reflected repeatability in accordance with each domain. Questions about short-term, transient issues and needs displayed weaker repeatability than questions about longer-term, stable issues and needs.
Conclusion: These results indicate that the Peter Mac SNST is reliable and valid against existing tools and as it is also highly acceptable to patients and health professionals it can be recommended for clinical use.

8055 ORAL

Cancer patients' knowledge about fatigue. Development and implementation of a structured educational programme to increase patients knowledge about fatigue and to evaluate the effect of increased knowledge on cancer patients experience of fatigue

T. Schjolberg. *Oslo University College, Faculty of Nursing, Oslo, Norway*

Background: Result from an earlier studie I carried out in the late 1990 showed that cancer patients were overall well informed about diagnoses, prognoses, symptoms, treatment, side-effects of treatment e.g. pain, nausea and womiting and hairloss. Their knowledge about fatigue as a