

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?

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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 signs 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?

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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

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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.