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 side-effect to cancer and cancer treatment was however different. Patients had minimal knowledge about fatigue and they were not prepaired for this side-effect and as a result of this they did not know how to handle fatigue and fatigue was seen as a very frightening experience.

As a result of the findings I wanted to carry out a intervention study, where the aims were to develop a educational programme about fatigue and to evaluate the effect of the programme.

Materials and Methods: The study has a randomised experimental design. A intervention- and a control group, each consisting of 100 Breast Cancer patients (Stadium I or II) receiving chemoterapy or/and radiation therapy after surgery were included in the study. On a VAS-scale (0−10) the patients had a fatigue score of 2.5 or more to be included in the study.

The intervention was an educational package of 120 minutes x 3 over three weeks. The education was given in goups of 10 patients. Both groups are responding to questionnaires just before the intervention, just after the intervention and three months after finnishing the intervention. The educational package consisted of basic knowledge about fatige, and strategies or techniques for coping with fatigue. The questionnaires consisted of: Lee Fatigue Scale, Fatigue Questionnaire, Brief Pain Inventory, General Sleep Disturbance Scale, Hospital Anxiety and Depression Scale, Herth Hope Index, Social Provision Scale, Self-Care Diary, Comorbidity Index and Fatigue Intensity Scale.

Result: At present, the project is in the final stage of data collection. Data will be analysed during Summer of 2007 and ready for presentation at ECCO-14.

Conclusions: Without a systematic analyses of the data the impresion is that the patients are more fatigue then assumed, and the fatigue seems to last longer than expected. Still the patients are lacking information about fatigue and knowledge about what to do to reduce the experience of fatigue when they attend the education programme. The knowledge level is significant higer after completed the educational programme. Comparison between the intervention groups and the control groups has not been made so at present, there is no proved documentation of the effect of the intervention.

8056 ORAL

Developing a web-based multidisciplinary cancer education forum

B. van der Molen[1], P. Webb[2], G. Dark[3]. [1] *The Royal Marsden Hospital, Patient Information Service, Sutton, United Kingdom;* [2] *St George's University of London, Faculty of Health and Social Care Sciences, London, United Kingdom;* [3] *University of Newcastle, Department of Medical Oncology, Newcastle, United Kingdom*

Introduction: There is a growing expectation that health professionals provide evidence of continuing professional education and learning. This paper describes how the first continuing professional development website was developed by a scientific journal as a result of research into reader feedback, existing resources and learning methods. The European Journal of Cancer Care first demonstrated its commitment to continuing professional education in 1998. However, there are now greater constraints on professionals' time and frequently less financial support available. This has led to the journal reviewing its continuing education section in order to respond to these changes and launch www.onlinecancereducationforum.com

Problem: We wanted to develop an innovative approach that would appeal to a variety of different cancer professionals practicing in different countries. At the same time it needed to be rooted in sound educational principles and reflects current technology.

Solution: After exploring different options, we decided on an online initiative. e-learning is a method of delivering educational modules that can be accessed at any time and any place. We have worked with an experienced proponent of interactive e-learning to develop the structure for the content of the new programme and with the web producers of the publisher for the journal. The result is www.onlinecancereducationforum.com which was launched in March 2007. A new topic is introduced on the website for each issue, along with a printed abstract in the journal. For every topic there will be learning objectives, background information, activities and signposts to resources required to complete the activities. Journal readers and visitors to the website are encouraged to comment on and discuss the current topic through the online discussion board. We hope that this will generate a lively debate and encourage the participants to share examples from their area of practice. All discussions will be summarised and archived. This will enable us to build a 'library' of professional debate for the wide range of health professionals within cancer care.

8057 ORAL

State of the art in prostate cancer recovery: Self management what is it, what works and how can it help men with coping?

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Background: Despite improvements in diagnosis and treatments for prostate cancer, men still remain dissatisfied with the supportive care they receive especially with aspects of emotional well being and recovery post treatment. The incidence of a cluster of longer-term urinary symptoms such as nocturia, dysuria, frequency, urgency and leakage following radiotherapy plus bowel and sexual changes all impact on quality of life. These are reported as occurring in 30−50% of men 1−2 years after therapy and this can impact on perceptions of recovery. However there is little evidence to base nursing rehabilitation interventions following treatment. Furthermore, it is well known that men are reluctant to seek help or counselling following treatment and feel they should be grateful for survival. New ways of integrating psychosocial care within a self-management model provide use patient education, exercises and cognitive behavioural approaches in helping men cope more effectively with longer-term symptoms.

Aim: To provide a critical overview of the existing evidence base in relation to prostate cancer self management and define intervention approaches.

Materials: A review of the last 10 years of medical and psychology literature was conducted through Medline, ISI web science, Ovid and Psychology plus a search of references identified in each paper. Papers were reviewed for level of evidence, quality of research process, context of provision, theoretical and interventional approach plus treatment and demographic characteristics, outcomes of study

Results: A wide range of self management approaches were used within the studies with diverse use of theories to support self management interventions for men with prostate cancer. Outcomes from self management were apparent with more targeted interventions. Research could be characterised in two main intervention approaches; self management focusing on adaptation and that which provided symptom specific targeted intervention. The adaptation provided cocktails of interventions with patient education and knowledge about illness, general exercise and well being whilst the symptoms specific focused on cognitive and behavioural interventions.

Conclusion: This review identifies the diversity of the definition of self management and a new model to understand rehabilitation interventions. Many studies failed to provide interventions that would be feasible in clinical practice because of the lack of clarity of what the active ingredient of the self management package provided. These studies were often design led rather than able to be applied as intervention approaches in practice. Despite the increase in self management studies more evidence is needed before we can apply such interventions into practice.

Joint EONS/SIOP symposium
(Wed, 26 Sep, 09.15−11.15)
Adult survivors of childhood cancers

8058 INVITED

Meeting the ongoing care and support needs of adult survivors of childhood cancer: how might we do it?

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The number of childhood cancer survivors is increasing each year. This is placing demands on our ability to provide quality health care for this ever increasing population who, it is argued, should be followed up for life to improve detection in late-effects and provide information and advice. There is a lack of agreement amongst health care providers as to what form future follow-up should take and rarely have young people been consulted about what they would prefer.

We undertook a study to find out what young people want from a follow-up service and to develop alternative models of care incorporating their views with those of health care professionals. A sequential phased approach was undertaken. Data were collected using participatory research methods organised in a one-day workshop that included peer interviews, headline generation and mind mapping. Young people aged between 16−24 years from four of the Children's Cancer and Leukaemia Group centres in the UK participated. Data were analysed using thematic coding and resulted in a typology of need alongside alternative models of care. Data were shared