

and models developed further at a consensus meeting with professionals and the young people.

Our aim is to give a brief overview of this study and focus on the findings exclusively to encourage participants to reflect on the possibilities and challenges of service provision for adult survivors of childhood cancer. This joint presentation by a nurse and cancer survivor will enable both professional and survivor perspectives to be shared and debated.

8059

INVITED

The cure from childhood cancer: is it still a mystery?

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The use of the word "cure" in the framework of childhood cancer survivors is very controversial. The term cure from cancer should refer only to the first cancer since childhood cancers are generally speaking, highly curable. The appropriate timing for speaking about cure is not a definitive nor precise one and the interval for having a reasonable definition of cure differs from type of tumors. We recognize, however, that some late recurrences cancers may occur, but when their risk becomes negligible we all agree that the term cure from original cancer may and should be used.

In some cancers, as in many other disorders, side effects may occur. The effects may or may not affect the quality and length of life after cancer. The physician in charge should offer standardized follow-up programs which allow to determine risk factors for each former patient. Risk factors may refer either to other organs or to the possibility of second cancer. For these cases the physician in charge should determine the specific amount of advice and follow-up care important for the specific patient. In all cases the pediatric cancer unit should maintain a leading role as a memory and record of former therapy. If possible, the medical history should be made available possibly in a computer friendly format in order for the patient to carry forward throughout his life, and if necessary to other physicians. The pediatric health care team should endorse the transition to adult care. However, we understand reluctance of some long term survivors in participating in follow-up programs and we respect they right not to participate.

Pediatric oncologists are also interested in those former patients who are doing exceptionally well in their life in order to for us to have a true picture of survivorship (resilience). Even if some late effects are present, the person can consider himself as cured of the original cancer. We consider side effects as a separate issue to be dealt with in specific cases. The pediatric oncologist should become aware that they former patients have learned coping strategies from their cancer history and are willing to enter in an independent adulthood beyond the pediatric clinic (let us grow up!!). In Erice, in October 2006, a statement on this topic was discussed and approved, and a final document will be published in the European Journal of Cancer. Details on this topic, following what is reported in the abstract, will be presented.

8060

INVITED

What consequences of childhood cancer do young adults consider important?

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Background: The overall aim was to explore whether, and if so in what ways, long-term survivors from childhood cancer experience that their life is influenced by having had cancer.

Material and Methods: All patients diagnosed with childhood cancer between 1985 and 1999 at Karolinska University Hospital, Stockholm, were invited to participate in the study and 253 (response rate 72%) accepted participation. Semi-structured interviews were conducted by telephone using the extended Swedish version of The Schedule for the Evaluation of Individual Quality of Life-Direct Weighting (SEIQoL-DW). Respondents were asked if anything in life was bad or good due to having had cancer. The respondent could mention as many aspects/areas as wanted and each aspect/area was subsequently rated regarding how troublesome or satisfying it was perceived on a category scale. The aspects/areas mentioned as influencing life today were analysed by content analysis.

Results: Mean age at interview was 24 years (47% female, 53% male). Seventy-four percent of the long-term survivors reported at least on negative consequence and 51% reported at least one positive consequence due to having had cancer. Only 14% did not report any consequences at all due to having had cancer. The most frequent reported negative consequences were: physical and functional impairments, psychological impact, altered body appearance, effects on interpersonal relationships,

working and educational issues and cognitive limitations. The most frequent positive consequences reported were: a more positive view and broader perspective in life, personal development, improved relationships to others, and increased empathy for others.

Conclusions: Young adults report both negative and positive consequences due to their experience of childhood cancer that may affect their quality of life. More negative than positive consequences are reported, however, the most frequently reported impairments are mentioned by a small proportion of the patients.

8061

INVITED

Post-traumatic stress symptoms in adult cancer survivors of childhood cancer – implications for care

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Previous research suggest that posttraumatic stress disorder (PTSD) is present in survivors of childhood cancer. PTSD is considered one of the anxiety disorders. It is characterised by symptoms that can be grouped into three clusters: reexperiencing, arousal and avoidance. To receive a diagnosis of PTSD, one must have been exposed to a traumatic event, defined as imminent threat to life or a serious injury. Furthermore, the person must have manifested some psychological reaction, usually fear, to this event. Subsequently, a constellation of symptoms develops, such as nightmares, intrusive memories of the event, avoidance of trauma-related stimuli, constricted affect, anger, and an exaggerated response.

Several authors identified a cluster of anxiety and avoidance symptoms in childhood cancer survivors. These symptoms were consistent with a trauma response and have led researchers to propose that the long-term psychosocial impact may best be understood by using the framework of posttraumatic stress. The framework of PTSD in childhood cancer survivors make sense, given the potentially traumatic nature of the cancer experience. The threat to life, intensive treatment regimens, painful invasive procedures, and dangerous complications may compound these extremely stressful experiences. In addition, long-term effects of treatment, such as growth retardation, cognitive impairment, physical changes such as amputation, and infertility can serve as life-long reminders.

It is important that health care professionals understand risk factors for PTSD because it can be related to impairment across several realms of functioning in survivors. There may also be specific implications for oncology follow-up care as survivors with PTSD may be less likely to follow-up with their health care. Reminders of the traumatic experience or extreme distress when thinking about cancer could influence behavior, making it less likely that survivors follow through with medical care and recommendations. In this presentation the current research base on PTSD in childhood cancer survivors will be reviewed. Furthermore, preventative interventions as well as the importance of screening for PTSD symptoms are discussed. Discussion will focus on what nurses and other health care professionals can do.

Teaching Lecture (Wed, 26 Sep, 09.15–10.00)

Developing clinical guidelines in IV access

8062

INVITED

Developing clinical guidelines in IV access

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Most patients with hematological disorders or cancer are in need of a venous access device in order to facilitate the intravenous administration of chemotherapy, parenteral nutrition, fluid therapy, blood products, antibiotic therapy, other medication and blood sampling. There is well known that the use of venous access devices is strongly associated with a high risk of catheter related complications during time in situ such as thrombophlebitis, infection and thrombosis. The incidence varies, for example depending on type of IV device, the patient's physical condition, the location of the catheter, hygiene and use of aseptic technique.

The high risk of complications highlights the importance of handling venous access devices in accordance with best evidence. Guidelines in IV access are available, for example the CDC Guidelines for the prevention of intravascular catheter-related infection. Guidelines are systematically developed statements to assist health care personnel about appropriate care for specific clinical circumstances. These statements generally reflect broad healthcare recommendations based on valid and up-to-date empirical evidence. However, they seldom include how to perform recommended procedures step-by-step.