Results: Cluster analysis resulted in the identification of two groups as the optimal number of groups based on symptom severity, one with high symptom severity and another with low symptom severity. These groups differ in their symptom severities with effect sizes ranging from 0.53 to 1.92 as a function of their corresponding standard deviations. Significant difference was only observed in presence of metastases ($p = 0.046$) but not in demographic characteristics, and prior cancer treatment between the groups. The group of patients who reported high symptom severity had significantly ($p < 0.001$) lower scores in PS, and general, physical, emotional, cognitive and social QOL. This group also had higher chance for poor PS (OR = 4.13, 95% CI = 1.6−10.8) adjusted by presence of metastases, and for lower HRQOL (general, OR = 4.01, 95% CI = 1.8−9.1; physical, OR = 4.43, 95% CI = 2.0−10.9; cognitive, OR = 2.83, 95% CI = 1.8−6.9; emotional, OR = 4.91, 95% CI = 2.0−12.5; social, OR = 3.15, 95% CI = 1.2−8.6) independent of gender, age, and economic condition.
Conclusions: Patients who present multiple symptoms with high severity are more likely to have poor physical, emotional, cognitive, and general HRQOL and impaired PS than those who present multiple symptoms with lower severity.

8071 ORAL

Patients' symptom experience: 'being on a desert island' – anxiety and management options following the acute treatment phase

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Background: Providing clear information to patients with cancer before and during acute treatment and in palliative care is well recognised. However little is known about the information needs of patients who are about to finish their acute treatment phase and receive a further prognosis. This is important because great anxiety is experienced at this stage which migh be easily managed.
Methods: We recrutied 124 cancer patietns who were interviewed at 4 timepoints in their illness trajectory: immediately after diagnosis, at 3, 6 and 12 months. Here we present the qualitative part of the research from the first 2 time-points. We analysed the narrative data using the framework approach faciliating thematic analysis.
Results: Patients enter cancer treatment totally committed to the goal of having their disease cured or of slowing down its progression. At the acute treatment stage patients receive a wealth of information. They are also involved in highly structured, well supported and organised management regimes. At the end of this treatment phase, there is often a substantial delay in receiving feedback on the succes or otherwide of treatment. This period is full of unavoidable existential anxiety deriving from uncertainty regarding treatment outcomes. Compounding such anxiety however, are substantial concerns deriving from uncertainty over follow-up arrangements: the when, where and how of follow-up. Patients report information at this time to be insufficient or indeed contradictory, resulting in concerns over whether they should be adopting a more proactive attitude in organisaing treatment follow-up. In comparision with their previous experience of a highly structured and organised treatment period, patients feel like they have been left 'on a desert island'.
Conclusions: Nurses, as providers of holistic care, must offer more structured, clear and concise information to patients on follow-up procedures at the end of their acute treatment phase and improve coordination between healthcare professionals.

Joint EONS/ESO symposium
(Wed, 26 Sep, 13:45−15:45)
The role of the breast cancer nurse

8072 INVITED

The role of the breast care nurse

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In Europe a lot of women each year get the diagnose breast cancer. There is more and more social awareness which leads to an increase of worried patients who visit out patient (breast) clinics. Therefore it takes more and more time to rule out breast cancer.
Nowadays patients are better informed (internet), more articulated and critical. Guidelines are more individualized and there are more decision-making points. Patients appreciated more time for communication in the diagnostic as well in the follow-up period of their treatment. It takes a lot of time to inform the patient thoroughly. The specialist doesn't have that amount of time. These developments were reason for the Netherlands to employ breast care nurses (BCN). It is highly recommended in the Dutch guidelines and now a days every hospital has one.
The role of the BCN is different in many countries of Europe and there is a severe lack of an evidence-based description of the role of the BCN. Each country and even each hospital has it's own opinion whether or not they want to employ a BCN and if they do, what the role of that person must be.
Definition of a breast care nurse: In general a BCN is a nurse who gives nursing care to women with breast cancer before, during and after treatment. The BCN has advanced knowledge of the health needs, preferences and circumstances of the patient. There are five domains of practice identified: supportive care, collaborative care, coordinate care, information provision and education and clinical leadership.
Patients are very satisfied and report receiving a lot of support, counseling and information from the BCN. The availability of a BCN would affect their choice of hospital.
Tasks of a BCN: *Preoperative*: Information delivery (operation procedure, procedure around operation, expectations), nursing history for ward, coordination/continuity of the care, intermediary between patient and specialist (patients advocate), psychological guidance and support and easily reachable and accessible. *Postoperative*: Visiting patient at ward, information delivery (wound/breast prosthesis, dismissal procedure, mode of life), drain removal/wound check-up, fluid puncture, psychological guidance and easily reachable and easy accessible.
Conclusion: The BCN is an important person for the breast cancer patient during diagnostic, treatment and follow-up period. It is therefore important to do scientific research in all of Europe to prove importance and to create a uniform role of the BCN.

8073 INVITED

A nurse is a nurse? A systematic review of the effectiveness of specialised nursing in breast cancer

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Objective: In Anglo-American and Scandinavian countries, the nursing of women in breast centres has been provided by specialised nurses, namely Breast Care Nurses (BCN), for at least the past 20 years. Nevertheless effectiveness of specialised nursing care in breast cancer has received limited attention. Therefore a systematic literature review was conducted, aiming at presenting and discussing role models of specialised nursing in the area of breast cancer and suggesting avenues for future research in this field.
Method: The review is based on a systematic search of the medical databases MEDLINE and CINAHL for articles published between 1980 and 2006. Studies were selected according to predefined inclusion and exclusion criteria. All randomized controlled trials or clinical trials were included. Study selection, data extraction, and assessment of methodological quality were performed independently by 2 reviewers.
Results: 12 studies could be included in the review. Outcomes of specialised nursing were classified in six inductively developed dimensions: improvements of physical impairment, psychosocial problems, patient satisfaction, decision making processes, collaboration in a multiprofessional teams, and improvement of costs. The studies differ with respect to the roles of specialised nursing as well as of the measured outcome variables; thus, the comparability and generalisability of results are limited. Findings indicate that specialised nursing in breast cancer may contribute to improved physical and psycho-social well-being.
Conclusion: In view of the limited comparability, the authors call for (i) a more uniform definition of models of specialised nursing in breast cancer care, as well as (ii) rigorous confirmatory studies to evaluate their effectiveness. These two aspects are pivotal in providing a reliable basis for future health care strategies.

8074 INVITED

European survey of the breast care nurses' role

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Abstract not received.

8075 INVITED

Accreditation of breast care clinics in Europe

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In October 1998 the First European Breast Cancer Conference took place, jointly organised by the EORTC Breast Cancer Cooperative Group, EUSOMA and Europa Donna.