

missed after initial examination by 'other clinicians'. One was referred for barium enema (BE) at initial examination, but was missed on BE. And the other four (who did not have IDA or abdominal mass) were not referred for full colonic imaging.

Conclusion: This audit has shown that the 'patient caseloads' seen by the NE and 'other clinicians' independently, are similar in age and gender. Median distance achieved by FS was 50 cm for both groups of patients. There was no significant difference in DY of colorectal cancer by the NE or 'other clinicians'. The NE is as proficient in FS and colorectal cancer diagnosis as 'other clinicians'.

8079

INVITED

Mucositis: addressing treatment and care

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Mucositis has been reported by many people living with cancer as one of the most distressing side effects of treatment, affecting many aspects of their lives. However, the multiple complications associated with mucositis have not always been adequately understood or addressed by the clinical team, leading to the poor management of this distressing side effect. This presentation will address the management of mucositis focusing on three key areas; assessment, care and treatment. In order to understand the current approaches to the management of this commonly seen side effect, this presentation will briefly look at our present understanding of mucositis outlining the complex nature of this disorder. The choice of supportive care and treatment will be guided by the correct assessment of the mucosa, which this presentation will address. Given the lack of training and the diversity of assessment tools currently used in clinical practice the recently developed guidelines on oral assessment from a collaborative multi-professional working party of the European Oncology Nursing Society and the European Group for Blood and Marrow Transplantation (EONS/EBMT) will be discussed. The presentation will address some examples of the recent advances in treatment and care demonstrating how these may be applied in the clinical setting. Finally the presentation will conclude by emphasising the need for a multi-professional team approach in order to adequately address the assessment, care and treatment of this common complication.

Workshop (Wed, 26 Sep, 16:00–17:30)

From evidence to research utilisation

8080

INVITED

Strategies for implementation of evidence into practice

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This workshop will focus on the implementation of evidence into practice. Many studies underline that this is not a straightforward task and the under-use of evidence-based knowledge results in sub-optimal health care processes and patient outcomes. The workshop will involve an introduction of the research on barriers and implementation strategies for evidence-based practice completed with group and plenary discussions based on participants experiences in this field. Theoretical models on change of practice and the evidence of various implementation strategies will be shared.

Expected learning outcomes: After the workshop participants should have

- understanding of the components involved in implementing evidence-based practice
- insight in barriers to research use, primarily in the nursing field
- some knowledge on the evidence-base of implementation strategies
- some knowledge on other conference participants' experiences of implementing evidence-base practice

Thursday, 27 September 2007

Teaching Lecture (Thu, 27 Sep, 08:00–08:45)

Current issues in the delivery of complementary therapies in cancer care-policy, perceptions and expectations: a European overview

8081

INVITED

Current issues in the delivery of complementary therapies in cancer care-policy, perceptions and expectations: a European overview

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This paper will discuss the current policies, perceptions and expectations (of patients and health care professionals) around the use of complementary therapies in cancer care, drawing from a European perspective. Whilst the last two decades have seen a marked increase in the demand for and provision of complementary therapies amongst cancer patients, this has not been matched with an increase in the understanding of their effectiveness or their benefits to cancer patients.

The issues discussed will highlight the need to understand more fully the benefits of incorporating complementary therapies within integrated cancer care services. Important questions raised will relate to policy, to what patients perceive as being the primary benefits/expected outcomes of complementary therapies and how, if at all, they see their relationship with complementary therapy practitioners as different from that with "orthodox" clinicians. The paper will provide examples from both current literature within the field and from newly generated research evidence.

Recommendations will be made for the generation of new and rigorous research evidence to develop the field, with the future challenge to find a common ground between "orthodox" professionals, CT practitioners and patients.

Proffered papers (Thu, 27 Sep, 09:00–10:45)

Supportive care

8082

ORAL

Understanding the needs of men with prostate cancer: a multicentre UK survey

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Background: Men in the UK with prostate cancer report less satisfaction with care relative to other groups of cancer patients.

Aim: A postal survey was funded by The Prostate Cancer Charity to provide understanding of the experiences of men living with prostate cancer and to identify unmet supportive care needs. Data were collected as part of a quasi-experimental study evaluating the role of prostate cancer-specific clinical nurse specialists.

Materials: A survey of 749 men (response rate 91%) from 6 sites across the UK. All men that had been diagnosed 3–24 months prior to data collection, and registered an interest in the research, were invited to participate. Tools used to collect data included the International Prostate Symptom Scale, EuroQol EQ-5D and Supportive Care Needs Survey.

Results: The majority surveyed had received hormone therapy (n = 376, 51%), prostate radiotherapy (n = 209, 28%) and radical prostatectomy (n = 188, 25%). Some had combinations of these therapies.

Urinary symptoms: These were common. 97% (n = 726) had lower urinary tract symptoms. Nocturia and frequency were particularly troublesome. Incontinence differed by treatment (p = 0.000) and was most frequent following radical prostatectomy.

Quality of life: Around $\frac{1}{4}$ of the sample reported difficulties with walking, had problems with usual activities, reported some pain/discomfort and had moderate levels of anxiety/depression. Men rated their health status lower if they were on treatment (p = 0.000) and not in remission (p = 0.000).

Supportive care needs: Highest level of unmet need related to sexuality issues. Over 1/3 had needs regarding changes in sexual feelings, changes in sexual relations, and with feeling they had lost part of their manhood. Moderately high unmet psychological need was reported. Men