

power is applied on nurses by physicians, the more do they clearly perceive them as less different ones ( $p < 0.01$ ).

**Conclusion:** The present research showed that for the last years there has been change in nurses' self-perception that influenced their perception of their role partners. In nurses' opinion, nursing is not an "executive arm" of the medicine, but an autonomic separate occupation. However, in spite of this change, nurses still feel that physicians behave towards them according to previous codes. In their reaction, nurses express rigid stereotypic perceptions towards physicians.

8111

POSTER

#### The role of nurse coordinators in managing malignant bone tumors in Jordan: building multidisciplinary team with potential for clinical research

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**Backgrounds:** The care of young patients with malignant bone tumors is complex with many involved services. Inevitable gaps in this system may result in worse outcome in terms of cure and quality of life during and after therapy. The time and efforts required for patients' education and coordination of care leave an important role to be played by dedicated specialized and trained nurse-coordinators.

**Methods:** Two registered nurses were assigned to Pediatric bone tumors and limb salvage service. Their duties included: Facilitating initial staging and diagnostic procedures, counseling of new patients, close follow up to prevent abandonment, educating patients about chemotherapy and other medical interventions, selecting patients for multidisciplinary clinic visits, scheduling surgery, postoperative care and ensuring good support for grieving families in case of disease progression or relapse.

**Results:** The positive impact for such coordinators was clear in clinical care, ancillary services accessibility, compliance, patients' education, and research. Over the last 3 years, we treated 32 patients with malignant bone tumors. No patients abandoned treatment. All patients except one agreed to all advised medical interventions including limb salvage, primary and secondary amputation. New clinical practice guidelines were established at KHCC that reflected the important role of nurse-coordinators in delivering state of the art care in our institution.

**Conclusion:** Oncology nursing sub-specializing plays an important role in managing young patients with malignant bone tumors and prevents many of the pitfalls that may occur due to miscommunication between team members and misunderstanding of patients and their families. Establishing good clinical services unwraps opportunities for clinical research.

### Poster Session

#### Ethical dilemmas, decision-making and advanced nursing roles

8112

POSTER

#### Ethical dilemmas involving family stem cell donors: whose decision is it?

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Stem cell Transplant (SCT) is a major procedure for donor and recipient. The donation is an altruistic life saving act. The unrelated donor's registries have strict eligibility and regulatory criteria in order to protect the donors. The donation is a free will deed and there is no link between the donor and recipient. The situation is diverse for the family related donor. The relationship between the patients and their related donors are sometime very complex and uneasy, thus the transplant team is often facing unique ethical debates.

**Methods:** four ethical dilemmas related to these issues will be discussed involving the moral, cultural, legal and practical perspectives. We will also discuss the decision making through bioethics principles and risk management process that was involved in their resolutions, emphasizing the nurse coordinator role. Specifically we will discuss:

1. The risk for a 6 weeks old embryo due to a BM donation from the pregnant mother. Should we risk a woman and her embryo to save the life of her ill brother? What's the legal status of an embryo at that gestation age?
2. The use of Preimplantation Genetic Diagnosis (PGD) to create a matched donor. Some of the ethical concerns regarding creation and selection of a particular child for the benefit of another. Is it proper to assign on a child the burden of being a savior of a sibling?

3. Can an adult sibling donor with a psychiatric diagnosis donate a graft for her brother that is her legal guardian? Who will sign the informed consent?

4. Should a matched related donor that is a carrier of a transmitting disease like Hepatitis B, donate stem cells to his sibling in order to save his life? How to keep the donors medical confidentiality?

**Conclusion:** The decision making processes in the above cases were influenced by the different members of the multidisciplinary team that worked closely together in order to find creative and suitable solutions that are based on knowledge, moral, philosophic and legal principles. Finally, we should share these topics, the decisions and their consequences, in order to extend the professional perspective while facing similar ethical dilemmas.

### Poster Session

#### Health promotion and cancer prevention

8113

POSTER

#### Anxiety, depression and quality of life in patients undergoing genetic testing for BRCA in a Spanish multicentre cohort (IMASS collaborative group)

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**Background:** To explore the level of anxiety, depressive symptoms, and quality of life of the individuals undergoing genetic testing for BRCA1/2.

**Material and Methods:** Individuals who fulfilled criteria for BRCA1/2 genetic testing were eligible for a prospective, longitudinal and multi-centre questionnaire-based study of individuals at risk for hereditary breast and ovarian cancer. Demographic and clinical information, anxious and depressive symptoms (HADS scale), and quality of life (SF-12 scale) were completed before genetic testing. Descriptive statistics and non-parametric tests were used for the analysis.

**Results:** Eighty seven out of 90 eligible individuals were enrolled. Median age of the individuals was 44 (21-88) and 74 (85%) were females. There were 26 healthy individuals (30%) and 61 cancer patients (70%). Thirteen individuals (15%) had a very low/low risk perception of breast cancer, 15 (19%) had an intermediate risk perception, and 47 (54%) had a high/very high risk perception of breast cancer. Twelve individuals (14%) had a very low/low risk perception of ovarian cancer, 23 (26%) had an intermediate risk perception, and 28 (32%) had a high/very high risk perception of ovarian cancer. Thirty-seven individuals (43%) reported having the perception of carrying a genetic mutation while 10 (12%) reported that they would not carry a genetic mutation. The mean score of the anxiety scale was 6.01 ( $\pm 3.57$ ) and the mean score of the depression scale was 2 ( $\pm 2.33$ ). Overall, 8 individuals (9%) had anxiety symptoms and only 2 individuals (2%) had depressive symptoms (HADS  $\geq 11$ ). The mean score of the physical (PCS) and the mental component (MCS) of SF-12 was 48.63 ( $\pm 9.61$ ) and 49.80 ( $\pm 9.20$ ), respectively. Mean score in quality of life differed significantly between healthy individuals and cancer patients (PCS:  $z = -4.945$ ,  $p = 0.0001$ ; MCS  $z = -2.293$ ,  $p = 0.022$ ). No correlation was observed between quality of life and the perception of having a genetic mutation ( $r = 0.138$ ,  $p = 0.211$ ).

**Conclusions:** In our study population, individuals who undergo genetic testing for BRCA1/2 report a level of anxiety comparable to other studies and a low level of depressive symptoms. Although the scores of the PCS and MCS were slightly lower than the population mean, there was no correlation with the perception of carrying a genetic mutation. Follow-up is warranted to analyze the impact of result disclosure after genetic testing.

8114

POSTER

#### Effect of preoperative short-term smoking intervention on postoperative complications and smoking cessation in women undergoing breast cancer surgery

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**Objectives:** The primary objective of the study is to examine the effect of a preoperative short-term smoking intervention on postoperative complications in patients undergoing breast cancer surgery. Secondary

objectives are to examine long-term smoking cessation rates, motivation for smoking cessation, nicotine withdrawal symptoms and experienced stress. Furthermore, patient reactions to and accept of the smoking intervention will be explored. Smokers are at greater risk of developing postoperative complications and the connection between smoking, cancer, chronic disease and reduced quality of life is well documented. The potential for initiating preventive interventions to newly diagnosed cancer patients scheduled for surgery, however, warrants research.

**Materials and Methods:** Smokers scheduled for breast cancer surgery will be invited to participate in the study. The study comprises:

1. A single-blind randomised controlled trial where participants are randomised to either standard care or the intervention group. The intervention group will receive a brief preoperative smoking intervention according to the principles of motivational interviewing. Patients will be encouraged to stop smoking from 2 days preoperatively to 10 days postoperatively and to maintain long-term abstinence. Postoperative complications, smoking cessation rates and motivation for smoking cessation will be registered up to 12 months postoperatively. Nicotine withdrawal symptoms and experienced stress will be registered in the intended perioperative smoking cessation period. Non-parametric tests will be used for data analysis.
2. A qualitative study in which individual semi-structured interviews with patients who have received the smoking intervention will be analysed phenomenologically.

**Time frame:** January 2006 – May 2008

**Results:** 73 patients are currently enrolled in the randomised controlled trial and semi-structured interviews will commence May 2007.

**Conclusions:** The study potentially contributes to the development of evidence-based smoking interventions for newly diagnosed cancer patients undergoing elective surgery. Hopefully, the study will also contribute knowledge of the potential for initiating smoking interventions routinely to newly diagnosed cancer patients.

If the described smoking intervention has no significant effect on postoperative complications, the optimal smoking cessation period needed to prevent complications should be further examined in future studies.

## 8115

POSTER

### Action Cancer: the Big Bus mobile unit

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**Background:** Action Cancer, a non-profit organisation established in 1973 has a mission 'to save lives and support people affected by cancer in Northern Ireland'. The organisation focuses on the prevention of cancer, early detection of cancer and the provision of support services for cancer patients and their families, while also providing funding for high quality local cancer research. Within the past year, working in partnership with SuperValu, the organisation launched the BIG BUS service, the first of its type in Europe. The aim of this abstract is to describe the unit and report on some initial findings from evaluations.

**Material and Methods:** An 18 metre-long articulated vehicle with expanding side pods was used to house digital screening (with satellite transmission of images), cancer prevention and support services for men and women and is fully accessible for people with disabilities. The Big Bus, launched in September 2006, targets areas in Northern Ireland where cancer risk is greatest and where uptake of screening services is low. Available across all health boards in Northern Ireland, the unit is available for workplaces, organisations and the public through an appointment system. An evaluation form, recording general demographic information and satisfaction with services, was completed by those who accessed the unit.

**Results:** There are 24 breast screening, 12 health check, 4 complementary therapy and 4 listening ear appointments on an operational day. In the period September 2006 – March 2007, a total of 1910 people have accessed the services over 100 operational days; 1160 for breast screening, 637 for health checks, 76 for complementary therapy and 37 for listening ear. Of those 72% are female (mean age 46±9.5 yrs) and 28% male (mean age 42±12.6 yrs). A large proportion (41%) of those using the breast screening services reported that they would not have attended any other premises to access screening and 56.5% of those using the health check service would not have attended anywhere else for the same health check.

**Conclusions:** The use of the Big Bus for the provision of services in high risk areas is a successful way to engage with the population. With approximately half of those using the mobile services reporting that they would not have attended anywhere else to access the same services, it is imperative to note the importance of bringing these services to people.

## Poster Session

### New treatments: nursing implications

#### 8116

POSTER

### Multidisciplinary management of toxicities EGFR-inhibitors

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**Background:** Within our Department of Medical Oncology research is focussed on early clinical trials with targeted therapies, as a new approach in the treatment of solid tumours. EGFR (epidermal growth factor receptor) inhibitors, like Erbitux®, Tarceva® and Iressa®, are rapidly becoming part of common practice. The side effects of these agents differ from those seen with chemotherapy. Evidence based treatment options of these new, sometimes severe side effects are not available.

**Material and Methods:** Because there is no (inter)national consensus on the management of these new side effects, treatment is based on individual clinical experiences. Our department of Medical Oncology has set out to develop a systematic treatment protocol. Nurses should play an active role in realising this systematic approach at their own work environment, but also by gathering experiences and knowledge in a Special Interest Group of the Dutch Oncology Nursing Society the SIG Immuno/ Targeted Therapy.

**Results:** Research nurses initiated the development of a multidisciplinary protocol in an association with medical oncologists and dermatologists. In this protocol side effects (if possible with Common Terminology Criteria for Adverse Events), patient education and systematic, stepwise medical interventions are described. The protocol will be continuously updated to new insights and research results.

The following toxicities and their treatment are described in our protocol:

- Nail changes:
  - slow growth
  - brittle/lacerating nails
  - discolouring nails
  - paronychia
- Cutaneous side effects:
  - xerosis (dry skin, fissures hand/feet, dry mucosis)
  - acne-like rash
  - hyperpigmentation
- Hair changes:
  - increased vellous facial hair
  - growth of eyelashes and eyebrows
  - diffuse and localised alopecia (frontal scalp)
  - dry/brittle hair
  - slower growth of hair of the head and beard
- Ocular side effects:
  - dry eyes
  - blepharitis
  - keratitis

**Conclusions:** Our protocol has been used for development of patient information within our hospital and can be used in other settings as well. A standardized multidisciplinary advice and treatment policy leads to better informed and better treated patients. In our experience patients tolerated the EGFR inhibitor for a longer period when the skin toxicity was adequately treated. Joint effort of oncology nurses, medical oncologists and dermatologists is necessary to collect data in order to develop an evidence based treatment for 'new' side effects.

#### 8117

POSTER

### Group synergy at treatment with Herceptin

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**Background:** In 2006, the Danish Cancer Cooperative Group submitted new guidelines regarding 1-year adjuvant treatment with herceptin. Danish and international articles have described the value of patient taking part in support groups after finally treatment. The aim of this study was to illuminate the value of taking part in groups when being treated with Herceptin, and to study the patients' need for nursing.

**Material and Method:** A phenomenological hermeneutic method inspired by the philosophy of Van Manen, was used when interpreting interview texts with focus groups. Nine women from two groups participated in the interviews. Sixteen groups participated in the study totally, each group consisting of 4 to 6 patients. The women were included in groups according to their age ±10 years. The women received their treatment apart from the usual unit in their earlier treatment.

**Results:** The women experienced profit and pleasure when receiving treatment in groups. The women pointed out, that it was of great importance to them,