

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,

that they were all at same age in the group. This factor provided a greater understanding of each other's personal background, and how each person adjusted with the "disease". The women shared their lived experiences, and they felt sense of solidarity. They discussed existential subjects as well as advice about keeping fit, food/diets, everyday issues, which could improve their quality of basic life.

The women perceived themselves as cured and hence, they do not want to receive their treatment at the place, where they received adjuvant chemotherapy, or to be together with other sick patients. The treatment group became "the sister group" and friendships were established. The women were grateful that the same nurses were present each time, they were undergoing treatment. The nurse made them feel safe. There was no need for individual consultation with the nurses or for lectures about particular subjects, apart from advice from a social counsellor.

**Conclusion:** Adjuvant treatment in groups releases synergy, as the women feel stronger when being with others in a similar situation. The nurse was the prime mover in the group treatment, and it made the women feel safe, that the nurse was present and could be consulted at all time. Our recommendation is, that there is much to gain from administering adjuvant treatment in groups, as the patients benefit greatly from it.

8118

POSTER

# **Semi-ambulatory treatment of acute leukaemia – an interdisciplinary and patient-oriented perspective**

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**Background:** The project's main idea was to fundamentally alter the traditional in-hospital treatment of patients with acute leukemia characterized by long hospitalization period, increased risk of nosocomial infections and intensive staff requirements. A strengthened interdisciplinary effort was established to adjust physician's and nurses' information and education of patients concerning compliance with medical and anti-microbial treatment, monitoring and handling of side effects as well as promoting central venous catheter self-care. This intervention implicated that patients with neutrophil count less than 0.5 bill/l intentionally could be carried out on an ambulatory basis and in patient's own home. This was pronounced as the Semi-Ambulatory Principle (SAP).

The project endpoints focused on severe infections (septicemia, pneumonia, unknown causes of fever) arising at home in relation to neutropenic periods; cases of re-admission and patient reported outcomes.

**Design:** A non-controlled prospective longitudinal intervention study.

**Methods:** For each patient clinical and microbiological data from the entire treatment period were collected into an ACCESS database. Patient-reported outcomes were monitored with standard quality of life questionnaires (FACT-An, HAD, SF36, EORTC) five times over a period of one year.

**Results:** The preliminary results are based on 40 patients (23 men aged 18–74 and 17 women aged 23–62) with acute leukemia intentionally treated by SAP. All patients had their residence maximum 1.5 hour's drive from the specialized hematological unit. Even in the neutropenic period of induction chemotherapy 33/40 patients (82%) were treated by SAP with an average of nine neutropenic days' per patients at home. Re-admission rate was 22/33 = 67% with fever as the most dominant cause.

67/94 (72%) consolidation chemotherapy regimens were carried out as completely SAP procedures without readmissions. Causes of readmission were fever (23/27 = 85%) diarrhea (2/27 = 7%) vaginal bleeding (1/27 = 4%) and skin eruption (1/27 = 4%). A total of 1317 neutropenic days were conducted on an ambulatory basis and at home during the phase of consolidation with an average of 14-days/patients/chemotherapy regimen. In 27/41 cases of fever (66%) during the entire SAP observation period septicemia (12) and pneumonia (15) were identified as infections leading to readmission. No fatal infection neither fatal bleeding has been observed so far. Data of patient reported outcomes are not yet available.

**Conclusion:** Using SAP as the fundamental strategy in treatment of leukemia is feasible and safe. It requires a high and continuous level of adjusted physician and nurses' information and patient's collaboration to ensure patients compliance with medical procedures and infection awareness.

8119

POSTER

# **Photodynamic Therapy, a new treatment modality in head and neck cancer**

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Photodynamic Therapy (PDT) a new treatment modality in head and neck cancer

**Background:** Both surgery and radiotherapy give good cure rates in early stage head and neck squamous cell cancer. PDT however is a new treatment modality, that gives just as good results as the regular treatments.

**Materials and Methods:** Radiotherapy, even for small lesions, has the disadvantage of a long treatment period and can lead to considerable morbidity like xerostomia and radio necrosis. Another drawback of radiotherapy as treatment is that it can jeopardize future treatment options for recurrent or second primary disease.

Surgery requires less time than radiotherapy. However, excision of relatively small lesions may require adjacent vital structures to be included in the resection since 1 cm surgical margins are mandatory in surgically treated squamous cell carcinoma. In the head and neck area, surgery therefore often results in cosmetically unsatisfactory scars and in considerable morbidity like speech and swallowing problems. Many studies investigating the efficacy and (cost) effectiveness of Foscan® have been carried out during the past decade and these show cure rates for different types of early stage primary head and neck cancer that are at least comparable with the above mentioned conventional treatments.

**Results:** Initially PDT has been considered as an experimental therapy with limited applications for only superficially spreading tumours. Powerful second generation photo sensitizers, like Foscan®, are now available for clinical use, increasing the applicability of PDT. Normal tissue damage after PDT is restricted to the illuminated area and a maximum penetration of the light in tissue (up to 1 cm).

One of the major advantages of PDT is the excellent wound healing without scar formation. Another advantage of photodynamic therapy is that it can be applied more than once and that it does not compromise future surgical or radiotherapeutical interventions. This is of major importance in the treatment of second primary tumours.

**Conclusion:** PDT is a good treatment modality for both primary and multiple primary tumours of the head and neck. There are some great advantages of PDT compared to radiotherapy or surgery.

In this presentation the details of PDT will be explained and the latest results of the treatment in order to improve the efficacy, (cost) effectiveness and quality of care will be shown.

8120

POSTER

# **Development of patient information "EGFR-inhibitors induced skin reactions"**

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**Introduction:** Since the introduction of EGFR-inhibitors, a targeted cancer therapy, patients and professionals are confronted with a number of new side effects, such as nail- & hair changes, eye disorders and skin reactions. Skin reactions are seen in various ways such as a dry skin, an acne-like rash, chapped skin and paronychia. These skin reactions are in general manageable if treated in a pro-active way. When treatment is started early, the onset and severity of these skin reactions can be minimized.

**Subject:** The patient-information on skin reactions was developed within a multidisciplinary approach. Nurses, oncologists, dermatologists, product-specialists and patients were all involved. All the different disciplines studied the skin reactions from their own angle in order to create unequivocal patient-information. Information from the EONS-sponsored "TARGET"-course was used as baseline information and then supplemented with information from literature and internet resources. The information was then adjusted by the different disciplines according to the internationally used guidelines of the NCICTC (NCI Common Terminology Criteria) version 3.0. Thereafter the conceptversion was reviewed by patients.

**Results:** The patient-information clearly defines the different types of skin reactions. Pictures helps patients to recognize the different skin reactions in an early stage and encourages them to consult a professional if needed. The advices mainly focus on precautions regarding lifestyle, personal hygiene and usage of skin products.

**Conclusion/Evaluation:** The collaboration between the different disciplines has led to the development of skin reaction information cards. These information cards can be added to the Chemotherapy Guidelines that patients receive when treated with chemotherapy. During the presentation these information cards will be illustrated.

8121

POSTER

# **Oropharyngeal mucositis in patients with undifferentiated carcinoma of the mesopharynx treated with concomitant chemoradiotherapy**

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**Purpose:** Combined chemoradiotherapy (CT-RT) may cause severe side effects, mainly painful mucositis. Mucosal reactions often cause a decrease in food intake which can result in a dramatic loss of body weight. Our main goals were to explain the treatment program and its side effects to patients, and to emphasize that appropriate nursing improves quality of life (QoL).

**Methods:** Since 2005, 13 patients with undifferentiated carcinoma of nasopharynx have been treated with concomitant CT-RT. One-day cycles