

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.

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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

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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 mucositis)
 - 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.

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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,