

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

of concomitant chemotherapy were used on the 43rd and 64th day of treatment: at the same time, RT has been continuously applied until the 84th day of treatment. Systematic observation and interview were used for diagnosing oropharyngeal mucositis. Pain symptoms were rated on a Visual Numerical Scale (VNS). Nutrition was given either per os (liquid diet) or parenterally. Body weight was checked at least once weekly.

Results: All patients developed grade 3 and 2 grade 4 mucositis. All patients received analgesics or topical antiinflammatory drugs, local anesthetics and corticosteroids. Adequate alleviation of pain with opiates is often a prerequisite for the continued intake of nourishment. Loss of body weight (6–10 kg) occurred in all patients.

Conclusions: Oropharyngeal mucositis can be prevented with appropriate care since notable improvements in pain control and oral intake during the course of therapy are observed with aggressive clinical management. The treatment that provide subjective relief needs to be initiated at an early stage and the patient must follow the instructions. New preventive treatments are emerging which provide measures to improve the QoL during CT-RT.

Poster Session

Nursing education and staff development

8122

POSTER

Patient focus care – implementation and evaluation of a new care model

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Background: In times of strained health care economy, there is a need to consider reforming the traditional care organisation. Also, patients demand larger involvement in decision making and care planning. The structure of having traditional nurse stations in inpatient care creates distance to the patient and a busy work environment with constant interruption and telephones ringing. The nurse feels shattered and the risk of stress increases which may decrease care quality and work satisfaction. A new care model called "patient focused care" originally came from Detroit, USA and was adjusted to the Swedish health care system by a Swedish nurse [1]. The Division of Surgery and Oncology at a University Hospital moved to a new building which gave the possibility of a large scale implementation project of the new care model. The project aim is to implement the new care model and evaluate the possible impact it may have on patients' assessment of quality of care and staffs assessment of working environment and work satisfaction.

Methods: A project group consisting of nurses from all treating units was initiated to coordinate both the implementation and the evaluation phase. Baseline assessment with a questionnaire to staff, a questionnaire to patients and assessment of patient calls both at the ward and by telephone was conducted before implementation of the new care model consisting of the following parts:

- A care coordinator is responsible for all incoming telephone calls and assists the care givers with administrative tasks.
- The traditional large nurse stations are replaced by small nurse modules placed near the patient rooms.
- Several health care teams are formed which take the whole responsibility for a fewer number of patients.

Results: The project is now in the implementation phase. Extensive baseline assessment has been conducted and will be repeated after implementation. The anticipated effects are:

- Increased patient participation
- Increased satisfaction with work environment
- Increased quality of care
- Increased cooperation between health care professionals

Conclusion: The baseline and implementation phases have been successful. In time for the conference result regarding patients and care givers assessment of variables related to quality of care and work satisfaction before and after the implementation of the new care model will be available.

References

- [1] Inde M. Framtidens vårdmodell, Patientnärmre vård – hur gör man? Landstinget i Värmland, Karlstad 2006 (In Swedish).

8123

POSTER

The incidence of burnout syndrome and coping strategies for staff working in oncology and palliative care department

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Background: Occupational stress is a very actual concern for medical staff, affecting their health and well being. In Romania, too little attention is paid to this syndrome. The aim of this study was to:

1. evaluate the factors that cause stress in work;
2. evaluate the incidence of burnout syndrome in the Oncology-hematology in Tg. Mures;
3. design preventive plans and coping strategies in order to decrease the incidence of burnout syndrome.

Material and Methods: The subjects of this study were 14 doctors and 54 nurses, employed at the oncology-hematology department in Tg. Mures, Romania. All variables regarding stress were assessed using A. Pines and E. Arronson self-administered questionnaires with 21 questions regarding physical and psychological status. The incidence of stress factors was reported on a scale from 0 (never) to 7 (daily).

Results: Out of 54 nurses, 44 of them (81%) experienced emotional exhaustion and less personal achievement. The most frequent stress factors were: emotional and psychological over involvement (32%), lack of material satisfaction (25%), lack of staff (20%), the time period surrounding a patient's death (13%), and bad communication with the medical team members (10%). Out of 14 doctors, 12 of them (92%) experienced emotional exhaustion and depersonalization. Stress factors identified included lack of time (30%), lack of staff (29%), over involvement in patient's problems (23%), bureaucracy (10%) and bad communication with other medical staff (8%). In both groups, the coping strategies identified were: better communication and support groups for sharing problems, psychological counseling, more staff, a more flexible work schedule, motivation and continuing medical education.

Conclusions: This study proves that burnout syndrome is a reality in oncology and palliative care departments in Romania. It is very important and necessary to implement individual and group strategies to prevent and diagnose this syndrome, measures that will, in the end, be beneficial to our patients.

8124

POSTER

"DIC", a digital instruction for the safe handling of cytostatic drugs in the homecare setting

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Background: During the last two decades, numerous studies have pointed out that nurses and other healthcare professionals are exposed to antineoplastic drugs during daily activities. Based on the numerous studies that identified occupational exposure to antineoplastic drugs among healthcare professionals since the beginning of the 1990's, guidelines and regulations have been introduced in the Netherlands in 1992 with revision in 1997 on how to safely handle these hazardous drugs. This has led to specific policies and clearly defined procedures for the hospital setting. However the risk for workers in home care is equal to that of hospital nurses. But since awareness of potential exposure is low, protective equipment is hardly used. And even if an employee is aware of the fact that he or she is working with a patient who has received chemotherapy, protocols and guidelines, especially for nursing or cleaning tasks are often not available. This may lead to high dermal exposure levels through contact of contaminated surfaces or through contact with patient excreta.

Purpose: The main aim of this project was to introduce guidelines and regulations in the home care setting to prevent all employees (from housekeeper to specialized oncology nurses) to experience negative health effects from exposure to these hazardous drugs.

Method: First the original hospital guidelines, policies and procedures were translated to the homecare setting. The procedures were identified with potential exposure to antineoplastic drugs: domestic tasks and patient care. Consequently the tasks were clearly defined in regard to