increased health needs in elderly, combined with diagnosis of malignancy, could decrease the overall functional capacity. The malignancy treatment efficacy, thus depends not only on stage at diagnosis, and involvement of vital organs, but also on the age, comorbidity other than malignancy and functional capacity.

Patients and Methods: In the aim to analyze the influence of comorbidity, anticancer treatment and adverse events on the functional capability of elderly colorectal cancer patients, being treated with adjuvant capecitabine, the questionnaire for functional capacity assessment (KATZ index) was used initially and after the third cycle of chemotherapy, in 24 elderly colorectal cancer pts, aged 67–79. All patients started the treatment in January 2007 on an outpatients basis. Body weight, as well as the creatinine clearens, concomitant diseases, capecitabine adverse effects and the consecutive dose reduction were registered.

Results: Initial cardiac, neurology, endocrine and musculo-skeletal comorbidity was found in 12.8%, 4.2%, 12.5% and 8.3% patients, respectively, not being either increased in frequency, or worsening during the treatment. No significant change in body weight or creatinine clearance was noted. The low grade adverse events such as skin toxicity, hand-and-foot syndrome and loss of appetite were registered in 4.2%, 8.3% and 4.2% pts, respectively, causing the dose reduction in 4.2%. KATZ index did not change during the treatment, being scored as 4 in 16.7%, and 6 in the remaining patients. Slightly decreased functional capability was caused by comorbidity, while the anticancer treatment and the adverse effects did not cause further decrease.

Conclusions: Our results confirm that the overall health care measures are important for the maintenance of the optimal functional capacity in elderly colorectal cancer patients, being on adjuvant capecitabine treatment.

8139 POSTER

Cancer and the City

P. Trevatt. *North East London Cancer Network, London, United Kingdom*

A national report published by the audit office in 2005 examined the cancer patient experience in England. The report's purpose was to assess if cancer services had improved following publication of "The NHS Cancer Plan" in 2000. While progress had been made in a number of areas it was interesting to note that cancer patients living in London scored a poorer experience when compared to those living elsewhere. This score was not reflected in either survival or mortality data which remained the same for all English cancer patients. London cancer patients recorded poorer experiences relating to psychological support and information needs, as well as having less satisfying encounters with their community physician and outpatient doctor.

London has a significant number of social and healthcare challenges that continue to cause concern among health advisors, clinicians and policy makers. It has a growing younger population, an increasingly large black and minority ethnic (BME) community, and areas which are marked by serious deprivation and poverty.

An analysis of a number of national patient surveys and audits revealed a series of commonalities that may have caused variations in the patients' experience (CHI 2004, MORI 2004, The Healthcare Commission 2005). These included:

- Ethnicity – BME patients tended to score less positive experiences.
- Deprivation – Scores were poorer for those residents living within deprived localities.
- Age – Those who were younger tended to be less satisfied with services available to them than those who are older.

It is possible to hypothesise that the factors listed above may have influenced the London cancer patient experience. Previous research has shown that younger people, BME groups and those affected by poverty and deprivation, experience inequalities when using cancer services (for example, accessing quality cancer information in an appropriate format).

This paper seeks to determine why London cancer patients scored a poorer experience; to determine if the problem is unique to London or whether it could it applied to urban areas in general; and to develop a meaningful action plan that could be shared with others.

It concludes with the recommendation that policy advisors and strategists need to take account of the needs of the local populations when devising healthcare policies, especially when developing and planning cancer services within a multicultural setting.

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8140 POSTER

Immigration in a day cancer unit: four biographical experiences

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Introduction: Given that an immigrant is considered those coming from another country in order to establish themselves in the guest one, it is obvious that since several decades, immigration in Spain has increased in a progressive way.

Traditionally, our region, Girona, Catalonia and the rest of Spain, have received immigrants with diverse origins. Africa and North African firstly followed by South American, Eastern Europe and Asia lastly. The immigrant rate in our context adds up to 12.1%, which represents an amount of 83,271 people totally.

Despite there is not high incidence in cancer among the immigrants population, opposed to native people, the increasing number of immigrants in our Day Care Unit at the Institut Català d'Oncologia located in Girona, has generated in some way a big challenge for nurses, due different manners in understanding health and disease, care, linguistic, cultural and religious issues.

Aims: Our study tries to describe the biographical experience of four immigrants from different nationalities, to explore the cancer experience and chemotherapy treatment implications in their lives

Methods: Design: Qualitative and Phenomenological exploratory research. Area of study: Day Care Unit from the Institut Català d'Oncologia located in Girona, which covers a population close to 687.331 inhabitants. Procedure: Semi-structured interview to last one hour approximately, with the possibility of second meeting if necessary, plus the information from informal talks during the treatment sessions. All interviews were audio taped and recollected by 2 nurses from the study group.

Details from socio-demographic variables, type of treatment and stage of disease, were collected. Some other variables related with information received about diagnosis, perceptions, believes and professional support needed. A written Informed Consent document explaining data Confidentiality policy was given to all participants. Participants: Inclusion criteria: Well understanding in Spanish language or able to understand us, from different countries and backgrounds, with a neoplastic diagnosis, receiving or finished in the treatment of Chemotherapy. Sex and genre were divided in two women and two men with different ages criteria.

Results: Sample mean age was young population, with low educational level and with difference attending reasons to migrate. It has been a positive experience for nurses themselves increasing our knowledge on patients. This study will be the starting point for new research in future improving quality of cancer nursing care.

Discussion: With the study results we want to draw our attention to no specific conclusion. We intend to explore and increase our knowledge of migration repercussion in Health and cultural diversity, as well as to increase our understanding on different lifestyles to, finally improve Quality of nursing care.

8141 POSTER

Integrating diversity into a nurse led cancer information service

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Background: Cancerbackup is the United Kingdom's (UK) leading cancer information charity, providing cancer information and support by experienced cancer nurses to anyone affected by cancer. The charity identified a need to make the service more accessible to black and minority ethnic (BME) communities and funding was secured in 2002 for two posts: an outreach officer who researched the specific cancer information needs of BME communities, and a cancer information specialist whose role was to develop a strong BME network through which to promote appropriate resources. This poster will demonstrate how these two posts have enabled Cancerbackup to development of a variety of culturally sensitive services for BME communities. Our results focus on our free telephone interpreting service, Cancer in Your Language (CIYL).

Materials and Methods: The cancer information needs of BME communities were identified through the research carried out by the appointed BME posts. All staff received diversity awareness training. A number of key cancer information booklets and video tapes were translated into other languages. The telephone interpreting service was launched in 2004 and has expanded to offer direct dial numbers for the twelve most commonly spoken languages in the UK. Over 100 question and answer pages specifically related to BME cancer issues have been added to the website. A nurse has been allocated set hours per week to assist with data collection and outreach work. A BME advocacy worker has been appointed at one of our walk-in centres in a large London teaching hospital.

Results: Detailed data has been collected on how different ethnic groups use our service. CIYL data collection was done using an enquirer record form (ERF). ERF data shows that calls to the interpreting service are increasing as per Table 1.

Table 1: Number of calls to *Cancer in your language* service

Jan 2004	Jan 2005	Jan 2006	Jan 2007
4	1	8	18

To include the most recent data we have included the number of translation calls made to the service in January from each year since the service began.

Conclusions: Cancerbackup contact with BME communities is increasing. Through this work the importance of providing services sensitive to BME community needs has become widely recognised throughout the organisation. There is an ongoing commitment to support outreach work with BME communities. Nurses continue to play a key role in maintaining the links with these communities.

Poster Session
Research utilisation

8142 POSTER

Research priorites for cancer care in a Swedish sample of health care professionals

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Background: In 2006 a Swedish network was established for PhDs with backgrounds in nursing and other health care sciences active in cancer care research. One of the main aims of the multiprofessional network is to initiate multicentre studies in this field. The issue of where the front line in cancer caring sciences is has been raised within the network as well as from funding agencies. One step towards identifying the front line is to seek opinions about research priorities among health care professionals. Since 1981 the Oncology Nursing Society (ONS) in USA, has conducted surveys about research priorities among cancer nurses. These studies have been of guidance for allocating resources to areas in need of more research.

The aim of this study was to investigate research priorities for cancer caring sciences from Swedish health care professionals' point of view.

Materials and Method: A convenience sample of 19 PhD-prepared professionals in cancer caring sciences and 40 nurses working in cancer care participated. A questionnaire consisting of 115 potential research topics from the ONS study was translated into Swedish. The Swedish version is composed of a verbal category scale with four response alternatives to grade the importance of each topic. The topics can be divided into seven areas; cancer symptom management, behavioural/psychosocial aspects, health services, cancer continuum of care, health promotion/prevention, special populations and communication/decision making.

Results: The top 10 topics as rated by the respondents were evidence-based practice, palliative care, curative treatment/care, caregiver role, children/adolescents, quality of life, prevention of cancer, fatigue and patient outcome of cancer care. The two most important areas were cancer continuum of care and communication/decision making whereas the least important area was special cancer populations. The PhD-group rated significantly nursing workforce issues ($p < 0.01$) less important and functional status changes ($p < 0.05$) and rehabilitation ($p < 0.05$) more important than did the nurses. The top 20 research priorities in the Swedish sample included 13 of the top 20 topics in the ONS study.

Conclusion: This study is a first step towards exploring the front line in oncology caring sciences by establishing research priorities as viewed by researchers and cancer nurses. The next challenge will be to ask patients and their families about their opinions of research priorities in cancer care.

8143 POSTER

Quality and accessibility of disease and treatment-related information available on the internet for women with breast cancer: outcomes of a UK scoping exercise

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Background: The ability to access quality disease and treatment-related information is fundamental to women with breast cancer. It facilitates adaptation to living with the disease and enables involvement in treatment decision-making. Breast Cancer Care, in collaboration with King's College London, is exploring barriers to the uptake of Breast Cancer Care's services. The scoping exercise aims to provide an understanding of information and support services provided for women with breast cancer by UK voluntary organisations, and determine the quality of information provided on their websites.

Materials and Methods: 16 UK voluntary organisations' websites were reviewed. Websites were selected to represent the various internet sites available to women with breast cancer and included general health, generic cancer and breast cancer specific sites. A data extraction form recorded each organisation's service portfolio and evaluated completeness, transparency and accessibility of information provided.

Results: *Service portfolio*: Thematic analysis suggests services fall within 6 key areas: information provision, health/wellbeing, one to one support, group support, practical support and breast awareness. Alternative models of service provision will be presented. Innovative services targeting hard-to-reach groups will be highlighted. *Website evaluation*: Preliminary analysis suggests that just over half of websites provided comprehensive breast cancer information, scoring $\geqslant$21/30 on completeness. Websites performed poorly on transparency, with over 80% scoring <10/24. In terms of accessibility, websites performed well, with over 70% scoring $\geqslant$6/7.

Conclusion: Voluntary organisations offer a wide range of information and support services to women with breast cancer. These are provided face-to-face, by telephone or via the internet. There is potential to incorporate alternative models of service provision into Breast Cancer Care's portfolio. UK voluntary organisations' websites fail to provide complete, transparent and accessible information to users. They focus on the aesthetic quality of websites, rather than quality of content. A standardised health website evaluation tool would highlight the best sources of information available.

8144 POSTER

Prevention and treatment for mucositis in bone marrow grafted patients: a systematic review and meta-analysis

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Background: Patients undergoing bone marrow transplantation (BMT) need special nursing care due to the potential adverse effects of chemo and/or radiotherapy conditioning. One of these effects is oral mucous injury (mucositis) which depending on its severity can compromise both the patients' clinical status and quality of life.

Objectives: To identify the interventions needed to prevent and to treat mucositis; and to evaluate the evidences of effectiveness of these interventions when performed in patients undergoing BMT.

Method: a systematic review was carried out using the following keywords: "mucositis", "stomatitis" and "bone marrow transplantation". The period searched was from 1972 to 2006 in the following data bases: LILACS, MEDLINE, CINAHL, EMBASE; CENTRAL (Cochrane Central Register of Controlled Trials) and DARE (Database of Abstracts of Reviews of Effects).

Results: 3,839 abstracts were found, from which 19 were included in the systematic review and 17 were submitted to meta-analysis. Three interventions presented statistically significant evidence in reducing mucositis severity: the use of Traumeell® (Arnica Montana), mouthwash with clhorexidine and topic cryotherapy. Cryotherapy presented better protective and therapeutical effect with relative risk of 0.03 (IC95% = 0; $p = 0.02$).

Conclusions: This study showed the lack of controlled studies that evidence the effectiveness of interventions to prevent, evaluate and treat oral mucositis. Nevertheless, the three interventions identified are essential for the management of oral mucositis for they are effective, don't demand high technology resources and have low cost. Thus, the careful incorporation of this new knowledge in nursing clinical practice opens a new perspective on evidence-based practice, in order to provide an effective clinical care to patients undergoing BMT that present oral mucositis.