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

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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