**8145** POSTER

### Spirituality, positive/negative affect and coping as predictors of quality of life in cancer survivors

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Cancer remains a major health concern in western societies. Improvements in early detection techniques as well as the development of new treatments have increased the survival statistics for cancer patients during the past decades. But this improvement sometimes involves late physical and psychological effects that can deteriorate the quality of life. With a few exceptions, once a cancer patient, always a cancer patient.

The purpose of this research was to explore the effects of coping, spirituality, and positive and negative affect on quality of life in cancer survivors with multivariate type of cancer. The sample consisted of 426 cancer survivors recruited through medical follow-up in two hospitals of Porto-Portugal. Participants completed the EORTC Quality of life instrument (QOL-C30 – version 3), Brief COPE (Carver), PANAS, spirituality Scale, and the demographics questionnaire.

Using multiple logistic regression analysis, potential predictors of quality of life for cancer survivors were identified. Among the predictors considered were spirituality, positive affect, negative affect and coping. Our findings may assist health professionals to develop an individual approach of care during the trajectory of cancer survivors' life and to know the implications of cancer in multiple dimensions of quality of life.

**8146** POSTER

### Does the participation in clinical trials allowed better information and communication with treating team in early breast cancer patients: Nurses' aspect

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**Background:** The policy of complete diagnosis and prognosis disclosure, instead of concealing them – has been recently introduced in Serbia for, at least, two reasons: patients' request due to much better information in general, and the requirements of informed consent when offering to participate in clinical trials.

**Methods:** The originaly created questionnaire was filled by 80 early breast cancer pts (BC pts), half of which participated in international clinical trials, remaining pts were on standard therapy. Groups were well balanced in regards to the level of education, marital status, childbirth history, time from diagnosis and previous/current treatment, while pts in clinical trials were slightly younger (mean 39.5 vs. 45.5 years, respectively).

**Results:** Majority of patients obtained the information from their surgeon (82.5%), usually a short time after the operation (72.5%), being satisfied with the data on disease and planned treatment in 97.5%, and on prognosis as well, in 77.5%. Due to the poor knowledge about the clinical investigations, 75% pts on standard treatment would not be willing to participate in. However, pts being included into clinical studies – were highly satisfied (100%) with the obtained information. On the question about contribution of medical nurse, as a member of the team, to the better understanding of disease and treatment – 62% and 85% answers were positive, in groups on standard and trial treatment, respectively. Majority of all pts (82.5%) are highly satisfied with the professional skills of medical nurses and their support during the treatment. In particular, the role of medical nurse was emphasized as very helpful, by pts participating in clinical trials, in regards to the understanding of informed consent (47.5%), of the study aims (60%), and the management of adverse events (57.5%). None of all pts had the feeling that any of her human rights was denied.

**Conclusions:** Although in a small patients sample, obtained results suggest that our pts are well informed on their disease, planned treatment and prognosis, but the satisfaction with the obtained data seems to be slightly better in pts participating clinical trails. Especially important is the high level of satisfaction with the support of, and communication with medical nurses in both standard and trial settings. However, the level of the knowledge about the clinical investigations in whole included population – seems to be still unsatisfactory.

**8147** POSTER

### Continuity of care from the viewpoint of a breast cancer patient

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**Backround:** The purpose of this study was to investigate the continuity of care as the patient herself experience it. The research questions were (1) how the patient experineces the continuity of care and (2) how customer oriented the process is. The ultimate goal was to identify the problem and juction areas in the care.

**Materials and Methods:** A case-study approach was implemented. There were three participants in the study from one hospital district area in Finland. The whole care continuum was followed, meaning from the moment the woman heard that there is a doupt of disease to the moment that the disease has been treated. The data were collected ty interviews and half structured questionnaires. Altogether 48 half structured questionnaires and 9 interviews were completed by three study participants. They completed the questionnaires at every stage they were in contact with the health cae. Content analysis was used to analyse the qualitative data. The quantitative data were organized in tables and figures and it added new viewpoints for the qualitative data. The continuity of care was looked from the viewpoint of co-ordination flow, information flow and time flow.

**Results:** The co-ordination was experienced as good inside one organization but not from one organization to another. The information flow was the most problematic area. The patients expected more information from the physicians. The patients were demanded to be spontaneous and active in order that the information flow is successful. Patients needed to wait in different phases of the care continuum too much. On the other hand the waiting periods gave time to adapt oneself.

Whether the care was experienced as customer oriented was based on if the caring persons were the same during the process, how qualified the staff was and how the patient were treated. In the patient oriented care the patient's individual needs were considered.

**Conclusion:** The continuity of care could be improved in taking more the viewpoint of co-ordination flow, information flow and time flow into consideration.

**8148** POSTER

### Promoting stabilising of life in families with cancer – A grounded theory research

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**Background:** The purpose of this grounded theory research was to develop a substantive theory to explain how families with cancer solve the main concern in their lives.

**Materials and Methods:** Data collected, consisting of 32 joint couple conversations of 13 families ($n = 26$) during different stages of cancer trajectory and observations of 26 hours of five families ($n = 19$) during a boarding course on psychosocial rehabilitation, and analysed according to the grounded theory methodology.

**Results:** The main concern of families living with cancer was stabilising of life through facing of hardships and assuming an attitude towards the future which patterned out in four processes. Detaching from the disease consisted of maintaining of hope, living trustingly, changing of the concept of self, progressing of recovery and continuing the habituated life. Stabilising of life involved fighting against the disease involved the stages of deliberating about falling ill, rebelling against the change in life, overcoming adversities, preparing for worse and ensuring the functionality. Adjusting to life with the disease comprised clarifying of facts, resorting to help, returning to life, intensifying of togetherness and maturing through hardships. Stabilising of life entailed submitting to the disease included life coming to a standstill, succumbing to fear, being burdened by concerns, life turning more difficult and getting caught in being ill.

**Conclusions:** This substantive theory of family survivorship offers possibilities to promote stabilising of life in families with cancer in nursing, nursing education, and nursing administration.

**8149** POSTER

### Coordinating function of the study nurse in clinical trial with dendritic cell vaccination

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**Background:** In Denmark yearly more than 5000 patients (pts) are diagnosed with breast cancer, kidney cancer or malignant melanoma. For a part of these pts traditional treatment such as surgery, radiotherapy or chemotherapy is not sufficient. In the struggle defeating cancer it is therefore important to develop new treatment modalities. Dendritic cell vaccination is a new treatment modality aiming to stimulate the patients own immune system to kill the cancer cells. It is a complex trial set-up with many involved parts. We want to describe our experience with this set-up facilitating the interdisciplinary teamwork focusing on patients and investigators.

**Patients:** Per April 2007 100 pts are included, split up into the above three diagnosis. We receive pts from all parts of Denmark.

The responsibility of the study nurse:

- Before initiating
  - Description of duties and responsibilities
  - Preparation of checklists for study-related procedures i.e. hospitalization in relation to insertion of Femoralis catheter and Leucapherese
  - Interdisciplinary teaching
- Conducting trial
  - Responsible for planning individual examination schedule – cooperating with local hospitals – for each pt and for ongoing information of the pt in the 6 weeks screening period
  - Assist at the treatment procedures i.e. intranodal Ultrasound-guided vaccinations and biopsies, performing skin tests
  - Observation of pts
  - Responsible for collecting blood samples for translational research

**Results:** The knowledge and experience we have gathered in the past two years have been successfully used by the interdisciplinary team to establish well-functioning treatment procedures, but adjustments are still being made as more experience being gained with dendritic cell vaccinations.

**Conclusion:** By adopting an interdisciplinary approach, we experienced greater commitment, a greater degree of knowledge sharing and greater confidence in provision of nursing care and in providing a new complex treatment.

**Future perspective:** The experience we have gained with dendritic cell vaccinations has showed, how important it is, that all relevant members of staff are involved from the start and that they are influencing the process. Our statement is: this approach represents the future.

## *Poster Session*
## Supportive care

**8150** POSTER

### Patients supportive care needs beyond the end of treatment: a prospective and longitudinal survey

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**Background:** Despite improvements in overall survival rates for patients with cancer, little is known of supportive care needs beyond the end of treatment. This study aimed to (1) estimate the prevalence of self-perceived supportive care needs of patients in the immediate post treatment phase and (2) identify factors predictive of supportive care needs.

**Materials and Methods:** A multicentre, prospective, longitudinal, postal survey was conducted. The 67 collaborating centres were asked to recruit patients over a 12-week period. Patients being treated with curative intent for the following cancers were eligible to participate: breast, prostate, colorectal, gynaecological and lymphoma. Variables of interest were assessed using the Hospital Anxiety and Depression Scale (HADS), Fear of Recurrence Questionnaire (FRQ), Positive Affectivity and Negative Affectivity Scale (PANAS) and Supportive Care Needs Survey (SCNS). Domains assessed by SCNS are physical needs (PN), psychological needs (PsN), health system and information needs (HSIN), patient care needs (PCN) and sexuality needs (SN). The questionnaire pack was completed on 2 occasions: end of treatment (T0) and 6 months later (T1). Prevalence of moderate/severe supportive care needs for each domain was determined and frequencies calculated. Predictors of need at T1 were then identified using forward stepwise logistic regression analysis.

**Results:** 1847 agreed to participate in the study at T0. Of these 1492 questionnaire packs were returned at T0 (79%) and 1152 at T1 (62%). The mean age was 60.7 years (SD 11.7), most were female (69%) and had breast cancer (57%). The number reporting at least one moderate or severe need is shown in Table 1. Whilst self-assessed unmet need is relatively low at both time points, unmet need was highest for PsN and HSIN.

Table 1. SCNS: frequency of moderate/severe need

| SCNS | N (%) | |
|---|---|---|
| | T0 (n = 1425) | T1 (n = 1152) |
| PN | 399 (28) | 288 (25) |
| PsN | 591 (42) | 439 (38) |
| HSIN | 517 (36) | 377 (33) |
| PCN | 307 (22) | 210 (18) |
| SN | 228 (16) | 184 (16) |

Statistical modelling revealed a number of consistent predictors of unmet need. Depression was a statistically significant predictor of HSIN, SN, PCN and PsN, whilst negative affect significantly predicted P, SN, and PsN. T0 HSIN predicted T1 HSIN, PN, PCN and PsN. Hormone therapy was a statistically significant predictor of PN, HSIN and PCN.

**Conclusion:** Most patients do not express unmet supportive care need following treatment. If they do express a need these are for PsN followed by HSIN and PN. Depression/negative mood, information needs and hormone therapy are influential factors in determining patients supportive care needs. This begs the question as to how nurses might identify and target those with needs and challenges us to think beyond the biomedical model of follow up and consider how to manage this significant transition.

**8151** POSTER

### Short and long term physical and psychological benefits of a 12 week supervised group exercise programme during treatment for early stage breast cancer

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**Background:** Surviving cancer usually means enduring sequential combinations of cancer treatment which can result in significant reductions in various quality of life (QoL) outcomes. Ongoing cancer care does not normally deal with the physical problems encountered by breast cancer patients such as fatigue, loss of functional capacity and weight gain. An intervention that may address these issues following diagnosis is an exercise based rehabilitation programme.

**Methods:** 203 women during treatment completed baseline evaluations of quality of life (QoL), mood, depression, body mass index, walking capacity, current physical activity levels and shoulder mobility. Participants were randomly assigned to one of two intervention groups: usual care or a 12 week programme of supervised group exercise. The evaluations were repeated at week 12 and 6 months later. Qualitative data were also collected.

**Results:** After 12 weeks, women randomised to the supervised group exercise showed significant increases in metres walked in 12 minutes, moderate intensity activity reported in a week, shoulder mobility, breast cancer-specific QoL and positive mood in comparison to those in the control group ($p < 0.05$). In addition, there was reduced levels of depression ($p = 0.083$) and improved fatigue subscale scores ($p = 0.091$) in the exercise group. At the 6 month follow up these effects were maintained and additional significant effects were observed for overall QoL. No adverse effects were noted.

The qualitative data showed that women in the intervention group valued the expert guidance of the instructor, enjoyed exercising with other women who had breast cancer, gained support in dealing with issues around body image and in prioritising exercise over home and work commitments. In contrast, women in the control group had negative experiences at standard exercise classes.

**Conclusion:** This study is the first randomised controlled trial of a group exercise programme as part of a cancer rehabilitation programme. This study shows that supervised group exercise provided short and long term functional and psychological benefits for women receiving treatment for early stage breast cancer. Clinicians should encourage physical activity for their patients and policy makers should consider the inclusion of exercise opportunities in cancer services.