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.