8152 POSTER

Picking up the pieces: moving forward after surviving cancer

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Introduction: Equiping women diagnosed with ovarian cancer and living as survivors after treatment is vitally important. As more women become ovarian cancer survivors, it is clear they are living with the after effects of their cancer treatment. For many, life will never be as it was before their diagnosis. The Picking Up the Pieces workshop was designed as an aid to cancer survivors moving forward in the journey of cancer recovery. The objectives of the workshop include:

- Facilitating a process that assists participants to move through the transition from survivor to living well
- Assisting in integrating the pre-cancer and post-cancer self
- Supporting the participant in regaining a sense of control
- Assisting the participant to rebuild confidence in their choices and hope in the future
- Assisting the participant in identifying new-found insights and strengths
- Encouraging the participant to ignite or renew their own healing spirit

In partnership with the National Ovarian Cancer Association, a number of ovarian cancer survivors took part in the workshops. Two workshops were conducted. The workshop participants were asked to evaluate the workshop.

Methods: The evaluation involves a two-step process. The participants complete a post-workshop survey and then are contacted in six months post-workshop for an interview. The results from the post-workshop surveys are available.

Results: The results are based on analysis from four workshops that were conducted across Canada. A total of fifty-two surveys were completed. The participants rated the training sessions as good (n = 18) or excellent (n = 34). The workshops are continuing.

Conclusions: The participants thought the workshop provided valuable tools and information for survivors on healing and growth. The participants plan to encourage others to take the workshop, use the information to move forward, and share the information with others, including family friends, and other survivors.

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Nail changes due to docetaxel – a neglected side effect and nuisance for the patient

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Background: The objective of this study is to estimate the frequency and severity of nail changes due to treatment with the cytotoxic drug docetaxel and, secondly, to estimate how the nail changes effects the patients cosmetically and functionally in their daily activities. Finally, we want to clarify whether fungal infection could contribute in causing the nail changes.

Materials and Methods: Fifty-five patients with metastatic breast cancer in treatment with the cytotoxic drug docetaxel participated in the study. They filled out two questionnaires about their experience with possible nail changes. The frequency of fungal infection was examined. At each of the two visits, information about the number of treatment cycles, dose of docetaxel the patient received, frequency of lymph oedema, previous treatment with chemotherapy and the reason of discontinuance of treatment if relevant were registered. Finally photos were taken to document the nail changes in hands and feet.

Results: Fifty-eight percent had some degree of nail changes and an increase to 88, 5% was seen after three additionally cycles. A large proportion of the patients experienced the nail changes as a cosmetic nuisance, and more than 32% had functional problems.

Conclusions: Nail changes occur more frequently than previous studies have shown. Furthermore, our study indicates that the nail changes are affecting a large proportion of the patients, both cosmetically and functionally, which may lead to a decrease in their quality of life. No significant association was found according to the possible relation between nail changes and fungal infection.

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Helping women facing mastectomy to shape their future – the invaluable role of breast care nurses

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Background: In the UK, all women undergoing mastectomy should be offered breast reconstruction. The provision of reconstruction services is variable across the UK, both in terms of local availability and the type of surgeon offering the service. The uptake of women opting for reconstruction is dependent on a number of factors. Peri-operative counselling for reconstruction plays a pivotal role in patient choice and post-operative satisfaction. This study assesses the amount of time spent by breast care nurses counselling women considering and subsequently undergoing breast reconstruction.

Method: A 6 month audit of the Breast Care Nurse (BCN) timesheets was undertaken. These timesheets document the patient details, the reason for contact and the length of the contact time in minutes. Patients requiring a mastectomy were offered counselling routinely. Counselling was extensive and included all options, photographs of completed surgery and the opportunity to meet patients ('buddies') who had undergone reconstruction. Subsequent visits to the BCN following the decision for reconstruction were also documented.

Results: 40% of women undergoing mastectomy for breast cancer in our hospital chose to undergo reconstruction. 10% of women undergoing mastectomy did not receive breast reconstruction counselling due to patient choice, age or ill health. Of those women who received counselling but did not undergo reconstruction, 5% were ineligible due to medical problems or did not ultimately require mastectomy. The mean number of preoperative visits to the BCN for women undergoing breast reconstruction was 3, with a total mean time of 120 minutes (range 100–180 minutes). Routine daily post-operative visits by the BCN's were made whilst in hospital, with further visits made once discharged for results, seroma aspiration and wound checks. The mean number of post-op visits was 7, with a mean total time of 150 minutes (range 75–185 minutes).

Conclusion: Women contemplating breast reconstruction are helped in their decision-making by the provision of comprehensive information about the options available. The availability of photographs, a 'buddy system' and extensive counselling is helpful. Breast care nurses are in an excellent position to provide this impartial counselling. Delivering such a service is highly time consuming but contributes significantly to patient decision-making and may increase uptake. Other centres offering reconstruction may wish to consider this model of care.

8155 POSTER

The influence of patients' education about cancer pain management on patients' quality of life and self care

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Introduction: The aim of the study is to assess if an adequate cancer patients' teaching can affect patient' quality of life and self care.

Material and Methods: The study was performed in University hospital of Lithuania. Adult cancer patients with cancer pain score $\geqslant 4$ were randomly assigned into to two groups: group I – patients (n = 30) who had received adequate teaching about cancer pain management and educational material about cancer pain management was provided. Teaching course lasted 20−25 min. (control) group II – patients' who had received standard care. The anonymous questionnaires were distributed to bough patients groups a day before first group education. Second time patients completed questionnaires a month after first group education. There were used questionnaires EORTC QLQ-30, supplementary 21 questions questionnaire that contained questions about pain assessment, knowledge about opioids, concern about side effects, fear of addiction and tolerance, questions containing sociodemographic and disease related information. For assessing pain intensity numerical 0−10 scale was used.

Results: The results of the study show that following patients' teaching mean score of QOL increased from 35.3 to 58.9 points ($p < 0.05$). Pain mean intensity in group I decreased from 7.01 to 3.1 ($p < 0.05$). Pain intensity correlated with QOL ($r = -0.64$). There were no significant changes in control group. Patients' knowledge about cancer pain management and self care were significantly better in group I comparing with control group.

Conclusion: Patients' with cancer pain teaching should be provided to all cancer patients as it helps them to gain knowledge, increase participation in self-care and reduce the physical, psychological, emotional and social problems.

8156 POSTER

Effect of nursing nutritional support on hospitalised patients with head and neck cancer

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Background: Patients with head and neck cancer are at higher risk to develop undernutrition before and during hospitalisation. They may also develop various side-effects of radiotherapy (RT) and chemotherapy (ChT) which can reduce food intake and compromise their nutritional status. Undernourished patients, compared to those who are not, are at higher risk to develop complications. Undernutrition can also decrease the response to cancer treatment, which may results in increased mortality of patients. According to literature data, intensively treated patients lose on average 10% of their weight during hospitalization. The aim of the study was to estimate the effect of planned nutritional support in this group of patients with squamous cell carcinoma of the head and neck treated with RT with or without ChT.

Methods: Nurses as members of health team have an active role in patients' nutritional support. A planned nutritional support include: inspection of medical documentation, nutritional screening (using NRS-2002), nutritional assessment, education of patients in nutrition, individualised nutrition plan, evaluation of nutritional intervention, recording nutrition-related activities. The study included 37 patients with head and neck carcinoma who were hospitalised for 6−7 weeks in the period from November 2006 to March 2007. Eighteen patients were treated with RT and 19 patients with RT and ChT. The collected data were qualitatively and quantitatively analysed.

Results: Nutritional screening performed on patients admission revealed that 5 patients were not at risk of undernutrition, 14 were at risk to develop undernutrition and 19 patients were severely undernourished. The data obtained from nutritional assessment revealed that our patients lost on average 9.24% of their weight before hospitalization. During hospitalisation, the patients lost on average 4.5% of their weight. According to the weight loss during hospitalisation, we divided the patients in 4 groups. The collected data are presented in the table.

Weight loss during treatment	n (N = 37)	Median weight loss during treatment (range)
⩾10.0%	8	10.45% (10.0−12.94%)
5.0−10.0%	12	5.97% (5.0−9.83%)
<5.0%	8	4.24% (1.66−4.61%)
0.0% or gained weight	9	1.43% (0.0−5.7%)

Conclusion: With the planned nutritional support and continual stimulation of patients in eating, we obtained a positive attitude of patients to nutrition during treatment. They agreed to pursue our common goals set in nutrition plans even if treatment side-effects appeared. It would be most appreciated if the patients would not be losing weight during hospitalisation; however, reducing the risk of undrenutrition and implementing standardized nutritional support definitely are a good start.

8157 POSTER

Use of complementary and alternative medicine in patients with gynecological cancer: is it more prevelant?

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Interest in complementary and alternative medicine (CAM) is growing rapidly and CAM practices in cancer are believed to be prevalent in Turkey. Studies conducted on this subject throughout the world showed that the prevalence of CAM use in cancer patients varies between 7% and 84%. In Turkey, different studies have been conducted and published in last ten years from different regions of the country. The average prevalence was 43% (22−60%) and some indicated that female patients more likely to use. Based on this information we aimed to determine the prevalence, frequency of usage, factors and types of CAM practices in patient with gynecological cancers in Turkey.

This descriptive study was conducted at Ankara Etlik Training and Research Hospital of Obstetrics and Gynecology, which is one of the large hospital in capital city of Turkey. Total of 266 gynecological oncology patients were included. The data has been collected over the period of May to November 2006. The 38 item questionnaires were filled by three clinical nurses conducted face-to-face interviews with patients and informed consent were obtained from the patients.

Mean age of the patients was 53.74 ± 10.4 years (25−79); most of them were married (80%); illiterate (42%) and primary school graduate (42%); housewife (94.4%) and have low income (63.3%); diagnoses were ovarian (46%); endometrial (28.3%) and cervical (20.4%) cancer.

About one of third of the patients used CAM (n = 84); 29% of them responded that they used along with their cancer treatments such as chemotherapy and/or radiation therapy); 36% of them still using CAM and receiving chemotherapy. The most frequently used CAM method appeared to be herbal therapy (95%), and the most commonly used herb was the stinging nettle which was the same with previous studies. About half of the patients (48%) learned about CAM from their relatives and friends and most of them (95%) were stated that they did not inform or asked about the use of CAM to their nurse or physician. Patients scored their mean satisfaction level of the use of CAM as 2.86±1.57 and overall effectiveness 2.86±1.63 (range: 1−7).

It can be said that the prevelance of use of CAM among gynecological cancer patients was similiar to other cancer patients; lower socio-economic status and education could be effecting these results. Health-care professionals need to be aware of such use of CAM and to be able to educate patients appropriately.

8158 POSTER

A supportive care programme at home for onco-hematological patients. A descriptive study

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Introduction: In 1996, the "Chemotherapy at Home Programme" in our Cancer Center the Institute Català d'Oncologia, was implemented focused in the administration of certain chemo drugs at home for patients with quite restrictive criteria. Nowadays, it has been a lot of changes on the cancer treatments, chemo-protocols, patients' needs and our initial service has developed itself in order to cover the increasing necessity of new activities. Pain and other supportive drugs medications, symptoms management, catheter related care, blood samples to transfusions and others. Patients with advanced cancer, disabilities and/or co-morbilities are the most suitable to be incorporated to the Home Service with the final objective to maintain familiar and social roles in patient context.

Objectives:

1. To describe type of patients that can get more benefit from our Chemotherapy and Supportive at Home programme
2. To evaluate impact of the programme in Quality of Life, Socio and family context
3. To assess patient and family satisfaction with the Home Care Service

Methods: Descriptive design with sample N = 110 patients, selected from the total population of patients attended the Home programme. The study variables were divided in: Demographic (sex, genre), Cancer disease related as type of tumor, autonomy and dependency index, number of treatments received, comorbilities and other incapacities. Socio-familiar variables as caregiver, support and help from the extended family and professional social services, transportation and mobility and situation at work.

All participants were asked to answer the Quality of Life assessment and the Satisfaction questionnaire. Variables were compared in between Hospital and Home treatments rates.

Conclusions:

- Patients and families related high degree of satisfaction with the home care service. Families described that they can continue with daily activities, increasing their Quality of Life perceptions with more comfort without moving themselves or the caregivers to hospital.
- Patients and families agree that nurse from Home Care service are the key and nexus acting as reference professional for emotional support, doubts related with treatment and care, assessment in symptoms and side-effects prevention in the cancer patients

8159 POSTER

The use of the chemotherapy out of hour's advice service: audit results

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Background: Individual's reaction to chemotherapy can vary enormously. All patients who are receiving chemotherapy in the Avon, Somerset and Wiltshire cancer services network, have 24 hour access to advice about treatment, related side effects, and complications as well as how to obtain help and treatment. Chemotherapy advice from trained healthcare