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POSTER

**SignGuideOncology: a unique patient information system!**

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**Introduction:** This new information system, a flip chart, is a practical tool for use during education sessions about chemo-immunotherapy. The goal is to improve the education and instruction for oncology patients. The SignGuideOncology (SGO) makes it possible to learn about a treatment's side effects in a clear and vivid way and works with the aid of pictogrammes. In addition, it helps nurses communicate information comprehensively and clearly. The target group is elderly patients and/or patients with limited reading skills and/or visually oriented patients who are being given information and instructions about the treatment.

**Approach:** The development of the SGO logically follows the 'Cancer and Therapy' flip chart presented at ECCO 13 in Paris. It was agreed at the conference that the flip chart model offered increased visual support regarding the side effects resulting from treatment. Patients indicated that this type of visual support leads to a better understanding of the information. This response ultimately led to the creation of the SGO.

**Outcome:** A practical visual aid. The side effects are grouped by means of clear pictogrammes. This makes it easier for patients to remember the information. In addition to the pictogrammes, key words are also displayed that summarize the most important points. The pages have an uncomplicated layout using three main colors:

- Blue provides information about the subject.
  - Red displays the pictogrammes and signs related to the side effect in question and clearly explains what patients should be on the alert for.
  - Green displays suitable actions and advices to be taken.
- The back of each flip chart page provides clear and comprehensive instructions for nurses.

**Follow up:** The SGO is currently being tested in practice and modules are being developed about pain, hormonal therapy and radiotherapy. In addition, the possibility of marketing the SGO outside the Netherlands is being explored. The SGO is a unique patient information system and is fulfilling a need!

**Poster Session****Symptom and rehabilitation**

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POSTER

**Effects of aerobic exercise on nutritional symptoms and body composition in women with breast cancer during and after chemotherapy**

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Although the effects of aerobic exercise on quality of life have been widely studied in women with breast cancer, few studies have examined nutritional symptoms and body composition outcomes. The purpose of this single-blind randomized clinical trial was to determine the effects of tailored, 5-days/week aerobic exercise on nutritional symptoms and body composition during and after chemotherapy in women with stage I-IIIa breast cancer. Women were randomly assigned to exercise during and after chemotherapy, after chemotherapy only, or not exercise. Research questions were: (1) what was the frequency and severity of nutritional symptoms experienced during and after chemotherapy, and (2) what was the relationship of nutritional symptoms with body composition? Hypotheses were: (1) women who exercised during and/or after chemotherapy reported fewer and less severe nutritional symptoms than those who did not exercise controlling for baseline nutritional symptoms, and (2) women who exercised during and/or after chemotherapy had better body composition than those in other groups, controlling for baseline measure. Symptoms were measured by an 11-point Likert scale. Weight and height were measured using one balance beam scale and stadiometer. Percent body fat and lean body mass were measured with Dual Energy X-ray Absorptiometry. Bio- and psychometric properties of all measures are well established. The sample included 101 women whose average age was 49.9 years (SD=9.6). 70% were married or partnered, 76% were white, most had graduated from college, and most had incomes  $\geq$ \$50,000. 85% received adriamycin/cytosine chemotherapy, and 56% also received radiotherapy. 37-43% had mild taste changes, nausea, constipation, and anorexia at baseline and end of treatment, but these diminished post treatment. There were no significant correlations of

nutritional symptoms with nutritional status indicators. No group differences were found in the total symptoms or symptom severity. Women who exercised during and after chemotherapy had significantly lower body weights than those in other groups when baseline weight was controlled. These findings are important because there is strong evidence that breast cancer recurrence may be associated with overweight and obesity, and aerobic exercise may reduce the weight gain that many women with breast cancer experience. Future studies should test effects of resistance exercise to improve lean body mass.

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**Health-related quality of life among postmenopausal women with breast cancer during adjuvant treatment: symptom experience and predictors for global health/quality of life**

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**Background:** A descriptive study with a correlational, predictive and longitudinal design with the aim to characterize Health-Related Quality of Life (HRQoL), symptom experience, and predictors for Global Health/Quality of Life (GH/QoL) over time for newly diagnosed postmenopausal breast cancer patients receiving adjuvant treatments, at two university hospitals and one county hospital in Sweden.

150 postmenopausal women ( $\geq$ 55 years of age) scheduled for adjuvant chemotherapy treatment (CT, n=75) or radiotherapy treatment (RT, n=75) for breast cancer were included.

**Material and Methods:** The EORTC-QLQ-C30, BR23, HADS were administered during the week prior to treatment and either one week after the first, third, and last CT cycles or 3 weeks into RT treatment and 2 weeks post RT. Differences over time for severity of symptoms and HRQoL were tested. The predictive value of demographic variables and symptoms at baseline was also tested.

**Results:** Women receiving CT experienced decreased social and cognitive function, increased depression, hair loss and appetite loss over time. Women receiving RT experienced increased arm and breast symptoms. Predictors for GH/QoL after completed CT treatment were pain and emotional function at baseline. For RT, the predictors were breast symptoms, physical and emotional function, and tumour stage.

**Conclusion:** Generally, HRQoL deteriorated over time from the adjuvant treatments. Baseline emotional function was an independent predictor for post-treatment GH/QoL in both CT and RT. In women with CT, social and cognitive function, pain and psychological experiences also predicted HRQoL and GH/QoL over time. In women receiving RT, predictors included problems associated with more localized symptoms (arm and breast symptoms), physical function and tumour stage together with emotional function.

Clinicians should take into account the different patterns of symptoms associated with adjuvant treatments over time in postmenopausal women. A better understanding of baseline predictors for GH/QoL after completed CT or RT should help clinicians to anticipate and intervene more effectively to prevent decreased GH/QoL in this population.

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POSTER

**Permanent Pleurx catheters for recurrent malignant pleural effusion**

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**Background:** Symptoms elicited by malignant pleural effusion frequently are a reason for hospitalization. Standard care consists of chest tube drainage and pleurodesis. However, patients with protracted effusion or a trapped lung cannot efficiently be palliated by these procedures. In these cases tunneled catheters for long-term pleural drainage (Pleurx, Denver Biomaterials) have been introduced for palliation and initial reports have shown a high rate of symptomatic relief and a low complication rate. We report the results of a prospective evaluation of the Pleurx system.

**Material and Methods:** Patients who had failed the treatment with standard pleural drainage received oral and written information on the Pleurx system. The system was placed in accordance to the standard guidelines and follow-up of the patients was weekly for 2 weeks and monthly thereafter.

**Results:** From July 2003 until January 2007 56 patients (18 breast cancer, 10 lung cancer, and 28 other malignancies), all with recurrent malignant pleural effusion were informed on the Pleurx procedure. In 32 of them this catheter was eventually chosen as the best option for palliation. The main reason withholding the Pleurx was rapid tumor progression and/or clinical deterioration. Satisfactory palliation of symptoms was obtained in