25 patients (80%). The Pleurx was in situ for a period of time of only a few days up to 10 months. In 3 patients long term drainage resulted in a cease of effusion. In these cases the Pleurx could be removed easily. Three patients developed infectious complications. In two cases this was the result of non-sterile handling of the drain by the patient at home. In one case a neglected infection of the catheter port must have been the cause of the empyema.

Conclusions: The Pleurx system efficiently palliated recurrent pleural effusions in a majority of patients. Attention should be paid to careful patient selection and the prevention of infectious complications. The implantation of a permanent pleural catheter increases quality of life. Although the optimal timing of insertion of an indwelling pleural catheter is not known yet, we think that implantation of this catheter could even be considered as first line treatment of malignant pleural effusions in selected cases.

8167 POSTER

Lymphedema prevention and management with Phallus impudicus: six-years survey after breast cancer treatment

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Background: Lymphedema following mastectomy with removal of the axilla and postoperative radiation of the axilla is a frequent and extremely stressful complication. Sometimes lymphedema doesn't show up until years after cancer treatment has taken place. There is still no universally effective remedy for lymphedema. Based on the experience with the therapy for the post-thrombotic syndrome we propose the treatment effect of Phallus impudicus (PI) in prevention of lymphedema.

Methods: In present comparative study 214 women undergoing mastectomy with removal of the axilla and postoperative radiation of the axilla were preventively treated over a period of two years and follow up for 6 years. PI was used in dose 20 ml/day in liquid extract and additionally applied to the arm in the form of ointment 2 times/day. In patients who had developed a lymphedema of the arm the duration of management was 9−12 months. The pre- and post-treatment volumetric measurements were compared, and the correlation with age, body mass index, and type of surgery, chemotherapy, and radiotherapy was determined.

Results: 92% of the afflicted women with PI prevention developed no lymphedema during an observation period of six years. In the control group, however, only 59% developed no lymphedema. An improvement in the clinical findings and in the subjective feeling of well-being was observed in 88% patients with developed lymphedema. The mean pretreatment volume of the affected and normal arms was 2832 and 2420 mL. Volume of the affected arm was 2580 mL after 9 months of treatment and 2455 after 12 months. The absolute volume of the affected arm was reduced by a mean of 377 mL ($p < 0.0001$). The indurated, painful swelling of the upper and lower arm which was observed at the start of the therapy was seen to improve. The patients described the treatment as being a pleasant relief.

Conclusions: PI could be considered as a remedy for lymphedema prevention. The results, also suggest a beneficial activity of PI at the usual dose of two 20 ml/day liquid and topical ointment in patients affected with lymphedema. PI could relieve the symptoms of a persistant lymphatic obstruction. The mechanism of action of PI extract maybe explained by cytokines and inflammatory-relevant adhesion molecules regulation, exudates viscosity reduction, recanalization of obstructive lymphatic vessels, decrease of internal pressure in the tissues and volume of the arm.

8168 POSTER

An inductive study of the most distressing concerns and relation to EORTC QLQ C-30+LC13 among women and men with inoperable lung cancer during one year post diagnosis

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Background: Patients with lung cancer (LC) experience many distressing concerns. Methods to assess those issues are therefore important in palliative care. Standardized questionnaires are one commonly used method predetermined item reflect clinicians' and researchers' perspective of important issues, but even other important issues may exist for patients. The aim of this study is therefore to examine (1) what women and men with inoperable LC spontaneously report as most distressing at six time points post diagnosis; (2) to what extent the most distressing concerns are included in one common quality of life cancer specific instrument, EORTC QLQ-C30+LC13 and its lung specific module, LC13; and, (3) at which intensity level symptoms and problems are said to be distressing for these patients.

Materials and Methods: Data has been collected from 400 patients with inoperable LC recruited close to time of diagnosis through the lung medicine departments of two university hospitals in Stockholm region. The patients were asked to respond to an open inductive question "What do you find most distressing at present?" and also to complete EORTC QLQ C-30+LC13. Data were collected close to diagnosis and prior to treatment (T1), two weeks after T1, one, three, six and twelve months after T1.

Preliminary results: Fifteen categories of distressing concerns were identified, which were constructed under three dimensions: bodily distress, psychosocial distress, and iatrogenic distress. Distress associated with the body comprised the majority of the issues reported and increased steadily during the first year. Psychosocial distress decreased over time following one year later. Iatrogenic distress that is, distress caused by contact with the health care system was also found. Analysis of which of the reported concerns to be the most distressing are assessed by the EORTC QLQ C30+LC13 ongoing and will be presented at the conference. Analysis based on a sub-sample from this study show that items included in the EORTC QLQ C-30+LC13 not always are adequate to assess patients' distress.

8169 POSTER

Physical exercising program decreases fatigue in cancer patients

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Background: Cancer patients with metastatic disease suffer often from fatigue due to anticancer treatment or due to the disease itself and it has been shown that fatigue has an important impact on quality-of-life (QoL). In the ZNA Middelheim, several interventional programs have been developed to deal with fatigue in this group of patients.

Methods: The medical and nursing staff, together with the 'Vlaamse Liga tegen Kanker' and a pharmaceutical firm developed a teaching program to inform patients about the problem of cancer-related fatigue and practical tips to deal with this symptom. Furthermore an exercising program consisting of aqua-gym and fitness was offered to the patients. Patients were evaluated by the FACT-F before the start of the program and a selection completed the FACT-F before and after the program. Patients included in the program were receiving chemotherapy in adjuvant setting or for metastatic disease.

Results: From September 2004 till January 2007, 150 patients participated in the teaching program and 94 in the exercising program. The initial FACT-F was completed by 55 patients and 20 patients completed the FACT-F before and after the program. At the start of the program, 24% of patients complained of lack of energy; 24−36% mentioned social problems; 16−53% registered emotional problems; and 38−72% had functional problems. In the 20 patients completing both questionnaires, there was a decrease in fatigue.

Conclusion: Many cancer patients complain of lack of energy, psychosocial and functional problems. An exercising program may decrease the fatigue and should be offered to all patients with cancer-related fatigue.

8170 POSTER

Care continuity after discharge from the Breast Surgery Division

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Objective: To ensure appropriate and continuing care in the out-patient ward by improving the Unit. In 2004, 3268 operations were performed by the Unit. Returning to their homes is a particularly critical moment for patients. From interviews and telephone calls, it emerged that post-discharge care was lacking and inadequate to patients' requests. There is a need to improve the Service by offering patients care continuity and reassurance.

Materials and Methods:

- 2 dedicated nurses were after a period of training
- An informative booklet whit all FAQs (Frequently Asked Questions)
- A computerized clinical report was created
- A phone line dedicated to patients discharged from the Unit was activated
- An existing multidisciplinary database for breast cancer patients was modified
- A support "web" of IEO-accredited centers all over Italy was created
- A database was created to monitor wound infections
- An informative leaflet on hormonal therapy was created

- Two evaluation questionnaires handed out, one regarding the booklet (100 patients between June and Sept.) and one the post-discharge outpatient service (Sept. 2005)

Results:

- Training of two expert nurses who can be contacted for all problems
- Identification of all appointment steps, procedures and operators
- SINFONIA: computerized report of all wound-dressing visits
- Dedicated telephone line: it makes it easier for patients to contact experts
- Multidisciplinary-Decision-Making database: all medical personnel can easily access
- Follow-up on wound infections and database collection
- Referrals: patients coming from other parts of Italy can be treated in their home town by physicians chosen by IEO
- Questionnaire on booklet: this was highly appreciated (over 50% of patients evaluated it 10/10)
- Questionnaire on outpatient care quality: First visit and surgery resulted as critical moments. On a 1−5 scale, the Service organization scored 4.73; personnel's competence 4.84; the informative booklet 4.88

Conclusions: Since April, this analysis has led to an improvement in care giving, testified by patients perceiving higher Quality in the Service.

The working was tidier and more systematic as well as more gratifying for all personnel. The dedicated nurse has a reference point for both patients and clinicians.

The number of telephone calls to both the ward and the dedicated line has decreased, proving that during post-discharge outpatient interview patients are given exhaustive information which aims at improving wellbeing at home.

8171 POSTER

Prevention of nail disorders by cooling of nails and fingertips in patients treated with docetaxel-based chemotherapy

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Background: Docetaxel (Taxotere®) is a cytostatic agent registered for treatment of different solid malignancies. Side effects of this treatment include nail disorders, characterized by hypo- and hyperpigmentation, with occasionally pain and ónycholýsis. Nail disorders occur in 10−44% of patients and are severe in 0.4−2.6% of the patients, depending on the dose and the combination regimen. Though not often reason for treatment discontinuation, the impact of nail disorders for individual patients can be substantial. This study investigates the efficacy of cooling of nails and fingertips in preventing docetaxel-induced nail changes and how patients feel about nail disorders and the cooling of nails and fingertips.

Materials and Methods: Patients receiving docetaxel-based chemotherapy, as single agent or in combination, regardless of primary tumour, treatment schedule and dose, were eligible for this study. Nails and fingertips of the left hand were cooled according to a specified standard method, while the right hand was not protected and acted as a control. Prior to every infusion with docetaxel, nail disorders were assessed according to the Common Terminology Criteria of Adverse events version 3.0, and colour-photographs were made of both hands. McNemar's test of equality of paired proportions was used to statistically evaluate the impact of cooling.

Results: Between May 2004 and October 2006 10 hospitals participated in the Netherlands with a total of 182 patients. Preliminary data show no nail toxicity in either hand in the majority of patients (94% after 2 courses, and 66% after 4 courses). In those patients experiencing nail toxicity, the incidence in the left hand as compared to the right is more than halved. Only about one third of all patients with nail toxicity experiences significant discomfort because of this side effect. Most patients tolerated cooling well, while12% experienced discomfort and stopped the cooling instrument.

Conclusion: Cooling nails and fingertips is feasible in a multicentre-setting. Although in our cohort nail toxicity occurred in only a minority of patients, cooling prevented nail toxicity in more than 50% of those affected. Results, conclusions and discussions will be presented.

8172 POSTER

Cancer rehabilitation nurse at hospital – where to begin?

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Background: In may 2006 Copenhagen University Hospital, Rigshospitalet decided to employ a cancer rehabilitation nurse for 20 hours a week to work with cancer rehabilitation involving patients and staff. A definition of cancer rehabilitation was stated by the Nordic Cancer Societies in 2004 and cancer rehabilitation is still a relatively new area in Denmark. There are few systematic offers of cancer rehabilitation at hospitals in Denmark to cancer patients, and cancer rehabilitation is only in few cases part of the cancer treatment.

In 2006 the Copenhagen University Hospital, Rigshospitalet had established a few systematic patient based cancer rehabilitation offers. There were patient education courses for women treated for gynaecological cancer, physical training for breast cancer patients, private organizations offer for example "Look Good – Feel Better", and a research project with multidimensional exercise program for cancer patients in chemotherapy.

Materials and Methods: The cancer rehabilitation nurse was placed with the development department of the hospital. To establish cancer rehabilitation at the hospital it was decided to divide the interventions in three sections: 1. Cancer rehabilitation for cancer patients. 2. Education to staff about cancer rehabilitation. 3. Research and development of cancer rehabilitation measuring at the hospital.

Results: Implementing cancer rehabilitation at the hospital is ongoing and at the ECCO 14 conference the author will present implemented cancer rehabilitation such as patient education before treatment for head and neck cancer patients in radiotherapy, developing a Guided Self-Determination sheet to identify rehabilitation needs among cancer patients, and an education course for staff about changing their behavioural pattern in patient education.

Conclusions: The cancer patient needs for rehabilitation must be identified at the hospital, and the staff should be trained to handle rehabilitation needs. Research and documentation is needed in this field.

8173 POSTER

Tracking patterns of fatigue and symptom clusters across the treatment continuum for allogeneic stem cell transplantation – a randomized clinical trial

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Background: The standard procedure for myeloablative allogeneic stem cell transplantation (allo-HSCT) entails a conditioning regime of high dose chemotherapy often in combination with total body irradiation (TBI), then infusion of stem cells harvested from a donor's bone marrow or peripheral blood. This procedure is followed by a two to four week period of severe leucopenia and thrombocytopenia experienced concurrently with related multiple symptoms.

Objective: To evaluate the benefits of a mixed type exercise & psychoeducation intervention on the type, severity and pattern of commonly experienced symptoms during the treatment continuum for allo-HSCT.

Material and Methods: 20 adult patients (18−65 years) were randomized to either an intervention or a conventional care group. The intervention group received a multimodal programme: 4−6 week, 5 days/wk supervised mixed exercise program of stationary cycle-, resistance training, dynamic & static exercises and relaxation training and a cognitive based supportive and educational intervention. The conventional care group was offered standard physical therapy. All patients scored their symptoms on a scale from 0 to 4, using the Common Toxicity Criteria (CTC) weekly during hospitalization.

Results and Conclusion: Specific fatigue and symptom cluster patterns were identified throughout the continuum of treatment for both groups, ie. most prevalent was an increased tendency and intensity of psychological symptoms related to anxiety, nervousness and stress experienced at baseline, while fatigue and cluster symptoms were reported with increasing intensity during 1 to 4 weeks after chemotherapy and TBI. Upon discharge, most cluster symptoms were lessened in both groups, though there was a clear trend towards reduced fatigue intensity experienced in the intervention group. Understanding the patterns of fatigue and symptom clusters during allo-HSCT can assist in the development of important strategies in prevention and treatment.

8174 POSTER

Cancer symptoms cut points based on recursive partition analysis: effect on health-related quality of life

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Background: Symptom occurrence has been associated with reduction in survival, health-related quality of life (HRQOL), and performance status (PS). However, it is not clear what the symptom cut points are and how their