

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.

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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 persistent 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.

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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.

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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.

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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 with 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