

- 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.

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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 onycholysis. 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, while 12% 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.

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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.

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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 & psycho-education 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.

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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