were younger. The mean number of rehabilitation needs increased over time. The most common needs were related to physical problems.

The participants in this study experienced significantly worse QOL over six months after the initiation of chemotherapy. QOL was most affected in the physical and sexual dimension. Rehabilitation needs increased over time.

8178 POSTER

Construction and validation of an exercise program for early physical rehabilitation of women submitted to mastectomy

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Background: The benefits of early physical rehabilitation in women that were submitted to mastectomy are widely known but there is no consensus about the best exercises to be prescribed, their periodicity and the duration of the program.

Purpose: Identify and select a set of exercises to be performed in a physical rehabilitation program for mastectomized women created for the functional recovery of the surgery's homo lateral member and validate this program with experts.

Methods: Bibliography review of studies on the changes of the shoulder movements width (SMW) after the surgery for breast cancer, or on the effectiveness of physical rehabilitation programs, published from 1997 to 2006 in MEDLINE, LILACS and PUBMED databases. Selection of a set of exercises for the shoulder SMW recovery, clustered according to the kind of movements, and their evaluation by Mastology experts.

Results: Twenty one articles were found regarding mastectomy and physical rehabilitation and twelve of them were studies which reported the testing or the standardization of procedures for post mastectomy physical rehabilitation. All studies emphasized the benefits of a supervised rehabilitation program and its efficiency for fast recovery of shoulder SMW in an average period of two months. As for the classification of the twenty exercises selected and submitted to the experts, eight were considered indispensable and one secondary and the agreement rate was from 80 to 100% for six of them and 60% for three other ones. The exercises that achieved the greater agreement rates were those of cervical stretching, shoulder flexion and of adduction and abduction, and those which achieved the lowest rates were the extension and muscle strengthening ones.

Conclusion: There was a homogenous distribution of the different movements for the functional recovery of the surgery's homo lateral member as well as a high agreement rate among the experts. These results represent an important contribution for reorganizing the existing manual at the Onco-Mastology service of the Federal University of Sao Paulo.

22 September 2007 13:45 – 15:45

Poster Session
Transition in care

8179 POSTER

Role of the nurse in patient education and follow-up of people receiving oral chemotherapy treatment: A European Part of International survey

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Oral chemotherapy (CT) treatments increasingly are becoming part of patients' treatment regimens. The aim of the present study was to examine the nursing role in education and follow-up of patients who are taking oral CT and identify the gap in education about oral CT exist in oncology nursing in European Countries, forming part of international study.

MASCC Patient & Professional Education study group replicated a previous study by Kav and Bostanci (2005) in Turkey. All members of MASCC were invited to participate with request to obtain a sample of at least 60 nurses who work with cancer patients at different work sites.

During Nov 2005 – Jan 2007 nurse coordinators from 8 European countries collected data for a total of 724 oncology nurses: Spain (234), Finland (114), Denmark (85), Greece (68), UK (66), Lithuania (60), Serbia (60), and Israel (37). The coordinators translated the survey into their respective languages and had it back translated for accuracy. Completed data was submitted to the principal investigator for analysis.

Findings showed that about half of subjects work in outpatient/ ambulatory clinics and have given at least two or more oral CT drugs (mostly capecitabine, etoposide, methotrexate, vinorelbine, oral cyclophospamide). Although 57% of the total have some type of guidelines/protocols 39% of the total reported not having received any education about oral CT drugs. 51.7% of subjects indicated a lack of patient education materials that are specifically for oral CT agents. 68.7% report being involved in patient education; yet only 25% stated that they gave all necessary information such as when and how to take, drug safety and storage, side effects and symptom management.

Reasons for not being involved in oral CT education and follow-up included "Physician plans the oral CT and gives patients the necessary instructions"; "Lack of knowledge about oral agents" and "Nurse only see patients who receive IV chemotherapy".

Nurses' suggestions to facilitate better education and follow-up of patients included: nurse education/training; providing written materials for patients; development of guidelines/protocols; collaboration; tool to help patients (diary, video/DVD, checklist, calendar); patient counseling; nurse led clinic/specific clinic and phone follow-up.

The initial findings have revealed the need for nurse education to ensure comprehensive and consistent patient education and development of written materials for patients receiving oral CT treatment. Additional analysis will be used to identify differences between countries.

8180 POSTER

The lived experience of being given a cancer diagnosis in old age

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Background: The lived experience of elderly persons being given a cancer diagnosis and the impact of the illness on their lives is little researched. Such knowledge is needed to support elderly persons in dealing with issues arising after a cancer diagnosis.

Purpose: The purpose of the study was to illuminate the lived experience of being given a cancer diagnosis in old age.

Material and Method: A descriptive phenomenological method was used to investigate the phenomenon "the lived experience of being given a cancer diagnosis in old age". In total, 16 persons (aged 65+, range 68−83) with cancer were interviewed, all referred to the same oncology outpatient clinic in Copenhagen County. Open-ended interviews were used to get closer to the lived experience of being given a cancer diagnosis in old age. Giorgi's phenomenological analysis was used.

Results: The findings showed that the essential meaning of the lived experience was "Illness as a turning point marking old age". This main essence was represented overall by three essences: "Illness means losing control", "Disturbing the family balance" and "Life and death suddenly apparent". These three essences were signified in seven constituents: growing old in the context of illness, becoming a patient with cancer, everyday life controlled by bodily limitations, managing family reactions, fear of being a burden on others, conscious about dying and death through illness experience and retaining hope, and enjoying life.

Conclusion: To identify the specific meaning the turning point has for an elderly person with cancer, and to understand the particular approach he or she uses to handle the awareness of being old is important in clinical practice.

8181 POSTER

Meeting the support and follow-up needs of women with ovarian cancer: an evaluation of a nurse-led telephone follow-up service

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Background: Changes to cancer follow-up services are occurring as a result of pressure on cancer clinics but also as a result of increasing survival of cancer patients. Furthermore follow-up services are often criticised by patient groups for failing to meet supportive and emotional care needs in the transition between active therapy and survival.

Aim: To improve cancer outpatient services by developing and evaluating a model of telephone nurse led care for follow-up of patients on completion of cancer treatment.

Materials: Data was collected through a quasi-experimental design from women pre and post service intervention and evaluated through quality of life (FACT), symptoms (FACT-O), needs for supportive care and satisfaction with service provision (Experience of care questionnaire). Mapping of existing services included an audit of resources used in providing traditional follow up and those 12 months following the change, exploring throughput, waiting times for both new patients and those having completed treatment and the costs of models of care. The study was conducted over 18 months and involved 56 women in the study over a 10 month intervention period.

Results: Following the introduction of structured telephone follow-up women experienced significant improvement in emotional well being ($p = 0.016$) and enhancement in quality of life. These improvements in psychological morbidity were despite increasing physical symptoms. Women's experience of telephone follow-up showed a significant change in perception of the organisation of their care ($p = 0.001$), and personal experience of care ($p < 0.01$) however, there were few overall differences in patient satisfaction.

Conclusion: Findings from the audit indicate that the redesign of follow up processes reduced the number of patients receiving routine follow-up care in the gynaecology oncology outpatient clinic. There were more new patients seen and a change in work practices within the clinic following implementation. Although the cost schedule indicates an overall increase in resource use with the intervention, this must be offset against a requirement to extend clinic time as an alternative way of increasing capacity. Under these circumstances, the intervention would promote savings by reducing clinic overheads. In addition, benefits to the patient are seen through a reduction in travel costs, time etc in coming to clinic and the potential to reduce crisis management culminating in unplanned visits and admissions to hospital.

8182 POSTER

A study to compare patient satisfaction with location of chemotherapy: community hospital versus cancer centre

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The Cancer Centre where I work has recently conducted a study of an outreach chemotherapy project at four community hospitals surrounding the Cancer Centre (Dennison et al 2007). My study ran in tandem and considered patient satisfaction and staff views of a chemotherapy outreach service.

The study used a randomised crossover design to compare outcomes between two types of location. One group received their first two cycles of chemotherapy at outreach; the other group received theirs at the cancer centre. The patients then crossed over to receive their next two cycles at outreach or the cancer centre. Patients then chose where they preferred to receive the remaining cycles of their chemotherapy. Patient satisfaction was assessed using the Chemotherapy Patient Satisfaction Questionnaire (CPSQ) (Sitzia and Wood 1999). Questions from the CPSQ were grouped into dimensions of satisfaction: accessibility, anxiety, environment, nursing interpersonal, and nursing technical; additionally there was one question about overall satisfaction. Satisfaction was recorded at three points, at the end of cycles two, four and final chemotherapy. Staff views were investigated using short semi structured interviews. The topics discussed were main problems and advantages, access for patients, workload, safety and compliance.

There was strong evidence that patients were more satisfied with outreach location for ease of access. Patients were more satisfied with outreach location in terms of environment (privacy, waiting and appointment times). There was no difference in global satisfaction with services.

Eight staff were interviewed, their comments were mostly supportive of outreach. Staff thought outreach beneficial for patients for ease of access, less travel costs, less anxiety and more individual care. They considered the service was equally safe, would not affect patient compliance, but it used extra planning.

The study supports the recommendation of the chemotherapy outreach project that a permanent outreach chemotherapy service to community hospitals should be established. Secondly, it recommends continued use of the CPSQ questionnaire. Thirdly, that a qualitative investigation of patients' views of the outreach service is conducted to augment this study.

8183 POSTER

Outline for an interventions study based on an explorative qualitative pilot study of how parents and children experience the treatment with allogeneic stem cell transplantaiton (SCT)

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Background: To examine what kind of difficulties Danish parents and children experiences during the inpa-tient treatment with allogeneic stem cell transplantation.

Materials: Semi-structured qualitative interviews with 6 mothers, 2 fathers and 3 children (age 11–15 years), together they represent the experience from 7 SCT courses. The children form the 7 SCT courses were diagnosed with 3 SSA, 2 ALL, 2 with immune deficiencies diseases. Time from SCT was 3 months to 3.5 year (average 1 year).

Results: The parents described interaction problems in relation to each other, the child that is treated with SCT, other children in the family and the staff. The main problems are:

- Lack of continuity in relation to the nursing staff, which results in diverse information and conflicts between children, parents and nursing staff. It raises emotions as insecurity, nervousness and uncer-tainty.
- Conflicts between children and parents are related to nursing related tasks e.g. administration of medicine and meeting the child's needs for food and liquid. This may raise feelings of frustration and powerlessness.
- The parents have a feeling of isolation due to spending most of their time with the child in an LAF isolation room during the 5–7 weeks transplant course. The feeling of isolation is shown by a reduc-tion of the parents social life and adult contact, an inappropriate focusing on the child's well being e.g. blood work, the ability to exercise and "legally" to be able to leave the child's room a limited amount of time each day.
- Those parents, who have more than one child, have a feeling of being split between the SCT child's needs and needs of the other children in the family.

Conclusion: In order to improve nursing care for SCT parents and children the following interventions study is outlined during the child's inpatient periode:

- One contact nurse (the same person) that provides psychosocial support (introducing different coping strategies/behavioral therapy, clearify information, assist in handling and solve conflicts) to the parents and children on a daily bases.
- A physical exercise program for parents (walking outside the hospitale twice a week and cycling once a week)
- An education program for parents (family dynamics, childrens development and reactions to illness and hospitalisation, conflict solving and sharing experiences with peers).

8184 POSTER

Elderly persons with cancer – a six-month follow-up

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Background: Changes in quality of life (QoL) are important indicators of the impact of a cancer disease. Despite the increasing incidence of cancer with age, little is known about how elderly persons with cancer deal with the impacts of the disease.

Purpose: The purpose of the study was to investigate possible changes in QoL in elderly persons diagnosed with cancer, in relation to age, contact with the health-care system, activities of daily living, hope, social network and support. The investigation points were at time of diagnosis, and again three and six months after the diagnosis. The study also aimed to investigate which of the aforementioned factors predicted deteriorated QoL in elderly persons with cancer from baseline to the six-month investigation.

Materials and Methods: At baseline, the sample consisted of 101 individuals aged (age 65+) recently diagnosed with cancer, but was reduced to 75 by the six-month investigation point. EORTC QLQ C30, Katz ADL, Nowotny's Hope Scale and ISSI were used in structured personal interviews and questionnaires.

Results: Emotional function improved significantly over time, and complaints of nausea and vomiting decreased. Contact with a district nurse at baseline predicted deteriorated QoL from baseline to six months later. Support from grandchildren increased significantly. About 30% of the total sample deteriorated in QoL, by the significant $\geqslant 10$ units, from baseline to six-month follow-up, while about 70% remained stable in QoL from baseline. The majority of the elderly persons with cancer showed an ability to adjust to the new condition.

Conclusions: In clinical practice, specific attention should be paid to the most vulnerable groups of elderly persons with cancer: those with advanced