age group. Interests differ with changing frequencies in cancer localization, for instance as prostate cancer becomes more frequent an increasing number of elderly men are calling KID. Methods of diagnosis are more often asked by the elderly. In both age groups unproven methods are at the top of all questions concerning therapeutical aspects. There is an increased wish for just talking to someone on the telephone among the elderly compared with other groups of callers. On the other hand, average length of calls do not differ between age groups.

Cancer care providers should take into account that in addition to similar needs for information that all age groups have in common the elderly have age-specific needs which have to be considered.

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POSTER

Toward a theory of loss in women with breast cancer

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Loss and grief are concepts that health care professionals deal with regularly. To date explication of the concept of loss in the literature has not been seen due to the continual linkage with the parallel concept of grief. Current understanding of loss is tied to grief. People diagnosed with cancer experience loss, losses, or the threat of loss as a result of diagnosis, treatment, or impending death. Breast cancer is one cancer in which loss can be observed both implicitly and explicitly Since breast cancer affects females of all adult age groups and its incidence is on the rise, an understanding of the feelings and responses of these women is preliminary to compassionate caregiving by the professional.

Four women with breast cancer were intensely interviewed over a four month period of time to uncover their perceptions of loss. The hybrid model of concept development was utilized as the method for merging theoretical findings with empirical evidence. As with most preliminary work, findings centered around the process of discovery and were qualitative in nature. A definition of loss was developed; additional findings from this study include characteristics of loss, common themes related to loss, and a trajectory of loss which offers an alternative to current thinking about loss and the connection to grief. There appears to be an enduring quality to loss which can be described years after the loss event. This presentation highlights preliminary findings which suggest a theory of loss for women with breast cancer.

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POSTER

How to tell cancer patients – A contribution to a theory of diagnosis-communication

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Purpose: "How to tell cancer patients" is an important question in cancer care. It provokes distress in physicians, and a failure in relating diagnosis may cause an arrest in the patient's process of coping with anxiety and a reduction in subjective well-being.

Methods: This contribution to a theory of diagnosis-communication is empirically based on an earlier interview study of patients with malignant brain tumours, and theoretically based on contemporary object-relational psychoanalysis.

Results: It is proposed that a beneficial doctor-patient encounter may be seen as characterized by the acknowledgement of the doctor 1) as an unconscious protection against death and 2) as a facilitating environment for the patients reconstructive process.

Conclusions: It may be proposed that the awareness of the transference from the child-parent to the patient-doctor relationship enables introspection as a means to improve skilfulness in "How to tell". Introspection may thus provide us with guiding knowledge grounded in ourselves.

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POSTER

Cancer patient information and support

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Purpose: To increase the quality of care, information, and support cancer patients (pts) receive, we studied their satisfaction of the care they had received from the health care system and the clinic of oncology.

Methods: 325 pts filled the questionnaire with 36 items in February 1996.

Results: 74% had their cancer diagnosis (dg) confirmed in one month after the first medical examination. 50% experienced the time to be too long. Of the 91 that expressed an opinion on the reasonable time to wait for dg, 56% considered one week to be reasonable, only 2% were willing to wait for a month.

The doctor told the dg to 57% in private, additional staff or pts were present in 24%. The rest were informed by a letter or by phone. Only 18% were unsatisfied in the way the dg was told. 70% were not told how to get additional information.

76% had received information from a doctor, 44% from a nurse. 25% had felt an unmet need for help before the treatment at the oncology clinic started.

79% were satisfied in the services of the doctors and 76% in those of the nurses in the clinic of oncology. The most frequently mentioned reasons for satisfaction were high quality of care, the positive attitude and time the staff had for pts. Patient's social status had no correlation with any of the variables.

Conclusion: In spite of advises to inform the patient on the diagnosis in a calm situation and in private, this is true only in half of the situations. In general only 25% were dissatisfied with the services of the clinic of oncology.

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POSTER

Radiotherapy-induced changes of psychological health in patients after breast conserving surgery

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Purpose: There is only few information about the influence of postoperative irradiation on the psychological health of breast cancer patients. Purpose of this study was the evaluation of the psychological burden of these patients and changes in psychological health during radiotherapy (RT).

Patients and Methods: Between 10/95–4/96 postoperative ± adjuvant systemic therapy was applicated in 53 breast cancer patients (age 31–76) after breast conserving surgery. In the beginning and at the end of radiotherapy they answered a questionnaire asking for coping strategies, psychological distress, side effects and influence of surroundings.

Results: 92% stated to be well informed about radiotherapy. 83% tried to obtain further information about RT. 56% repress thoughts about radiotherapy and 81% tried to distract themselves. Talking with the physician (94%) or the partner (84%) was perceived as helpful. 40% were anxious about RT and possible side effects (54%). At the end of therapy anxiety was reduced: 77% of the patients stated to be anxious only initially or never, only 19% were anxious always or most of the time. 38% of the women reported emotional distress induced by the fact of being irradiated. All patients stated that contact to the medical staff made it easier to stand the treatment.

Conclusions: Radiotherapy is experienced more positive than initially expected by the patients: The relation between patients and medical staff plays an important part in the reduction of irradiation-related psychological distress.

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POSTER

Quality of life in patients with advanced NSCLC: Evaluation of a neoadjuvant combined modality treatment

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Purpose: Intensive combined modality treatment for NSCLC Stage III aims to improve longterm prognosis of patients. As such therapy might be associated with high morbidity, quality of life (QL) is an important parameter to be assessed.

Methods: Patients with NSCLC Stage III are treated in a randomized multicenter trial: After 3 courses of Cisplatin/Etoposid (CE), patients receive either standard treatment of surgical resection and conventional radiotherapy versus hyperfractional irradiation combined with chemotherapy (Carboplatin/Vindesine) before surgical resection. QL is being analysed throughout therapy, evaluating defined specific parameters by the EORTC-QLQ C 30 and the appropriate lung cancer module.

Results: Currently, 45 patients are enrolled in the protocol and 31 are evaluable after the first 6 months of therapy. Before treatment, patients assess their Physical (mean: 85.3) and Cognitive Functioning (86.6) as relatively good, their Emotional (65.3), Role (68.2) and Social Functioning (69.4) as well as Global Health Status and Subjective QL (55.6) as