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.

272 POSTER

Toward a theory of loss in women with breast cancer

M. Barton Burke. *College of Nursing, University of Rhode Island, Kingston, RI, USA*

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.

273 POSTER

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

P. Salander, A.T. Bergenheim, P. Bergström, R. Henriksson. *Department of Oncology and Neurosurgery, Umeå University, Sweden*

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.

274 POSTER

Cancer patient information and support

Leena Keskinen, Eija Salmi, Klaus Lehtinen, Ulla-Sisko Lehto-Järnstedt, Kirsti Taskinen, Pirkko Kellokumpu-Lehtinen. *Department of Oncology, Tampere University Hospital, Finland*

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.

275 POSTER

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

A.N. Rahn, S. Mose, A. Zander-Heinz, K. Budischewski, S.B. Bormeth, F. Saran, Ch. Thilmann, I.A. Adamietz, H.D. Böttcher. *Department of Radiotherapy, University Hospital Frankfurt, FRG*

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.

276 POSTER

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

A. Schumacher[1], D. Riesenbeck[2], Ch. Rübe[2], M. Thomas[1], J. van de Loo[1], N. Willich[2]. [1]*Dept. of Internal Medicine Hematology/Oncology;* [2]*Dept. of Radiooncology, University of Münster, FRG*

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

moderate. At randomization, there is no difference in assessment of QL in the 2 treatment arms. Compared to time of diagnosis, patients don't show significant changes in QL after 3 courses of CE and again no changes after combined radio-/chemotherapy or radiotherapy/surgical resection.

Conclusion: Evaluation of innovative treatment for NSCLC Stage III includes QL as an important patient outcome parameter. The first analysis of the study shows that intensive therapy is not associated with a decrease in QL.

277 POSTER

Quality of life as outcome criteria of psychosocial rehabilitation program

J. Weis, H.-H. Bartsch, G. Erbacher, M. Steuerwald. *Tumor Biology Center at Freiburg University, Freiburg, Germany*

Purpose: Improving coping skills and functional levels of quality of life are the most important outcome criteria of inpatient rehabilitation programs. Evaluation of such programs is important with respect to the quality assurance, definition of rehabilitation needs and the problem of differentiated indication for such programs.

Methods: Patients with various tumor diagnoses undergoing an inpatient rehabilitation program were studied (N = 84: 32.1% breast cancer, 23.8% gastrointestinal Ca, 17.9% gynaecological Ca, 9.5% hematological Ca, 23.8% others) in a longitudinal approach measuring at the beginning of the program, at the end and six months later. Patients' coping (FQCI Muthny 1989), quality of life (EORTC-QLQ-C30 Aaronson et al. 1993) and psychological wellbeing (depression and anxiety scales of the BSI, Derogatis & Melisaratos 1983) were measured as outcome criteria. Additionally, rehabilitation needs were assessed by self- and observer ratings.

Results: The results showed significant improvements in quality of life and emotional wellbeing at the end of the program, whereas no changes were found concerning the coping skills. At the 6 months follow-up most of the scores decreased down to the base line level at the beginning of the program.

Conclusions: The results show the relevance of outpatient aftercare helping the patients to stabilize the success of the program.

278 POSTER

The acceptance of psychosocial intervention by a group of breast cancer patients

S. Ditz[1], C.T. Nebe[2], A. Schiller[3], M. Neises[1]. [1]*Dept. of Gyn. a. Obst., University of Heidelberg;* [2]*Dept. of Clin. Chem. Mannheim, University of Heidelberg;* [3]*Zentralinstitut für Seelische Gesundheit Mannheim, Germany*

Purpose: The significance and need for a psychosocial supportive therapy is no longer a controversial issue in breast-carcinoma patients.

Methods: 54 patients (primary therapy in 1994) were contacted, 33 patients (primary therapy in 1995) were informed of possibly participating in a group formed for coping with the disease during their post-operative hospitalization period. We examined the compliance and comparison factors in both groups (participants and decliners), using immunological and psychological parameters. Two sample groups were derived from the larger group: 23 patients taken from both intervention groups already in session were compared to 28 definite decliners of the project with respect to immunological and psychological variables.

Results: One third of the contacted women would be or are already interested in participating in psychosocial intervention therapy. The acceptance of group participation subsequent to hospitalization is minimal. The majority of patients who received group therapy following adjuvant therapy was interested in psychosocial group therapy. Immunological comparison of both sample groups did not show any significant differences. Increased depressive states were noted in the participants.

Conclusion: The definitive factors in determining compliance are the consultation with psychotherapist and the timing chosen for the intervention. Early intervention seems to pose a strain. The earliest psychosocial therapy should begin after adjuvant therapy.

279 POSTER

Aromatherapy as an anxiety management programme for patients with cancer

S. Wilkinson. *Marie Curie Centre, Liverpool, Speke Road, Liverpool, England*

Massage and aromatherapy massage are increasingly being offered to cancer patients but there is little research to demonstrate their efficacy. A study was set up to evaluate the effectiveness of massage and aromatherapy massage in improving the quality of life for patients with advanced cancer. A series of 103 patients were randomly allocated to receive either: massage or aromatherapy massage.

Each patient received three massages over a three week period and completed:

(1) The Rotterdam Symptom Checklist (RSCL) before the first massage and one week after the last massage.

(2) The Spielberger State/Trait Anxiety Inventory (STAI) before and after each massage.

The data were analysed using SPSSX, non parametric statistical tests included the Mann-Whitney U Test and Wilcoxon Matched Pairs Signed Ranks test.

Final results of the study (preliminary results Wilkinson 1995) indicate pre massage there were no differences between the aromatherapy and massage patients on the STAI or RSCL except the quality of life subscale. Post massage there were no differences between the massage and aromatherapy patients on the RSCL or STAI.

All patients had a reduction in anxiety after each massage on the STAI and improved scores on the RSCL ($p = 0.0001$), psychological ($p = 0.001$) and quality of life subscales ($p = 0.01$). The aromatherapy patient change scores improved on all RSCL subscales except for functional status at the 1% level of significance. The change scores for the massage patients improved but did not reach levels of statistical significance.

Aromatherapy massage appears to reduce anxiety and could be used as an anxiety management programme. To evaluate this, a larger sample is needed. A multi-centred study has been set up, this will briefly be described.

280 POSTER

Psychologic strain of patients in a follow-up program after curative resection of colorectal carcinoma

F. Graupe, O. Hansen, B. Bracht, W. Stock. *Department of Surgery, Marien-Hospital, Düsseldorf, Germany*

Purpose: The follow-up program after curative resection of colorectal carcinomas belongs to the common examination of the daily work in most surgical departments. The physical and psychologic strain for the patients because of the partly invasive examinations are not inconsiderable. Although the change of quality of life after gastrointestinal operations has been subject of multiple scientific publications, the psychological aspects due to the regular follow-up examinations, have been ignored so far.

Methods: In a prospective study 70 patients after curative resection of colorectal carcinoma were asked about psychological strain due to the follow-up program.

Results: 80.1% of the patients felt that they did the right thing and 70% were optimistic and confident regarding the follow up examinations. Only 5 patients (7.1%) had no intention to take the follow-up appointment and 12 patients (17.1%) were thinking about recurrence. The patients were afraid of further examinations, the majority of 45 patients hoped further invasive examinations would not be necessary. Patients with a higher frequency of follow-up examinations did not report of more stress than patients having a lower frequency of follow-up visits ($p = 0.7$ fisher exact). Older, single and female patients are special risk groups with a high level of psychological strain and should receive special attention within the follow-up ($p < 0.08$, fisher exact).

Conclusion: In spite of the disappointing medical effectiveness of the regular follow-up program the psychological support in coping with cancer is a main effect of regular follow-up visits and should be maintained.