

3052

POSTER

Ten Top Tips for Cancer Survivorship: a Prompt for Cancer Patients at the End of Their Primary Treatment

D. Fenlon¹, S. Faithfull², D. Greenfield³, G. Knowles⁴, K. Robb⁵, K. Roberts⁶, G. Taylor⁷, M. Wells⁸, I. White⁹, T. Wiseman⁹. ¹University of Southampton, School of Health Sciences Highfield Campus, Southampton, United Kingdom; ²University of Surrey, Faculty of Health and Medical Science, Guildford, United Kingdom; ³University of Sheffield, The Medical School, Sheffield, United Kingdom; ⁴Western General Hospital, Edinburgh Cancer Centre, Edinburgh, United Kingdom; ⁵Barts and the London NHS Trust, Barts Cancer Centre, London, United Kingdom; ⁶Gateshead Health NHS Foundation Trust, School of Health Community and Education Studies, Gateshead, United Kingdom; ⁷King's College, Florence Nightingale School of Nursing and Midwifery, London, United Kingdom; ⁸University of Dundee, School of Nursing and Midwifery, Dundee, United Kingdom; ⁹Royal Marsden Hospital, Nursing, London, United Kingdom

Background: More and more people are being successfully treated for cancer. There are believed to be around 14 million people in Europe (Eurocare 2011) and 2 million in the UK living with and beyond cancer. It is known that people often have difficulties after their cancer treatment has finished and that their needs are not always met. Current evidence points towards an increasing need for cancer survivors to be supported in the period after treatment but at present such support is not always well coordinated, sufficiently-developed and may come from a variety of sources. This can create confusion and guidance is needed to help cancer survivors navigate through current care systems in order to receive the care they need and/or might find helpful.

Methods: A group of 12 specialist nurses and allied health professionals collaborated to develop a guide for cancer patients to use when they reach the end of treatment. The CCAT (Consequences of Cancer Treatment Collaborative) group was brought together by Macmillan Cancer Support as part of the UK National Cancer Survivorship Initiative in order to improve care for people living with the effects of cancer treatment. The Top Tips were designed in response to evidence suggesting that the current after care arrangements in the UK not always meeting the needs of cancer survivors following treatment. The top tips aim to empower cancer survivors to bring about changes in care to ensure that they get the care and support they need to lead as healthy and active a life as possible, for as long as possible. The leaflet was compiled in partnership with cancer survivors, GPs and oncology health care professionals.

Results: The leaflet was developed with 10 key headlines and a short description to help guide patients as to what care they should expect to receive. These were:

1. End of treatment assessment
2. Plan of care
3. Who to contact
4. Managing symptoms
5. Worries about cancer
6. Healthy living
7. On-going check-ups
8. Day to day concerns
9. Talking about your feelings
10. Make suggestions and get involved.

Conclusions: These ten top tips have been designed to help orientate cancer survivors as to what to expect once they have finished their treatment and direct them to seek tailored support to address any needs that they may have or may develop in the future. This could have long term benefits for their health, their well-being, and for the wider health economy.

3053

POSTER

Venous Thrombosis Rates in Early Breast Cancer Patients Receiving Standard Chemotherapy, a Retrospective Analysis. Investigation and Treatment of Upper Limb Symptoms

J. Kahan¹, O. Oikonomidou¹, N. Greenwood¹, T. Marler-Hausen¹, A. Rigg¹. ¹Kings College Hospital, Oncology, London, United Kingdom

It is well known that cancer and chemotherapy are linked to venous thromboembolic events (VTE). They are a common occurrence in early breast cancer (EBC) patients receiving both standard chemotherapy regimens of 5-fluorouracil, epirubicin and cyclophosphamide alone (FEC75) or followed by a taxane (FEC-T). It appears to occur particularly in the upper limb and causes significant morbidity to our patients. However there is little data on rates of VTE in specific chemotherapy regimens and how best to manage patients. This study describes rate of VTE, risk factors and discusses best management practices.

All patients receiving FEC75 and FEC-T chemotherapy in KCH chemotherapy unit from Jan 2010 to Jan 2011 were selected and their cases

retrospectively reviewed to identify patients who had had a possible VTE. Analysis of onset symptoms, risk factors such as body mass index (BMI), tumour stage, menopausal status and age was carried out. Any treatment they had received for VTE was documented. At the time of the study there were no unit guidelines on the best management of these patients.

53 patients were identified. 32 patients received FEC-T. Of these, 15 patients (47%) developed symptoms suggesting possible VTE and a duplex ultrasound scan diagnosed thrombus in the upper limb on the side of chemotherapy administration. 4 (12.5%) of these were deep venous thrombosis (DVT) while 11 (34.4%) were superficial. Of the 21 patients who received FEC75, 8 (38%) developed thrombus with a total of 4 episodes of DVT and 6 of superficial thrombus. An incidence of 19% and 28.6% respectively. In the total cohort there were 8 cases of DVT (15%). The time to VTE differed between the groups. In those receiving FEC-T the median time to symptoms was cycle 2. Those receiving FEC-75 had a median time to VTE of 3 cycles. Increasing age, BMI and menopausal status did not appear to be associated with risk of VTE in this cohort.

This study suggests that a significant proportion of patients receiving FEC chemotherapy develop upper limb VTE. Other factors do not appear to be linked with the development of VTE in this cohort of patients. It is likely that the cytotoxic agents, in particular epirubicin, induce a chemical phlebitis that in some patients leads to VTE. Rapid access to scanning facilities enables differentiation between superficial and deep VTE. As a result of these findings, guidelines for the management of VTE in the upper limb associated with chemotherapy are being developed.

3054

POSTER

Determinants of Hair Preservation in Scalp Cooling

C.J.G. van den Hurk¹, M. Peerbooms¹, J.W.R. Nortier², M.M.C. Komen³, W.P.M. Breed¹. ¹Comprehensive Cancer Centre South, Research, Eindhoven, The Netherlands; ²Leiden University Medical Centre, Clinical Oncology, Leiden, The Netherlands; ³Medical Centre Alkmaar, Oncology, Alkmaar, The Netherlands

Background: Chemotherapy-induced alopecia (CIA) is a frequent occurring side effect of cancer treatment that has high psychological impact on many patients. CIA may be prevented by scalp cooling.

Methods: Patients who received scalp cooling in 28 Dutch hospitals between January 2006 and December 2009 could participate in our registration. Scalp cooling was performed using the Paxman[®]PSC1 or PSC2 system. Nurses and patients completed questionnaires, reporting patient, hair, chemotherapy and scalp cooling characteristics. Scalp cooling was considered satisfying if patients did not wear a wig or head cover and scored grade ≤ 1 on the scale for alopecia of the World Health Organisation (1979). Logistic regression analysis was used to examine determinants of the scalp cooling result. In these analysis, 14 examined chemotherapy regimens were grouped into anthracyclines, taxanes, sequential schemes and other schemes.

Results: The registration contained 1414 scalp cooled patients. Overall, satisfaction with the result of scalp cooling was 50%, but varied for different chemotherapy schemes and dosage from 8% (docetaxel 75 mg/m², doxorubicin 50 mg/m², cyclophosphamide 500 mg/m² (TAC)) to 95% (paclitaxel 70–90 mg/m²). Multivariate analysis showed significant less satisfying results for patients older than 65 years (OR 1.6) or with Asian type of hair (OR 2.5) compared to the West-European type. Better results were observed in males (OR 0.2), for taxanes (OR 0.4) compared to anthracyclines and for post-infusion cooling times (PICT) shorter than 80 minutes (OR 0.5) compared to PICTs of 90–100 minutes. No difference in results was observed for length and mass of hair, chemically manipulated hair (dyeing, waving, colouring), dampened hair or use of conditioner before scalp cooling, cytostatic infusion times and for patients treated with chemotherapy ever before.

Discussion/Conclusion: Scalp cooling was effective in most examined chemotherapy regimens. Therefore, scalp cooling should be offered to all eligible patients with solid tumours, including males, who receive alopecia-inducing intravenous chemotherapy, with exception of TAC. This is a start of determining factors influencing the results. Two possible determinants have not been taken into account: chemotherapy dosage and scalp skin temperature. Research regarding a possible shorter PICT is certainly warranted.

3055

POSTER

Effectiveness of Brief Exercise Orientation Program on Breast Cancer Induced Fatigue

A. Gomes¹, E.L. Fernandes¹, M.P. Carvalho¹, V.C. Fabricio¹. ¹FCM Santa Casa Sao Paulo, Oncology, Sao Paulo, Brazil

Cancer related fatigue is a distressing persistent, subjective sense of physical, emotional and cognitive tiredness related to cancer and its