23.4/100,000 respectively). Patients are often seen in late stages because of lack in screening programs and limited accessible Units, so the 5-years cancer mortality is high (81 and 55% respectively).

Aim of the study: Oncology for Africa is a italian non-profit organization founded by several specialist working in oncologic field that actually works in agreement with St. Raphael of St. Francis Nsambya Hospital in Kampala, providing opportunities for female cancer prevention and treatment. A mission was held in January 2011 in order to assess the sustainability of a screening campaign ,the population compliance and the effectiveness of nurses training.

Methods: The mission was organized in two-steps; in December 2010 informative pamphlets edited in local language announcing the coming screening were distributed to 1000 women living in Kampala and in two rural villages by the help of local AISPO-NGO and nurses. On January 2011a 3-weeks CC and BC screening was performed by 2 gynecologists, 1 pathologist and 5 nurses according to the local methods (VIA TEST for gynecological inspection and breast palpation − BP). Suspected cases were referred for further investigations to Nsambya Hospital. A specific data base was provided and managed in collaboration with the nurses involved in the screening.

Results: 844 women accepted screening (median age 36.8), irrespective of religion (513 in Kampala and 331 in rural areas) with a median accrual of 49 pts/die. We found 9.8% VIA and 3.4% BP abnormal cases, further addressed to PAP test/colposcopy or breast FNAB. The compliance to screening/further therapy was 84/79% respectively. Two pts (stage Ic BC, FIGO IB CC) underwent radical surgery, a FIGO IIIB CC pt has been addressed to concomitant CT+RT and 1 pt with CC did not accept operation. 6 pts with new-diagnosed HSIL (21.4% of total biopsies) were also found. The total mission cost was 12,000 Euros.

Conclusions: The screening campaign is affordable regarding women compliance, sensitization and training of the local paramedical staff. Our findings indicate a higher rate of CC compared to the existing data about cancer in Sub-Saharian countries. These descriptive results would also sensitize to the growing incidence of female cancer in Africa and stimulate collaboration with Sub-Saharian Health Units to ameliorate their efforts in the assessment of a a better standard of care and screening organization.

3640 POSTER

Cost Identification of Nordic-FLIRI, Nordic- FLOX, XELIRI and XELOX in Palliative Colorectal Cancer in Sweden-a Clinical Practice Model Approach

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Introduction: Nordic-FLOX, Nordic-FLIRI, XELIRI, XELOX are four commonly used chemotherapies in the first line treatment of metastatic colorectal cancer in Sweden. The role of health related economic research in the health and pharmaceutical sector is crucial due to the finite health care resources. In the decision-making, consideration is given to economic costs associated with therapies. Cancer treatments are no exception and need to be evaluated. There is an interest in conducting national and clinically adapted evaluations.

Aim: To describe and compare costs associated with four commonly used treatments for metastatic colorectal cancer in clinical routine practice.

Materials and Methods: The retrospective study was carried out using observations and a clinical database of cancer colorectal patients treated with the intravenous regimes Nordic-FLOX (n = 163) and Nordic-FLIRI (n = 58) or the partly per oral alternatives XELIRI (n = 27) and XELOX (n = 10) at an oncology clinic in Gothenburg, Sweden. All patients treated between 2003 to 2009 were included. The clinical outcome of the therapies was equal and median treatment time was six months. The treatments are used side by side in the clinical practice. A clinical economic evaluation model was designed. All direct cost associated with the base line treatment, administration of chemotherapy and drug costs were collected and evaluated.

Results: The maximal mean cost for the four treatments was estimated to be 60,000–65,000 SEK per patient for six months, adverse effects excluded. During six months the intravenous treatments include 17 more outpatient visits per patient compared to the per oral alternatives.

Conclusion: The results indicate that the two Nordic regimens are similar in terms of treatment costs and that the per oral alternative could be a cost saving alternative for the clinic. The main difference is the opportunity cost. This makes it possible to treat additional patients with the same labour force resources.

3641 POSTER

Psycho-Oncological Aspects of Chernobyl Disaster

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Background: 25 years have passed since Chernobyl disaster. Thousands of “Liquidators” of the consequences of the explosion are dead or disabled. Psycho-neurological disorders are the leading in Liquidators. In cancer patients-Liquidators the mental co-morbidity is more than 75%. This research is focused on psychological factors of complex psycho-social and medical help in victims of radiological disaster.

Material and Methods: 300 Liquidators of Chernbyl disaster − patients of Russian Scientific Centre of of Radiology − including 20 cancer patients were systematically psychologically tested since 1991 till 2010. Narrative interview and different personality tests were used as well as neuropsychological complex testing.

Results: The higher scores of personality anxiety and not-effective copying strategies positively correlate with the manifestation of the psycho-neurological and cardio-vascular diseases in 5−10 years after catastrophe and with the manifestation of cancer in 10−15 years. There is particularly Liquidators’ victim pattern of copying. The brain functions disorders decrease the effective copying strategies.

Conclusions: The participation in the liquidaton of the radiological disaster leads to the specific Psycho-Oncology consequences. Liquidators need the adopted complex psychological help.

3642 POSTER

Gender Differences in the Relationship Between Work and Psychological Distress in Cancer Physicians

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Background: Levels of psychological distress amongst physicians are high and have been attributed to the nature of their job. Few studies have examined gender differences although there are known differences in some vulnerability and protective factors related to psychological distress. The changing demography in medicine, with an increasing proportion of females entering the profession makes this an important issue to investigate.

Material and Methods: A mixed methods programme of research comprising: (1) Secondary analysis of a UK national survey of the mental health, job stress and job satisfaction of consultant physicians (surgical, clinical and medical oncologists, radiologists & gastroenterologists) (n = 1308, 78% response rate); (2) Exploratory interviews with 26 male and 26 female participants in Stage 1 survey; (3) the development of an explanatory framework for poor mental health in consultant physicians based upon relevant literature and findings from stages 1 and 2; (4) A confirmatory interview study involving 12 male and 12 female consultant physicians from male dominated (surgery) or balanced gender (radiology) specialty groups working at one of two UK NHS hospital Trusts.

Results: Female physicians were more likely to report psychological distress (GHQ-12 score >3) compared to male physicians (39% vs. 31%, p = 0.02). Equal levels of job stress were reported, but female physicians reported lower levels of job satisfaction (particularly for perceived work control and professional esteem) which was associated with their higher prevalence of psychological distress (Stage 1). This lower job satisfaction seems to relate to part-time working and/or domestic/childcare responsibilities, lack of ‘social’ support (managerial, emotional and practical support) and the perceived negative attitudes of co-workers and the organisation (Stage 2). The explanatory framework for poor mental health in hospital consultants was verified (Stage 4).

Conclusions: Attention should focus on ensuring that physicians are able to balance the high demand of their job with having sufficient control over, and satisfaction from, it. Organisational policies regarding childcare, maternity cover, career breaks and part-time working require review to determine how to best manage the implications of the changing workforce whilst protecting the mental health of physicians.

3643 POSTER

European Patient Online Information Needs

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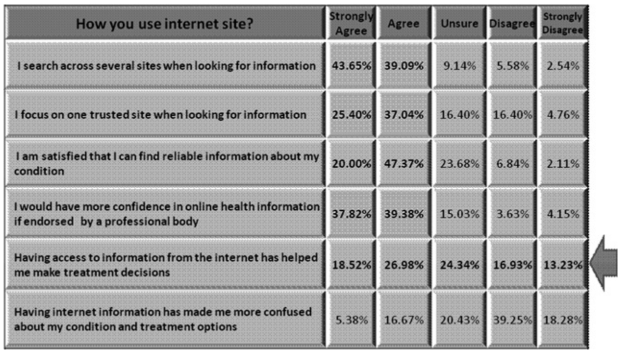
Background: Good quality health information can help in disease prevention, promotion of self-care, inform treatment decisions and improve the effectiveness of clinical care [1]. Increasingly people are accessing health information via the internet and there are concerns about the availability and quality of that information. This review examined online information needs of people affected by cancer.

Methods: An online questionnaire was distributed on a European basis via Eurocancercoms [2] partners' websites and European patient organisations. The questionnaire was developed with the support of the ECCO [3] patient advisory committee and translated into 5 European languages. The questionnaire asked people who have been directly affected by cancer a range of question relating to their experience of online information.

Results: A total of 476 people responded to the survey representing 26 European countries during a 6 month period in 2010. Respondents wanted information on all aspects of cancer: side effects and treatment options were the highest frequency responses. Other requests included; detailed, specific information on their own cancer type and an ability to 'chat on-line' and discuss experiences.

The majority of respondents (59.6%) thought that online health information is accurate or mostly accurate. It was observed that treatment decisions were always influenced (71.5%) and frequently influenced (24.7%) by Doctors or other health professionals; other factors such as information on line, advice from other patients/advocacy organizations were less likely to influence them (combined 'always' and 'frequently' totals <40%).



How you use internet site?	Strongly Agree	Agree	Unsure	Disagree	Strongly Disagree
I search across several sites when looking for information	43.65%	39.09%	9.14%	5.58%	2.54%
I focus on one trusted site when looking for information	25.40%	37.04%	16.40%	16.40%	4.76%
I am satisfied that I can find reliable information about my condition	20.00%	47.37%	23.68%	6.84%	2.11%
I would have more confidence in online health information if endorsed by a professional body	37.82%	39.38%	15.03%	3.63%	4.15%
Having access to information from the internet has helped me make treatment decisions	18.52%	26.98%	24.34%	16.93%	13.23%
Having internet information has made me more confused about my condition and treatment options	5.38%	16.67%	20.43%	39.25%	18.28%

Table 1. Respondents' use of internet sites.

Conclusions: People affected by cancer want to easily access accurate and relevant cancer information on a wide variety of topics.

Information provided should be understandable and of sufficient quality to enable the evolving consumer, to use online health information and social networking resources to make informed choices about their health care options.

This survey was performed as part of the Eurocancercoms project and supported by European Union funding.

References

[1] Coulter, A., J. Ellins, et al. (2006). 'Assessing the quality of information to support people in making decisions about their health and healthcare', Picker Institute Europe, Oxford, available at www.pickereurope.org/Filestore/Downloads/Health-information-quality-web-version-FINAL.pdf

[2] Eurocancercoms is a 7th framework programme (FP7) project funded by the European Commission. http://www.eurocancercoms.eu/ Eighteen working parties are involved in the eurocancercoms project

[3] ECCO, European Cancer Organisation

3644 POSTER

Fast Track Guideline Update Successful

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Background: The Dutch Comprehensive Cancer Centre (in Dutch IKNL) was set up to improve treatment, patient care and clinical research within the field of oncology in order to provide cancer patients and their families access to comprehensive and high-quality care as close to home as possible. A major activity is guideline development.

Material and Methods: To perform guideline development and update in a timely and cost-effective way is a real challenge. Accordingly the 2005 guideline Oesophageal cancer was fully updated in 2010 using a new method. The guideline update was partly evidence based, partly consensus based. The time table was drawn first, working backwards from the dates the authorising societies meet. A broad and multidisciplinary call for knowledge gaps was issued and used to generate the topics that needed evidence based updating. Five topics were selected including a topic from the patient association. The 22 experts and 2 patients were allocated to the topics and an agenda was set for monthly meetings with proceeding conference calls to ensure focussed meetings, without repetitive discussions over already decided issues. A party specialized in medical literature search and appraisal was contracted. They were promptly supported by the experts and also delivered the evidence tables. A web-based comment procedure was introduced, enabling quick gathering and response of the comments. After the fist draft of the evidence based parts the consensus based update started simultaneously. A total of 6 meetings was needed to deliver the updated guideline. The last meeting was also used to generate the first draft of indicators to monitor guideline implementation. Putting it all together the updated guideline was submitted timely for authorisation.

Results: The professionals were enthusiastic; the process was rounded off within a year and even stayed within the budget limitations. A new pilot is started to update the guideline yearly, increasingly extending the evidence based parts.

Conclusions: A pilot to update a guideline within a year was successful and proved our fast track method effective. Web-based commentary round enables quick proceeding. Frequent and well prepared meetings during a short period of time are well appreciated by the professionals. A party to perform the literature search and evidence tables enables the professionals to focus on the content of the subject.

3645 POSTER

Quality of Life of Family Caregivers During Ambulatory Care of Palliative Cancer Patients

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Background: Dedicated family members are an essential requirement for ambulatory care of incurable patients. However, the heavy burden of the care giving situation, psychologically and physically, often takes its toll on the caregivers' health. Previous research projects in the field of ambulatory palliative care are very limited, and even less attention have been given to the affects on family caregivers.

Material and Methods: In the research project initiated by the Department of Medical Psychology at Leipzig University in Germany 49 family caregivers of palliative patients were interviewed at their homes. The interviews took place at the beginning of the ambulatory care, on average three months before the patients' death. Health-related quality of life was assessed using The European Organization for Research and Treatment of Cancer Quality of Life Questionnaire-Core 30 (EORTC QLQ-C30). It is a 30-item self-report survey. The test includes five functional scales, three symptom scales /items and one scale representing the global health status.

Results: 80% of the caregivers were the patients' partners. While the physical, cognitive and social domains of the family caregivers' quality of life are on average at quite a high level (values of 75–100), suggesting a good functionality, the values of their emotional functioning and global health status are considerably lower, occurring in the middle range from 51−75. At the beginning of the care giving situation the level of emotional functioning in the sample of caregivers (mean = 54, 08) is significantly lower than in the reference group of the general population ($p = 0.000$).

With regards to the symptom-scales, no significant differences of arithmetic mean values were discovered.

Conclusions: The current results suggest that the emotional health of family caregivers is significantly poorer in comparison with the general population. Consequently, family caregivers should be offered much more professional support.