

was a constant reminder of having cancer. The loss of control of the body boundary due to uncontrollable symptoms led to significant levels of distress and suffering for the women.

Conclusions: This study contributes to understanding that the care of women with an excruciated breast carcinoma needs strategies that are integrated in a palliative, holistic, empathic approach. In particular skills for palliative wound care among medical and nursing staff need to be developed as the women and their carers report a lack of information and advice about how to manage the wound as well as the physical limitations and psychosocial consequences of struggling to maintain the boundedness of the body.

4159

ORAL

The Importance of the Internet for People With Cancer

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The purpose of this study was to describe how important people with cancer consider the social support they receive from the internet. The aim of the study was to produce information that can help nurses to understand the importance of the internet as a source of social support for people with cancer.

The data were collected in May 2010 using an online questionnaire, which was held open from May 3rd to May 24th, 2010. The participants of this study were recruited through four discussion forums from the websites of the Cancer Society of Finland. These four discussion forums included groups such as living on life-support medication, cancer in general, women's cancers and men's cancers.

Seventy-four cancer patients participated in the study. The average age of the participants was 53 years (range 24 to 74). A majority of the participants were women (87%, n=64). Most had a polytechnic or college degree (39%). Nearly one in four (24%) had a university degree. The most common cancer was breast cancer (42%). More than three fourths had suffered from cancer for less than five years and nearly three fourths of the participants felt that the current health was good. The importance of the internet as a source of social support was seen in the way in which support from peers facilitated life: you were not alone with the disease and the loved ones could be saved from getting overburdened. The empowerment generated by the social support from the internet had positive impacts on patients' daily lives, the information received from the internet helped to bear the disease and the independence increased. The social support from the internet could have only a limited effect or the effect was negative. In that case the support had no importance or the support varied. The social support had changed through the internet so that the social support increased, remained unchanged or was felt negatively.

Narrated by the people with cancer themselves the virtual social support facilitates their lives in many ways. In nursing it is essential to learn to recognize the importance of the internet as a source of social support for people with cancer and not think of it as a distrust of our own work.

4160

ORAL

Quality of Life Trajectories in the First Eight Months After Breast Cancer

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Background: Quality of Life (QoL) disruption is common in the continuum of care for cancer. QoL has been reported to decrease after diagnosis and then improve over time. Still, little is known about the individual fluctuation of QoL during the phases of diagnosis, treatment and transition to survivorship in relation to breast cancer. Our objectives were to determine the most common trajectories or patterns of change in QoL among women with breast cancer as well as possible predictors of these trajectories.

Material and Methods: A total of 357 women (84% participation) with newly diagnosed breast cancer were included in a questionnaire study at a university hospital in Denmark. 300 women completed questions on QoL using EORTC QLQ-C30 at time of diagnosis and after 4 and 8 months. Data on surgical treatment and adjuvant therapy have been obtained from the Danish Breast Cancer Cooperative Group.

Data analyses are in progress. The SAS mixture model procedure TRAJ will be used to identify distinct trajectories. The effect of age, cancer treatment, education and available social support in and outside the family on belonging to a certain trajectory will be estimated.

Results: Preliminary results on overall QoL trajectories will be presented. The effect of age, cancer treatment, education and available social support

in and outside the family on belonging to a certain trajectory will indicate factors important for developing the different trajectories.

Conclusion: We expect to identify distinct trajectories of QoL, which will provide important knowledge about the timing of QoL in the first 8 months after breast cancer diagnosis. Distinct trajectories may help nurses identify patients who might benefit from enhanced attention.

4161

ORAL

Cancer – a Challenge for the Whole Family

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Background: Experimental data show that cancer has an important impact on the quality of life of both the patient and the people surrounding him with whom he shares experiences and important relationships (Solano, 2001, Grassi, 2003).

The purpose of this research was to assess the quality of life of cancer patients and their caregivers and to identify significant correlations between the well-being of both of them in the physical, psychological, relational and environmental areas.

Materials and Methods: The sample consisted of 72 oncological patients undergoing chemotherapy (30 male, 32 female; mean age: 58.5 years old, range: 36–75), and their caregivers (23 male, 49 female; mean age: 55 years old, range: 25–78; 40 spouse, 15 children, 11 other relatives, 6 friends).

The short version of the WHOQOL test (Murphy, 2000) was administered to both the patient and his caregiver in order to assess their quality of life. Their scores achieved in each area were then compared.

Results: The quality of life in the majority of cases (patients 80.5% and their caregivers 85.5%) was reasonably good. 29% patients and 30% caregivers experienced a very good well-being, while 8% patients and 7.5% partners showed a significant difficulty in one area under test.

5.5% patients manifested problems in two fields of interest and 6% couples had difficulties in three areas.

The statistical analysis, conducted with Spss, showed a highly significant correlation ($p < 0.001$) between the scores obtained by the same person in all areas analysed.

The scores of patients and their caregivers were closely related in each area, being independent of all other variables measured (sex, age, type of cancer, stage of disease and caregivers' rules).

In 90% cases a poor quality of physical life of the patient was related to a similar low level of the physical quality of life of his caregiver. Similarly, the caregivers of 85% patients with psychological problems also manifested psychological problems. In 83.5% cases the patient's interpersonal difficulties were related with similar difficulties in his partner.

Conclusions: Our results confirmed the initial hypothesis and demonstrated that it can be useful to propose activities in order to improve the quality of life of both patients and their caregivers, as the well-being of one is closely related to the well-being of the other.

4162

ORAL

Pipeline Related Complications in Oncology Patients

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Background: Peripherally inserted central catheter (PICC) is commonly used in oncology care and treatment to ensure a safe, short or long term intermittent vascular access. PICC are a cost effective way of safely administering chemotherapy in the ambulatory setting. However, as with other types of vascular accesses, some complications have been described in the literature. Complications in an early phase related to the catheter insertion have been reported to be bleeding or wound oozing. Complications in a later phase after insertion have been reported to be infections, local occlusion and vein thrombosis. The aim of this study was to analyse the incidence of complications related to PICC in oncology patients, and also to compare complication rates when introducing a new technique of insertion.

Material and Methods: Using medical records we compared complication rates among cancer patients in an oncology department at the University hospital of Lund in the southern of Sweden. We consecutively selected medical records from patients having PICC before and after a new insertion technique. 250 medical records from patients having PICC inserted in the bend of the arm (group A) and 252 from patients having PICC inserted in the upper part of the arm (group B). The later group had their PICCs with ultrasound guided insertion technique. Data collected from the medical records consisted of demographical data like age, gender, reason for having a PICC and if the insertion succeeded or failed (related to anatomical