

structures). Data on cases where insertion failed, complications, infection, and thrombosis was compared for the two groups.

Results: The new insertion technique lead to a reduction in the rate of not accomplished insertions due to anatomical difficulties, from 22% (A) to 5% (B). The frequency of infections decreased from 13% (A) to 3% (B), and the frequency of thromboses from 5% (A) to 3% (B). The total frequency of complications decreased from 16% (A) to 6% (B), with 2 complications per 1000 catheter days in group A and 0.71 complications per 1000 catheter days in group B.

Conclusions: Our results together with results from previous studies indicate that improved complication rates are related to improved technique for insertion, but are also probably related to increased handling experience and educational interventions. Accumulating evidence is supporting PICC as a safe option for most cancer patients in oncology care with a need for short or long term intermittent vascular access. On decision on vascular access in cancer patients it is of importance to consider safety as well as convenience for the patient.

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ORAL

Effects of a Dietary Intervention on Health-related Quality of Life Including Gastrointestinal Side Effects – a Randomised Controlled Trial in Prostate Cancer Patients Undergoing Radiotherapy

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Background: Dietary interventions designed to reduce gastrointestinal side effects during pelvic radiotherapy are scarce and in the absence of evidence-based dietary advice, various recommendations have been introduced in clinical practise without the appropriate scientific basis. Here we present a prospective randomized study to determine the effect of a dietary intervention compared to standard care, on acute health-related quality of life (HRQoL) including gastrointestinal side effects in prostate cancer patients referred to radiotherapy.

Methods: Inclusion ran from January 2006 until January 2008, resulting in a total of 130 patients. Prostate cancer patients referred to radiotherapy were randomly assigned: intervention group (IG, n=64) reduced intake of insoluble dietary fibres and lactose, or standard care (SC, n=66) normal diet. Data were collected for a total of 26 months for each patient (baseline, 4 and 8 weeks and at 2, 7, 12, 18 and 24 months after end of radiotherapy). In this report, HRQoL including gastrointestinal side effects and adherence to dietary instructions were evaluated from baseline up to 2 months after radiotherapy, using the EORTC QLQ-C30 and QLQ-PR25, the study-specific Gastrointestinal Side Effects Questionnaire and a Food Frequency Questionnaire (FFQ). A Dietary Adherence Score was developed from results of the FFQ, with lower score indicating better adherence to the dietary instructions.

Results: Patient-reported gastrointestinal side effects increased during radiotherapy and the inter-group differences were most apparent at 4 weeks. Preliminary analyses of the QLQ-C30 indicate that 40% of patients in SC reported symptoms of diarrhoea at 4 weeks compared to 30% in IG, and 29% patients in SC reported symptoms of constipation compared to 20% in IG. In QLQ-PR25 at 4 weeks, bowel symptoms were reported by 55% of patients in SC and by 48% in IG. For the single item bloated abdomen, the symptom prevalence was 43% for patients in SC and 33% in IG. The dietary intervention displayed no effect on global health status or functioning scales. For patients in IG, the Dietary Adherence Score was significantly lower at all follow-up assessments compared to baseline ($P < 0.001$). Patients in SC did not change their diet. Manuscript submitted. Results will be presented.

Conclusion: A dietary intervention with reduced intake of insoluble dietary fibres and lactose may decrease gastrointestinal side effects during radiotherapy for prostate cancer, but replication of the results and longer follow up is needed, before the value of the intervention can be established with certainty.

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ORAL

A Supportive Nursing Care Clinic for Patients With Head and Neck Cancer – Effects on Nutritional Status, Nutritional Treatment and Admissions to Hospital

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Background: Severe and sustained nutritional problems are extremely common among patients with head and neck cancer (HNC) due to tumour and its treatment. A supportive nursing care clinic (SNCC) with focus on symptom control, nutritional care, and psychosocial and emotional support was established as a complement to regular care (RC). Since continuity of care was a further objective, the patients attended the clinic regularly before

and during the medical treatment and during one year after completion of treatment. The objective was to investigate the impact of the SNCC on nutritional status, extent of nutritional treatment and occurrence of admissions to hospital due to nutritional problems for patients with HNC treated with radiotherapy.

Material and Methods: A comparative design was used. 20 consecutive patients treated at the SNCC were followed prospectively and 50 patient records from the same hospital were used as a historical control. Data were collected each week during radiotherapy and one, three, six and twelve months after completed radiotherapy using a study specific questionnaire covering eating problems, weight, nutritional interventions, and reasons for admission to hospital. Descriptive and non-parametric statistics were used.

Results: Eating problems occurred in 100% of the patients during radiotherapy and continued to be common in both groups after completed treatment. However, the patients in the SNCC group had statistically significant less weight loss compared to the RC group after three weeks of radiotherapy ($p = 0.000$), after completed radiotherapy ($p = 0.000$), and 12 months after completed radiotherapy ($p = 0.000$). All patients in the SNCC group received dietary supplements compared to 34% in the RC group. Patients in the SNCC group were more often treated with enteral nutrition than patients in the RC group (70% and 42%, respectively). Admissions to hospital due to nutritional problems were 20% in the SNCC group and 48% in the RC group.

Conclusions: A SNCC can make appropriate early nutritional interventions possible and thereby optimize nutritional status in patients with HNC. SNCC seems to be cost effective as admissions to hospital due to malnutrition was lowered in this group of patients compared to RC, but larger studies are needed.

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ORAL

Complementary and Alternative Medicine Use Among Cancer Patients Receiving Radiotherapy and Chemotherapy

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Complementary and alternative medicine (CAM) use is common among cancer patients. Previous studies have shown that up to 40% of cancer patients use different types of CAM during the course of their disease. Little is known about CAMs that are used during radiotherapy and chemotherapy. Therefore, the present study was conducted to identify how many patients use CAMs during active anti-cancer therapy and what kind of CAMs are used most.

Sixty-two patients completed a survey (58% women, 42% men, mean age 60 years). According to the survey, most of the patients had prostate cancer (26%) or breast cancer (21%), as well as ovarian cancer (8%), lung cancer (7%), uterine cancer (5%), colorectal cancer (3%), gastric cancer (3%), pancreatic cancer (3%) and other (including not specified) types of cancer (24%). Most of the patients received chemotherapy (47%), followed by radiotherapy (37%), concomitant chemoradiotherapy (13%) and hormonal therapy (3%). Out of 62 patients 35 (56%) used some type of CAM during radiotherapy and/or chemotherapy. During the active anti-cancer treatment patients used teas (52%), vitamins and other dietary supplements (45%), vegetables and juices (39%), special diets (19%), herbal medicines (19%) and immunomodulators (3%). Most of the patients took supplementary products every day (86%). Vast majority of patients (85%) were convinced that CAM increases the efficacy of standard anti-cancer therapy and prolongs their survival. Nearly 47% of patients did not inform their doctors about CAMs they use during radiotherapy and/or chemotherapy. Information about CAM was mainly obtained through internet sources (36%), books (25%) and brochures (25%). Also, some types of CAM were advised by doctors (36%), close acquaintances (18%), and oncologists (16%). Most of the patients trusted received information (82%). However, 73% of patients admitted that additional information about CAM is definitely needed. According to our survey, patients would like to receive additional information mostly from a consultant (60%), specialized brochures (44%) and/or from the internet (20%).

In conclusion, a big proportion of patients (56%) receiving radiotherapy and/or chemotherapy use complementary and alternative medicine. Adequate counseling of patients is definitely needed, especially in the light of the fact that some CAMs may decrease the efficacy of radiotherapy and/or chemotherapy.