Oral Presentations (Sat, 24 Sep, 11:30−13:15)

Nursing Oncology − Survivorship and Rehabilitation

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Which Forms of Psychosocial Care Do Patients With Breast Cancer Want?

J. Ronse[1], M. Grypdonck[1], M. Daem[1], A. Van Hecke[1], E. Decoene[2]. *[1]Ghent University, Nursing Science, Gent, Belgium; [2]Ghent Universitary Hospital, Oncologic Centre, Gent, Belgium*

Background: It is often assumed that cancer patients suffer from a variety of psychosocial problems. Evidence about the effect of psychosocial care is inconclusive. At the mean time, there is a lot of funding for different programs. The reasons why patients do or do not participate at a particular program are not yet understood.

Materials and Methods: First a literature review of electronic databases on the amount of and the determinants of participation was conducted. Next, an observational study was done. Participation, demographic and disease variables were registered for 191 patients. Analysis were done with SPSS 16. At the same time, 46 women with breast cancer were interviewed for a qualitative research, using grounded theory methods. Data saturation was achieved. Researchers triangulation was used.

Results: The literature review showed few obvious determinants of participation. Only a problem solving coping style, believe in the effect, believe in the positive attitude of important others, disease specific distress, referral from a central caregiver, have a positive relation with participation. The observational study made clear that there is a difference between breast care nurses and other psychosocial caregivers like psychologists, social workers, group sessions, ... Determinants of participation like familial situation, type of surgery, matter for other psychological caregivers, but disappear for the breast care nurses. The qualitative research shows that the diagnosis of cancer means chaos for the patients. The option of therapy offers them hope and courage. They adopt a positive attitude that they want to maintain very badly. They expect their caregivers to support this positive attitude. Because of this, patients appreciate their breast care nurse. The idea of a psychologist reminding them of their difficult emotions, that they try so hard to forget, makes them hesitate to consult. But they to appreciate a visit from the psychologist to get to know him for if they would ever need him.

Conclusion: Since it difficult to identify clear determinants of participation, screening remains difficult. While screening a patient, a difference should be made between the need for and the interest in psychosocial care. Therefore the central caregiver of the patient can make the most adequate judgment about the need for psychosocial care and the risk for non-participation. In order to do this, this caregiver should build a relation of trust with the patient. Because breast care nurses are very accessible they are appropriate central caregivers for patients with breast cancer.

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Identity and Normal Life as the Focus of Adolescents and Young Adults With Cancer − the Basis for the Development of a Patient Centered Care Pathway

E. Decoene[1], S. Vandierendonck[1], N. Belpame[1], A. Raes[1], S. Verhaeghe[2]. *[1]UZ University Hospital Gent, Oncology, Gent, Belgium; [2]University Ghent, Nursing Science, Ghent, Belgium*

Background: The results presented in this abstract are part of a larger Belgian study about the perception of Adolescents and Young Adults (AYAs) with cancer during and after their diagnosis and treatment. This research focuses on the psychosocial experiences of AYAs confronted with cancer. The purpose of the study is understanding how AYAs experience cancer, diagnosis, hospitalisation, treatment and survivorship to open a debate on how their unique needs and experiences can be implemented, in a Patient Centered Care pathway for primary and secondary care.

Methods: This qualitative study was based on the principles of grounded theory. 26 semi-structured interviews with AYAs between 15 and 25 years of age diagnosed with cancer were held to collect the data. Sampling was based on situational diversity (e.g. gender, age, social context, education, time since diagnosis). The interviews were transcribed and coded (NVivo 7) and constant comparison was used to analyse the data. Data-collection and -analyses took place in a cyclic process.

Results: Analyses revealed that cancer is often seen as something temporarily passing the life-path of the AYA, something that has to be overcome. Two major themes came to the fore: identity and normal life. The coping-strategies used by AYAs are focused on preserving identity and guarding normal life, not only during treatment, but also in follow-up and survivorship. Findings suggest that AYAs prefer care, tailored to their needs.

Conclusions: This study increases the understanding of the perception of AYAs with cancer. The data revealed that cancer seems to have different meaning for AYAs then for adults. This demonstrates the need for a specific Patient Centered Care pathway for AYAs. The results can inspire caregivers to develop psychosocial pathways in accordance to the specific preferences and wishes of the AYA. To guarantee quality of cancer care for AYAs and to avoid drop outs during follow-up and survivorship, the collaboration between primary and secondary caregivers should be orientated on these preferences.

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A Study to Explore the Value of Cardiopulmonary Exercise Testing (CPET) in Cancer Patients Undergoing Major Cancer Surgery

V. Hollis[1], N.A. Pattison[2], K. Thomas[3], T. Wigmore[4]. *[1]Royal Marsden Hospital − NHS Trust, Transitional Care Unit, London, United Kingdom; [2]Royal Marsden Hospital − NHS Trust, Nursing, London, United Kingdom; [3]Royal Marsden Hospital − NHS Trust, Research and Statistics Design Unit, London, United Kingdom; [4]Royal Marsden Hospital − NHS Trust, Critical Care, London, United Kingdom*

Background: Cardiopulmonary Exercise Testing (CPET) is used in assessing suitability for surgery and predicting postoperative outcome.

Objectives: To explore cancellations for major cancer surgery in relation to CPET results. Secondary objectives included: exploration of associations between CPET and, mortality 30-days post-surgery; hospital or critical care unit (CCU) length of stay (LOS); and CCU re-admissions. The study also sought to evaluate patients' experiences of CPET using questionnaires.

Methods: Retrospective record review of patients who had undergone CPET over 12 months. Outcomes including influence of anaerobic threshold (AT) and maximum oxygen uptake (VO$_{2)}$ max on cancellations; 30-day mortality; LOS and CCU re-admissions were analysed using Fishers exact and t-tests. Influencing factors of: performance status, ischemia, history of recent chemotherapy, were also recorded. A convenience sample of CPET patients were given questionnaires exploring experiences of CPET.

Results: 195 records from gynecological, sarcoma, urology, gastrointestinal cancer patients were analysed from June 2008 to 2009. Surgery was cancelled for 23 patients (2 of whom [9.1%] died within 30 days of CPET test) and 22 were postponed because of their CPET results. 160 patients finally underwent surgery (a further 2 of whom [1.25%] died within 30 days). An association was noted between an AT <11 ml/kg/min and cancellation of surgery ($p = <0.001$). There was also an association between ischaemia and surgery cancellation due to CPET results ($p = 0.003$). There was a borderline association with AT results >11 ml/kg/min and ASA score ($p = 0.05$) but not with hospital LOS ($p = 0.246$) or CCU LOS ($p = 0.250$). CCU re-admission was associated with AT <11 ml/kg/min ($p = <0.01$). 24/195 patients did not complete CPET with missing results in AT ($n = 3$) and VO2 max ($n = 24$) for reasons including leg pain, hyperventilation, hypertension and difficulty using cycle ergometer. For the questionnaires, 31/50 eligible patients completed an evaluation. All patients had an understanding of the reasons for undergoing CPET and what CPET entailed. Despite some patients describing CPET as tough, no patients regarded it as a negative experience.

Conclusions: CPET may have some value in pre-assessing cancer patients' fitness for surgery, however, further work is needed with a larger sample and multi-variate analysis. In addition, CPET is viewed as a positive experience providing added reassurance prior to major surgery.

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Women's Wishes and Need for Knowledge Concerning Sexuality and Relationships in Connection With Gynaecological Cancer Disease

E. Rasmusson[1]. *[1]Onkologiska Kliniken, Oncology, Lund, Sweden*

Background: Diagnostic methods and treatment within the field of gynecological cancer is continually improving, resulting in more women living longer with secondary effects following disease and treatment. Nowadays, in cancer care, much is spoken about the significance of well-being. Sexuality is an important ingredient for well-being. In Sweden, nurses according to the national board of health and welfare strive to provide care from a holistic and ethical perspective that is the woman's life situation taken as a whole in relation to the cancer disease [1]. In earlier studies, nurses have shown a lack of interest in seeking information concerning sexuality and relationship since they consider that information on these matters is outside their field of responsibility [2−4]. In the same studies, however, patients seem to wish nurses to initiate conversations concerning sexuality and relationship, since they assume that nurses have knowledge about problems that can arise in connection with disease and treatment. Accordingly, patients and nurses seem to have different views about how and by whom questions relating to sexuality should be handled.