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?

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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

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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

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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

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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.

The purpose of this study was to investigate women's wishes and need for knowledge concerning sexuality and relationships in connection with gynaecological cancer.

Methods: A total of 11 Swedish speaking women aged 35−70 years were interviewed following the completion of their primary oncological treatment for cervical, corpus or ovarian cancer. The data was analyzed using latent content analysis.

Results: Two main categories were identified: "*Absence of knowledge about the body"* with four sub-categories: emotional perception of one's own body, concerns related to changes in the body, well-being and sexuality, thoughts about the future. The second main category identified was *"Conversation with sexual relevance"* with two sub-categories: need for information, relationship with the partner.

Conclusions: Women with gynecological cancer disease want health care professionals to initiate conversations about sexuality and partner relationships. The women wished with their partners present, to be given more in-depth knowledge about their situation given by competent staff who are sensitive to what knowledge is required. Thus, it is important that nurses, who care for women with gynaecological cancer, to meet each woman's individual needs for knowledge about the effects on her sexuality due to her disease and treatment.

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The Smart Route to a NICE Future; Introducing a Smartcard for Patients at Risk of Metastatic Spinal Cord Compression Has the Potential to Improve Quality of Life and Save up to £17.5 Million Nationally

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Background: Early detection of Metastatic Spinal Cord Compression (MSCC) an Oncological emergency affecting 5−10% of all cancer patients, is one of the key priorities identified in the NICE CG075 (National Institute of Clinical Evidence Clinical Guideline75) [1] published in November 2008. The Department of Health (DOH) − Improving Outcomes − A Strategy for Cancer January 2011 [2], predict that by 2030 there will be 3 million people living with and beyond cancer in England; this leads to a potential minimum of 300,000 patients at risk of developing MSCC. This paper is a summary of local action taken to implement this key priority with the aim of improving outcomes and reducing costs.

Material and Methods: A critical review of CG75 was carried out. A retrospective audit of all the patients with MSCC treated in Taunton with radiotherapy between May 2009 and September 2010 was undertaken and the results analysed. A short questionnaire adapted from the NICE Audit Tool was completed by staff and these results were also analysed. A potential cost saving analysis using the NICE Costing Tool was completed.

Results: It was evident from the audit and questionnaire that patients at risk of developing MSCC were not being informed of the risk and what to do on symptom onset. A total of 24 patients with MSCC were treated with radiotherapy and only 5 of these were suitable for surgery due to irreversible neurological damage at presentation. Simple cost analysis showed potential local savings of £500,000 in 6 months. A Smartcard was developed outlining the symptoms and the immediate action to be taken should they occur and given to all patients at risk. This supports National Cancer Survivorship Initiative 2010(NCIS) [3] and complies with NICECG75.

Conclusions: The introduction of the Smartcard will result in earlier detection, more patients eligible for surgery and improved outcomes including the potential of retaining the ability to walk for MSCC patients. The cost saving analysis based on possible reductions in emergency admissions, reduced home care costs, community nursing, and out-of-hours access for GPs illustrates the monetary savings achievable while the improved outcomes and quality of life for the patients is measureable but clearly priceless.

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Benefits and Barriers to Exercise for Women Living With a Breast Cancer Diagnosis

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Background: Exercise is a proven mechanism for improving physical fitness, increasing capacity for daily living tasks, and improving physical quality of life domains for women living with a breast cancer diagnosis. Despite this, exercise participation rates in this population remain low. A key part of encouraging exercise is understanding and targeting the benefits and barriers perceived by these women as they attempt to exercise. This study aims to determine perceived exercise benefits and barriers, and their effects on exercise levels among women living with a breast cancer diagnosis.

Material and Methods: Female breast cancer survivors completed a validated online survey delineating their treatment and demographic background, current exercise levels, and a perceived exercise benefits and barriers scale. Spearman correlations were performed on exercise metabolic equivalent minutes per week against each perceived benefit and barrier. Results were interpreted based on statistical significance ($p < 0.05$) and effect size (where a 'medium' or greater effect size was r-value $\geqslant$ 0.30).

Results: Surveys were completed by 432 female breast cancer patients and survivors aged between 23−77 years (mean 53.25±9.83 years) with 53% of respondents falling between 45 and 60 years. Only 37.4% of respondents currently met the Global Physical Activity Questionnaire recommended exercise levels.

All exercise barriers queried displayed statistically significant negative associations with exercise levels. Although 10 out of 19 barriers had an effect size of r-value $\geqslant$ 30, this effect was only found in 3 out of 15 benefits. A lack of self-discipline, procrastination and a lack of enjoyment were barriers with the largest effect on exercise levels; whereas exercise enjoyment, improved feelings of well-being, and decreased feelings of stress and tension were the three benefits with an effect size of r-value $\geqslant$0.30.

Conclusions: Over half the perceived barriers had a medium or greater effect size; a result observed in only one fifth of the perceived benefits. This indicates perceived barriers are better able to explain exercise participation than perceived benefits. Therefore, finding ways to target and reduce exercise barriers may be an effective strategy to improve exercise participation levels among women living with a breast cancer diagnosis. This study also provided a list of potential exercise barriers that should be targeted in future exercise intervention research.

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Arm Morbidity in Relation to Sickness Absence and Return to Work Short After Breast Cancer Surgery

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Background: Breast cancer (BC) is the most common cancer in women in working ages. Most survive and this has raised an interest in consequences from the disease and its treatments on sick leave (SL) and return to work (RTW). The primary treatment for BC is surgery, often followed by radiation, chemo-, hormone- and/or immunotherapy. It is known that many women suffer from long lasting arm problems after surgery especially in case of total axillary clearance, often with an impact on SL and RTW. What is less known are the short term consequences of surgery on these outcomes. The Swedish National Board of Health and Welfare have recommended SL up to three weeks after normal surgery for limited BC with some exceptions; "an occupation where the shoulder joint is strained and the lymph nodes has been removed, SL for up to 6 weeks of active rehabilitation may be necessary".

The aim of this study is to reveal whether and to what extent women who experience arm morbidity and that were working $\geqslant$ 75% before the BC diagnosis were on SL or had RTW within a median of seven weeks from surgery, and to describe the relationship between arm morbidity, lymph node surgery and strenuous work posture and SL or RTW, controlled for other treatment and sociodemographic factors.

Material and Methods: In an ongoing prospective cohort study 725 women, 20−63 (m= 51.3) years of age, who had undergone surgery for a limited, primary BC, were included consecutively after surgery. Data from a first questionnaire, within a median of 7 weeks from surgery, and from medical registers will be presented. Descriptive as well as analytical statistics methods have been used.

Results: 631 (87%) of the women were working before the BC diagnosis and 91% were working $\geqslant$75%. Of these 91%; 18% experienced pain in shoulder, 13% had difficulties to raise or move hand, 15% had reduced