

Conclusion: It is expected that the BTCP Nursing Guidelines and complementary pocket-guide will increase nurses' knowledge of BTCP and encourage successful management of these episodes thereby improving the safety and quality of care as well as the quality of life for cancer patients suffering from BTCP.

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ORAL

A European Survey of Oncology Nurse Breakthrough Cancer Pain Practices

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Background: Pain management plays an important role in oncology nursing. A survey amongst oncology nurses from 12 European countries was conducted to investigate their views on managing breakthrough cancer pain (BTCP). A more specific aim of the survey was to gain insight into oncology nurse BTCP practice patterns while focusing on their assessment and treatment approaches, level of confidence in managing BTCP episodes, as well as to gain insight into how oncology nurses see BTCP impacting cancer patients' daily life.

Material and Methods: In total 1618 nurses working with cancer patients were recruited, and 1164 completed the questionnaire – a completion rate of 72%.

Results: The most common (71%) understanding of BTCP was 'episodic pain that breaks through the stable background pain'. Almost all (98%) nurses discuss pain management with their patients, with pain relief (85%) and side effects (70%) being the most commonly addressed topics. Nearly half of the nurses (46%) reported not using any form of pain assessment tool and more than half (53%) reported that they have not received any training on BTCP management. The survey revealed that nurses who did not have an assessment tool and/or were not trained in BTCP management found it more difficult to distinguish BTCP from background pain. In terms of medications used to treat BTCP, the majority (57%) of nurses indicated that oral opioids were used to treat BTCP in their clinic, and nearly 40% of nurses responded they were not aware that there is specifically designed medication for BTCP. Most nurses (78%) report that BTCP significantly impacts a patient's life, including daily enjoyment of life, mood, functioning, and sleep. Almost all (81%) have found it difficult to control their patients' pain the last month, which is further reflected in 40% of nurses describing that they do not feel confident in advising patients about BTCP management and in 77% reporting a need for more information about BTCP.

Conclusion: This survey reveals that BTCP represents an area of additional need for education in order to improve patient pain outcomes. The impact of nurse specific BTCP education have been documented as evidenced by the association of pain assessment tools and specific training in BTCP management and the confidence in advising patients about management of their BTCP episodes.

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Handedness and Pain Experience Four Years After Treatment for a Primary Breast Cancer Among Young Women (ELLIPSE 40 Cohort)

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Background: Pain is one of the most important effects of cancer treatment that dramatically affects Quality of Life and professional re-integration of survivors. However, during cancer survivors follow-up physicians tended to underestimate the somatic morbidity factors generating and maintaining pain, but often overestimated the degree of psychological distress. Women with Breast Cancer (WBC) seem to be more vulnerable to pain because of the global under-treatment and under-management of pain. We assume that factors involving physical characteristics or activity such as handedness, breast plastic surgery, sport activity and hand labor could be associated with long term risk of pain experience among cancer survivors.

Methods: We performed statistical analyses to compare medical, social, physical and psychological factors on pain experience four years after diagnosis among a sample of young biopsy-proven primary WBC survivors enrolled in the ongoing cohort ELLIPSE 40. ELLIPSE 40 is a prospective

cohort implemented in 2005 in the South Eastern France district. Data were collected from periodic patient's telephone interviews including, medical physician's mailed questionnaires and National Health Insurance Fund (NHFF) databases.

Results: From July 2005 to Mars 2007, 217 agreed to participate to the survey (response rate: 73%), 11 died and 173 women were followed (4-years attrition rate: 17%). We studied pain experience of the 160 survivors (excluding 13 women with cancer recurrence or second cancer). Sixty-one women survivors (39%) felt pain in affected breast area in the two past weeks. When comparing women as regard as pain experience, psychological factors are significantly linked to recent pain experience (Quality of life measured by the Who_QoL Scale, Depression measured by the CESD Scale and religious belief). Concerning physical factors, our data shows after adjustment that breast cancer side associated to handedness remain significantly linked too women with breast tumour side of handedness (right-handed woman with right breast tumour or left-handed with left breast tumour) are more prone to declare a recent pain experience (AOR[C195%]: 2.2[1.14.6]).

Conclusions: Our results suggest that medical follow-up of Breast Cancer Survivors must take into account chronic pain as a common long term effect of treatment. Furthermore specific attention must be given to physical characteristics of women especially to handedness and initial tumour localization.

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Effectiveness of Nurse-led Telephone Follow-up (NLTfU) in Symptom Management of Patients With Colorectal Cancer Receiving Oral Chemotherapy

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Background: Oral chemotherapy is increasingly utilized due to its tolerability, convenience and cost-effectiveness. However there are legitimate concerns about the burden placed on patients in managing their treatment and its possible side effects at home. A recent RCT demonstrated that a structured Home Care Program (HCP), including home visits and weekly phone symptom assessment over 6 cycles, assisted colorectal and breast cancer patients in managing therapy side effects more effectively than standard care and reduced unplanned service utilisation. We used key elements from the RCT to develop a clinically feasible and cost effective NLTfU service, over 2 cycles, for colorectal cancer patients on Capecitabine to assess toxicity and to aid early identification of problems. The aim of this study was to assess the impact of NLTfU on symptom control.

Materials and Methods: This was a large clinical audit. Over 2 years we recruited 298 patients with colorectal cancer to a NLTfU program. This consisted of 2 phone calls during the first cycle of chemotherapy and 1 during cycle 2. A computerized proforma was completed after each call to ensure consistency of assessment and to aid data analysis. A total of 685 proforma were completed. A pooled analysis comparing NLTfU data with RCT Home Care and standard care was performed.

Results: Patients who had NLTfU experienced significantly fewer symptoms than patients who had standard care. They had less nausea (P=0.0124), vomiting (P=0.0032), oral mucositis (P=0.0039), chest pain (P=0.00005) and insomnia (P=0.0008) and this improvement was maintained over both treatment cycles for most symptoms. NLTfU was as beneficial as the HCP in regard to mucositis, vomiting and pain (P>0.05). There was a trend towards reduced fatigue, constipation and hand/foot syndrome (but not diarrhoea) in the NLTfU cohort. The HCP was superior to NLTfU and standard care in most symptom domains.

Conclusions: NLTfU enables patients to better manage chemotherapy toxicity than standard care. While the HCP is an excellent care model for patients on oral chemotherapy, there are extra costs and service implications. NLTfU is a viable alternative and is responsive to patient need and clinical resources. It is essential to provide effective support for patients who take on the onerous task of managing chemotherapy treatments at home. Further research should address NLTfU for those on combination chemotherapy.

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ORAL

Chemotherapy and Subjective Cognitive Functioning in Breast Cancer Patients

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Background: Although chemotherapy improves the clinical outcome of patients with early-stage breast cancer (BC), it is also known to have