Results: Depressive symptoms were more prevalent ($B = -0.248$, $p < 0.001$) among those factors that predicted patients' quality of life.
Conclusion: The timely identification and treatment of depressive symptoms in colorectal cancer patients would be very important for developing a strategy to manage psychological dysfunction in these patients.

4202 POSTER
Drawings as a Mirror of the Couple Relationship

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Background: Many studies show that a good relationship between a patient and his caregiver can help to improve the coping strategies that the cancer patient uses to cope with his disease and its multiple consequences (Bodenmann 2006, Kaiser, 2006).
The purpose of this research was to verify this hypothesis and subsequently to identify the factors that may be predictive of a supportive relationship, and in particular if the habit of the pair to perform tasks together and be actively involved in the path of patient care can help them to increase their cooperation and improve the patient's coping.
Materials and Methods: Our sample consisted of 50 patients undergoing chemotherapy (21 males, 29 females, mean age 55 years, range 23−74), and their caregivers (19 males, 31 females, 35 spouses, 12 children, 3 brothers or sisters, average age: 59 years, range 18−75).
To assess the tendency of each partner to consider himself as an active participant in the care of the patient we asked each couple to represent their relationship by means of a drawing, and we distinguished sketches made by one person from those made together.
In order to detect the predominant coping strategy, the Italian version of Mini-Mac (Grassi, 2005) was used.
Results: In 81% couples both partners applied themselves to achieve the same drawing (cooperative pairs), while in 19% sample one partner (in 91% cases the caregiver) expressed an attitude of complete disinterest for the task requested (non-cooperative pairs).
In 79% cooperative couples the coping strategy was combative while in the non-cooperative couples, 52% cases, a less functional coping strategy was evident.
Conclusions: Our results showed a high prevalence of combative coping in cooperative couples accentuating that cooperative couples were composed of partners who usually share the tasks assigned to them in the context of patient care.
These findings suggest that the direct involvement of the caregiver, in patient care, can help to increase the level of cooperation between the members of the dyad and hence stimulate the patient's coping strategies.

4203 POSTER
In-depth Analysis of Information Seeking Behaviors and Decision Making Process of Parents of Children With Cancer

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Background: Taking care of a child with cancer is a complex process for parents. Information seeking behaviors and decision making situations of parents are important factors for coping with problems effectively.
Purpose: This study aimed to explore information seeking behaviors, perceptions and experiences of decision making process of parents of children with cancer by employing in-depth interviews.
Methods: Qualitative research design was used to assess information seeking behaviors, perceptions and experiences of decision making process of the parents of children with cancer. In-depth interviews consisting of semi-structured five open-ended questions were applied to 15 parents of children with cancer. The interview schedule was compiled based upon review of the literature. Sessions lasting 1 approximately 1 hour were conducted in quiet and private areas and a recorder was used in order to record sessions. Interviews were transcribed verbatim.
Results: Five main issues emerged. The first issue was about information needs of the parents, the second issue was related with the sources of information. The third issue involved difficulties encountered in seeking information, the fourth issue involved decision making process and the last theme was about expectations from the health team. It was found that parents received information about their children's illness first from medical doctors and nurses. Other information resources for parents were internet, friends and parents of other children who were staying in the hospital. Parent were mostly seeking information about their child's illness, prognoses, treatment, side-effects and caring. Parents expressed that they were mostly directed by health care providers during their decision making process and they expected written information accompanying to oral information from health care providers.
Conclusion: Adequate and systematic information regarding illness, treatment, prognosis and child care given by healthcare professionals throughout the illness process is assessed to be compulsory. In addition, individual guidance and spare time are key components to help parents participating in their children's decision.

4204 POSTER
The Role of the Family in Influencing Women's Decision-making About Taking Part in Breast Cancer Clinical Trials

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Many clinical trials recruit fewer participants than the original recruitment target and so interest in patient's perspectives on trial recruitment is increasing as efforts to improve trial participation continue. Studies looking at factors that can influence cancer trial participation have raised several key issues including patient's views about the trial interventions, the extra time required to attend additional trial appointments, and fears of randomisation. However many of these used quantitative survey methods developed from health professionals' perspective with little sociological research addressing the patient's perspective.
Qualitative interviews with 9 women, 3 included their husband in the interview, were carried out, in order to discover what key factors influenced their decision. All interviews were transcribed and analysed using a grounded theory approach. By exploring women's reasons for participating or not in a breast cancer trial, this study gives some insight into the importance of the family members to the women when making what becomes a shared decision about trial participation.
The results show that the most important factor that influenced a woman's decision about trial participation was her family members' views and opinions. For some women their relatives' view of whether or not they should participate in the trial was more important than their own. Even if the view was the opposite of their own they would still accept the choice that their family member opted for. Key motivations for trial participation were altruistic and there was a belief that taking part would help future treatments, although this was balanced by the need to avoid personal harm when taking part. There was a lack of understanding relating to the trial process and participation which underpinned some of the women's decisions.
This study shows that a major factor unexposed before is the influence of family, and raises the issue of the importance of the family members in cancer trial decision-making and the need to explore this further to meet patients' needs. It seems that this has either not been prompted in the structured surveys or not raised. Indeed all the recommendations from the studies looking at barriers to participation (McDaid et al 2006) recommend more information is given to the patients, and yet information does not seem to be the requirement of the patients, but, the need to involve key people in the family in the information giving process may be useful to increase trial participation. This is moving away from physician patient shared decision-making into the social arena of the patient and their everyday life, which is where they live with their decisions, therefore involving the key family members better reflects a patients needs and women's decision making about breast cancer trials enrolment.

References

McDaid C et al 2006 Increasing participation of cancer patients in randomised controlled trials: a systematic review. Trials May 17;7:16.

4205 POSTER
Review of Relation Between Social Support Levels of Individuals Established Cancer Diagnosis and Their Reactions Against Cancer

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Purpose of research is to review the relation between social support levels of individuals established cancer diagnosis and their reactions against cancer.
Tool and Method: The research has been planned as a descriptive research. The research has been implemented in GATA Medical Oncology BD. and Hematology BD. clinic and polyclinic. In the data collection stage of the research "Reaction Manner Scale To Cancer (RMSC)" has been used to determine the reactions of individuals who were established cancer diagnosis, "Multi-Dimensional Perceived Social Support Scale (MDPSSS)"