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

F. Bettini[1], F. Petrelli[1], V. Tresoldi[1], K. Borgonovo[1], M.L. Bonetti[1], M. Ghilardi[1], M. Cremonesi[1], M. Cabiddu[1], S. Barni[1]. [1]*Azienda Ospedaliera Treviglio, Oncology, Treviglio, Italy*

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

E. Kilicarslan Toruner[1], E. Akgun Citak[2]. [1]*Gazi University, Health Sciences Faculty Nursing Department, Ankara-TR, Turkey;* [2]*Baskent University, Health Sciences Faculty Nursing and Health Services Department, Ankara-TR, Turkey*

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

E. Munro[1], S. Arber[2]. [1]*Portsmouth Hospitals NHS Trust, Research & Development, Portsmouth, United Kingdom;* [2]*University of Surrey, Sociology, Guildford, United Kingdom*

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

C. Yaranoglu[1], G. Bagcivan[2], N. Akbayrak[2]. [1]*Gülhane Military Medical Academy, Department of Medical Oncology, Ankara, Turkey;* [2]*Gülhane Military Medical Academy, School of Nursing, Ankara, Turkey*

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)"

has been used to determine the social support levels of individuals and "Data Collecting Form" has been used to determine introductory information of individuals.

Findings; Average of age of 60 patients in scope of the research is 38.08±17.12 and period of disease of them is average 32.07±53.32 months. Of the patients; 73.3% (n = 44) is male, 50% (n = 30) is married, 33.3% (n = 20) is university graduate, 66.7% (n = 40) is unemployed and 51.7% (n = 31) resides in center of city. Of the patients; 45% (n = 27) lives with their mother and father and 55% (n = 33) is not obliged to look after to anybody. Diagnosis related to 28.3% of the patients (n = 17) is "lymphoma" and 88.3 of them (n = 53) don't suffer any disease other than cancer. 86.7% of patients (n = 52) has information about their ill and 31.7% of the patients (n = 19) has been only administered chemotherapy treatment. Total point average concerning Perceived Social Support Scale of patients is 66.82±13.14 and the most perceived social support is support arising from family (24.60±4.35). Also patients have social supports "arising from their friends" (21.20±6.02) and "arising from a special person" (21.02±5.65).

In RMSC subgroups of patients; point average of "combatant spirit" is 47.81±7.33, point average of "helplessness/hopelessness" is 12.60±4.09, point average of "anxious wait" is 24.55±4.32 and point average of "fatalism" is 19.45±4.93. A meaningful and positive relation has been found between social support point averages and combatant spirit reaction of patients (r= 328, p = 0.010). There is no a meaningful relation between social support levels of patients and their reactions against cancer (p > 0.05).

Conclusion: High level of point obtained from MDPSSS shows that social support perceived by patients is height. According to results in our workings social support levels perceived by our patients has been found in high level. High level of social support perceived by patients has been considered as a positive result. High level of point average of "combatant spirit", one of reactions of patients against cancer, evaluated as a positive reaction is a positive result for us. Only point average of anxious wait which has been evaluated as adversely has been found in high level. If negative points in RMSC is high this result has been accepted as an indicator that patients needs to support. It is suggested that perturbational situations for the patients should be considered and the patients should be supported in this direction.

4206 POSTER

Unravelling Diagnostic Delay of Hodgkin Lymphoma in the Teenage and Young Adult Population – a Substantive Investigation

S. Smith[1]. [1]*The Christie, Young Oncology Unit, Manchester, United Kingdom*

Background: Hodgkin Lymphoma is the most common cancer observed in the Teenage and Young Adult (TYA) population. Detection at an early stage is likely to be the most effective means of improving survival and the overall patient experience of the cancer pathway. Hodgkin Lymphoma presents with common, recognizable symptoms, yet this disease incurs one of the longest Primary Care delays and the longest patient delay of all tumour types from the first onset of symptoms. Patients therefore may present with more advanced disease. This study aimed to identify: What are the contributory factors in the overall diagnostic delay in teenagers with Hodgkin Lymphoma and what factors influence decisions in the TYA population to seek help from healthcare professionals from the first recognition of symptoms?

Methods: The literature on factors associated with overall delay in Hodgkin Lymphoma diagnosis, with particular focus on patient delay was searched using a systematic approach. A total of thirty nine studies met the inclusion criteria for the review. In these studies delay in diagnosis was associated with both Primary Care and patient delay. Factors associated with patient delay were further analyzed.

Results: Identified themes associated with patient delay in the teenage population included: identity of symptoms; influence of others; gender; fear; and barriers to primary care. The most significant cause of patient delay in the Teenage and Young Adult population was the failure to recognise classic Hodgkin Lymphoma symptoms or ability to distinguish them from more common illnesses.

Conclusion: Raising awareness of the signs and symptoms of cancer is an urgent priority in this age group. Previous health campaigns in the adult population, using a social marketing approach have been successful in influencing early help-seeking behaviour in cancer patients. Awareness and education in the common symptoms of Hodgkin Lymphoma should be a priority in this age group. Education within schools may equip and empower future generations of young people to seek early help from the first onset of symptoms.

4207 POSTER

Women's Body Perceptions and Self-Esteem Before and After Hysterectomy Due to Gynecological Cancer

I. Aydin Avci[1], B. Altinel[1], I. Gunestas[1]. [1]*Ondokuz Mayis University, Health School, Samsun, Turkey*

Background: Hysterectomy is a major operation in women's lives. Hysterectomy may cause women to experience severe problems with body image, self-esteem and sexual identity. This study was examined body perception, self-esteem and perception of sexual identity in women with gynecological cancer undergoing hysterectomy in the pre- and post-operative period.

Method: A comparative, descriptive and qualitative design was used in this study. The research was carried out between 01.09.2010 and 15.04.2011 at Ondokuz Mayis University, Department of Obstetrics. The study included 79 women diagnosed with gynecological cancer (endometrial, cervix, over cancer) and consequently undergoing hysterectomy.

Inclusion criteria: women undergoing hysterectomy because of gynecologic cancer; no metastasis; able to communicate; literate; no psychiatric medical history; voluntary participation. Data were collected using Coopersmith Self-Esteem Scale (CSES) and Body Cathexis Scale (BCS). The data were collected in three stages:

Stage 1: first set of data collected one day before surgery.
Stage 2: second set of data collected a week after surgery.
Stage 3: last set of data collected 3 months after surgery.

Written consent was obtained from the institution before data collection. Furthermore, the patients were informed about the purpose of the research. The participants were assured of their right to refuse to participate or to withdraw from the study at any stage. The SPSS 13.0 statistical package for Windows was used for statistical analyses. Descriptive statistics, correlations, and paired t test were used for data analysis.

Results: Average age of the women was 49.8±9.7 years. BCS score of the patients was 58.7±9.6 before surgery; 56.6±10.2 one week after surgery; and 49.9±10.3 3 months after surgery. The change between measurements was statistically significant (t = 10.016, p = 0.000). CSES score of the patients was 65.8±13.1 before surgery; 65.5±14.1 one week after surgery; and 60.6±16.0 3 months after surgery. The change between measurements was statistically significant (t = 3.461, p = 0.001).

Conclusion: In this study, it was found that women's self-esteem and body perception declined after hysterectomy due to gynacological cancer.

4208 POSTER

Nursing Experiences With Supportive Counseling

I.R. Juhl[1], E.M. Bundgaard[1], M. Rosén[1]. [1]*Odense University Hospital, Department of Gynaecology, Odense C, Denmark*

Background: The KRIPP project (Involvement of patients' and relatives in the course of cancer with a special focus on rehabilitation and the life with cancer), assesses the experience of patients and their relatives in relation to their disease in a number of ways. One of these is the experiences with supportive nurse counseling.

Three nurses have been giving supporting conversations to gynecology cancer patients as a part of a sub-project in the Gynaecological department. The experiences of the nurses are described in this paper.

The goal for the counseling was to provide additional support to the patient and a chosen relative after surgery for gynecological cancer.

Method: The project began January 2010 and ended March 2011. The participating nurses were chosen by our staff manager. To standardize the interviewing session, an interview guide was used. All three nurses were experienced with the surgical treatment of gynecological cancer patients. The first counseling session was implemented prior to surgery, the second after two weeks, and the third after six weeks. The patient chose a relative they wanted to include in the counseling session.

Results: 17 patients and their relatives participated in this project. All of them participated in 3 supportive counselling sessions. The questions varied from patient to patient in order and priority. However, all questions from the guide were included.

Conclusion: The patients and their relatives found the counseling to be a positive experience. They expressed thoughts, feelings, and problems, which are normally not revealed. As a general rule, it would improve the treatment to be able to offer this nurse-counseling two weeks after surgery. It was difficult to find the time for the counseling sessions during the normal work day.