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.