

hospitals and 1 university hospital) where their effective programs they practice. The scope of the study included 97 midwives/nurses who had been working as caregivers of gynecologic oncology patients in this unit at least for 6 months and who participated in this study voluntarily; 87 people composed the sampling because of the absence of nurses who were on vacation or on sick leave when the data were collected and who didn't want to participate in the study. The data were formed by descriptive information form and by the researchers and then collected via "Forms to Determine the Efficiency of Flow Charts". Before data collection process, the risks related to gynecologic oncology problems were identified, the literature scanning was made to search the existence of flow charts based on the practices and the discovered charts were reviewed so the efforts to create a flow chart began. As a result of the evaluations, it was decided to create 15 flow charts intended for risks, symptoms, operation processes and discharge. Questionnaires to determine the activity were applied to participants before and after the practice.

Results: As a result of the study, it was determined that the efficiency of the flow charts increased significantly ($p < 0.01$) after the practice of the participants and there wasn't a significant relationship ($p > 0.01$) between the age group, education level, occupational period in this job and in the gynecologic oncology field and their evaluations of the practice before and after it was applied.

Conclusion: The results of the study revealed that participants who worked in the nursing staff; who worked in university and private hospitals and who supported the existence of a flow chart in the field evaluated the flow charts positively.

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POSTER

Evaluation of a Trichometer to Quantify the Prevention of Hair Loss by Scalp Cooling During Chemotherapy

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Background: Alopecia is a distressing and common side effect of chemotherapy. Scalp cooling during chemotherapy may be a safe and effective method of preventing hair loss in medical oncology. Results vary and depend on many factors, such as type and dose of chemotherapy. Since there is a need for objective grading systems for alopecia, we have investigated the use of a trichometer to quantify hair loss.

Material and Methods: The trichometer (Hair check[®]) is a device that measures the quantity of hair (the product of number of hairs and their diameters) in a defined area of the scalp. The range of normal values when measuring fine to coarse hair with a trichometer is 75–100 Hair Mass Index (HMI). Patients with early breast cancer were treated at the Medical Centre Alkmaar with six cycles of adjuvant FEC chemotherapy (5-fluorouracil 500 mg/m², epirubicin 100 mg/m², cyclophosphamide 500 mg/m²) in combination with scalp cooling using the Paxman[®] PSC1 system. After informed consent, hair quantity was measured at the temporal area with a trichometer before each chemotherapy cycle.

Results: Since July 2010, 14 patients have been examined in this pilot study. The mean HMI before and after six cycles of chemotherapy was 63 (range:32–92) and 37 (range 29–45), respectively. Hair mass declined after each cycle of chemotherapy (mean values: 13 HMI after cycle 1, 11 HMI after cycle 2, 4 HMI after cycle 3–6). Due to unacceptable hair loss five patients stopped scalp cooling after the first cycle of chemotherapy and one after three cycles.

Conclusions: In patients treated with adjuvant FEC chemotherapy and scalp cooling, most hair loss is seen after the first two cycles. After that, only slight hair loss occurs. This study will be continued to collect information to optimise the scalp cooling protocol and improve outcome in preventing alopecia. Updated data will be presented during the ECCO conference.

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POSTER

Educating Nurses for Provision of Care to Cancer Patients Outside of Cancer Centre

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Background: Institute of Oncology Ljubljana is the only cancer centre in Slovenia. It provides cancer care services on the secondary and tertiary level. As cancer care is becoming more complex with increasing complexity of cancer treatment delivery, throughput of patients is higher every year, bed stays are short, the use of ambulatory care and oral medication is increasing, it is not possible to offer integrated cancer care to all patients at the only oncology centre in Slovenia. Current situation has shifted care

from cancer centre to general hospitals and home and created the need for widening cancer knowledge to nurses working at secondary (general hospitals) and primary (nurses working with general practitioners and community nurses) level of healthcare system.

Material and Methods: Much of the cancer nursing provision is cancer centre based, however clearly much of the care is now being provided in general hospital and in community and general health care settings. The need to up skill nurses working in those settings became one of our priorities. In the last two years we performed a number of educational programs tailored to the specific knowledge needs of nurses caring for cancer patients outside of our cancer centre. Contents of the educational programs included currently most relevant topics in cancer nursing. Delivery of knowledge and skills was provided in different mode from day seminars and workshops to extensive and intensive training.

Results: In 2009 and 2010 a number of educational programs were performed for nurses from different levels of healthcare system.

Content	Mode of education	No of nurses from cancer centre	No of nurses from tertiary and secondary level	No of nurses from primary level	No of nurses from other institutions
Care of cancer patients on oral systemic treatment	One day seminar	130	13	18	6
Care of cancer patients on systemic treatment	One day seminar and workshops	54	19	3	7
Care of cancer patients on systemic treatment – specialist nursing training	4 to 12 weeks training, duration dependent on previous experiences in cancer nursing	/	4	/	/
Caring for cancer patient with vascular access port	Workshop	/	58	37	4
Wound management in cancer care	One day seminar	53	8	26	11

Conclusions: Education is clearly an important tool for up skill of nurses for provision of care to cancer patients outside of cancer centre. Education not only improves care, but can enhance patient outcomes. Evidence is limited as to whether current educational provision is fit for purpose in meeting care demands. In future process and outcome evaluation of performed education will also be required.

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POSTER

Evaluation of the Clinical Nurse Specialist Input Into the Breast Reconstruction Pathway at Guys & St Thomas' Hospital Foundation Trust (GSTT): Addressing the Unmet Support Needs of Patients Undergoing Breast Reconstruction

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Background: Between April 2010 and April 2011, 250 patients underwent breast reconstruction at GSTT – A London cancer treatment centre. All patients diagnosed with breast cancer are offered immediate reconstruction at the time of initial surgery.

It is acknowledged that women considering reconstruction have unmet emotional & physical needs as well as important goals and concerns that can affect their decisions about an experience of reconstruction. In particular, some breast cancer patients have unmet needs and are unprepared for the full effect of surgery on their lives & for the recovery process (Lee et al, 2010). The literature highlights the importance of being offered good information & support from the clinical nurse specialist at all stages of the reconstruction pathway (Ganz et al 1992, The National mastectomy & breast reconstruction audit, 2011).

Materials and Methods: Both informal and formal patient feedback highlighted patients feeling isolated and unsupported following breast reconstruction. This led us to review the current patient pathway and CNS input at the reconstruction stage of the patient experience. Gaps in the service were highlighted which enabled us to define a very patient focused pathway whereby patients are supported at key points in the pathway by the CNS to assist with decision making and support needs following surgery.

Result: Following review of the service, a structured nurse led pre assessment clinic has been set up with input from other allied health professionals to address the specific needs of a patient having immediate breast reconstruction.