SCNT were selected as the most appropriate for use with people with LC based on their psychometric properties, comprehensiveness and length. In addition, tool representativeness was informed by the results of a systematic review conducted to identify supportive care needs of people with LC. The tools were selected to cover the following domains: physical, daily living, psychological/emotional, spiritual/existential, health system/ information, practical, social/family-related, and cognitive needs. Finally, the tools were introduced to LCNS and patient focus groups for further evaluation of practical appropriateness.

Conclusions: Combining information from three different sources, i.e. systematic literature review, consultation with health professionals and patients with LC, is a promising approach in the selection of the most appropriate SCNT for use in patients with LC.

4233 POSTER

End of Treatment Consultation Evaluation

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Introduction and Aims: There is growing evidence that current follow up arrangements in England are not meeting patients needs (National Cancer Survivorship Initiative, 2010). In order to improve the support offered to women with breast cancer we set up an 'End of treatment Clinic' (EoTC). A 45 minute appointment with a specialist breast care nurses offered to breast cancer patients 4−6 weeks post chemotherapy treatment. During the appointment the nurses undertake a holistic assessment of physical, psychological, informational and social needs. If unmet needs are identified onward referrals are made, including to specialist survivorships services offered by the Trust. We undertook assessed a small feasibility evaluation using a qualitative methodology to explore the acceptability and demand for the clinic.

Method: Semi-structured interviews were conducted with 13 EOTC attendees to explore their experiences of attending and ways that the service could be improve All interviews were audio recorded, transcribed and analysed using Framework Analysis (Richie & Spencer, 1994).

Results: Interviewees were very positive about holistic needs assessment, whilst also praising the individualised assessments they received. Rapport with nurses and reassurance as a result of the consultation were greatly valued. Concerns post treatment included fear of recurrence and body image. Continuity of care was appreciated. The consultations also improved patient efficacy, resulting in better understanding of cancer treatments. Management and care plans, devised for the patient as a result of the consultation were considered valuable; especially for achieving future health related goals (e.g. weight loss).

Conclusion: Interviewees who received the EOTC found it acceptable and reported being satisfied with their care. The management and care plan was useful for self caring. The EOTC did appear to meet patient's unmet need for information, support, reassurance and navigation of the health care system. Overall, feedback from patients deemed the EOTC a success. Future plans are to develop similar consultations for other tumour groups.

4234 POSTER

Prediction of Survival of Terminal Ill Cancer Patients − Use of PaP Score by Nurses

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Background: The accurate prediction of survival of terminal ill cancer patients is a key factor for planning end of life quality care. The Palliative Prognostic Score (PaP Score) is a multidimensional instrument able to classify patients with advanced cancer in three groups according to their probability of survival: A (with 30-day survival probability more of 70%, mean survival 64 days), B (probability between 30 and 70%, mean survival 32 days) and C (probability less of 30%, mean survival 11 days). The PaP Score has been validated as used by clinicians. The aim of this study was to assess the accuracy of PaP Score by nurses with different experience and education.

Material and Method: Forty patients with advanced cancer and poor prognosis admitted in the hospital were classified using the PaP Score. Each patient was assessed independently by nurses of two different groups: group 1 included experienced nurses (with a Master in Oncology Nursing and at least 5 years of professional experience in cancer care), group 2 included "not experienced" nurses (without Master in Oncology and with less than one year in cancer care). The actual survival of each patient was then compared to the clinical judgment made by nurses of the two groups. Mc Nemar's test was used to determine the homogeneity of data of different raters. Survival curves were represented through Kaplan Meier method to analyze survival and hazard ratios were measured with Cox multivariate regression analysis.

Results: The assessments of experienced nurses resulted always correct compared to the range established by PaP Score for patients assigned to all groups: A, B or C. The not experienced nurses did not identify a correct distinction between patients belonging to group A and B (some patients assigned to group A were dead before those assigned to group B). All nurses made correct assessments for patients with the worst prognosis and assigned them to group C (Table 1).

Table 1. PaP Score assessments and survival

Raters	PaP score groups	Observation time (days)	Incidence of events (n/1000)	No. of patients	Median survival (days)
Group 1	A	993	5	24	45
	B	263	19	8	34 (20−45)
	C	146	48	8	12 (8−22)
Group 2	A	506	4	12	45
	B	748	11	20	45 (26−45)
	C	148	47	8	12 (8−24)

Conclusions: The PaP Score should be used only by nurses with a Master in Oncology Nursing and at least five years of professional experience in cancer care. More research is needed to reinforce these results and validate PaP Score use by nurses.

4235 POSTER

Transitions in Care During a Palliative Care Program: Distribution and Associated Factors

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Background: Despite treatment advances, approximately 50% of all cancer patients die from they disease, many of them live the last part of their lives with burdensome consequences. Palliative care was developed to allow patients to live better with their disease. Patients with advances illnesses often experienced numerous setting transitions over the course of their inevitable decline. A potential risk of these transitions is discontinuity of delivered care. For patients facing death, transitions in the location of care and in who provides care could be traumatic. The National Institute for Clinical Excellence's guidance on Palliative Care (NICE 2004) recommends promoting mechanisms to enhance continuity of care in order to provide quality care. To our knowledge, there is a total lack of studies describing the care transitions in Italy. This study aimed to describe the distribution and associated factors of transitions experienced by patients after their enrolment in a palliative care program.

Material and Methods: We recruited all adult patients admitted, from 2006 to 2010, in one of the most important palliative care service in Rome (ANTEA). The ANTEA service incorporates: telemedicine centre, home service, day hospice, in-patient care unit. The data were extracted from ANTEA database that provides both individual and transition information as follow: *individual*- gender, date of birth, date of death, diagnosis, location of death, Karnofsky index, source of request, survival rate; *transition*-date, location (care changing from/to), length of each transition. We used descriptive statistics and logistic/multivariate regression to analyze respectively patients' characteristics and transition-associated factors. The transitions are defined as: a change either of a care location or of the care provider within ANTEA service, or of service different from ANTEA.

Results: Over the past five years, 8000 adults were admitted to the ANTEA and had died before December 31, 2010. Overall, 20% experienced at least one transition. There was a prevalence of cancer patients with a survival time ranging from 1 to 120 days. Further analyses are under way.

Conclusion: Results from this study will improve understanding on transition phenomena and facilitate care continuity by promoting clinical interventions able to reduce unnecessary transitions. Further investigation could be necessary to understand the impact of transitions on patients' and caregivers' experiences.