4240 POSTER

Self-reported Symptoms of Hellenic Cancer Patients During the Dying Process − Our First Year Experience in “Galilee”

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Background: Since 1st March 2010 “Galilee”, the first palliative home care unit in Hellas has been caring for patients with advanced cancer, enabling them to die at home, if they wished. This study presents prevalent reported symptoms of patients been cared in the last period of their life.

Material and Methods: 23 cancer patients who were cared for until their death, by “Galilee” Palliative Home Care Unit, during the first year of the pilot unit’s operation were retrospectively studied. Data collection included patients’ demographic and clinical characteristics, their performance status measured by ECOG scale (0−4) and symptom severity assessment by Edmonton Symptom Assessment System Revised (ESAS-r), a series of nine visual analogue scales (0−10). Symptoms were evaluated at the time of referral to the service (T_0), and at the last report before death (T_1).

Results: The majority of participants were female (60.9%) with a mean age 64.5 years and a poor mean performance status (3.39). Genital cancer was the most prevalent diagnosis (26.1%), followed by breast cancer (17.4%). About one third of patients received simultaneous aggressive treatment. The mean length of palliative home care was 78.87 days. The majority of patients died at home (65.2%). Their primary care giver was mainly the wife/husband (39.1%) or daughter (26.1%). Symptoms that scored >5 by the patients at their referral to the unit were depression ($\text{mean}_{(T0)} = 5.84$), anxiety ($\text{mean}_{(T0)} = 5.60$) and lack of appetite ($\text{mean}_{(T0)} = 5.32$). Depression ($\text{mean}_{(T1)} = 5.46$) and anxiety ($\text{mean}_{(T1)} = 5.38$) followed by tiredness ($\text{mean}_{(T1)} = 5.14$) were still the main prevalent symptoms at the last measurement before patients’ death. Contrary, nausea ($\text{mean}_{(T0)} = 0.85$, $\text{mean}_{(T1)} = 0.93$), and drowsiness ($\text{mean}_{T0)} = 1.90$, $\text{mean}_{(T1)} = 1.54$) were reported as the least prevalent symptoms. Although there was an improvement in all symptoms’ evaluations between the two measurements, except tiredness and nausea, there was no statistically significant difference ($p > 0.050$). None of patients’ demographic and clinical characteristics, nor symptoms evaluations was associated with the place of death ($p > 0.050$), except for depression and performance status. Patients who died at home reported less depression ($p = 0.014$) and had a worse performance status ($p = 0.047$) than those who died at hospital.

Conclusion: Despite the small study sample these preliminary findings reveal that psychological symptoms play a significant role during the dying process. Further research is needed to better establish patients’ symptoms management by the palliative home care unit.

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Efficacy of Relaxation Training Module for Health Care Professionals in Oncology?

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Burn out syndrome has been identified in many health professionals that work with cancer patients. Between September 2009 and December 2010, 2 physiotherapist and 29 nurses participated to five sessions of relaxation training groups and experienced autogenic training and guided imagery. We wanted to asses the prevalence of burn out syndrome and to compare the psychological distress and well-being level, before and after the training using two specific instruments. The results showed that nobody experienced burn out syndrome and in only two subjects we found statistically significant variations before and after the group, in two subscales “Positivity and Wellness” and “Vitality”. The majority of participants referred that sharing emotions, thoughts in the group is a positive factor against loneliness and stress. The awareness to the psycho-physical tensions was considered by all participants as a positive strategy to manage better stress and to protect themselves from stress.

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Optimal Pre-infusion Cooling Time in Patients Treated With Chemotherapy and Scalp Cooling

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Background: Scalp cooling can be a safe and effective method of preventing chemotherapy-induced alopecia in medical oncology. Results vary and depend on many factors, such as type and dose of chemotherapy and cooling times before and after infusion of chemotherapy. To define the optimal pre-infusion cooling time we have measured scalp skin temperature during scalp cooling.

Material and Methods: Patients with early breast cancer were treated at the Medical Centre Alkmaar with adjuvant FEC chemotherapy (5-fluorouracil 500 mg/m^2, epirubicin 100 mg/m^2, cyclophosphamide 500 mg/m^2) in combination with scalp cooling using the Paxman® PSC1 system. After informed consent, scalp temperature was measured with thermocouples fixed at the skin of the temporal area during each chemotherapy cycle. Scalp cooling can be started with a pre-cooled or a non-pre-cooled cap. In this study temperature measurements started when the non pre-cooled cap was carefully attached.

Results: Since July 2010, 14 patients have been examined in this pilot study. The mean scalp skin temperature at the start of scalp cooling was 33ºC. After 10, 20 and 30 minutes of scalp cooling, the mean temperature decreased to 22, 20 and 19ºC, respectively. After 45 minutes a constant scalp skin temperature of 18ºC (range 13−25ºC) was reached, throughout the total cooling period of 180 minutes.

Conclusions: In patients treated with scalp cooling using the Paxman® PSC1 system, scalp temperature reaches a constant level after 45 minutes. As no further reduction in temperature occurs, a pre-infusion cooling time of 45 minutes seems optimal if a non pre-cooled cap is used.

4243 POSTER

Care the Patient With Tracheostomy: Nurse’s Experience

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Background: Patients with laryngeal cancer experience significant change in body image especially after surgical treatment with total laryngectomy and tracheostomy construction. The loss of the voice, the change in physical appearance and limitations in functioning present after such an intervention are perceived as a threat to self-image, self-identity, way of living and relating with others”, (Dias; Duque e Silva; 2002). Those changes have a significant impact on the quality of life and on the self-concept and urge for nurses’ intervention.

The nurse has to deal with own feelings regarding the changes in the body image of those patients and to develop strategies in order to be able to care for them. It is important to be conscious about the own feelings and reactions in order to be prepared to care for those patients and to be able to promote their rehabilitation.

The goals of this study were to know the nurses feelings and the coping strategies that can be used to deal with the difficulties when caring the patient with tracheostomy after total laryngectomy.

Methodology: The approach in this research is qualitative and exploratory. Data were collected through direct observation and field notes. To achieve the goals three moments of nursing intervention were chosen:

1. The patient was unable to express himself in an understandable way in the immediate post surgical period;
2. The patient saw himself on a mirror for the first time and confronted his new image;
3. The patient takes care for his tracheostomy the first time.

The participants were seven male patients from 47 to 86 years old; two were less then 60 years of age.

Results: A variety of feelings emerged in the three moments. Some were perceived as negative (shame of not being able to understand the patient, nervousness, fear, anguish . . .) which had as immediate consequences (disponibility, silence, change of subject . . .). The use of strategies was felt as positive (asking till understanding is achieved, validation, positive reinforcement, motivation to reflection . . .). The most common difficulty was to deal with the silence.

Conclusion: It is urgent to reflect about those results in order to develop best strategies to promote quality nursing care. The study raises questions about the benefits of emotional support for nurses caring for those patients. Other studies about the subject are needed.

4244 POSTER

What Motivates Nurses to Work in Oncology Wards?

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Nurses satisfaction at workplace is an important outcome, not only for themselves but also for the patients and for the entire multidisciplinary team which provides health care. Only by increasing the nurses satisfaction degree may be possible to achieve better quality in nursing care.

There are several theories about motivation in the workplace, some sharing the same similar basic characteristics. Despite their differences on specific aspects, they all coincide in some fundamental ideas, especially in their recognition that the world moves towards a more personal administrative line, which recognizes in human being, by both nature and vocation, the capacity to grow and achieve itself through work.

With this study we attempted to analyze the factors which promote motivation/satisfaction for nurses of the General Surgery Department and the Medical Oncology Department, at the Portuguese Institute of Oncology (IPO), in Lisbon.

Since the objective is to recognize what factors of motivation/satisfaction were identified by the nurses from the General Surgery Department and Medical Oncology Department, we chose to undertake a qualitative, analytic, exploratory, descriptive and transversal study. The data collection instrument used was a questionnaire, with further reflection and analysis of the given answers in order to collect the advantages and information of their content, both subjective and qualitative.

Conclusion: The factors of their motivation/satisfaction are related to the quality of their interpersonal relationships, to the degree of enthusiasm of their daily activities, not forgetting the high degree of responsibility they're given, which leads to a deepening of their knowledge and constant intellectual challenge. Also, the recognition of the usefulness and value of their work, both by patients and family, and by peer leadership is extremely important. Finally, the overall competence of their management and organization and their own work schedule contributes to a higher sense of motivation.

Organizations should motivate their employees, examining their policies about the following aspects: working conditions and comfort; hierarchical interpersonal relationships; technical expertise of managers; wages and job security. The establishment of goals and the increase in personal responsibility, along with a bigger number of challenges, should also contribute to the general sense of satisfaction at the nursing workplace.

4245 POSTER

Cooling of the Scalp to Prevent Anticancer Chemotherapy-induced Alopecia

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Background: Hair loss is a common, unavoidable side effect of chemotherapy. This work was performed to evaluate the role of scalp cooling in reducing anthracycline- and taxanes-induced hair loss and its impact on Quality of life (QOL).

Methods: There were 20 females with breast cancer enrolled into the study. Patients received anthracycline-containing regimes (n = 5, group 1), taxane-containing regimes (n = 8, group 2) and the combination of taxanes and anthracyclines (n = 7, group 3), on 1st line of chemotherapy. As the cooling system DigniCap™ was used. Cap was cooled to 5.5°C. The cap had been applied 25 min. before, during chemotherapy and 2.5 h after infusion. In group 1 the total procedure time averaged 4 h, in 2 group − 6 h and in 3 group − 8 h. The criteria of portability: the evaluation was conducted on 5-point (p.) scale, 5 points − the absence of discomfort, 4 − low degree of discomfort, 3 − average, 2 − high, 1 − refusal of the procedure. Evaluation was performed every 2 cycles of chemotherapy.

Results: the total number of chemotherapy cycles was 58. In the 1th group, the use of the cooling cap completely prevented the development of alopecia (100%), tolerability of cooling before chemotherapy was an average of 4.5 p., during chemotherapy − 5 p., after infusion − 5 p. There are 4 patients had no signs of alopecia in the 2d group, the remaining 4 patients noted only grade I (CTCAE v3.0) alopecia (50%), tolerability of cooling before chemotherapy was an average of 4 p., during chemotherapy − 4.5 p., after infusion − 4.5 p. There are 2 patients had no signs of alopecia (29%) in the 3d group, and 5 patients had grade I (CTCAE v3.0) alopecia (71%), tolerability of cooling before chemotherapy an average of 4 point, during chemotherapy − 4.5 points, after infusion − 4 points. There were no patients with total alopecia. Thus, the use of cooling cap prevented alopecia in 55% of patients, and they did not need to wear a wig. Side effects and discomfort of cooling, associated with the use of cold cap, were not registered.

Conclusions: Using of the cold cap can effectively prevent alopecia during chemotherapy.

4246 POSTER

Status Report on Supportive Care in Breast Cancer Patients

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Issues: Social stigma, Fatigue, sexual dysfunction, Sleeplessness, depression, pain commonly seen in Breast-cancer-sufferers. Palliative inaccessible in rural/tribal areas. Hence our NGO nurses took initiatives to help alleviate suffering of women with Breast cancer since October 2005.

Objective: Around 53 women die each year from breast cancer. Of these statistically over 90% express sexual-dysfunction, 68% experience unbearable-pain; 70% suffer social neglect/humiliation 64% had depression. Importance of spirituality/religion in coping with terminal-illness is increasingly recognized Hence Our NGO-nurses involved community-leaders to make more women involved in our spiritual healing sessions.

Methods: We surveyed 84 women suffering from breast-cancer through QOL-questionnaires. After 22 weeks therapy with psychosocial support. Counseling & palliative care with anti-depressants/pain-killers/nutrition, QOL improved to statistically significant level. Requirement of palliative care evaluated using methodology suggested by Oncologists. Traditional faith-healers involved for more psychological impact on patients community. Community leaders involved to reduce social stigma/discrimination among community.

Results: Our NGO-nurses that 20 specialist palliative care beds required for our Rural/tribal population of 6,000,000. 64% women expressed that religious/community support/faith was most important factor that helped them to cope with breast-cancer. higher scores of QOL (ANOVA $p < 0.001$) correlated with lack of sexual dysfunction/pain. Our NGO-initiative suggests that over 70% patients will need well trained specialist for home-based-care unit.

Conclusions: Life-span/QOL of breast cancer-sufferers depends on social acceptance & appropriate-palliative-care. NGO-personals should be trained in Palliative-care-services. Field of Spiritual/psycho-social/community support is fertile ground for further investigations. We need focused platform like ECCO-ESMO-2011 to discuss our project ideas/concerns/difficulties with senior researchers.

Poster Presentations
Nursing Oncology − Survivorship and Rehabilitation

4247 POSTER

What Do Patients Think About Telephone Aftercare?

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Background: The National Cancer Survivorship Initiative Vision in the UK calls for a shift from the traditional medical model of hospital follow-up for people with cancer to developing alternative strategies that demonstrate real patient benefit and promote self management. Telephone aftercare is one such alternative approach. We have conducted randomised controlled trials (RCT) to demonstrate that telephone aftercare by specialist nurses is beneficial in breast and colorectal cancer, shifting the focus from searching for signs of recurrent disease to meeting the information and support needs of patients using a structured telephone intervention. While RCTs provide evidence of effectiveness, integrating qualitative research into RCTs allows in-depth analysis of how complex interventions work and the perceived impact.

Methods: This paper present findings from two qualitative studies run alongside RCTs that aimed to examine patient and specialist nurse views on which aspects of telephone aftercare were beneficial and which aspects were unhelpful. Interviews were conducted with 28 patients with breast cancer, 26 patients with colorectal cancer and five specialist nurses; all had either received or delivered telephone aftercare. Content analysis was used to analyse interview data.

Results: All patients found telephone aftercare to be a positive experience, comparing favourably with hospital follow-up. The structured intervention was well received and patients felt confident that all relevant questions had been asked and answered and nothing had been “missed”. Patients reported telephone aftercare as convenient, economical and more “normal” than attending hospital outpatient clinics, providing continuity of care and carer. Specialist nurses reported the high level of skill, knowledge and confidence required to deliver the intervention. Specialist nurses perceived that, unlike hospital outpatient care, telephone aftercare met individual needs and prepared patients for discharge back to the care of general practitioners.

Conclusions: The addition of qualitative methods to RCT’s of complex interventions advances our understanding of how interventions work. Important information was gained on which aspects of the intervention were valued, complementing studies aimed to demonstrate effectiveness of the intervention. We gained useful insights into how the intervention could be implemented into everyday clinical practice.