4248 POSTER

General Health, Functional Status and Symptom Experience in Patients 16−17 Years After Allogeneic Stem Cell Transplantation

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Background: In a stem-cell transplantation (SCT) patients are treated with high-dose chemotherapy and sometimes in combination with full-body radiation that gives side effect that are well documented. With improved survival post-SCT more knowledge about the quality of survivorship is needed. Research about long-term survivor still focuses on patients less than 5 years post-SCT. This long-term follow-up study aim to describe general health, functional status and symptom experience in a group of adult survivors 16−17 years after ASCT and to compare these data with the patients reported data from 1997.

Patients and Methods: 15 patients (11 men and 4 women) with a median time of 16 (16−17) years post-SCT were included in the study. Median age at the time for SCT was 34 (19−58) years. Diagnosis were CML (n = 7), AML (n = 6), ALL (n = 2). The Sickness Impact Profile, the Symptom Frequency Intensity and Distress Scale- SCT and were used to collect self-reported data.

Results: The majority (11/15) of the patients reported a Quite good or excellent general health. One third (5/15) of the patients reported a clinically significant impaired functional status and six patients reported more than 10 ongoing symptoms 16−17 years post SCT. Tiredness were reported by all patients and was together with Loss of hair, Depression, Sleep problems, Vision problems and Anxiety reported as the six most intense symptoms. Tiredness, Depression and Anxiety were reported by 4 patients as having quite a lot or high impact on their daily life. No significant differences were found between the data reported by the patients in 2010 as compared to 1997.

Conclusion: This study, although limited due to small number of included patients, shows that clinically significant number of surviving patients still, after more than 15 years, have symptoms that decrease their ability to function in their daily lives. The symptoms are well-known but how to prevent, alleviate or treat them need to be further studied.

4249 POSTER

Shifting Realities: a Systematic Review and Meta-synthesis of the Qualitative Evidence on Cancer and Employment

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Background: For most cancer survivors, work is an important source of financial security. The structure and social support that it provides can also be critical to recovery, as it enables people to regain a sense of normality and self-identity. Growing evidence suggests, however, that survivors experience a range of disadvantages and difficulties in the workplace. Unfortunately, work-related advice and support from clinicians and employers is often limited, and few methodologically sound interventions exist. The development of interventions requires a detailed understanding of the social, clinical and work-related factors influencing patients' workplace related experiences and behaviours. Qualitative studies provide such understanding, but are often limited by their small scale and narrow context. This meta-synthesis aimed to systematically review and synthesise findings from qualitative studies of employment and cancer.

Materials and Methods: Seven databases were searched for qualitative studies on cancer and employment. Key authors and major cancer charities were contacted. Full texts of included papers were appraised for quality. Themes and definitions were analysed qualitatively for meaning and relevance, using the meta-synthesis process advocated by Noblit and Hare (1988).

Results: 13,233 papers were identified, of which 24 studies were included in the final review. This paper presents the findings of this review, illustrating the complex factors which influence attitudes, experiences and strategies used by cancer survivors in relation to work. These findings have been used to generate a new conceptual model which expresses the impact of cancer on the self and on the broader context of the individual's working life. This context consists of the situational and interpersonal features of employment, the associated demands of other roles and responsibilities, environmental issues such as financial security, and the physical ability of the body. The individual reacts and responds to changes in context induced by the cancer in terms of actions, emotions, and perceptions; and consequently the meaning and value of work and self-identity of the patient may undergo shifts and transformations.

Conclusion: By synthesizing the qualitative literature we have a produced a holistic model which represents the core features of survivors' experiences of working life after a diagnosis of cancer. This model can be used as a basis for future interventions.

4250 POSTER

The Role of a 3 Month Intervention Program on the Professional Reintegration of Cancer Survivors: a Pilot Study

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Background: Most cancer survivors are able to return to work after ending their multimodality treatment. However, due to physical and psychological impediments, there is a group of patients (pts) who will experience a delay in work resumption. One of the goals of the rehabilitation is to facilitate the return to work.

Materials and Methods: Explorative prospective study aimed at exploring the role of active rehabilitation on work resumption and to identify the factors correlated with work delay. Seventy cancer pts were asked to fill out a 27-item questionnaire consisting of personal, disease and work-related characteristics.

Results: Fifty five (78%) pts agreed to participate in the study of which 36 were evaluable. More than 82% of the participants were female, the mean age was 52 yrs (SD = 13, range 21−75) and most of them received adjuvant chemo- and radiotherapy. The diagnosis was breast cancer in 65%, lymphoma or leukaemia in 24%, gynaecological cancer in 5%, colon cancer in 4% and testis cancer in 2%. The mean duration of absence was 12 months (SD = 8, range 0−34 mths). 73% of the pts resumed their work at median of 6 months after the end of their therapy, with a range of 0 to 28 mths, due to a difference in treatment duration. Eighty three percent of them found that the IP had helped them with work resumption. Moreover, half of the pts declared that the return to work was faster due the IP. The program had more specifically helped them to regain physical condition and self-confidence. The main reasons for work delay or change were physical complaints such as fatigue (50%), diffuse arthralgia (22%) and lymphedema of the arm (7%). Other risk factors were anxiety (7%) and work related factors such as stress or physical demands (14%).

No significant correlation was found with gender ($p = 0.613$), social status ($p = 0.733$), educational status ($p = 0.055$), type of cancer ($p = 0.600$) or type of therapy ($p = 0.169$).

Conclusions: This study indicates that post-treatment physical training could support cancer pts in their efforts to resume work. Most attention should be paid to physical related factors, because these are the main causes of work delay. A better understanding of specific work-related aspects will help us to develop more personalized interventions to facilitate work return. A randomized study exploring the importance of the duration of the post treatment training program on the professional and social reintegration of early cancer pts is ongoing.

4251 POSTER

Health Care Professionals' Views of the Follow-up of Lung Cancer Patients

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Background: Evidence for the management of patients after treatment is limited and particularly so for patients with advanced cancer. There is little empirical evidence to establish best practice in the follow-up of lung cancer patients. The aim of this study was to develop an understanding of health care professionals' (HCPs) views of follow-up and to integrate these into a new intervention for the follow-op of lung cancer patients.

Materials and Methods: A qualitative approach was taken using the principles of grounded theory. Participants were purposively sampled from a range of professional backgrounds and included clinical and medical oncologists, surgeons, palliative care doctors and nurse specialists from the UK. Data were analysed, in keeping with the grounded theory tradition, utilising the constant comparative method.

Results: Seventeen interviews with health care professionals were conducted. The major themes will be presented. The clinical value of follow-up was highlighted, in particular to ensure that palliative care needs are met or that $2^{nd}/3^{rd}$ line treatment can be instigated. Follow-up provides the opportunity to understand the natural history of a disease and survivorship issues after treatment although this data is not routinely collected. Clinicians therefore have a lack of quality of life data to help advise patients in treatment choices. This is particularly important for new multi modal treatments when long term impact of treatment is unknown. Increasing importance is now being placed on the assessment and surveillance of lung cancer patients due to the development of further lines of anti-cancer treatment. Participants highlighted that taking a history was the most valuable assessment of a patient's progress. Follow-up plans are individualised but set within the parameters of UK guidelines. Interviews highlighted clinicians' preference for regular HCP initiated appointments; participants expressed concern that a patient initiated system would lead vulnerable patients to *'fall through the net'* and miss opportunities for supportive care or *'miss the boat'* for further treatment.

Conclusions: There are moves in the UK to reduce or stop routine follow-up appointments and alternatives to regular surveillance focused aftercare are being investigated. Participants highlighted the clinical value of follow-up. The disease trajectory for lung cancer is often short with rapid deterioration in a patient's condition and patient led, less intensive models of care were felt unsuitable for this patient group.

4252 POSTER

Multidisciplinary Recommendation of Physical Activity for Patients With Rectal Cancer During Neoadjuvant Therapy

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Background: Physical activity (PA) is one of few modifiable attitudes for cancer patients that could have a beneficious impact in their outcomes. But adopting and keeping this behaviour is difficult for healthy adults and it is still more difficult after the diagnosis of cancer. Educative sessions and reinforcement of recommendations by the different involved specialists (surgeon, radiation oncologist, medical oncologist and specialized nurses) could help to maintain this healthy way of life.

Material and Methods: This is a descriptive study. Patients diagnosed with rectal cancer and candidates to neoadjuvant therapy will be included. Before starting neoadjuvant therapy, patients participating are asked to wear an accelerometer for a week. Quality of life (EORTC QLQ30) and psychological distress (HADS) are evaluated through the aforementioned validated scales by trained nurses. Anthropometry (Body mass index, waist perimeter) is measured by specialized nurses. Aerobic capacity and strength are evaluated through simple tests: "one − mile" and "sit to stand" tests as well as dynamometry (by physical activity specialists). Six sessions of supervised exercise training during the neoadjuvant period will be performed. Recommendations about amount and quality (aerobic and resistive) of PA will be done by a specialist during these sessions. After neoadjuvant treatment a new evaluation consisting of the same tests will be performed again. The main objective consists of 70% of patients atteding four out of six preplanned sessions.

Results: Recruitment is now ongoing. Results will be ready for the meeting. (1) Adherence to physical exercise (2) Changes in physical activity evaluated by accelerometry (3) Changes in aerobic capacity and muscular strenght (4) Changes in quality of life (5) Changes in psychological distress (6) Changes in BMI.

Conclusion: Education about benefits of physical activity together with multidisciplinary backup could achieve a good adherence to the sessions plan. This programme could have benefitial emotional and physical effects. This project is funded by a grant of the Catedra Real Madrid.

4253 POSTER

Sleep Disorders in Long-term Survival of Cancer − Cross-sectional Survey in a Population of Southern Europe

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Background: Various studies have placed more attention on quality of life of long-term survival. The early and late complications of neoplastic diseases and side effects of cancer treatments interfere with the quality of life of patients. Sleep disorders are common in long-term survival, but little is known about the prevalence of these problems in the Italian population. The aim of our study is to determine the prevalence of sleep disorders in a population of long term survivor's patients affected with malignant disease followed as outpatients at the Department of Medical Oncology in Syracuse (Italy).

Material and Methods: Patients with cancer, disease-free without treatment for at least three years, were included in a cross sectional evaluation. A questionnaire was administered to determine patient characteristics (age, sex, marital status, education), tumour characteristics (date of diagnosis, histology), type of treatment and the quality of sleep.

Results: Among 429 patients screened, 237 accepted and were included in the study. The average age was 63 years (range 28−89), 73% were female and 27% male. Among patients recruited 56.1% suffered from breast cancer, 26.6% from colon cancer, 3% from melanoma, 1.7% from testicular cancer, 0.8% from lymphoma and 11.8% from other tumours. More than of 90% of patients reported a previous surgery for cancer; 40% received chemotherapy and 25% radiotherapy. More than 10% received endocrine treatment. One hundred and twentyseven patients (53.5%) experienced one or more disorder that interfere with the quality of life; 58% (22% men and 78% women) of these patients suffer of sleep disorders, mainly reported as difficulty falling asleep.

Conclusions: This study confirms the high incidence of sleep disorders in a population of long term survival cancer of Southern Europe.

4254 POSTER

Different Meanings of Mastectomy Due to Breast Cancer and Reflections About Breast Reconstruction

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Background: Due to early detection and advanced treatment options more women with breast cancer survive after mastectomy and thus have to face the choice of living with or without a reconstructed breast.

Purpose of the study: To explore different meanings of mastectomy due to breast cancer and reflections about breast reconstruction (BR).

Material and Method: In 2008, 15 women were strategically chosen from a previous population-based study on mastectomy to participate in thematic research interviews. The interviews were performed 4.5 years after mastectomy.

Results: All women initially welcomed the mastectomy as a means to get rid of a diseased part of the body. The interviews then diverted into the three types of storylines about the meanings of losing a breast and reflections of undergoing BR or not. In the first storyline the mastectomy was described as "no big deal" and BR was not even worth consideration. In the second storyline the mastectomy was described as threatening their identity and they felt their womanliness to be lost. The BR was described as a means to be restored as a person, woman and sexual being. The third story line fell in between "no big deal" and "loss of self" and breast reconstruction was described as a welcomed offer making it easier to look and feel like a woman.

Conclusion: Our findings suggest that the experience of mastectomy due to breast cancer is very much individual and contextual. Losing a breast may be of minor or major importance and health care should thus be attentive to how the woman herself narrates her personal meaning of losing a breast instead of relying on vague preconceptions about what she needs due to her age and phase in life.

4255 POSTER

Breastfeeding After Breast Cancer − Are Health Care Providers Ready to Answer?

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Background: Breast cancer is the most frequent tumour among women worldwide: twelve per cent of women in Europe and North America are affected by breast cancer. Almost 11% of these women are less than 40 years old and 7 to 14% of them are affected by breast cancer during pregnancy.

A recent meta-analysis highlights that there are no contraindications to conceiving for women who have a history of breast cancer; nevertheless it is crucial to define when the best time to have a child is; the authors recommend at least 2 years after diagnosis.

Breastfeeding creates the best psychophysical conditions for both the child and the mother. Even today there is no artificial milk that is equivalent to maternal milk. Breastfeeding after breast cancer is possible; there is no