needs are met or that 2nd/3rd 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