evidence that shows an increase either in tumour recurrence or in new cancer onset.

A study conducted at the European Institute of Oncology (IEO) on 20 women with a history of breast cancer, highlights that 5 women who received adequate counselling, prolonged breastfeeding till 12 months. Both women from the IEO and those who participated in a qualitative investigation by Gorman et al., reported that they needed more counselling and support on breastfeeding in respect to their specific condition.

Are nurses and physicians ready to answers to these women? Have they the adequate knowledge?

Materials and Methods: A anonymous test of eleven questions have been elaborated. The test was given to nurses and physicians of IEO clinic Division where in childbearing women, affected by breast cancer, come to.

Results: Seventy-four tests were given back (92.5%). Forty-six nurses (97.8%) and twenty-eight physicians (82.3%) have answered. 68% of physicians and 65% of nurses suggest breastfeeding, but while physicians in 73.8% of cases answer that is always possible to breastfeed, nurses answer “always” only in the 50% of cases and never in 8.82% of cases ($p = 0.04$). 31.8% of health care providers suggest the use of the artificial milk.

Conclusions: Results highlight that health care providers need to deepen this subject, in order to better counsel these women from the beginning of their care pathway.

4256 POSTER

Knowledge, Attitudes, Beliefs and Practice of Immigrant Arab Women Toward Breast Cancer and Breast Cancer Awareness in United Kingdom

A. Redha[1], A. Dewey[1], T. Dean[1]. [1]*University of Portsmouth, School of Health Sciences and Social Work, Portsmouth, United Kingdom*

Background: Despite evidence that breast awareness leads to early detection and decreased mortality, it continues to be underused by ethnic minority women, especially Arab immigrants. There are now more than 1 million Arabs living in the UK. Research shows that Arab women are more likely to be diagnosed with breast cancer at a more advanced stage. Since they are likely to be diagnosed with breast cancer, some ten years younger compared to western women, breast awareness, as well as screening, is vital. To our knowledge no one yet has studied UK Arab immigrant women’s understanding of breast cancer and breast awareness with the view of informing practice and gaps in knowledge relevant to this population.

Material and Methods: Semi-structured audio taped interviews (one to one in-depth interviews) were conducted with ten first and second generation immigrant Arab Muslim women (20−59 years of age, mixed educational attainment and English proficiency). The interviews were conducted by an Arab researcher fluent in English and Arabic.

Two approaches to recruitment were adopted to recruit this “hard to reach” population; a purposive sampling framework together with snowballing sampling. Termination of data collection was based on the principles of no new themes emerging (data saturation) and informational redundancy. Data was analysed using a stage-by-stage process in order to provide a detailed, systematic and transparent method of analysis.

Results: Qualitative analysis of the findings generated five main themes: (1) cultural and social beliefs and attitudes related to breast cancer which include gender roles and Arab family structure; (2) Religious beliefs related to breast cancer; (3) Female modesty practices; (4) Low level of knowledge about breast cancer, lack of awareness of breast cancer symptoms, risk factors and breast screening procedures; (5) systemic access barriers and preferred sources of breast health information and education in Arabic language.

Conclusion: In summary, the findings showed very low levels of knowledge and awareness about breast cancer and low utilization of screening and breast awareness among Arab immigrant women. Our findings suggest that there is a need for future services to provide culturally appropriate breast awareness that recognises their unique social, cultural and religious dynamics.

4257 POSTER

Investigation of the Rehabilitation Needs of Incurable Lung Cancer Patients

J. Brabrand[1], H. Andersen[1]. [1]*Herlev University Hospital, Lung Cancer Unit, Herlev, Denmark*

Background: Recent legislation has focused on the rehabilitation of cancer patients in Denmark. Rehabilitation for lung cancer patients is particularly difficult because most patients already have severe symptoms at the time of diagnosis and on average lung cancer patients are from lower social classes. The combination influences their wish and ability to accept and enter rehabilitation offers. Experience from Danish rehabilitation, is that lung cancer patients are underrepresented and further knowledge of the underlying causes is needed.

The lung cancer Unit at Herlev Hospital treats 400 patients yearly and due to acceleration of treatment the initial focus of patient interviews is on side effects, economical and practical issues. Patients go through a period of disease monitoring after finishing 1st line chemotherapy. This period is particularly stressful and many patients experience anxiety for relapse, insecurity and feelings of void. Since March 2011 we have offered individual rehabilitation interviews and action plans after ended 1st line chemotherapy, but currently little is known about the rehabilitation needs of lung cancer patients and it’s optimal implementations.

The **aim** of the present project is 1) to investigate the rehabilitation need of incurable non-small cell lung cancer (NSCLC) patients after the initial treatment and 2) to evaluate the effect of the individual action plans developed in collaboration with the patients and their relatives.

Methods: NSCLC patients and their near relatives are summoned for rehabilitation interviews three weeks after ended 1st line chemotherapy by their contact nurse. The patient fills in a survey document from which the three most important issues are selected as a starting point of the interview. During the interview a realistic action plan is formulated to help the patient and relatives cope with their situation. After the interview the nurse fills in a form identifying the most important needs for the patient’s quality of life and documenting the actions employed. The patient is contacted per telephone two weeks later and interviewed about the perceived value of the action plan and about the extent to which they have followed it. The project is evaluated after six months.

Conclusions: The data will be available at the time of presentation. From the data we will evaluate the rehabilitation needs of the NSCLC patients and usefulness of the interviews in the described form as an approach to these needs.

4258 POSTER

Nursing Care in Network for Women Younger Than 40 Years of Age, Who Receive Adjuvant Treatment for Breast Cancer

R. Østergaard[1]. [1]*Aarhus Universitets Hospital, D7/D-amb, Aarhus, Denmark*

Background: Young women with breast cancer are in a stage of life, where they often are concerned about education, changes in their body, work, heredity, breast reconstruction, delayed effects/side effects, suicidal thoughts, anxiety and depression, sexuality and children. They often have an unfulfilled need to meet other women in equal age and situation, who understand precisely what they mean and feel, when they get angry, sad, frustrated, afraid etc. The young women find that they cannot use their family and usual girlfriends to talk about how the cancer affects them. The cancer is gone, but the physiological and psychological late effects remain. It can be difficult to explain to family and friends, why you are not jubilant at the last course of chemotherapy, but in reality very worried to let go of the feeling of control you experience, while still actively fighting the cancer with chemotherapy.

Objectives:

- To establish a network, where women younger than 40 years of age receiving treatment for breast cancer, get an opportunity to exchange experiences and have room to create a fellowship with other young breast cancer patients
- To evaluate the effect of a network established by an experienced cancer nurse, who also professionally participates in the network

Method: The nurse found the young women via the booking system in The Oncology Department.

An invitation was sent out and closed groups were made.

The nurse chaired the first meeting, set the framework and created a sense of security and provided room for discussions for the women.

After the first meeting, the women met in self-run network groups. After 4−5 months the group met with the network nurse for a follow-up, where the nurse brought up subjects known to be difficult for the women to talk about based on professional experience and knowledge.

After nine months the network was evaluated by questionnaire and focus group interviews.

Results: Age, state of life, life perspective and similarly diagnose were important factors.

The cancer nurses’ role as chair at the first and fifth meeting is important. First for establishing the group, then for setting the framework and at last for bringing up difficult subjects known to be important to the women.