4259 POSTER

Identifying and Meeting Breast Cancer Patients Survivorship Needs: Developing an End of Treatment Clinic

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Background: Earlier diagnosis and advances in cancer treatment have led to growing numbers of patients living with and beyond cancer. It is acknowledged that patients treated for cancer may have complex and unmet needs following completion of treatment [1,2]. National policy drivers in the UK support research to understand these needs further and to develop services to facilitate self management whilst assisting patients to adapt to life after cancer [3,4]. Working together, patients and staff at this organisation indentified this as an priority area for development. A nurse-led end of treatment consultation clinic has been developed and implemented with the aim of improving services for patients completing treatment.
Methods: Patients who have completed the main phase of their treatment for early breast cancer are eligible to attend the clinic. Patients are invited to attend a 45 minute consultation with an experienced cancer nurse. Documentation for the clinic was developed with a patient reference group. Patients are asked to complete a holistic needs assessment prior to their appointment. The consultation focuses on on-going physical and psychosocial concerns as well as the plan for follow-up care. At the end of the consultation a management plan is completed which is shared with the patient and their general practitioner.
Results: Over 180 patients have been seen to date. The consultations allow discussion of the information and support available to facilitate self management and recovery whilst signposting patients to appropriate services to assist this. Other topics addressed are the plan for follow-up and surveillance, key contact details, lifestyle advice and other available survivorship services. Developing the clinic has enabled us to consider how to appropriately assess patients once they have completed treatment. Preliminary informal feedback is very positive. A formal independent evaluation of the intervention is underway.
Conclusion: The growing population of breast cancer survivors presents significant questions related to future health care provision. Development of the clinic has enabled us to address the needs of cancer survivors and reflect on our practice to identify the skills nurses require to meet these needs effectively.

References

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4260 POSTER

'It's a Stroke of Genius!' − Network Meetings in Teenager and Young Adult Cancer Care

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Background: A grounded theory study explored how a network-focused nursing programme in a Danish youth unit was perceived by teenageres and young adults and their significant others. Network meetings were psychosocial key interventions in the programme. The purpose is to present findings of the study related to meanings and actions created by participating in these network meetings.
Methods: Twelve teenagers and young adults (age 15−22 when first admitted) and 19 significant others participated in the study. Data were generated through interviews, observations and informal conversations.
Results: Most participants wellcomed the nurses' offer to arrange a network meeting. The meeting was essential to creating space for the young person's normal growth and development during the treatment period and the participants experienced the service as genious. Involvement of the social network, a high level of information to everyone attending the meetings and the open, frank and demystifyng communication, helped the teenagers and young adults and their significant others in keeping their world together.
Conclusions: This poster will appeal to delegates who want to learn more about the benefits and challenges in offering network meetings as part of the care. The findings show that nurses are in a unique position to enhance and support the efforts of teenagers and young adults with cancer and their significant others in connecting with the social network that extends beyond the family and includes the wider social network.
Network meetings and a network-focused nursing programme can potentially be implemented in other areas of nursing care where patients also need social support from a supportive social network.

4261 POSTER

Involving the Social Network − Social Support in Caring for Teenagers and Young Adults (TYAs) With Cancer

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Background: We have eleven years of experience in network-focused nursing in our youth unit for TYAs with cancer, age 15−22. This poster describes our aims, methods and results.
Aims:
– To improve conditions for TYAs and their social network in the youth unit.
– To make it easier for TYAs to stay in contact with their social network.
– To support TYAs choices and their normal growth and development.
Methods: Development of a network-focused nursing programme with the following key components
– Education and training of nurses in the youth unit
– Offering and conducting 'network meetings'
– Supporting TYAs and their significant others through 'parent-free time'
– Close cooperation in the multidisciplinary healthcare team (the formal social network)
– The significant others can be co-admitted to the unit and the environment allows for visits and social interaction.
Results: We have found that the nursing programme optimises conditions for becoming familiar with the TYA and the family, for creating trust and for cooperation. Especially the network meetings are highly valued by the TYAs and their social network and improve interaction and open communication. The nurses experience improvement of their communication skills.
Conclusions: Social support through this network-focused approach is a fundamental part of our care for TYAs with cancer. Internationally, similar programmes can profitably be implemented in any youth care setting.

Poster Presentations
Nursing Oncology − Symptom Management

4262 POSTER

A Supportive Nursing Care Clinic for Patients With Head and Neck Cancer − Effects on Nutritional Status and Health Related Quality of Life

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Background: Patients with head and neck cancer are at extreme risk for developing severe and sustained nutritional problems. Studies have shown deficiencies concerning support to this group of patients. A supportive nursing care clinic (SNCC) with focus on symptom control, nutritional care and psychosocial and emotional support was established at a hospital as a complement to regular care (RC). The objective of this study was to investigate the impact of the supportive nursing care clinic on eating problems, weight loss and quality of life for patients with head and neck cancer treated with radiotherapy.
Materials and Methods: A prospective comparative design was used comparing SNCC at one hospital with RC at another hospital. 20 consecutive patients in each group participated. Data were collected each week during radiotherapy and six and twelve months after completed radiotherapy using a study specific questionnaire covering eating problems and weight, and EORTC QLQ-30 and EORTC H&N35 for health-related quality of life. Data was analyzed with descriptive and non parametric statistics.
Results: Eating problems impacting on dietary intake were common in both groups during the whole stydy period. No statistical differences were found regarding severity or type of problem. 65% of the patients in the SNCC group received enteral nutrition compared to 27% in the RC group. Patients in the SNCC had an considerable smaller weight loss after radiotherapy ($p = 0.001$), six months ($p = 0.059$), and after 12 months ($p = 0.119$). Regarding heath-related quality of life no significant differences were found but the SNCC group increased their score to a greater extent than the RC group during the year after treatment.