4.3% with the addition of Cetuximab. The NO16966 trial, which compared XELOX/FOLFOX with or without Bevacizumab, demonstrated a slight, not statistically significant increase in resection rate with the antibody (17.1% vs 12.6% for patient with liver mets only). These data indicate that either a CT triplet or a doublet plus cetuximab in K-RAS wt tumours are the most efficacious converting regimens.

320 INVITED

The Role of Radiotherapy for Better Survival in Rectal Cancer

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The benefit of preoperative radiotherapy and chemoradiotherapy for rectal cancer has been extensively studied, but data on survival are still equivocal despite a significant reduction in the rate of local recurrence. In earlier meta-analyses (that mostly included randomized trials from the pre-TME – total mesorectal excision − era) preoperative radiotherapy at biologically effective doses $\geqslant$30 Gy reduced the risk of local recurrence and death from rectal cancer; and improved overall and cancer-specific survival compared with surgery alone. However, the magnitude of the benefit for overall survival was relatively small. Likewise, further randomized trials and meta-analyses showed, that preoperative chemoradiotherapy, if compared to conventionally fractionated preoperative radiotherapy alone, significantly increased local control rates, however, no statistically significant differences were observed in disease free and overall survival. Long-term results from the Dutch TME trial, that compared 5×5 Gy plus TME surgery versus TME surgery alone in resectable rectal cancer, confirmed that preoperative short-term radiotherapy reduced 10-year local recurrences by more than 50% relative to surgery alone. For patients with negative circumferential resection margins, radiotherapy also led to an improved cancer-specific survival, however, due to an increase in other causes of death, this did not translate into an overall survival benefit. Clearly, criteria are needed to identify patients most likely to benefit from preoperative radiotherapy or chemoradiotherapy, not only with respect to local control rates, but also for long-term survival.

321 INVITED

Making Non-resectable Colorectal Cancer Resectable

Abstract not received

Scientific Symposium (Mon, 26 Sep, 14:45−16:45)
Nursing Science

322 INVITED

Patient-Centred Care − Building Capacity for Research and Clinical Care

Abstract not received

323 INVITED

Advanced Cancer Patients as Participants in Their Own Lives − a Qualitative Study of Coping From a Patient Perspective

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Background: Previous research shows that patients with advanced or incurable cancer often express the need for professional help to manage complex issues. At the same time research points to the fact that support from health professionals can be dominated by symptom treatment, and that health professionals often lack knowledge and courage to support patients and their relatives. Thus, the need for health professionals to gain insight into coping in advanced cancer patients is clear, together with the need to create a foundation for the development of specific tools that can figure in the development of basic palliative care. The overall aim was to develop a Grounded Theory with focus on the central characteristics in coping in advanced cancer patients, and which, from a patient perspective, are significant to how patients in interaction with their surroundings manage actual problems and emotions.
Material and Methods: The qualitative interview study included 10 patients aged between 43 and 80, who were interviewed between one and three times. In all, 18 interviews were conducted. The method, "Grounded Theory", as described by Strauss and Corbin, was employed as the analysis strategy.
Results: The results showed how 'Struggling to be a participant in one's own life' emerged as the central tendency, and involved four life conditions: 'Alleviation from life-threatening illness', 'Carry on a normal life', 'Live with powerlessness' and 'Find courage and strength'. Each life condition was characterised by a series of limitations and resources, which made it clear how coping occurred in constant interaction between the patient and their environment. The pattern around the central tendency further involved three processes: 'Prioritising', 'Downplaying' and 'Self-preservation', each of which pointed to coping as a constantly changing and dynamic process.
Conclusions: Based on the results of the study, it can be concluded that coping in advanced cancer patients is centred around maintaining or re-establishing the feeling of being a participant in one's own life. The pattern around the central tendency involved both significant life conditions and processes. Furthermore, it can be concluded that coping cannot be explained only as a person's efforts to adapt to stressful situations. Coping must also be understood as a process where the patient acts with the intention of reassessing their situation and thereby achieving a better connection between their view of the world and the actual situation, which can increase positive feelings in the middle of an otherwise very difficult situation.

324 INVITED

A Controlled Family Navigator Nursed Lead Intervention for Study for Parents of Children Undergoing Allegeneic Hematopoietic Stem Cell Transplantation

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Background: Parents are the primary caregivers of children with life-threatening disease who undergo allogenic haematopoietic stem cell transplantation (HSCT).
Aim: To investigate the effect of an exploratory, multifaceted intervention program on parents who participated in the care of their children undergoing HSCT, specifically the parents' anxiety and depression levels, by comparing a prospective intervention group (N = 25) with two control groups, i.e. 1) a prospective (N = 8), and 2) a retrospective group with parents (N = 46) of children treated over the past 3.5 years. The intervention program was run over nine hours/week and comprised the following components: (a) daily clinical information, emotional and social support with a Family Navigator Nurse (FNN), and the offer of participation in a b) five hour education program, and c) physical activity.
Methods: Quantitative questionnaires (HADS, BASES), semi-structured interviews, participant observation.
Results: The major problem areas that the parents face was: 1. the emotional burden associated with the child's HSCT; 2. the necessary reorganization of family life to accommodate hospitalization with the child; and 3. the economical burden associated with maneuvering within the Danish social welfare system.
Three types of parent care were identified, i.e. expertise oriented; dialogue oriented, and socially challenged parents. The care types reflect the parents approach to their child's care and the influence of each approach on collaboration and communication between the child, the parents and the staff.
The HADS and BASES questionnaires uncover, the progression of the parents' levels of anxiety and depression symptoms in relation to the child's HSCT process and the effect of the intervention. At admission, 24.4% of the parents had a moderate to severe level of depression and 39.4% a moderate to severe level of anxiety. The anxiety levels fell significantly in the intervention group parents.
Conclusion: HSCT for children deeply affects their parents' physical, emotional and social function as well as their care abilities. This intervention study provides an insight into the parents' care rationale and new perspectives on the complex interaction between parents, the child and the staff. This knowledge can help to identify the group of socially challenged parents who have most need for assistance in caring. This intervention program resulted in a fall in the parents' anxiety scores from admission to 100 days.

325 INVITED

Towards Defining and Measuring the Fundamentals of Care

Abstract not received