

appointments were of shorter duration and often conducted by junior medical staff; this resulted in higher routine follow-up costs in the telephone follow-up group (mean difference £55, 95% bCI £29-£77). There were no significant differences in the costs of treating recurrence between groups. Participants receiving hospital follow-up had significantly higher travel and productivity costs (mean difference £47; 95% bCI £40-£55).

Conclusions: Telephone follow-up by specialist nurses may be a useful strategy for reducing the burden on busy hospital clinics and providing a quality service. Although patients and carers will have fewer costs with telephone follow-up, this approach will not necessarily lead to cost or salary savings for the health service.

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ORAL

Management of chemotherapy-related symptoms by telephone aftercare by an oncology nurse

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Background: Practice research has shown that patients experience many chemotherapy related symptoms (CRS). These symptoms, which are sometimes experienced as severe, have an impact on the quality of life of the patient. The practice research also showed that patients barely got in touch with their medical specialist when they experienced (severe) symptoms and the interventions they applied were not always appropriate. As a result of a literature search, a pilot study of telephone aftercare by the oncology nurse was implemented, to be able to survey and manage CRS. **Materials and Methods:** With telephone aftercare all clinical patients receiving chemotherapy will be called by an oncology nurse, 3 till 10 days after discharge from the hospital. For the purpose of surveying and managing CRS by the telephone aftercare a 'chemotherapy symptom list' is being used. This symptom list contains 16 frequently occurring CRS. The oncology nurse makes the patient's symptoms objective by using the Common Toxicity Criteria of adverse events (CTC) version 3.0. Decision trees define per symptom which interventions at which CTC score should be applied. With a symptom scoring two or higher, the patient will be called back within 24-72 hours, or the patient will have to be directed to the treating medical specialist. In February 2009 oncology nurses of the Medical Oncology unit of the Erasmus MC-Daniel Rotterdam, the Netherlands, started with the pilot study of telephone aftercare for patients treated with chemotherapy.

Results: Until April 2009 twelve patients received telephone aftercare. In one case the patient was called back after 3 days and in two cases the treating medical specialist was consulted. All patients were very satisfied with this type of care. The oncology nurse took time to listen to and advise about symptoms, which may not score high when made objective, but may cause a severe subjective burden for the patient.

Conclusions: With telephone aftercare CRS seem to be better surveyed and managed. The oncology nurse seems to be the excellent person to make the subjective burden of symptoms objective, to provide advices and to direct the patient to the medical specialist when necessary.

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ORAL

Telephone delivered intervention for fatigue using motivational interviewing: an exploratory trial

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Background: Fatigue affects 89-99% of people undergoing intravenous chemotherapy. Typically it manifests as treatment starts and increases over time. Psycho educational interventions have been developed to combat this symptom but most are delivered to individuals face to face. A structured telephone intervention (Beating Fatigue by Telephone) consisting of three telephone calls over 3 months, a patient handbook and diary was developed from a previous face-to-face programme. Motivational interviewing techniques were used to deliver information on managing fatigue, facilitate goal setting and motivate uptake of techniques to actively manage the symptom. Feasibility, acceptability and potential effect of the telephone intervention were explored in this study.

Materials and Methods: An exploratory trial using a randomised pre-test post-test control group design explored the magnitude of treatment effect. People (n=40) undergoing chemotherapy for breast or colorectal cancer or lymphoma experiencing fatigue were recruited. Fatigue intensity, fatigue distress, confidence in managing fatigue and anxiety and depression were measured pre and post intervention. Telephone interviews (n=10) explored how the intervention impacted on management of fatigue and factors that affected it.

Quantitative data were analysed descriptively. Qualitative data were subject to thematic analysis.

Results: There was a trend for reduced fatigue and associated distress, greater confidence in managing it and improved psychological wellbeing in people participating in the intervention. Telephone interviews confirmed the feasibility and acceptability of the telephone intervention. Participants easily built a rapport with the intervention nurse and regular contact with the nurse created a feeling of commitment and responsibility to engage with the programme and seek ways to manage fatigue better.

Conclusions: It is feasible to deliver a psycho educational intervention for fatigue management by telephone. Patients found telephone consultation convenient and motivating. Motivational interviewing appeared an important feature. Preliminary results are encouraging; however, a large trial of beating fatigue by telephone is required before its effectiveness can be confirmed.

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ORAL

Being a cancer patient doesn't mean it stops when you walk out of the hospital – patients and care managers perspectives of surviving cancer, living life telephone care management programme

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Background: Despite evidence that cancer survivors experience a range of unmet needs services remain poorly developed. Many questions remain about what form services should take, and who, where and how they should be delivered. This study sought to gain insight into, and understanding of, patients' and care managers' views of a newly established programme designed to respond to supportive care needs of patients who have recently completed treatment. The programme, entitled 'Surviving Cancer, Living Life' consists of telephone care management and at this stage of development involves patients with breast and prostate cancer. The programme has been developed and implemented through a partnership between Guy's and St Thomas' NHS Foundation Trust and Pfizer Health Solutions.

Material and Methods: This study utilised a qualitative approach. A purposeful sample of 22 patients and 3 care managers involved in delivery were interviewed. Interviews explored reactions to the programme, nature of relationships developed with care manager, and perceived impact and outcomes of telephone support. Interviews were recorded, transcribed verbatim and subject to Framework Analysis.

Results: Perceptions of the programme were unequivocally positive – it appeared to answer a deep felt need for support at a period when patients felt vulnerable. It represented a new and strikingly positive experience of healthcare in contrast to many of the inadequacies felt to be present in the traditional, routine approach to cancer care follow up. The programme met a need for emotional, practical and informational support and provided relational continuity and a point of access. It helped patients reframe their life and adjust to life after treatment. The form of delivery – based solely on telephone contact – was considered advantageous compared to face-to-face contact, particularly in terms of convenience, confidentiality and continuity.

Conclusions: The medium of the telephone appears to hold significant promise when designing services to meet the supportive care needs of patients as they adapt to life after finishing treatment.

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ORAL

Somato-psychosocial caring program to improve symptoms in cancer patients with stem cell transplantation (HSCT): protocol for a prospective non-randomized clinical trial

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Background: Patients with hematopoietic stem cell transplantation (HSCT) suffer from a wide range of symptoms including mucositis (10-100%), nausea/emesis (30-60%), infections, social isolation (20-40%), mobility/activity deficits (15-20%), diarrhoea (30-70%) and infections (60-70%). After the stem cell transplantation (autolog or allogeneic) the patients need further long-term treatment under isolated conditions. This trial protocol is aimed to test the SCION (Self care improvement through oncology nursing)-HSCT program a multi-modular, somatic-psycho-social care intervention to improve self management in oncologic patients undergoing HSCT (funded by German Cancer Aid – 107498).

Methods: 84 HSCT patients University Hospital Halle (Saale) will participate in a non-randomized clinical trial. Patients are included if they are allogeneic or autolog transplanted, older than 14 years and signed