followed by the neck with 21%. The appearance was mainly ulcerating. The main difficulties nurses experienced in the management of patients related to malodour (48%), pain (46%) and difficulties in applying the dressings to the wound (38%). Different dressings were used to medicate these wounds. The most frequently used dressing was an absorbent dressing with 49% followed by gauze with 35%.

Despite the increasing number of publications about the appropriate use of wound care dressings the respondents show an uncertainty of the correct use of dressings concerning the treatment of fungating malignant wounds. This appears to be due to a lack of knowledge of best practice in fungating malignant wounds and may lead to the lack of evidence based guidelines.

Conclusion and implications for the practice: Confusion about what dressing and when they should be applied is partly a result of the many dressings available. Furthermore the complexity involved in using these dressings is reflected in their lack of use and difficulties experienced by nurses in their use. Strategies need to be explored to help understand the diverse range of wound problems including physical and psychological components.

4162 ORAL

Sores lips during chemotherapy – a “Cinderella” symptom

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Background: Chemotherapy affects the lips by damaging the rapidly dividing basal cells in the vermilion border causing drying, cracking, soreness, bleeding and secondary infection [1]. Uncomfortable and disfiguring, this side effect is rarely mentioned in patient information materials or recorded as an event within chemotherapy studies, with very little advice on how to prevent or alleviate soreness. This survey recorded the incidence and severity of sore lips during chemotherapy, and discovered which over-the-counter remedies patients found helpful.

Methods: Following Ethics approval, 105 consecutive patients receiving chemotherapy were given a study specific questionnaire between 2nd July and 31st October 2008, at the Primrose Oncology Unit, UK. They were approached by their oncology nurse who collected 100 (95%) completed questionnaires, which were subsequently evaluated independently by the research unit attached to Cranfield University.

Results: Twenty eight percent of patients reported regular sore (chapped) lips before chemotherapy, but this figure increased to 69% during chemotherapy. Sixty six percent of these used lip salves but 82% of these reported little or no benefit. Eighty three percent used petroleum-based creams, and of these, 9% reported that they were moderately or very helpful. Seventeen used non-petroleum (natural oil based) creams and of these 63% reported that they were moderately or very helpful. Ten of 19 who reported cold sores during chemotherapy, indicated their episode was worse than normal in terms of number of individual sores and length of active lesions. Patients were 2.5 times more likely to have cold sores if they had chapped lips.

Conclusion: As the incidence of chapped lips more than doubles during chemotherapy, this side effect, together with preventative lifestyle advice, has now been included in our patient information leaflets and website [2]. This survey suggested a potential association between chapping and cold sores, and a difference of effectiveness between petroleum and non-petroleum based (natural) creams. These issues are now being investigated within a double blind, randomised study comparing a specifically designed natural anti-inflammatory lip salve [3] against a standard petroleum-based salve with quality of life, severity of soreness and incidence of cold sores as it’s end points.

References

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4163 ORAL

Cancer pain management and perceived satisfaction of hospitalized Hellenic patients

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Background: The purpose was to explore hospitalized cancer patients’ satisfaction with the effectiveness of pain management plans in Hellas.

Material and Methods: The sample ($N = 201$) consisted of hospitalized patients in a metropolitan public cancer hospital in Athens during a 9 month period. Inclusion criteria were patients reporting pain, who had no surgical procedure the previous 30 days, with good verbal communication in Greek, consenting to participate. Eligible patients were interviewed 48 hours after admission by one of the investigators, while another one collected data from their charts. The Patient Pain Interview by Dr B. Ferrell, and the Chart Audit Form by Dr M. McCaffery, validated for use in Hellenic patients were used for data collection.

Results: Patients’ mean age was 61.53 ($\pm$11.7) years and 56.2% of them were female. At a scale 0−10, patients rated their pain at the time of the interview 4.94 ($\pm$3.05), during the previous 24 hours 6.75 ($\pm$2.85) and the previous week 7.04 ($\pm$2.78). The total daily dose of analgesics in morphine equivalents collected from charts (169.17 ± 177.95) was significantly higher than the one reported by patients (121.46 ± 146.88, $p = 0.019$). Despite that at a scale 0−10, on the average, patients rated their satisfaction with the prescribed pain management plan as 6.23 ($\pm$3.31), 31.7% of them were taking extra analgesics on their own regularly in addition to the prescribed ones. Moreover, participants rated the effect of pain on daily activities as 7.46 ($\pm$2.9) and on quality of life as 7.66 ($\pm$2.7). The reported satisfaction with the effectiveness of pain management associated negatively with the pain intensity reported at the time of the interview ($rho = -0.326$, $p < 0.0001$), and the previous 24 hours ($rho = -0.211$, $p = 0.005$). However there was no association between the degree of satisfaction with the reported effectiveness of pain management and equanalgesic doses of medications as reported by the patients or as documented in the charts. Additionally all measures of reported pain intensity associated with the perceived degree at which pain had affected patients’ daily activities, and quality of life ($rho = 0.244-0.359$, $p < 0.0001$). However, no significant associations were detected between the degree of satisfaction with pain management and either the effect on patients’ daily activities, or the quality of life.

Conclusions: The paradox of reported patients’ satisfaction from cancer pain management despite the reported high pain intensity and pain impact on quality of life and activities of daily living, needs further investigation.

4164 ORAL

Improving cancer pain management through self-care: protocol for a cluster randomized multicenter trial

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Background: Pain is with more than 80% prevalence one of the most frequent and distressing symptoms in cancer patients particularly in advanced stages of disease (Cheung 2009). For up to 90% of patients, sufficient pain relief can be obtained if adequate guideline-based treatment is provided (Meuser 2001). However pain remains often under treated due to institutional, health-care professional and patient-related barriers (Jacobsen 2009). This trial protocol is aimed to test the SCION (Self care improvement through oncology nursing)-PAIN program, a multi-modular structured intervention to improve self management in oncologic patients with pain (funded by German Ministry of Education and Research (BMBF FKZ 01GT0601).

Methods: 240 patients with diagnosed malignancy and pain >3 days and average pain >3/10 will participate in a cluster randomized trial on 18 wards in 2 German university hospitals. According to modified "Precede Model of health behavior" from Green (Yates, Edwards et al. 2004), patients self management skills are affected by the patients' knowledge, activities and attitude to pain management. Therefore patients from the intervention wards received additionally to standard pain treatment, the SCION-PAIN program consisting of 3 modules: pharmacologic pain management, non-pharmacologic pain management and discharge management. The intervention will be conducted by specially trained oncology nurses and will include the components of knowledge, skills training, and coaching to improve self care regarding pain management beginning with admission followed by booster session every 3rd day and one follow up telephone counseling within 3 to 4 days after discharge. Patients from the control wards received standard pain treatment and standard care.

Primary endpoint will be the group difference in patient-related barriers to management of cancer pain – BQII (Gunnarsdottir 2002) 7 days after discharge. Secondary endpoints are: Average pain intensity, HRQoL, Adherence to pain medication and coping with pain.

Expected Results: The study will determine if the self management skills of the patients continue to be used when the intervention stops, e.g. after discharge from hospital.

It is hypothesized that patients who receive the multi-modular structured intervention will have less patient-related barriers to the management of cancer pain.

4165 ORAL

An evaluation of the association between age and health related quality of life and symptoms in cancer patients – a pooled analysis of closed EORTC Randomized Controlled Trials

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Background: Previous studies have demonstrated the prognostic value of age in cancer survival, with older cancer patients reporting a poorer survival than younger patients. However, for health care professionals it is important to understand the relation of association between age and age-related factors, such as Health Related Quality of Life (HRQOL) of cancer patients. The objective of this study was therefore to investigate the influence of age on the HRQOL of cancer patients.

Methods: Patients from 30 closed European Organisation for Research and Treatment of Cancer (EORTC) Randomized Controlled Trials, covering 11 cancer sites, were included in this retrospective pooled analysis. HRQOL was recorded at baseline using the EORTC QLQ-C30. The variable age was dichotomized at 70 years; representative for younger and older cancer patients. A multivariate analysis, modelling the binary variable age, and corrected for gender, cancer site, disease severity (metastases vs. non metastases), World Health Organization (WHO) performance status, on 15 HRQOL scales was used.

Results: Baseline HRQOL data were available for 5,388 patients younger than or equal to 70 and 718 patients older than 70. HRQOL impairment between the two age groups was reported at baseline for global health status (<0.001), physical functioning (<0.001), role functioning (0.009), cognitive functioning (<0.001), financial difficulties (<0.001) and for the symptoms fatigue, nausea & vomiting, pain, dyspnea, appetite loss, constipation (all <0.001). Thus, for the functioning and symptom scales, older people reported a poorer HRQOL compared to younger people. However, interestingly, older cancer patients reported a lower financial burden compared to younger people.

Conclusions: Our pooled analysis indicates that the HRQOL of older cancer patients is affected differently by cancer compared to younger patients. Older people reported a poorer score in different HRQOL domains. Health care professionals should be aware that the most vulnerable cancer patients are older people and hence our results could provide insights to help provide suitable clinical awareness and care for more senior patients. However, older patients in general reported that the financial burden of this disease was of a limited impact compared to younger patients. This could be important for supportive care services when treating younger patients.

4166 ORAL

Gastro-intestinal cancer patients: how they perceive and cope with disease and treatment-related symptoms over a 12-month period

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Background: Symptom prevalence within cancer is well documented. Despite this, little is known about the patients' experience of these symptoms, over an extended period. The importance patients place on the physical impact of their symptoms is often inextricably bound with both their psychosocial impact and a range of social, emotional and financial experiences. Providing clear information about symptoms, particularly the physical impact of treatment and toxicity, is well recognised, but less attention has been given to understanding the wider context of the patient experience of living with cancer. This knowledge is of particular importance in current patient-centred health care systems.

Materials and Methods: We recruited 19 patients with gastro-intestinal (GI) cancers from a large cancer centre in the UK who were interviewed at 4 time points in their illness trajectory: immediately after diagnosis (T1), and at 3 (T2), 6 (T3) and 12 (T4) months thereafter. The number of completed interview data sets was 56. The data were analysed using thematic analysis.

Results: During the acute treatment phase, T1−2, patients were focused on the impact on quality of life and daily function of disease and treatment-specific symptoms. Key concerns included pain, neuropathy, nausea, taste changes, altered bowel function and fatigue. Patients also emphasised the emotional impact of diagnosis and treatment, concerns about the lack of clear and timely information and the communication skills of their health professionals, and discussed fears vs. hopes for the future. At later time points, T3−4, the focus shifted to more existential issues, such as regaining control and independence, ways of coping, the lack of clarity from health professionals in relation to longer term care, anxiety about recurrence, financial concerns and hopes of surviving until newer treatments could be developed.

Conclusions: This longitudinal study provides important insights into the experiences and feelings of GI cancer patients which in turn should prompt an improvement in care. Alongside familiar themes such as the need for consistent, clear and timely information throughout patients' treatment trajectory (highlighted by the UK Cancer Reform Strategy, 2007), greater insight is required into patients' concerns and how their needs and priorities change over time. More attention needs to be given to supportive care from the patient's perspective which includes their existential, social and financial survivorship issues alongside their multiple physical symptoms.

Oral presentations (Tue, 22 Sep, 09:00−11:00)
Experiences of care

4170 ORAL

The experiences of young people from first symptoms to the diagnosis of cancer: a narrative study

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The difficulties in prompt diagnosis, referral and treatment of cancer in young people are thought to be a contributing factor for poor outcomes in this age group compared to people who are younger or older. There is very little research concerning the period leading to diagnosis for both teenagers and young adults. This study aimed to understand the pre-diagnostic and diagnostic phase of cancer in young people, reported as near as possible to the time of diagnosis by young people themselves.

Twenty four young people between the ages of 16 and 24, who were between two to four months from diagnosis with a solid tumour, were recruited to the study from four principal treatment centres in England. Narrative interviews were undertaken as well as a documentary analysis of the medical notes. Data were analysed to examine how these narratives were structured and connected to broader contextual issues concerning