

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.

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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.

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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

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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