incomplete and as contradicting the first-hand everyday experience of personal and social networks. Consequently, issues surrounding personal, social and contextual factors shape the way in which healthy lifestyle messages are received and show the situated nature of lay cancer beliefs and behavioural change. Ways in which healthcare professionals can take these factors into account when encouraging healthy lifestyles will also be discussed.

Conclusions: These findings have important implications for the clinical practice, future research and educational needs of health professionals who engage with those most affected by cancer: disadvantaged populations.

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Information and support for Asian and African Caribbean women affected by breast cancer: role of voluntary organisations in meeting needs

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Background: Few studies in the UK have explored information and support needs, or interventions to satisfy these, for women with breast cancer from Black and Minority Ethnic (BME) groups. Voluntary organisations can potentially play an important role by providing services that are appropriate to the needs of these groups (Blows et al, 2009). This study explored the needs of South Asian and African Caribbean women with breast cancer in England, and the suitability and accessibility of services provided to them.

Materials and Methods: This was an exploratory qualitative study. Four focus groups were held (2 South Asian and 2 African Caribbean) ($n = 20$). Women were recruited via local community organisations. Groups were recorded, transcribed verbatim and analysed using Framework Analysis (Ritchie et al, 2003).

Results: Participants had unmet information and support needs, particularly relating to skin and hair care, and diet, both during and after treatment. Breast care nurses were considered an important source of information and support, but were inconsistent in signposting to services appropriate to the needs of women from these communities. Women were concerned that educational materials did not reflect their cultural needs and portrayed breast cancer as a 'White women's disease'. They reported difficulties obtaining coloured prostheses or lymphoedema sleeves, and accessing suitable hair loss services. 'Finding a connection' with women who had experienced cancer was important. Peer support was strongly desired, both for emotional support and practical 'tips'. Knowledge and use of cancer charities varied. Services provided by the statutory and voluntary sectors were often not seen as relevant to, or representative of, women from these communities. As a result, women were often dissatisfied with services used.

Conclusions: Both the statutory and voluntary sectors need to make services more inclusive, by raising awareness that breast cancer affects *all* ethnic groups and through greater representation of BME groups across staff and services. Facilitating peer support as well as providing, and signposting to, culturally appropriate services are important considerations. Ultimately, the statutory and voluntary sectors, and patients, must collaborate to improve the BME cancer experience.

4175 ORAL

Care needs of the elderly cancer patient and their informal care givers

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Background: The number of elderly cancer patients is increasing rapidly. At the same time we see an increase in cancer treatments given within the ambulatory care setting. There is some evidence, that social network characteristics play an important part in the management and coping of cancer patients. However, there is little knowledge available about the specific care needs of the elderly cancer patients and their informal carers in this setting.

Material & Methods: An integrative literature review has been carried out. The databases CINHAL & Medline were searched for research studies using terms: "Oncology", "cancer", "elderly", "older adult", "geriatrics", "gerontology", "family caregiver" and combinations thereof. All references that were published in English language were imported to Endnote, doubles cleared and abstracts reviewed. Studies addressing the focus theme of this review, namely the care needs of elderly cancer patients and their informal care givers were reviewed in their full text version with findings summarized in an integrative literature review.

Results: No study could be found that specifically addressed the care needs of elderly cancer patients treated in the ambulatory care setting and their informal care givers. Research evidence with regards to support needs and/or specific care delivery models for elderly cancer patients is marginal, and only few studies have included social networks characteristics of elderly cancer patients.

The reviewed studies are to disparate in main focus and aim, research methodology employed and conceptualisation or instrumentalisation of main variables to directly compare the results or attempt a meta-analysis or meta-synthesis.

Conclusions: This integrative literature review suggests that only little knowledge on the care needs of elderly cancer patients and their informal care givers that are treated in ambulatory care setting informs nursing care planning. To investigate the care needs of elderly receiving ambulatory cancer treatment and their main support persons in relation to their symptoms, side effects and functional status profile with regards to the impact on their quality of life further research is needed.

4176 ORAL

Working whilst receiving chemotherapy: patient's experiences

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Background: The purpose of this study was to describe the number of patients who continued to work whilst undergoing ambulatory chemotherapy and to present personal or treatment related factors that influenced this. Advances in treatment and supportive therapies have meant that most chemotherapy is now given in an ambulatory setting. This paper will present the results of a study which estimated the prevalence of work whilst receiving chemotherapy and identified personal/treatment related factors that influenced this. Factors influencing decision making and the experience of those who continued to work are also presented.

Method: A cross sectional survey, using a self completion questionnaire was undertaken. Content validity was tested through scrutiny by an expert panel and cognitive interviews. 55 patients undergoing their final course of adjuvant chemotherapy for breast or colorectal cancer or first line chemotherapy for lymphoma took part.

Results: Sixty four percent ($n = 35$) of respondents were working when cancer was diagnosed. Fifty four percent ($n = 19$) of respondents were working when chemotherapy began but as treatment progressed only 29% ($n = 10$) continued to work in any capacity. Women undergoing treatment for breast cancer were more likely to stop work during treatment. Overall, respondents found their employers and colleagues supportive but there was some evidence they became less supportive as treatment progressed. Respondents described how the impact of cancer influenced ability to work and their experience.

Conclusion: Although the sample size was small, the survey clearly identified areas for improvement in clinical practice and future research. Health care professionals need to become more aware of the place of work in the lives of patients undergoing chemotherapy by including work issues as part of routine assessment. Approaches must be developed to allow those who wish to continue to work.

4177 ORAL

Agreement of French nurses with euthanasia for end-of-life cancer patients: focus on haematology and oncology hospital nurses

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Background: Nurses are frequently the first caregivers to receive a patient's request for euthanasia. They can be involved in both the decision-making process to euthanasia and the performing of the request of euthanasia, even sometimes without consulting a physician. This report aims to study French haematology/oncology hospital nurses' propensity to consider euthanasia or PAS for end-of-life cancer pain, using data from a nationwide survey.

Method: In 2006 a telephone survey was carried out among a national random sample of French home and hospital nurses (including oncology/haematology nurses). The questionnaire included a module dealing with nurses' agreement with prescription of lethal injection to an end-of-life cancer patient using 4 clinical vignettes: patient with unremitting severe pain, patient with functional debility, patient burden on family and patient who views life as meaningless. Age and gender of the patient was randomly attributed. For each clinical vignette, nurses were asked if they