4214 POSTER

Resilience scores in a cohort of cancer patients in chemotherapy treatment on ambulatory basis

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Background: Resillience is defined as the ability to successfully cope with change or misfortune, allowing a person or group to regain balance and keep going despite adversity and also to find meaning amidst confusion and tumult. It is a positive personality characteristic that enhances individual and group adaptation. Few data exists regarding its systematic evaluation in cancer patients. The objective of this study is to evaluate and describe resilience scores in a population of ambulatory solid tumors cancer patients receiving chemotherapy treatment.
Methods: Individual Resillience scores were measured by the Wagnild and Young Scale, validated for portuguese language from Brazil. It is a 25-item questionnary, scored on a 7-point scale from 1 = disagree, to 7 = agree, with all items worded positively. Scores range from 25 to 175, higher scores reflecting higher resilience. This scale was applied to 48 ambulatory solid tumor cancer patients (24 of them with breast cancer), in chemotherapy treatment at Oncosinos/Hospital Regina in Novo Hamburgo, Brazil. The study was approved by the Ethics comitte and all patiens signed the informed consent form.
Results: The mean age of all patients was 52 years (19−76) and 34 (70%) were women. The most common cancer types were: breast (48%) and colorectal (21%). The majority of patients had stage IV disease (47%) receiving chemotherapy on a palliative basis. The mean score of resilience was 141±12 (101–174). The scores showed a normal statistical distribution. No statistical differences in the mean resillience scores were detected between groups of patients as defined by: sex ($P = 0.11$), age $\geqslant$ or <50 years ($P = 0.9$), cancer type ($P = 0.78$), cancer staging ($P = 0.9$), or the chemotherapy treatment intention (palliative or curative, $P = 0.91$). Within the subgroup of 24 patients with breast cancer, the mean age was 49 years and the overall results are very similar to the whole cohort of patients, with a mean resilience score of 141, also displaying a normal statistical distribution of resilience scores and showing no statistical difference between different stages.
Conclusions: The resilience scores in this cohort of patients display a statistically normal distribution. Our results suggest that the total resillience score represents an intrinsic individual characteristic that is independent of cancer stage, cancer type, age and sex of the patients. Its relation to quality of life, and even prognosis of patients needs further studies.

4215 POSTER

Extravasation mentor – train the trainer programme in the United Kingdom

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Background: The first author was a member of the task force who produced the European Oncology Nursing Society (EONS) extravasation toolkit including management guidelines and both authors were involved with the development of the United Kingdom Oncology Nursing Society (UKONS) bridged documents. Following these documents they were both members of the multiprofessional group who provided a train the trainer extravasation program throughout the United Kingdom for key professional groups who provide a chemotherapy service within a variety of settings, including nurses, pharmacists and academics.
Materials and Method: This interactive program was delivered to key clinical staff working within chemotherapy delivery services and provided an overview of extravasations in terms of pathophysiology, prevention and ways of minimising the risk, detection, treatment options and possible consequences, discussed patient case studies and published EONS guidelines, along with time for discussion and sharing experiences from clinical practice.
Results: Evaluation by attendees was very positive, the attendees felt the program was very good/excellent and fully met their expectations and importantly they all agree to disseminate the information by delivering the sessions locally to their colleagues, which would raise their awareness and ultimately benefit patient care. Following the evaluation of the initial program a further program is currently being delivered.
Conclusion: Based on our experience in the United Kingdom this method of delivering education and presenting evidence based guidelines could be utilised in other countries to benefit both professionals providing the care and patients receiving the care.

4216 POSTER

Education – as a new concept of support to cancer patient's on chemotherapeutical treatment

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Introduction: Cancer has always been a synonym for suffering and death, especially for uneducated people. The WHO Declaration for human rights includes, among others, the fundamental human right to inform about the disease and therapy. Because of that, education of cancer patients should be incorporated as an integral part of chemotherapeutical treatment.
The aim of cancer patient's education is to demystify facts about cancer, chemotherapy and side effects of chemotherapy. Educated patients are skilled to reduce unpleasant symptoms of disease and to achieve the best possible quality of life.
Nurse is escort cancer patients education through individual work, small groups and organized popular healthy lectures.
The goals of our investigation were:
1. To assess needs of cancer patients for education and
2. To assess a frequency of appearance a nurse diagnosis (needs of cancer patients for specific knowledge about side effects of chemotherapy, proper nutrition during chemotherapy and diagnostic procedures) according to the others health problems.

Methodology: The research was conducted during 2007. at the Institute for Oncology and Radiology of Serbia in Belgrade. A hundred and fifteen cancer patients were enrolled in the study. Confirmed diagnosis of cancer and the patient's informed consent about participation in the study were required. All patients's answered a questionnaire specifically designed to assess the needs for education.
Results: Results showed us the needs of cancer patients for education especially their interest to getting information about side effects of chemotherapy and proper nutrition.
Conclusion: Education of cancer patients has to be systematic and planned according to patient's wishes and needs. It seems to be powerful weapon against the disease.
Nurse, as a member of medical team, must be very educated, skillful and good expert to respond to these challenges.

Poster presentations
Clinical research and cancer outcomes

4217 POSTER

Final results of a multi-centred research study: the feasibility using workload measurement tools to assess data management workload for a cooperative group study in Australia

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Background: The workload associated with conducting cancer trials at investigative sites in Australia is not well documented, currently no workload benchmark exists. Workload assessments are routinely determined by perceived trial difficulty and estimated clinical trial accrual, methods that do not realistically account for trial workload. Consequently these methods cannot be used to assess the true workload of site study coordination. This study was instigated to determine if selected data collection tools are suitable instruments for capturing data required to assess clinical trial workloads. Secondary objectives of the study are to determine actual time spent performing data management tasks, based on the predetermined identified parameters and to establish estimates for study coordination time and costs.
Methods: Australian Sites participating in a cooperative group colorectal study recorded time spent completing trial specific tasks according to defined parameters. Data from all aspects of trial activity (enrolment, treatment, follow-up, ethics, administration, communication and monitoring) was recorded over a 12 month period. The treatment and follow up data was then tabulated by visits and cycles to facilitate a cost analysis model. In addition information pertaining to the organisational structure and infrastructure of the study sites, staff education, experience and responsibilities was also gathered.