

**Results:** The median age of the interviewees was 80 years and the median time of diagnosis was 1992, with a range of 1 to 8 co-morbidities. Key themes from the interviews indicate that the impact of breast cancer is long lasting and continues to affect women's lives for many years following treatment. A core finding throughout the research has been the concept of "invisibility", and how this group of older women felt that their preferences and needs were neglected and marginalised from initial diagnosis to post operative living. This included failure to disclose breast cancer diagnosis, inadequate provision of information concerning post mastectomy care, reconstruction surgery, bras and prostheses. Ongoing issues relating to increasing comorbidity were not been addressed, such as the impact of arthritis on the fitting and wearing of prostheses. The women also identified a need for wider social understanding of the consequences of breast cancer treatment, particularly the visual impact of mastectomy.

**Conclusion:** The key themes from this study indicate that older women confront a range of exclusionary practices throughout their experience of breast cancer. In identifying these practices, this study suggests a range of information and support mechanisms to improve these experiences, such as adequate provision of information and options for treatment, so older women can be adequately prepared to make their own decisions about treatment and ongoing care. Older women's support needs should be examined in the light of their other health conditions rather than as 'older' people.

4225

POSTER

#### Hematopoietic stem cell donation: the sibling emotional experience

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Allogeneic stem cell transplantation is an intensive and demanding process with unpredictable outcomes that poses physical and psychological challenges for the recipients and their families. Siblings are often the most suitable donors. Although they represent a major group of stem cell donors, information regarding the sibling donor emotional experience is scarce. The aims of this study are to explore the psychological and emotional aspects of sibling donor's donation and the meaning of their experience.

**Methods:** adult sibling donors were retrospectively evaluated by a qualitative questionnaire. The donors were contacted by phone and asked to fill an anonymous questionnaire and return it by mail. Most donors donated peripheral stem cells between the years 1997–2007. At the time of contact all recipients were alive with or without complications.

**Results:** A total of 49 questionnaires were evaluated. Age of donors ranged between 17–73 years at time of contact. Four main themes emerged from the analysis of the questionnaires. 1. Feelings towards the donation. They felt happy that they matched their sibling and most of them had no doubts regarding the donation. 2. Feelings towards the recipient. After donation, they felt closer to their siblings with a great amount of responsibility and obligation towards them. 3. Feelings towards themselves as donors. The donation made them feel good about themselves. 4. Meaning of the donation. Donors thought that the donation changed the way they viewed life and added meaning to their life.

**Conclusions:** This study provides an insight into the emotional and psychological experience of sibling donors with a successful transplant. Overall they had a positive response to the donation experience. Further research should evaluate family dynamics when the donor or the recipients are children. Another important issue is to study the association between donors experience when their recipient has not survived.

4226

POSTER

#### The impacts and adjustment of the spouse of head and neck cancer patient in Taiwan

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**Purpose:** When the patient is diagnosed with head and neck cancer, the family's life changes. This study is a part of a project focused on family centered care for head and neck cancer patients and their family members in Taiwan. The aim of this study is to understand the impacts and adjustment of the spouse of the head and neck cancer throughout the entire course of anticancer treatment.

**Methods:** A descriptive qualitative design was used, with semi-structured, face-to-face, and in-depth interviews. Nineteen subjects (17 women and

2 men) whose spouses were diagnosed with head and neck cancer were recruited from a radiation-oncology outpatient clinic at a medical center in northern Taiwan. All patients had completed their treatment. The patients were stationary in terms of tumor status. Data were collected through individual, tape-recorded interviews and observations. Transcripts were analyzed by content analysis for emerging themes and concepts.

**Results:** Subjects described six themes of impacts from the analysis: (i) dread of loss their spouses due to cancer, (ii) financial problem, (iii) caregiver's burden while undergoing anticancer treatment, (iv) overload in parenting, (v) unmet information need to making medical decision, and (vi) changes in plans for life. Eight themes of adjustment to the impacts were described: (i) changes in roles in family: from house keeper to economical provider, (ii) searching for his/her own support: from other family members or friends, (iii) changes in relationship with children, (iv) adjustment of plans of life, (v) adjustment of his/her own characteristics, (vi) changes in life style: more health seeking behaviors, (vii) adjustment of interpersonal relationship, and (viii) searching for the meaning of life.

**Conclusion:** The results of this study have shown that spouses of patients with head and neck cancer are distressed due to the impacts of their spouses' disease. Facing the impacts of all dimensions of the family's lives, spouses of patients with head and neck cancer have to adjust their roles in family, seeking for emotional, economical, and social support, and search for the meaning of life. The distress and impacts of the spouse must be recognized and addressed by health care professionals. More studies are needed for the development of effective interventions.

4227

POSTER

#### Finding contentment after prophylactic interventions in women with BRCA1 or BRCA2 mutations

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**Purpose:** To describe the decision-making process for women who are BRCA1 or BRCA2 mutation carriers and choose to undergo a prophylactic operation.

**Method:** A qualitative cross-section analysis in which eleven women are interviewed who have undergone genetic screening for cancer at Sahlgrenska University Hospital in Gothenburg, Sweden. The material has been subjected to qualitative content analysis.

**Results:** The decision-making process is part of a time flow in which various components stand out as important conditions that enable decisions to be made about prophylactic operations:

*Threat against life*, which comprises both a subjective threat in the form of the woman's familial history and an objective threat in the form of the results of the genetic testing.

*Time – a space for manageability*, a meaningful time during which both internal and external resources provide support for the woman in her process.

*The experience and insight that the woman is at a crossroads* where she has an opportunity to make a choice, which means that she is given *the opportunity to choose life*. Many times there will be a specific event that has a very strong effect on the woman and facilitates the decision to have a prophylactic operation.

*Finding contentment* is the theme that deals with where the woman finds herself today, and gives expression to what has come of the process.

4228

POSTER

#### Homecare – a way to care for cancer patients

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**Background:** Italy has a National Health Service for general homecare (diagnostic tests, medications, wound care, etc) and ADI that means Integral Home Care for chronic and cancer pts, a service carried out by physicians and nurses plus social and rehabilitation assistance. Home care is defined by WHO as the ability of providing, at the patients home those services and equipment that help maintaining the highest level of their wellbeing, health and body functions. Carrara in Tuscany, has 65.760 inhabitants and the incidence of cancer is high. Hospitalisation of cancer pts is rapidly decreasing due: 1) to hospitals cutting costs, 2) the strong desire of pts to be cared for at their home 3) the lack of hospices. Our team of 20 nurses covers five districts including mountain villages totalling 71.29 km<sup>2</sup> cares for pts with all kind of diseases. GOALS Our motto: "Working together towards a common vision, having the ability to direct each individual action towards a common goal". We identify pts needs, judge the likely terminal phase and the extent of care. We evaluate the pts and their families' appreciation of the care received.