Materials and Methods: Observations and the actions taken are written on an individual "patient schedule" at his/her home and include Karnofsky (KPS) test and Scale of Norton.
Results: In ADI we cared for about 200 pts, 50% of whom were cancer pts, females 53%, males 47%, their age range was 45−90. Most frequent diseases: lung, breast, colon-rectal, glioblastom. 20% needed supportive care because of cachexia, 80% needed palliative care (our actions: we establish psychological support, pain control, intravenous hydration, supply medicines, control their wellbeing, and see to their welfare both social and within their family. The percentage that died at their home has been high. The medium score of KPS and Scale of Norton starting ADI were 60 and 18.
Conclusion: Cancer pts and their families receiving ADI care described us as motivated and professional nurses with the special qualities of compassion, equanimity, moderation, and with the ability of communication and most importantly reassurance. Cancer pts are the fuel that allows us, common people, to attain uncommon results.

4229 POSTER

Danish webbased network for women treated for cervical cancer

L.B. Thisted[1], C.B. Stroemberg[2], L.S. Munk[3]. [1]*Copenhagen University Hospital, Cancer, Copenhagen, Denmark;* [2]*Copenhagen University Hospital, Gynaecological, Copenhagen, Denmark;* [3]*Copenhagen University Hospital, Center administration JMC, Copenhagen, Denmark*

Background: Initiated by a former cancer patient, a group of organizations including departments from Copenhagen University Hospital, three patient organizations and the Danish eHealth Portal (sundhed.dk) established national web based networks for six different diseases in January 2008. The networks were established collectively as a one-year pilot study, and one of these networks iwas for women during and after treatment for cervical cancer. The purpose was to give the patients this extra opportunity to establish social support amongst each others, and to share knowledge about their illness, increase options to self efficacy and life style as part of daily living and rehabilitation during and after cervical cancer.
Materials: The design of the network site for cervical cancer patients was formed by a multidisciplinary group at the Copenhagen University Hospital based on a focus group interview with former cervical cancer patients, discussions with staff at different wards in the hospital, and with the web group organizing and running the Danish Cancer Society website. The website had various features such as a "Discussion forum", where experiences were shared between patients, and issues were revealed and often resolved and a forum "Ask a professional staff member", where different kinds of questions were answered by a multidisciplinary team from the hospital. The web based network was run by an administrator and a moderator, and was evaluated by an external evaluation facility, the Danish Institute for Health Services Research (DSI) in December 2008.
Results: A certain number of users were required for the network to be "alive" and to have a dynamic site. The features where users could ask professionals, write "My personal story", and find information from the five cancer centres in Denmark were especially valuable for the users. The functionality of the network was stable and secure, and no spam or unpleasant episodes were reported during the pilot study. An update and further development of the network is needed as some functions have not been used much (blog and chat). Too few relatives used the website to conclude anything about that. Some questions and remarks posted on the site have caused the wards to adjust clinical practice and patient information.
Conclusions: A web based network gives an opportunity for information and answering questions from patients and survivors after cervical cancer. Rehabilitation and redefining daily living seems to be improved by a web based network.

4230 POSTER

The contribution of nurses in the adaptative process of an adolescent with cancer

S. Barros[1]. [1]*Hospital de Sao Joao, Gastrenterologia, Porto, Portugal*

Background: The survivors of teenagers suffering from an oncologic disease has been improve due to technological and scientific advances, making available new therapeutic courses and early diagnosis. The IARC (International Agency for Research on Cancer) indicates stress that investigation line must include psychosocial needs of the cancer patients in order to develop the proper preventive strategies (IARC, 2003). This study has the objective of understanding the adapting process of teenage cancer patients as well as to recognize how nurses became a major help during the different processes.
Materials and Methods: This study of exploratory-descriptive nature, the study has a qualitative methodological approach Eight participants integrated the sample of patients with oncologic disease experiences that agreed to participate in this study. All patients were intervied and queried.
Results: For the analysis, the data was organized in six categories: Personal meaning of cancer; Psychological repercussions; Physical repercussions; Social repercussions; Adapting strategies; Nursing Contributions. We identified several feelings, from fear to uncertainty to hope as they went along all phases of the disease. Moreover, it was possible to find out the contribution of Nursing to the participants throughout these stages; acting as an important supporting source in their adaptation. Educational and helping functions of nurses were defined as key factors in the teenagers' trajectories.
Conclusions: The study results allow us to identify difficulties and needs felt during the teenage years, enhancing issues that need intervention in order to improve the quality of life of teenagers during their treatment course.

4231 POSTER

Psychological problems of survivate of paediatric cancer patients in their adolescence – an experience from eastern India

S. Roy[1], S. Ganguli[2], S. Mukhopadhyay[3], P. Chandra[1], J. Basak[4], A. Mukhopadhyay[5]. [1]*Netaji Subhas Chandra Bose Cancer Research Institute, Medical Oncology and Bone Marrow Transplantation, Calcutta, India;* [2]*Netaji Subhas Chandra Bose Cancer Research Institute, Epidemiology, Calcutta, India;* [3]*Netaji Subhas Chandra Bose Cancer Research Institute, Biochemistry, Calcutta, India;* [4]*Netaji Subhas Chandra Bose Cancer Research Institute, Molecular Biology, Calcutta, India;* [5]*Netaji Subhas Chandra Bose Cancer Research Institute, Medical Oncology, Calcutta, India*

Background: Adolescents who have been treated for childhood cancer not only have the substantial physical, cognitive, emotional and interpersonal problems but also have the added burden of integration a life threatening disease into their experiences. Persistent body image concerns somatic preoccupation, disruptions in heterosexual relationships and deficit in social competence have all been documented in this age group. The aim of our study was to document the psychological problems of adolescents survivors of childhood cancer in a developing country like India.
Materials & Method: We assessed 400 survivors childhood cancer patients in their adolescent period with their families in the Psycho oncology department of Netaji Subhas Chandra Bose Cancer Research Institute during period from July to December 2008. We examined their family functioning, mental health, self-esteem, and social competence.
Result: Total 325 patients (81.25%) had excellent psychological functioning without serious social issues. They expressed a positive effect of their illness. Total 30 patients (7.5%) had expressed a little depression. Thirty-five patients (8.75%) of the teenagers thought that their families were less attentive than the case with their counterparts. These adolescents were maladjusted to the society also. Ten patients (2.5%) were reluctant to command. Majority of the patients who had psychological disturbances, responded well to psychotherapy.
Conclusion: Almost 20% of the childhood cancer survivors had psychological problems in their adolescents. Hence we recommend psychotherapy strongly in their adolescent period in frequent intervals.

4232 POSTER

Cognitive expectations of cancer patients receiving chemotherapy over time – an integrative review

K. Tulus[1], S. Salanterä[1], A. Ryhänen[1], H. Leino-Kilpi[1]. [1]*University of Turku, Department of Nursing Science, Turku, Finland*

This paper is a report of an integrative review of patient's cognitive expectations during cancer chemotherapy process.
Background: Patient's cognitive expectations (including information needs and knowledge expectations) are a good base for patient education. They help the educator to plan the education on individual basis. Earlier studies have shown that cognitive expectations change during the care process and thus their evaluation should also be continuous. The purpose of this integrative review was to evaluate the current literature on the topic.
Material and Methods: Searches were conducted on studies from 1950 to March 2009 through Medline, CINAHL, ERIC and Cochrane Library databases. The data were analysed by a validated scoring system for review purposes.
Results: In all, 234 papers were identified from the initial search, with 12 papers meeting the inclusion criteria.
Conclusion: Chemotherapy patient's cognitive expectations vary overtime. In the beginning patients cognitive expectations are broad. Patients want all possible information about their chemotherapy treatment. In the midway of the treatment process, cognitive expectations focus to daily living and

coping. During the last months of the treatment, the expectations change over to questions about the future.

Table 1. Cognitive expectations under chemotherapy treatment

Time	Cognitive expectations identified	Reference
Start to 1 month	All possible information	McCaughan & Thompson 2000
	Treatment procedure and drug administration	Lock et al 2002
	Diagnosis, prognosis, treatment, support services, examination, aftercare and impact of illness	Vogel et al 2000
	Side-effect preventation, how chemotherapy works, how chemotherapy affects body	Knowles et al 1999
1 month to 5 months	Side-effect preventation, how chemotherapy works and how it affects body	Knowles et 1999
	How treatment influence daily living, how other patients experienced and coped	Friis et al 2003
	How to deal with emergency, diagnosis, aftermath of chemotherapy, duration of treatment	Iconomou et al 2002
	Illness, recovery, treatments, side-effects and trajectory of illness	Piredda et al 2008
Last course	Information of examination and medical tests	Vogel et al 2000
	Treatment completion, success of treatment, symptom recurrence and follow up arrangements	Skalla et al 2004
	Structured and detailed plans for palliative treatment and supportive care plans	Friis et al 2003

4233 POSTER

The impact of cytoreductive surgery and hyperthermic intraperitoneal chemotherapy on the experienced Quality of Life during the first two months after procedure

P. Bottenberg[1], Y. Heddes-te Winkel[1], V. Verwaal[1], E. van Werkhoven[1]. *[1]NKI – AVL, Surgery, Amsterdam, The Netherlands*

Background: Since 1995 cytoreductive surgery and hyperthermic intraperitoneal chemotherapy (HIPEC) is performed in the Dutch Cancer Institute – Antoni Van Leeuwenhoek Hospital (NKI – AVL). During this period nurses have observed an impact of the HIPEC on the experienced Quality of Life (QoL) of the patients. Therefore was the objective of this study to investigate the impact and the effect of surgery induced factors on QoL in the first 2 months after surgery.
Patients and Methods: In the period July 2006 – August 2008 29 patients with peritonitis carcinomatosa of colorectal origin were asked to fill in QoL questionnaires. 17 patients completed all forms. The drop out of 12 patients was due to re-admission ICU (2), transfer to another hospital (1), delirium on ICU (1), death (1) and forgetfulness (7). Of the 17 patients 8 are male and 9 are female. The average age is 54.4 year (range 34−73 years).
The QoL was measured with the EORTC QLQ-C30 questionnaire in a time span of 2 months: 1 day before, 2 weeks and 2 months after surgery.
The surgery induced factors were divided in length of admission (long term ⩾16 days, 8 patients and short term <16 days, 9 patients) and in complications after surgery (relaparotomy, fistulas and disturbed wound healing; uncomplicated 10 and complicated 7 patients).
Results: The overall experienced QoL of all 17 patients showed a decline 2 weeks after surgery but increased to 68% of the baseline measurement 2 months after procedure.
The effect of the length of admission was not significant different in both groups. Also there was no significant difference when measuring the effect of complications on the experienced QoL.
Discussion: In this study we did not find a significant difference in QoL between complicated/not complicated patients and short/long term hospital admission. There are a number of draw backs in this study. The most important is the inability of sick patients to fill in forms; this is most clear in ICU patients. Because of the lack of validated tests of QoL for ICU patients, no answers could be given for this first period after treatment. Subsequently a critical reconsideration of assessment time is necessary. The small number of patients is also an important draw back.
Conclusions: Though patients experience a decrease in quality of life after surgery, this recovers during time. This empiric knowledge can be used in the information that patients receive (e.g. of nurses) before and during hospital admission.

4234 POSTER

Difficulties of access of an holistic care program for oncology patients in the Milan territory, Italy, a non profit association experience: Guida ONLUS

D. Anelli[1], M. Bottoni[2], R. Di Credico[3], D. Lichosik[4]. *[1]L'IPERBOLE/GUIDA ONLUS, Roma, Italy; [2]L'IPERBOLE/GUIDA ONLUS, Roma, Italy; [3]GUIDA ONLUS, Milano, Italy; [4]AIAO, Milano, Italy*

Background: The Milan, Lombardy, Italy area has been shown important difficulties for a family with one of its members suffering from an oncological disease to orientate and find information about social and sanitary services either public or private available in the territory.
Material and Methods: Retrospective analysis of the activity of a non profit association Guida ONLUS, that shares information and attend to the orientation of the sick person and their family towards social and sanitary services public and private existing in the territory of the Milan area in the past five years. Analysis of the requests presented by the families and by the patients to face the oncological pathologies.
Results: The data we have demonstrates that the families cannot find an unique interlocutor that can guide them towards the most suitable services for their needs this situation requires from the families huge commitment in terms of physical and mental energy as well as economical resources to locate, understand and access the care services available than can better satisfy their eminent and future needs. The accessibility of the information does not use telematic channels and has temporary limited windows of access that reduce the knowledge and accessibility of the service itself and as a consequence does not satisfy the needs of the family.
Conclusion: We think that is necessary to create a unique reference centre that is able to guide every single family towards the most suitable social or sanitary service available in order to deal, in an holistic way, with the needs of care during hall of the oncological illness phases of one of its members.

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Poster presentations
Managing cancer services

4235 POSTER

Involving people of diverse ethnicities in cancer research: an exploration of experiences, attitudes and barriers

I. Okamoto[1], D. Wright[2], Y. Gunaratnam[3], P. Cotterell[1], C. Foster[1].
[1]University of Southampton, School of Health Sciences, Southampton – Hants, United Kingdom; [2]Macmillan Cancer Support, Research Manager, London, United Kingdom; [3]Goldsmiths College University of London, Department of Sociology, London, United Kingdom

Background: Patients from minority ethnic groups are under-represented in cancer research, resulting in services and therapies that may be inappropriate or unable to meet their needs. This UK study aims to identify research experiences of cancer patients from minority ethnic groups; barriers to their involvement in research; and experiences and strategies of research nurses seeking to involve minority ethnic groups.
Material and Methods: Semi-structured and narrative interviews were conducted with 22 adult cancer patients and 8 research nurses. Patients were purposively sampled by ethnicities (South Asian, Chinese, Black African/Black Caribbean), languages (Hindi, Gujarati, Urdu, Punjabi, Cantonese, Mandarin, English), research experience and gender. The data were analysed using thematic analysis.
Results: Patients who had participated in cancer research in the past generally showed positive attitudes towards their experiences. They were also happy to take part in future research due principally to access to treatment and altruism. For those who had decided not to take part in research previously, the timing of recruitment, the risk of participating in research, and the type of research were factors which affected their decision-making. Patients and nurses identified the following potential barriers to involving minority ethnic patients in cancer research.

1. General concerns about participating in research
2. Demands of participation
3. Language and communication
4. Patients' different understanding of cancer and research
5. Influence of family and community