4254 POSTER

Efficacy and patient preference for intranasal fentanyl spray (INFS) versus oral transmucosal fentanyl citrate (OTFC) for breakthrough cancer pain – an open-label crossover trial

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Background: The efficacy of intranasal fentanyl spray (INFS) was compared to oral transmucosal fentanyl citrate (OTFC) for relief of breakthrough pain (BTP) among in-/outpatients with cancer.

Methods: This crossover, open-label trial compared the efficacy of INFS with OTFC titrated to doses of 50, 100, or 200 μg and 200, 400, 600, 800, 1200, or 1600 μg fentanyl, respectively, in patients receiving chronic opioid treatment but experiencing BTP. The effective dose of each agent was used to treat six BTP episodes. The primary efficacy parameter was patients' recorded time by stopwatch to onset of meaningful pain relief. Pain intensity difference scores (PID), response rates, adverse events were also analysed.

Results: Among 196 patients enrolled, 139 were randomised. INFS provided shorter median time to meaningful pain relief: 11 mins ($n = 101$) versus OTFC: 16 mins ($n = 100$). In the primary analysis, the majority experienced the fastest onset (66%) with INFS, $p < 0.001$. The adjusted mean PID at 5, 10, 15, 20, 30, and 60 mins for INFS was significantly greater (1.14, 2.27, 3.18, 3.73, 4.15, 4.52) versus OTFC (0.54, 1.08, 1.83, 2.54, 3.39, 4.36), $p < 0.001$ throughout, except 60 mins $p = 0.008$, for 577 episodes in each case. Response rates (>33% PI reduction) for INFS and OTFC were 25.3% versus 6.8% ($p < 0.001$) and 51.0% and 23.6% ($p < 0.001$) at 5 and 10 min respectively. A significantly better median ease of administration score was recorded for INFS with 90% reporting 'Easy' or 'Very easy', versus only 40% for OTFC ($p < 0.001$). Among 86 patients, 76% preferred INFS, versus 22% for OTFC (2% unknown). Treatments were well tolerated.

Conclusion: INFS provided meaningful pain relief of BTP faster and in a greater proportion of episodes than OTFC, and was well tolerated.

4255 POSTER

Pain care of dying cancer patients in Finland

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Background: The most part of cancer patients near the end of life get medical and nursing care in public hospitals (central or regional) or in the wards of health care centres in Finland. It has been a national problem for at least for twenty years time that the pain care of cancer patients differs a lot in different care places and pain medicine is used too little and too late time for patients. The purpose of this study was to find out how the pain management of the dying cancer patients is implemented today in these organisations.

Material and Methods: The data were collected in the year 2008 by online questionnaire including both open and closed questions. The data was analysed by SPSS – statistical program. There were participants ($n = 191$) from 124 health centres, from 50 central hospitals and from 13 regional hospitals. Participants were mostly women (87%) and they had mostly (77%) nurse education and 23% had medical doctor education. Half (50%) was age of 46−55 and 28% was over age of 55. The participants had a strong working experience; most (68%) of them had been working over 20 years.

Results: The majority (71%) of participant found that there was no medical doctor named to be responsible for coordination of pain management strategies in the area of their responsibility. On the contrary most participants (59%) said that there was a nurse named to be as a contact person in pain management. Shortages in pain education available was noticed. The implementation strategy of pain management was more clear in special health care than in health centres. The doctors estimated the quality of pain care higher than nurses. The most often used pain medicines and palliative care alternatives was identified and differences between organisation were noticed. The shortages was found in evaluation of pain and the results were related to organisation and professional education. The majority (97%) of participants had an opinion that there is a need for national network for professionals in responsible for pain management for cancer patients. The external quality evaluation group visiting in organisations was also found important by most (88%) participants.

Conclusions: There are still shortages and differences between organisations in pain care of dying cancer patients in Finland. Registered nurses and medical doctors are not aware of each others' work. The need for national network and external quality audit practices was identified and needs to be organised in the future.

4256 POSTER

Qol in correlation with access to chemotherapy: phase III NGO project on supportive care efforts by an Indian NGO

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Issues: Access to Anti-cancer-therapies [ACT] high priority issue in resouirce-poor-nations. Targeted anti-cancer therapies very-expensive, no state-Government planned program to subsidize cost of therapy. Additionally Social stigma, Fatigue, sexual-dysfunction, depression, pain reduce QOL in cancer-sufferers. from April 2007 our NGO started this Phase-III-project to alleviate suffering by supportive-care-initiatives.

Objective: ACT available to only 16% cancer-sufferers in India. Poor-drugs-availability, lack of trained-personal increase mortality. statistically >92% suffered sexual-dysfunction, 72% experience unbearable-pain; >84% suffered social neglect/humiliation, >47% fatigue, >78% depression. phase-III-project evaluated needs/responses to alternative-system of medicines [CAM].

Methods: Our India Cancer Non-Govt-Organization [NGO] surveyed 192 cancer sufferers through QOL-questionnaires. None of them had access to Targeted anti-cancer therapies or newer anti-cancer compounds. After 14 weeks with psychosocial support. Counseling & palliative support with anti-depressants/pain-killers/nutrition QOL improved to statistically significant level. Need in cancer palliative care has been evaluated using the methodology suggested by Oncologists. Besides symptom assessment was performed on weekly basis. Traditional faith-healers involved for more psychological impact on patients community. Patients/family members attitudes towards CAM-therapy evaluated.

Results: CAM acceptable to >81% compared to chemotherapy. Advantages of CAM: No-ADR's, low-cost, high-acceptance, locally-available. >65% women expressed that spirituality/CAM was most important factor that helped them to cope with cancer. significant correlations between higher scores of spirituality with absence of depression. & sexual dysfunction. CAM administered in rural/tribal/India includes, hydro-therapy/hypno-therapy for pain, Acupressure/acupuncture stress-busting, Tulsi/Shatavari/Ashwagandha-plant-extract to increase immunity etc. >68% enquired for CAM-therapy in home-based-care-unit.

Conclusions: Resource-poor-communities may not get access to ACT before 2020. Life-span/QOL of cancer-sufferers depends on psycho-social care & appropriate-palliative-care/CAM. NGO-nurses should be trained in supportive-care-services. larger trials of CAM can bring hope for thousands in future Field of Spiritual/psycho-social/community support is fertile ground for further investigations by like minded NGO's. We NGO-representatives shall present our patients concerns/difficulties in access to Ca-chemotherapy at ECCO-ESMO 2009-conference. We NGO-oncologists need interactions with seniors from USA/Europe for developing our supportive treatment-advocacy-policy for recommendations to concerned authorities like ECCO/ESMO/WHO.

4257 POSTER

Correlation of the nutritional status as measured by the Scored Patient-generated Subjective Global Assessment (PG-SGA) and Karnofsky Performance Score (KPS) in patients with advanced lung cancer

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Background: Malnutrition and weight loss are common in patients with advanced lung cancer and are independent survival prognostic factors. Prompt detection of nutritional compromise is thus a critical component of global care of these patients. PG-SGA is a simple, reliable and inexpensive screening tool that uses clinical data to detect mild or moderate malnutrition before the patient become severely wasted. The objective of this study was to characterize the nutritional status of patients with advanced lung cancer (stages IIIB and IV), as measured by the PG-SGA and correlate its results with the Karnofsky performance score.

Material and Methods: We evaluated the nutritional status and performance status of 49 patients (32 men), with advanced lung cancer (stages IIIB and IV), as measured by the PG-SGA and Karnofsky performance scores.

Results: Our cohort of patients had a mean age 60 years (40−81), with lung cancer stages IV (36 patients) and IIIB (13 patients). The mean PG-SGA score was 15. Eleven (22%) patients were well nourished (PG-SGA rating A), 23 (47%) patients were at risk of malnutrition (B), and 15 (31%) patients were malnourished (C). There was a statistically significant difference in the median PG-SGA scores ($P < 0.001$) for each of the SGA classifications (4.6 vs 14.5 vs 23.3, respectively), with the malnourished patients having the highest scores. The mean KPS of the patients was 57 (20−90). We found a strong statistically significant

correlation between the scored PG-SGA and the KPS ($r = -0.7$, $P < 0.001$). There was no statistical difference in the median PG-SGA scores or KPS between patients with < or ⩾65 years ($P = 0.74$ and 0.94, respectivelly).
Conclusions: The PG-SGA score and KPS are highly correlated in patients with advanced lung cancer, supporting the concept that the KPS is an important informative variable in the evaluation of the nutritional status of these patients. Also, since the KPS is a strong prognostic factor in lung cancer patients, the PG-SGA should be investigated as a possible prognostic factor in advanced stage lung cancer.

4258 POSTER

Participants evaluation of a Hellenic Cancer Society course "Supportive nursing care for patients with cancer and their families" accredited by EONS

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Background: Traditionally Hellenic Cancer Society (HCS) has been a major provider of continuing cancer nursing education. The board of the HCS approved the proposed course "Supportive Nursing Care for Patients with Cancer and their Families" by the nursing council in spring 2006. The course was accredited by EONS for the period 2006–2009. The aim of the course was to introduce participants in the key principles underpinning supportive cancer care.
Material and Methods: At the beginning a proceedings book including course's themes (philosophy and principles of supportive care, communication skills and team working, symptom control, psychosocial, cultural, spiritual and ethical issues, grief counselling, burnout and coping strategies) was given. Teaching methods included lectures, workshops and case studies discussions. Faculty members were nurses (10), psychologists (3), social workers (2) and one physician. The 50 hours course took place in the afternoon (2 days a week, three hours per day), for eight weeks (spring 2006, 2007, 2008) and one more is scheduled for autumn 2009. At the end of the course an anonymous questionnaire was used for the course evaluation.
Results: A total of 43 participants completed successfully the course, and a certificate of attendance was given. Most of them were single female (89.3%), 18−25 years old (50%), registered nurses (82%). The vast majority of the participants evaluated the course as excellent (64.3%) or very good (32.1%) on a 5 point Likert scale. Communication skills (60.7%), grief counselling (35.7%) and pain control (21.4%) modules were recognized as the most important themes. The main factors related with participants satisfaction with the course was new knowledge (35.7%), active involvement (35.7%), good faculty preparation and knowledge transition (21.4%), workshop participation (14.3%), improved communication skills (10.7%) and psychosocial modules (7.1%). Younger participants reported more factors related with their satisfaction than older ones ($x^2 = 13.4$, $p = 0.04$). Participants satisfied by psychosocial modules rated higher ($F = 7.5$, $p = 0.011$) the total program evaluation.
However four participants expressed dissatisfaction given the fact the course was taking place just after their work.
Conclusions: Participants suggestions for course improvement included psychosocial and experimental modules increase duration and clinical practice embodiment, which will be incorporated into our future nursing educational planning.

4259 POSTER

Predictors of handicap situations in cancer patients

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Aim: The aim of the study was to explore personal and environmental predictors in creation of handicap situations, and to assess their impact on profile of handicap situations in cancer patients.
Patients and Methods: The sample consisted of 100 cancer patients. Handicap situations were measured using the Assessment of Life Habits (LIFE-H). Perceived influence of environmental factors was measured using the Measure of the Quality of the Environment (MQE).
Results: The following personal factors had significant impact on the occurrence of handicap situations in different categories of life habits: 1. Older age in communication ($p < 0.01$) and mobility ($p < 0.05$), 2. Lower educational level in mobility ($p < 0.01$), community and gathering knowledge and skills ($p < 0.05$), 3. Kind of malignant disease in gathering knowledge and skills ($p < 0.01$). Following environmental factors were significantly related to the level of handicap situations: 1. Labor market in residence and employment ($p < 0.01$), 2. Income security in accomplishing nutrition, fitness, residence ($p < 0.05$) and interpersonal relations ($p < 0.01$), 3. Legal services in the employment ($p < 0.01$), 4. Political systems in accomplishing nutrition ($p < 0.01$), fitness, communication and residence ($p < 0.05$).
Conclusion: This study was the first step toward understanding the influence of personal and environmental factors on handicap situations related to the cancer. The advanced age, lower educational level and perceived barriers in the social environment contribute to the handicap situations in cancer patients.

4260 POSTER

Positive reappraisal as a coping startegy for working with suffering

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Background: Nurses who work with patients who are dying have an opportunity for personal growth but also for experiencing significant negative emotion leading to stress and ill health.
Methodology: A phenomenological study of palliative care nurse specialists to determine their understanding of suffering and experience of working with patients who are suffering. Thirty one experienced nurses were interviewed and the results analysed. the data was analysed using pehenomenological interpretative methods.
Results: Positive reappraisal was used to cope with the difficulties of palliative care and over time they had developed a clear understanding of their role in the relief of suffering, which in turn influenced their ability to cope. Their learning had been experiential and practice based and had often been gained through their own negative response to the role.
Conclusion: Greater planned support for nurses who wish to work with patients who are suffering may assist in both the care of their patients and their ability to cope.

4261 POSTER

Palliative care in haematology setting – the nurses' attitudes

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Palliative care in the context of hematology malignancies is not adequately performed for terminal patients. Hematology malignancies are characterized as acute and chronic diseases which response to chemotherapy and symptom relief by medical treatment in the terminal stage. This active treatment restricts the patient and family's ability to make decisions about end of life issues. As a consequence, patients miss all the compassion of the palliative care and die in an acute hospital setting.
Method: 37 hematology nurses from 14 hospitals in Israel filled out questionnaires aimed at exploring hematology nurses' attitudes regarding the medical and palliative treatment given to terminal patients in their department.
Results: Three main themes emerged from the analysis of the questionnaires: 1. The compatible care for hematology terminal patients. 72% of the nurses believe that the hematology patients need more palliative care than offered. 76% indicate that medical treatment given to terminal patients is futile, some times prolongs life (40%) but mostly impairs the quality of life (76%). 2. The compatible time for palliative care. Most of the nurses (76%) recognize the end stage transition before physicians' do. 3. The compatible profession. 70% nurses believe that a palliative care nurse specialist can enhance palliative care for terminal patients.
Conclusions: There is a necessity to bridge between attitudes and treatment given to terminal patients in the hematology setting. Collaboration between relevant disciplines is eminent for holistic treatment and better quality of life for these patients. Palliative care has to be an accessible resource and a palliative care nurse specialist in the hematology setting is needed in order to enhance this ignored issue.

4262 POSTER

Appraisal of a systematic psycho-oncologist consultation with patients who suffer from breast cancer

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Introduction: The diagnosis of cancer is very difficult to cope with. The announcement of the disease is often traumatic and many people still associate cancer with suffering and death.
No matter which type of cancer the patient suffers from, he will have to deal with change, loss and bereavement: loss of his physical integrity, change of habits . . . and sometimes he will have to face and accept his own death. At the "Cliniques Universitaires Saint-Luc" in Brussels, a psycho-oncologist is integrated to Breast Cancer Clinic in order to offer to the cancerous patient a systematic psychological follow-up which may help him in the