

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 < 65 years ($P = 0.74$ and 0.94 , respectively).

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.

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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 ($\chi^2 = 13.4$, $p = 0.04$). 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.

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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.

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POSTER

Positive reappraisal as a coping strategy 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 phenomenological 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.

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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.

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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

psychological structuring of his disease. Throughout a survey, we would like to evaluate the needs of psychological help of cancerous patients.

Background: Since the opening of the Breast Cancer Clinic in 2008, a psychologist is integrated into the multidisciplinary consultation. The patient meets the gynaecologist, the oncologist, the radiotherapist and the psychologist several times: (1) before the operation, (2) after the operation, (3) during the treatments.

The psychologist describes his role in the breast cancer team and explains which support he can provide to the patient. He listens to the patient's concerns: her anxiety in regard to the surgical intervention and the treatment. Furthermore, many patients don't know how they should announce their disease to their family, especially to their children and the psychologist could give her advice.

Purpose: We try to figure out the interest of a systematic follow up with the psychologist. Through our survey, we would like to:

- study the percentage of patients who contact the psychologist after a first meeting.
- understand why the patient contacts the psychologist
- investigate why some patients don't want a regular follow-up with a psychologist.

Method: We sent a questionnaire relating to socio-demographic and clinic informations and a questionnaire of evaluation of the needs and the expectations concerning psychological support to 150 patients who have met a psychologist during the multidisciplinary consultation of the Breast Cancer Clinic. There are no exclusion criteria.

Results: We started this survey in April 2009 and we hope to finish it in August 2009.

Conclusion: Our aim is to evaluate the needs of patients who have breast cancer. Our next step will be to offer a systematic psychological support in order to help the patients to adapt themselves to the disease and to prevent psychiatric disorders.

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POSTER

Development of palliative care in Albania

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Background: Presentation of the history of naissance and development of palliative care in Albania, sharing experiences, problems and achievements.

Materials and Methods: The history of three palliative care centers operating in the territory of the Republic of Albania, was considered, their pathways to development and consolidation, the efforts of National Albanian Association for Palliative Care to make palliative care wellknown in Albania.

Results: Frequent negotiations with policy-makers in order to include palliative care in the healthcare governmental schemes. Participation of palliative care as a subject in the curricula of medicine and nursing faculties. Foundation of new palliative care teams, extending this service in South and North of Albania.

Education of healthcare professionals on Palliative Care through organized trainings and printed information, such as manuals and booklets. Education of community on palliative care through promotion in visual and written media.

Conclusions: Palliative care in Albania has been developing becoming in this way an integral part of healthcare services in South and North. The number of palliative care teams has increased from three in 1993 in seven in 2009. The service is now offered by trained specialists. The entire population is now aware of the importance and necessity of palliative care.

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POSTER

Intravenous iron supplementation and erythropoiesis stimulating agents (ESAs): meta-analysis of randomized trials in patients with chemotherapy-induced anemia

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Background: currently available guidelines for use of ESAs in chemotherapy-induced anemia (CIA) do not provide definitive recommendations on iron supplementation. The aim of this meta-analysis was to estimate the effectiveness of IV iron supplementation in patients with CIA undergoing ESA therapy.

Materials and Methods: We conducted a comprehensive review of the published literature and reviewed presentations at annual meetings of the American and European Oncology societies. Endpoints were haemoglobin (Hb) response, time to reach Hb response and transfusion requirements. Homogeneity of effects across studies was assessed using the 2 statistic.

Fixed-effects models were used to estimate pooled Odds Ratio (OR) and Hazard Ratio (HR).

Results: Five randomized trials investigating IV iron in conjunction with ESAs (darbepoetin in 3, epoetin alfa in 2) including 1127 patients (IV iron = 597; no iron or oral iron = 530) were identified. The addition of IV iron to ESAs provided a significant advantage in term of Hb response (pooled OR: 2.74, CI 95%: 2.07;3.62) and time to Hb response (pooled HR: 0.75, 95% CI, 0.64;0.88). Transfusion requirement was reduced the IV iron group (OR: 0.74, CI 95%: 0.53;1.04). IV iron does not improve the incidence and severity of adverse events related to ESAs.

Conclusion: In patients with CIA, IV iron supplementation enhances responses to ESAs without additional toxicity. Iron supplementation represents a strategy to improve the cost-effectiveness of ESAs in oncology.

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POSTER

Pegfilgrastim on day 2 vs. day 4 within the prospective, multi-centered GAIN study: A phase III trial to compare ETC vs. EC-TX and ibandronate vs. observation in patients with node-positive primary breast cancer (GBG 33)

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Background: Möbus et al. showed that dose dense (dd) epirubicin (E), paclitaxel (T), cyclophosphamide (C) results in a superior disease free survival (DFS) and overall survival (OS) compared to conventionally dosed EC-T. However, all patients need GCSF support. Preliminary data suggest that pegfilgrastim (P) given on day 4 might be superior to P on day 2 in reducing grade 4 leucopenia. This hypothesis was further evaluated in this setting.

Methods: Pts with N+ primary breast cancer were randomised within the GAIN study to receive either ETC (E: 150 mg/m², T: 225 mg/m², C: 2000 mg/m², i.v. day 1, q15 for 3 cycles each=A1); or EC → TX (E: 112.5 mg/m² + C: 600 mg/m², i.v. day 1 q15 for 4 cycles followed by T: 67.5 mg/m² i.v. day 1, q8 for 10 weeks + X: 2000 mg/m² p.o. day 1-14, q22 for 4 cycles = A2). Pts were further randomised in a 2:1 ratio to receive ibandronate 50 mg/day p.o. for 2 years (B1) or observation (B2). Primary prophylaxis for febrile neutropenia consisted of P on day 2. After recruitment of 1500 pts prophylactic ciprofloxacin was implemented during treatment with C. After amendment 4 pts eligible for the GAIN study who have been randomized to ETC were further randomised to receive P on day 2 (P2) vs day 4 (P4). Primary endpoint was leucopenia grade 4 amongst other secondary endpoints. It is assumed that the rate of leucopenia grade 4 with ETC is around 50% with P2. A risk reduction of 1.98 with P4 was estimated. A is set to 5%, using two-sided significance test with a power of 80%. A drop out rate of 10% will be assumed. The estimated pts per arm will be at least n=68. Therefore 152 (136 plus 10% drop out rate) patients treated with ETC will be needed to be randomised 1:1 to P2 vs P4.

Results: 3023 pts were recruited between 06/2004 and 08/2008. Of these, 352 pts in the ETC arm were further randomised to P2 (n=175) vs P4 (n=177) and received at least one cycle of chemotherapy. The median age in this subgroup was 49 years (24-69). The first exploratory analysis demonstrated that leucopenia grade 4 was 47.5% with P2 and 42.3% with P4.

Conclusion: This exploratory analysis does not show a benefit for P4 for in reducing grade 4 leucopenia. Nevertheless it seems feasible to apply P either on day 2 or day 4 without compromising the safety of the pts. Final data of all endpoints will be presented at the meeting.