Poster presentations
Survivorship

4266 POSTER

Exploring self management following active treatment for cancer

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Background: Many people report continued problems following completion of active treatment for cancer which can have an impact on daily life, and people may find it difficult to resume 'normal life'. This cross sectional qualitative study explored the strategies people use to manage problems experienced 6−12 months after active cancer treatment has ended.
Methods: Participants were recruited through local media. Via purposeful sampling we attempted and succeeded in recruiting participants with a wide range of different cancers; both common and rarer cancers. 31 people participated in semi-structured interviews. Data were analysed using thematic analysis.
Results: This study supports other work in highlighting that following completion of active cancer treatment, people face a myriad of ongoing challenges concerned with the impact of having received a cancer diagnosis and cancer treatment. Additionally, it is highlighted that some people need to access professional and lay advice and support following completion of cancer treatment in order to manage their problems. Accessing appropriate advice and support enhanced the after treatment experience whereas for those who had difficulty gaining helpful advice and support frustration, anxiety and uncertainty was experienced. A key finding concerns the approaches participants used to self manage their post treatment problems. Participants displayed resourcefulness in dealing with many issues i.e. to counter a lack of information about their condition, recovery, and improving quality of life. Participants were often proactive in securing the support they required. Many participants made connections with others in a similar situation and shared knowledge with each other. We also heard of more cognitive approaches to managing negative concerns and to help move participants towards a way of living a perceived more 'normal' after cancer life. Ways of dealing with strong emotions and ongoing physical issues were also found by participants themselves.
Conclusions: The ongoing concerns people experience following completion of cancer treatment are highlighted and the advice and support required from professionals, family and friends is shown. It additionally indicates the ways in which people solve problems themselves. This study illustrates that people can and do self manage post cancer treatment problems but that some people require support to do so whilst others can do so in a creative and independent way.

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What is the best way to follow-up lung cancer patients? Findings from a systematic review and the development of a new model of care

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Background: The burden of illness is high for lung cancer patients, carers and society. Follow-up interventions may be able to support patients living with lung cancer and improve survival. The aim of this review was to examine the evidence for the effectiveness of intensive follow-up of patients with lung cancer. This review is the first step in the development of a new model of service delivery for lung cancer patients utilising the Medical Research Council (UK) guidance for the development of complex interventions.
Material and Methods: *Data sources*: English language observational studies and randomised clinical trials (RCTs) were retrieved from electronic databases (Ovid Medline, Embase, PsychINFO, CINAHL, British Nursing Index, Cochrane Library and National Research Register). If there was more than one study with like populations, interventions and outcomes, the relevant data were statistically synthesised. Time to event data were synthesised using hazard ratios (HR) and 95% confidence intervals.
Results: Nine studies that examined the role of intensive follow-up for lung cancer patients were included in the review (eight observational studies and one RCT). This meta-analysis shows that there is a trend for intensive follow-up to improve survival in patients with lung cancer, although this result is not statistically significant for the curative treatment intent group (HR 0.82, CI 0.64−1.05) or the palliative treatment group (HR 0.69, CI 0.46−1.04). There is a statistically significant difference in survival for patients with potentially resectable NSCLC with asymptomatic recurrence (HR 0.59, CI 0.48−0.72), although this is complicated by lead time bias.
Conclusions: There is no evidence that intensive follow-up of lung cancer patients improves survival compared to standard or less intensive follow up. However, because this finding is based on observational studies with potential for bias, further evidence, ideally from RCTs, is needed. The review identified limited reporting of patient centred outcomes. Further research is required to explore patient-centred outcomes of follow-up such as quality of life and satisfaction. The second phase of this research is underway exploring patients', professionals' and carers' views of follow-up care to develop an intervention that can be tested in a clinical trial. The findings of this review will be discussed in the context of this ongoing research and the development of a new nurse led intervention for the follow-up of lung cancer patients.

4268 POSTER

Side effects at the time of rehabilitation as reported by 329 breast cancer patients' in response to an open question and a structured, closed questionnaire

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Background: Our knowledge of side effects after breast cancer and its treatment is generally based on observations close to treatment. Much less is known about late complications months or years after treatment. When quantufying the side effects we assessed whether answers prompted by an open questio yield comparable to answers obtained by structered, closed questionaire.
Materials and Methods: Rehabilitation centre Dallund (rcD) is the first and only centre in Denmark offering rehabilitation to cancer survivors as a residential course. The rehabilitation is a coordinated effort with several specialists. Each week about 20 cancer survivors, who had finished the cancer treatment, stay at Dallund manor house for 6 days. Before their stay at rcD, each patient received a set of open questions related to the stay. One of the questions was: do you have empediments, complications or side effects following your illness or treatment?
The patients also received the Dallund Scale, which is a highly structured one page questionaire qualified to disclose the patients' need of rehabilitation. The scale contains the possibility of checking 29 different physical complications.
All 346 breast cancer patients attending Dallund during 2007 received both open question and the closed questionnaire.
Results: Both the number of different complications and the frequency of side effects picked up by the "open question" are significantly less than those checked on the Dallund Scale. An example is the frequency of fatigue where 33% vs. 72% reported fatigue in the open question and the Dallund Scale respectively. Is seems that many og the women are unable to remember the side effects, they cannot be concentrated to write them or they do not think of the symptomss as late effects and they therefore underreport the side effects. On the other hand it is possible that the side effects are overreported by the closed structered questionaire.
Conclusions: Frequencies og side effects were much lover assessed by an open questionnaire compared to a closed questionnaire with 29 possible side effects. When late effects are registered by cancer survivors itis not recommended to ask them to write the side effects in an open questionanire without an interview with a health professional. The frequencies of side effects in a structured questionnaire including several possible complications are much higher and reflect the actual late effects better than an open question.

Poster presentations
Symptoms and symptom clusters

4269 POSTER

Standards of managing central venous access devices within hematology

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Background: A central venous access device (CVAD) is absolutely necessary in treating many categories of hematological diseases. The devices are most often implanted in vena subclavia in the chest and provide several advantages over small peripheral catheters as they can be left in for long periods, are less likely to clot, and increase comfort for the patient. CVADs are used for:

- Administration of medications – antibiotics, chemotherapy drugs, other IV drugs
- Administration of fluids and nutritional compounds

- Transfusion of blood products
- Blood draws for diagnostic testing

Problems can, however, occur during or after placement of a CVAD, e.g.:

- Hemo-/pneumothorax – Collapse of the lung or bleeding into the chest because of injury to the blood vessels from the needle at insertion
- Cellulitis – Infection of the skin around the catheter
- Catheter infection – An actual infection of the device itself inside the vein
- Sepsis – Release of bacteria into the bloodstream from the device, causing a life-threatening infection.
- Endocarditis – Bacteria travel through the bloodstream to the heart valves, where they form an infection that can destroy the valve.

It is therefore necessary to be very observant and alert for such complications when handling the CVAD. The Hematological Department in Odense, Denmark, decided on improving all aspects of managing CVADs in the wards.

Methods: Initially search was made for up-to-date sources of the best available evidence, existing recommendations and manufacturers' recommendations. In collaboration with the unit that inserts the CVADs, with a doctoral infection specialist, as well as the hygiene section of Odense University Hospital, standards were produced.

Results: 12 standards were produced along with new patient information booklets. The exact procedures in short from each standard were also made in coated paper in a booklet to bring along when you work bedside-wise. Ways of managing CVADs were changed and new devices related to the CVADs were introduced.

The standards describe in specific details each and every possible handling of a CVAD, e.g. changing of dressings, drawing blood tests, attaching IV tubes, medication in the CVAD, preparing the patient for insertion, how to handle the CVAD or not handle it if mechanical problems arise, etc.

Conclusion: The handling of CVADs in the department is now more homogeneous, consistant and above all evidence-based, as well as safer for the patient and more secure and easier for the staff to adapt to.

4270 POSTER

Nursing management of skin toxicity in patients receiving cetuximab

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Introduction: The most important and often dose-limiting side-effect of cetuximab is skin toxicity which is seen in 80% of patients (severe in 10−20%). Dose reduction or interruption reduce severity but probably at the cost of reduced efficacy, and therefore prevention or effective therapy during treatment is important.

Since January 2005 we have treated more than 230 gastrointestinal cancer patients with cetuximab: 2nd or 3rd line cetuximab (with irinotecan) but also 1st line cetuximab with oxaliplatin and 5-FU. Presently, cetuximab is routinely administered at a double dose every second week (Pfeiffer et al, Ann Oncol 2008).

From the beginning we learned to deal with a number of new side-effects, especially acne-like rash grade 3−4 which meant social isolation for a number of patients. Therefore we found it interesting to evaluate if early treatment and self-administration of tetracycline could minimize the severity of rash.

Methods: Tetracycline (333 mg × 1−3/day) is routinely used as part of our treatment strategy for rash. Initially patients were evaluated weekly and tetracycline was prescribed by a physician but since June 2008 nurses could prospectively grade, register and prescribe initial therapy for rash.

In Nordic 7.5 patients with KRAS wildtype metastastic colorectal cancer receive cetuximab in combination with chemotherapy every 2nd week.

Results: 17 patients received at least 8 courses of cetuximab according to Nordic 7.5 and 17 patients (100%) commenced oral tetracycline at second course when acne-like rash was grade 1 or 2.

2 patients (10%) experienced skin toxicity grade 3. 15 patients (90%) received cetuximab at a dose of 100%.

In our experience reduction of severity of acne-like rash improves patient's quality of life.

Conclusion: We routinely administer cetuximab every 2nd week. Evaluation of rash is not performed until first treatment is completed which may be too late and after development of severe rash. Proper education of patients by nurses will promote self-administration of tetracycline. We recommend patients to start tetracycline immediately at the first outbreak of rash. This strategy will reduce severity, but not incidence, of rash and ensure an optimal dosing of cetuximab.

Randomized studies have shown that prophylactic tetracycline reduces severity of skin toxicity but early self-administration will ensure that 10−20% of patients (who do not develop skin toxicity) will be spared prophylactic therapy.

4271 POSTER

Improving clinical based practice in mouth care

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Background: Although much has been written recently on exploring best practice in treating oral mucositis, other oral complications continue to be over looked. Oral problems such as – taste changes, altered secretions, pain and ulceration may lead to communication problems, reduced nutritional intake and an overall impact on the quality of life. As a result many people with cancer report oral complications as one of the most distressing side effects of the disease and treatment. The purpose of this local based project was to explore ways of improving an oncology teams' assessment, care and treatment of oral related problems. The focus was aimed not only at self caring patients receiving cytotoxic treatments but also on those who were no longer able to care for themselves and those receiving terminal care.

Methods: A baseline audit of patients' oral care and support was carried out on both an oncology in-patient unit and a day care unit over a 2 week period. During that time, members of the nursing and medical oncology team were surveyed to explore their knowledge and practice of oral care and treatments. A teaching package was established lead by senior members of the team with extensive knowledge in oral assessment, care and treatment. This consists of weekly teaching sessions and workshops on the pathophysiology of oral damage caused by disease and treatments, a critical exploration of existing assessment tools and their use; best practice in mouth care and discussions on evidenced based treatments. A workshop focuses on training members of the team to correctly assess the oral cavity. Some changes were made to existing documentation to aid assessment and direct care.

Results and Discussion: Initial findings indicate that patients do not always receive optimum care and often care plans focussing on oral care are missing, both nurses and doctors have a lack of knowledge leading to inconsistencies in clinical practice resulting in oral care not always being assessed and treated based on evidenced based practice. Following the teaching package and the updated documentation the care of patients' oral problems is to be re-audited and the full findings will be presented. It is anticipated that these measures will improve the assessment of the mouth and the correct practice of oral care. Some concerns remain over the choice of treatments. Team members will have increased knowledge of oral problems in the clinical setting and an increased ability to deal with them.

4272 POSTER

Health related quality of life during adjuvant treatment of breast cancer among postmenopausal women

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The purpose of the present study was 1) to describe changes of HRQoL during adjuvant treatment among postmenopausal women with breast cancer. 2) to identify the best predictors of overall Quality of Life (QoL) after treatment from perceived functioning, symptoms, emotional distress and clinical/demographic variables measured at baseline. The study group was 150 women ($\geqslant$55 years of age) scheduled for adjuvant chemotherapy (CT, $n = 75$) or radiotherapy (RT, $n = 75$). They were examined before (baseline), during and after completed treatment. Data about QoL, perceived functioning, symptoms and emotional distress was collected with the EORTC-QLQ-C30, BR23 and HADS questionnaires. The finding showed that adjuvant treatments were associated with decrease in overall QoL, physical and role functioning, anxiety and body image. We also found an increase in fatigue, dyspnoea, pain, nausea/vomiting, constipation and systemic therapy side effects measured over time. When looking for what predicted better QoL at the end of treatment we found that for women receiving CT it was; better emotional functioning and less pain at baseline. For women receiving RT it was better physical and emotional functioning, less breast symptoms and lower tumour stage at baseline.