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.

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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