

tostatic treatment, especially prolonged treatments. The need arises due to poor availability of peripheral veins. However, placement of a CVAP is costly and may lead to life-threatening complications. We studied the complications and the influence of nursing practice on the prevention of these complications.

Methods: 120 patients with CVAP were studied. The median age was 50.5 years. Tumour types were breast, lymphoma, lung, melanoma, soft tissue sarcoma, gastro-intestinal and genito-urinary. Positioning of the CVAP was assessed by means of a chest X-ray. The time interval between implantation and the first chemotherapy delivered through the device was \pm 24 hours. If early complications occurred, chemotherapy was delayed until resolution of the problem. Blood samples were sent for culture in case of suspected infection.

Results: Median implant duration was 204 days. Complications were divided into two categories. **EARLY:** Defined as intra operative and post implantation period to first use. **LATE:** Defined as after first chemotherapy administered. Seventeen (14.17%) CVAP were removed before the expected time.

Complications included:

1. Symptomatic infection in 10.8%.
2. Venous thrombosis in 3.3%.

3. Mechanical problems in 3.3% of patients. No patients died due to CVAP complications.

Conclusion: CVAP have become essential in the treatment of cancer patients. Complications are infrequent but still occur. Infection is the most common complication of these devices and the leading cause of early removal. Adequate patient information and meticulous nursing practice contributes towards a lower complication rate.

1502

POSTER

Motivation of patients in clinical oncology trials

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Introduction: As oncology trials are usually long term in nature, it is vital to ensure that continuing follow up of the patients is achieved to monitor both side effects, quality of life and disease progression.

Materials and Methods: The important factors are

- The nursing and medical teams involved
- Clinic Environment
- Transport to and access to the Care delivery point.
- Adequate information to and communication with the patient covering the trial, the follow up and potential complications.
- Continuity of staff
- Patient selection at entry to trial
- Access to self-help groups

Discussion: Attention to the above factors can maximise the proportion of patients completing follow up, minimising the drop out rate. This will therefore maximise the power of the study.

By utilising these protocols we have managed to keep our drop out rate below 5%

1503

POSTER

Cancer patients' experiences of participation in care

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The purpose of this study was to explore the experiences of cancer patients about participation in care and the preconditions for this participation. The data were collected in focused interviews, and the analysis of the data was based on qualitative content analysis. The sample comprised 34 voluntary cancer patients from haematological and oncological wards of one university hospital in Finland. The mean age of the respondents was 44 years.

The results revealed that the patients' views of participation varied considerably. Some of the patients had the opinion that their participation in care was impossible. Some considered participation either in terms of being involved in decision making or in terms of expressing their views on treatment options.

The preconditions for participation in care were analysed through factors promoting and restricting participation. Promoting factors included good health, access to information, assertiveness, good interactive relationships with nurses and physicians, and encouragement of the staff to participate in care. Restricting factors of patient participation were poor health, ignorance,

anxiety, age, time pressure of staff, lack of time, high staff turnover and poor interactive relationships with staff.

The results considering patient participation showed that there were three kind of participants: 1) minor of patients participate actively in decision making, 2) some patients gave active consent and 3) the most of patients gave passive consent to medical decisions.

1504

POSTER

Information for patients and their relatives before starting radiation therapy

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For 15 years a group of nurses have been offering one hour long information session for patients who are to start radiation therapy.

The invitation to the session is given to all patients with curative cancer when preparing for the treatment during the CT (computer tomography). Relatives and friends are welcome as well. No register in advance is necessary.

The information includes:

A short history of our department.

What the preparations for the treatment entails such as dose planning, mask, fixatives and the purpose of them.

Why there is a need for a waiting period before the start of treatment.

How the treatment is being delivered.

Routines such as doctor appointments, bloodtests and contact with other care professionals.

Side effects and how to minimize them.

Travelling to treatment and travel allowances.

The visitors also are invited to a tour of the department as well as a visit to a treatment room.

A questionnaire was used to evaluate the information given to patients. The result shows that patients that came for the information session perceived less stress and were much calmer and relaxed at the start of the treatment.

1505

POSTER

PICCs (peripherally inserted central catheter) or Hickman catheters - a comparison of patient comfort and experiences

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Purpose: Eighteen months after setting up a PICC insertion service for patients receiving chemotherapy, an audit was undertaken to assess the need and experience of PICC insertion, against our original Hickman catheters.

Method: A questionnaire was developed and used for each patient who had a PICC or Hickman placed, to establish where the catheter was inserted (either within the Medical Oncology outpatient clinic, or in radiology), whether the place of insertion would have any bearing on any future problems, whether the patient actually had any problems, and for how long the catheter functioned. The questionnaires were completed by the sister in the Oncology department, by accessing the patients notes, on all line insertions over a three month period.

Results: In the three month period of the audit, 67 catheters were inserted. Some patients received more than one catheter. Approximately equal numbers of PICCs and Hickman lines were placed.

Conclusion: Although the results of the audit are not yet available, preliminary results show that the problems occurring happened in about similar numbers for both Hickmans and PICCs. Very few patients from the numbers inserted had any problems at all. PICCs appear to be advantageous, however, as they are less obtrusive, inserted by a skilled, trained nurse, better tolerated, and with no necessity for a general anaesthetic or sedation. The procedure is quick and relatively painless.

1506

POSTER

Re-expression of HLA class I antigens and restoration of antigen-specific cytotoxic T lymphocytes in melanoma cells following 5-AZA-2'deoxyctidine treatment

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Cytotoxic T cells (CTLs) play a central role in the elimination of virally