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POSTER

### Methodical alternatives in the complementary cure of the cancer, to other treatments

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Our study has been centralized on the possibility to block the metastasis to level of cellular membrane, acting on the synthesis of saturated lipid with the competition of an element of their metabolism of which the cancerous cell feeds. In parallel with the synthesis process it is proceeded to strengthen in our patients the immune system to haematic level. From a chloroplast infusion it is proceeded to fractional distillation of the obtained product and with separate boiling a melting point has been caught up subsequently that has allowed integration of the two members. One has not found some toxicity of prepared neither intolerance to gastric absorption. This is the first phase of the *product anti-C* that it comes then integrated with several members, between which a cation, nucleoside synthetic of *Vinca Rosea* (ribavirina) and a mediator for the transport of fat acids in the mitochondria. The cation modulates the membrane activity and regulates the ionic permeability. The mechanism of action exercised from these members, by reason of the altered function of the microtubules of the mitotic apparatus, is developed blocking, in its metaphase, the cellular division. The search until to lead hour, is not complete, neither some data deduced in the *iter* of the application has been published, because not still clear the sequence of some reactions. The first reason is gushed from the modality of transmission of the stimulus that, to departure from the membrane that has produced it, goes to the nucleus where it set off the mitosis. Other reason, not easy to explain, has been offered from the opening of some ionic channels with the mediation of a membrane modulator that has generated one variation of potential. The result of the search favours one gradually adopted substantially various interpretation for the methodical one, because applied with varying of concentration of the various products on various tumoral pathologies from an histological point of view. It has been stated moreover that a radical surgical operation is very important.

## Outpatient and home care

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POSTER

### An audit of the patient service in a chemotherapy outpatient department

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**Introduction:** This abstract presents the results of an audit of patient satisfaction and waiting times in a Chemotherapy Outpatient Department. The Plymouth Oncology Centre covers a local population of 440,000 and is the tertiary referral centre for a population of 1,000,000. The Department treats 5882 patient episodes per year with a staffing level at the time of the audit of 3.5 full time posts. Management changes had taken place and there were plans for an alteration in working practices. The aim of the audit was to assess the service prior to these changes so that any improvements in the quality of the patient experience could be measured. Our standards were that no patient should wait more than 30 minutes for their chemotherapy and that 100% would be very satisfied with the service provided.

**Methods:** The audit took place over a 5 week period. Each patient attending the department was invited to complete a confidential questionnaire which included both open and closed questions. Levels of satisfaction of the service, information given and punctuality were assessed along with the positive aspects of the Department. During the same period waiting times were recorded along with reasons for any delays and the staff-patient ratio.

**Results:** 570 patients attended the department within the audit period. No patient refused to complete a questionnaire. 17% had no wait for their chemotherapy. 63% waited for 30 minutes or more with 11% waiting more than two hours. The main causes of delay were lack of nursing staff and time taken to prepare chemotherapy in Pharmacy. However despite this 67% of patients were very satisfied with the service provided and only 1% were very unsatisfied. Reasons for dissatisfaction included time waiting, delays in pharmacy, information given and requiring blood tests. The staff were identified as the main positive aspect of the Department by 87% of the patients. 96% felt they had received sufficient information about their condition and treatment.

**Conclusion:** Patient waiting times were unacceptably high. Despite this overall patient satisfaction was also high. The disparity between long waiting

times and high patient satisfaction seems to reflect the continuing goodwill of patients towards nursing staff within the NHS. Now that staffing levels have now been increased and working practices changed a further audit is about to be performed.

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POSTER

### CAMPAS: new instrument for measuring symptoms and needs for cancer patients at home: measurement characteristics for anxiety and depression scales

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**Background:** Increasingly cancer care is delivered on outpatient basis. To date no instrument has been available to monitor prospectively patients' symptoms and needs during palliative care in community. Such an instrument would assist symptom control by providing structured feedback to clinicians. CAMPAS, (initially developed for audit), has been revised as a structured clinical record, which allows ongoing changes in condition to be identified. Symptoms are scored in terms of severity and interference with everyday life.

**Aim:** To investigate psychometric properties of CAMPAS-R (revised) for emotional status measurement.

**Methods:** Over 4 weeks domiciliary cancer patients recorded daily self-assessments of (1) activity -5 point scale- (2) symptoms -visual analogue scales- and (3) emotional and practical needs -dichotomous scales. Internal consistency was determined by coefficient alpha. Criterion related validity was investigated by non-parametric correlation (Spearman) with the criterion Hospital Anxiety and Depression (HAD) and EORTC-QLQ30 Emotional Function (EF) scales.

**Subjects:** Preliminary analysis is based on the first 30 of 100 patients with palliative care needs being cared for at home recruited from primary care, oncology and other specialist clinics.

**Results:** Alpha=0.76 for daily and alpha=0.79 for weekly self-assessments. Patients use full range of scores. Correlations for anxiety between HAD and CAMPAS-R severity is 0.67, for anxiety interference  $r=0.68$ , for depression HAD with severity  $r=0.66$  and for interference  $r=0.66$  For EORTC-EF and anxiety severity  $r=0.77$ , for interference  $r=0.75$ , for depression severity  $r=0.75$  for depression interference  $r=0.62$ . For composite CAMPAS affect disturbance severity with EORTC-EF  $r=0.821$ , ( $p<0.01$  in all cases).

**Conclusion:** The initial psychometric characteristics of CAMPAS-R in terms of patient anxiety and depression are favourable, with very acceptable correlations between CAMPAS-R and criterion measures. Alpha statistics reveal good internal consistency. Thus CAMPAS-R appears to be an acceptable, valid and reliable instrument in assessment of emotional status. CAMPAS is a useful research tool and of clinical use providing feedback on emotional status of patients

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POSTER

### CAMPAS: new instrument for measuring symptoms and needs for cancer patients at home: measurement characteristics for pain

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**Background:** Increasingly cancer care is delivered on outpatient basis. To date no instrument has been available to monitor prospectively patients' symptoms and needs during palliative care in community. Such an instrument would assist symptom control by providing structured feedback to clinicians. CAMPAS, (initially developed for audit), has been revised as a structured clinical record, which allows ongoing changes in condition to be identified. Symptoms are scored in terms of severity and interference with everyday life.

**Aim:** To investigate psychometric properties of CAMPAS-R (revised) for pain measurement.

**Methods:** Daily over 4 weeks domiciliary cancer patients recorded self-assessments of (1) activity -5 point scale- (2) symptoms -visual analogue scales- and (3) emotional and practical needs -dichotomous scales. Internal consistency was determined by coefficient alpha. Criterion related validity was investigated by non-parametric correlation (Spearman) with the criterion Brief Pain Inventory (BPI) and EORTC-QLQ30 Pain (PA) scales.