

**4259** POSTER  
**Identifying and Meeting Breast Cancer Patients Survivorship Needs: Developing an End of Treatment Clinic**

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**Background:** Earlier diagnosis and advances in cancer treatment have led to growing numbers of patients living with and beyond cancer. It is acknowledged that patients treated for cancer may have complex and unmet needs following completion of treatment [1,2]. National policy drivers in the UK support research to understand these needs further and to develop services to facilitate self management whilst assisting patients to adapt to life after cancer [3,4]. Working together, patients and staff at this organisation identified this as an priority area for development. A nurse-led end of treatment consultation clinic has been developed and implemented with the aim of improving services for patients completing treatment.

**Methods:** Patients who have completed the main phase of their treatment for early breast cancer are eligible to attend the clinic. Patients are invited to attend a 45 minute consultation with an experienced cancer nurse. Documentation for the clinic was developed with a patient reference group. Patients are asked to complete a holistic needs assessment prior to their appointment. The consultation focuses on on-going physical and psychosocial concerns as well as the plan for follow-up care. At the end of the consultation a management plan is completed which is shared with the patient and their general practitioner.

**Results:** Over 180 patients have been seen to date. The consultations allow discussion of the information and support available to facilitate self management and recovery whilst signposting patients to appropriate services to assist this. Other topics addressed are the plan for follow-up and surveillance, key contact details, lifestyle advice and other available survivorship services. Developing the clinic has enabled us to consider how to appropriately assess patients once they have completed treatment. Preliminary informal feedback is very positive. A formal independent evaluation of the intervention is underway.

**Conclusion:** The growing population of breast cancer survivors presents significant questions related to future health care provision. Development of the clinic has enabled us to address the needs of cancer survivors and reflect on our practice to identify the skills nurses require to meet these needs effectively.

**References**

- [1] Macmillan Cancer Support (2008) Health and Wellbeing Survey. Macmillan Cancer Support: London.
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- [3] NHS Improvement (2010) National Cancer Survivorship Initiative: Vision. Department of Health: London.
- [4] Department of Health (2011) Improving Outcomes: A Strategy for Cancer. Department of Health: London.

**4260** POSTER  
**'It's a Stroke of Genius!' – Network Meetings in Teenager and Young Adult Cancer Care**

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**Background:** A grounded theory study explored how a network-focused nursing programme in a Danish youth unit was perceived by teenagers and young adults and their significant others. Network meetings were psychosocial key interventions in the programme. The purpose is to present findings of the study related to meanings and actions created by participating in these network meetings.

**Methods:** Twelve teenagers and young adults (age 15–22 when first admitted) and 19 significant others participated in the study. Data were generated through interviews, observations and informal conversations.

**Results:** Most participants welcomed the nurses' offer to arrange a network meeting. The meeting was essential to creating space for the young person's normal growth and development during the treatment period and the participants experienced the service as genius. Involvement of the social network, a high level of information to everyone attending the meetings and the open, frank and demystifying communication, helped the teenagers and young adults and their significant others in keeping their world together.

**Conclusions:** This poster will appeal to delegates who want to learn more about the benefits and challenges in offering network meetings as part of

the care. The findings show that nurses are in a unique position to enhance and support the efforts of teenagers and young adults with cancer and their significant others in connecting with the social network that extends beyond the family and includes the wider social network.

Network meetings and a network-focused nursing programme can potentially be implemented in other areas of nursing care where patients also need social support from a supportive social network.

**4261** POSTER  
**Involving the Social Network – Social Support in Caring for Teenagers and Young Adults (TYAs) With Cancer**

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**Background:** We have eleven years of experience in network-focused nursing in our youth unit for TYAs with cancer, age 15–22. This poster describes our aims, methods and results.

**Aims:**

- To improve conditions for TYAs and their social network in the youth unit.
- To make it easier for TYAs to stay in contact with their social network.
- To support TYAs choices and their normal growth and development.

**Methods:** Development of a network-focused nursing programme with the following key components

- Education and training of nurses in the youth unit
- Offering and conducting 'network meetings'
- Supporting TYAs and their significant others through 'parent-free time'
- Close cooperation in the multidisciplinary healthcare team (the formal social network)
- The significant others can be co-admitted to the unit and the environment allows for visits and social interaction.

**Results:** We have found that the nursing programme optimises conditions for becoming familiar with the TYA and the family, for creating trust and for cooperation. Especially the network meetings are highly valued by the TYAs and their social network and improve interaction and open communication. The nurses experience improvement of their communication skills.

**Conclusions:** Social support through this network-focused approach is a fundamental part of our care for TYAs with cancer. Internationally, similar programmes can profitably be implemented in any youth care setting.

*Poster Presentations*

**Nursing Oncology – Symptom Management**

**4262** POSTER  
**A Supportive Nursing Care Clinic for Patients With Head and Neck Cancer – Effects on Nutritional Status and Health Related Quality of Life**

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**Background:** Patients with head and neck cancer are at extreme risk for developing severe and sustained nutritional problems. Studies have shown deficiencies concerning support to this group of patients. A supportive nursing care clinic (SNCC) with focus on symptom control, nutritional care and psychosocial and emotional support was established at a hospital as a complement to regular care (RC). The objective of this study was to investigate the impact of the supportive nursing care clinic on eating problems, weight loss and quality of life for patients with head and neck cancer treated with radiotherapy.

**Materials and Methods:** A prospective comparative design was used comparing SNCC at one hospital with RC at another hospital. 20 consecutive patients in each group participated. Data were collected each week during radiotherapy and six and twelve months after completed radiotherapy using a study specific questionnaire covering eating problems and weight, and EORTC QLQ-30 and EORTC H&N35 for health-related quality of life. Data was analyzed with descriptive and non parametric statistics.

**Results:** Eating problems impacting on dietary intake were common in both groups during the whole study period. No statistical differences were found regarding severity or type of problem. 65% of the patients in the SNCC group received enteral nutrition compared to 27% in the RC group. Patients in the SNCC had an considerable smaller weight loss after radiotherapy ( $p = 0.001$ ), six months ( $p = 0.059$ ), and after 12 months ( $p = 0.119$ ). Regarding health-related quality of life no significant differences were found but the SNCC group increased their score to a greater extent than the RC group during the year after treatment.

**Conclusions:** The patients in this study had severe eating problems regardless of model of care. The patients in the SNCC received more often enteral nutrition and lost considerable less weight than the patients in the regular care group. Hence, this study shows that a SNCC can make appropriate early nutritional interventions possible and thereby optimize nutritional status. The findings also indicate that a SNCC can contribute to higher quality of life in patients suffering from HNC.

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POSTER

#### Symptom Clusters – the Reality for Patients With Lung Cancer

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**Background:** The concept of a symptom cluster in cancer nursing was first formally introduced by Dodd et al in 2001. However no study to date has formally explored the lived experience of symptom clusters in patients with lung cancer and this is a significant limitation in this body of research.

**Materials and Methods:** The aim of this study was to explore the lived experience of symptom clusters in patients with lung cancer. Using Interpretative Phenomenological Analysis (IPA), a qualitative approach stemming from the discipline of health psychology, ten patients with lung cancer were interviewed at two time points: on recruitment to the study and 3–5 weeks later. Data analysis was undertaken using the IPA framework advocated by Smith and Osborn (2003).

**Results:** The findings of the study illustrated the core role of context and meaning in the lived experience of symptom clusters in patients with lung cancer. Despite the participants reporting to be experiencing symptom clusters, many of their dialogues focused on individual symptoms. This focus on sentinel symptoms within the experience of symptom clusters in patients with lung cancer was attributed to the meanings that the individuals ascribed to these key symptoms which in this study were a fear of death, stigma and loss of sense of self.

The results of this study highlight that within the experience of symptom clusters, patients with lung cancer do not view all the symptoms that they are experiencing as being of equal weighting, but instead give certain symptoms credence over others based on the meanings that they ascribe to them. Such findings therefore suggest that patients with lung cancer experiencing symptom clusters create a meaning based hierarchy of symptoms, focusing on those that are most meaningful to them within the context of their lives.

**Conclusion and Recommendation:** The results of this study contest the predominantly quantitative measurement of symptom clusters and recommend the subsequent development of meaning-based, patient focused symptom cluster interventions for patients with lung cancer.

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POSTER

#### Improving the Symptom Experience of Patients With Lung Cancer Receiving Radiotherapy: Advanced Symptom Management System for Radiotherapy (ASyMS-R)

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**Background:** Clinical estimates suggest that 70% of patients with lung cancer will receive radiotherapy and are known to experience several symptoms related to both their treatment and disease, (Ekfors et al. 2004; John 2001; Wang et al. 2006) which are associated with reductions in quality of life and overall survival. Therefore effective symptom management is vital in this patient group. However, within the UK there appears to be no standardised means of assessing symptoms in patients with lung cancer receiving radiotherapy (Faithfull et al. 2003), therefore it is likely that symptom management in this patient group may not be optimal. The 'real time' monitoring of symptoms using mobile technology may be seen as means of improving the management of symptoms in this patient group.

**Aim:** Building on previous work (Kearney et al, 2009; Maguire et al, 2008) the aim of this study was to develop a mobile phone based, remote monitoring Advanced Symptom Management System (ASyMS-R) for the management of symptoms in patients with lung cancer receiving radiotherapy and to assess the feasibility and acceptability of the system in clinical practice. The study was conducted in two phases. Phase I developed the ASyMS-R system and phase II evaluated the feasibility and acceptability of ASyMS-R in clinical practice.

**Materials and Methods:** The study followed a prospective study design, utilizing a mixed methods approach previously advocated for the evaluation of new technologies within healthcare (May et al, 2003). Patients completed an electronic symptom questionnaire on the mobile phone, daily throughout their radiotherapy treatment and for one month post-treatment. Any symptom reports that were of concern, initiated an alert to the nurse at the clinical site, who then viewed a secure web page detailing the patients symptom report and triaged care accordingly. Patient and health professional perceptions of the use of ASyMS-R in clinical practice were assessed using semi-structured questionnaires and interviews pre and post-study.

**Results:** A total of 16 patients were recruited to the study. Patients using the ASyMS-R system reported positive perceptions of its use in clinical practice, reporting that it helped them to both manage their symptoms and communicate with health professionals. Health professional perceptions were mixed, however overall consensus was that the system was worthwhile and that the vision of using technology as a means of providing care to people with lung cancer was viable.

**Conclusion:** The use of ASyMS-R is feasible and acceptable to patients with lung cancer receiving radiotherapy and health professionals caring for them. Based on the findings of this study, a number of modifications will be made to accommodate use of this technology in routine clinical practice.

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POSTER

#### Management of Treatment Related Oral Mucositis With Carbomer Homopolymer a for Radiotherapy and Chemo-radiotherapy Induced Oral Mucositis

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**Background:** Radiotherapy (RT) and chemo-radiotherapy (C-RT) for the treatment of head and neck cancer are well known to produce severe, limiting oral mucositis (OM). Carbomer homopolymer A (MuGard<sup>®</sup>) has been reported as delaying onset and reducing the severity of oral mucositis. A pilot study was undertaken to assess the efficacy and tolerability of this approach.

**Materials and Methods:** An historical comparison of consecutive patients requiring RT and C-RT for oropharyngeal cancers (OPC) was undertaken, to assess the onset of RTOG Grade 3 OM, opiate analgesic requirements and supplemental feeding. A prospectively reviewed group of OPC patients were assessed for the same criteria, but commenced carbomer homopolymer A (MuGard<sup>®</sup>) four times daily, from day 1 of treatment until 7 days post treatment. Efficacy and tolerability were assessed during and 7–14 days post-RT by means of oral clinical exam, interview and feedback questionnaire.

**Results:** The historical comparison group of 15 patients demonstrated median onset of G3 OM in week 3, coinciding with opiate analgesia requirement and nasogastric tube (NGT)/gastrostomy use. 20 patients were prospectively assessed for carbomer homopolymer A (MuGard<sup>®</sup>) efficacy and tolerability. 4 found the treatment unpalatable or were non-compliant. In the 16 compliant patients, the median onset of G3 OM was 5 weeks with only 2 patients requiring opiate analgesia. The median time for sustained oral diet was week 4 and median onset of nasogastric/gastrostomy feeding was week 5. At 7–14 days post-RT review, oral clinical exam demonstrated 3 patients had G3 OM, 7 had G2 OM, 4 had G1 OM and 2 had G0 OM. Although not assessed against the historical controls, continued follow-up suggested these patients returned more quickly to normal nutritional intake, stable weight and earlier removal of gastrostomies.

**Conclusions:** This pilot study suggests carbomer homopolymer A (MuGard<sup>®</sup>) is effective in prevention, delay and management of RT/C-RT induced OM, as well as reducing the need for opiate analgesia and NGT/gastrostomy use. However, patient compliance appears essential for maximum efficacy. This pilot warrants further study and may also have applications in the management of chemotherapy-induced mucositis. Additionally to the quality of life implications for the patient, there are potential cost implications in the reduction in OM induced hospital admissions and abandoned treatments.

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POSTER

#### A Retrospective Analysis of the Use of the Common Toxicity Criteria Tool in Patient Assessment

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**Background:** Patient assessment and reporting of toxicity plays a central role in oncology research. Accurate reporting and systematic grading of adverse events is important as it reduces the subjectivity of individual interpretation and facilitates data collection. The common toxicity criteria