

had reduced their work status due to GBM, and only 4% had no change in their work status. Household ADL information was available for 236/270 (87%) patients; 30% were able to perform household activities, 44% were able to perform only reduced activities, and 24% were unable to perform these activities. For patients unable to fully perform household activities, close family members provided support in 82% of cases. 68% of caregivers providing support for household activities had either reduced or ceased employment. Self-care ADL information was available for 238/270 (88%); 49% were able to perform self-care, 37% had reduced ability, and 13% were unable to perform these activities. When caregivers provided support for self-care, 74% had reduced or ceased employment. When comparing patients whose GBM had not recurred following initial therapy with those whose GBM had recurred, the impact on ability to perform ADLs was greater with recurrence, as was the impact on caregiver work status.

Conclusions: GBM reduces productivity of patients in terms of work status. GBM also reduces patient's abilities to perform ADLs. To assist with ADLs, family members and friends reduce work status. The negative impact of GBM increases with disease recurrence.

P-011

Radical Cystectomy for Bladder Cancer: a qualitative exploration of patient experiences

D. Miller¹, M. Fitch², S. Sharir³, A. McAndrew⁴, G. Kurtz⁵

¹Toronto Sunnybrook Cancer Centre, oncology nursing, Toronto, Canada

²Toronto Sunnybrook Cancer Centre, oncology nursing and supportive care, Toronto, Canada

³Toronto Sunnybrook Cancer Centre, surgical oncology, Toronto, Canada

⁴Toronto Sunnybrook Cancer Centre, psychosocial oncology, Toronto, Canada

⁵University of Toronto, medical student, Toronto, Canada

It is estimated that 6400 individuals will be diagnosed with bladder cancer in 2006 and 1700 deaths will be reported from the disease (Canadian Cancer Statistics, 2006). Advanced disease requires a radical cystectomy resulting in an ileal conduit, neobladder or continent reservoir. These changes can have a profound impact on quality of life. To date, little has been reported about the experiences patients have with this surgery. A qualitative descriptive study was undertaken at two tertiary care cancer centres to uncover the lived experiences of men and women undergoing bladder cancer surgery. In-depth participant interviews were conducted using a semi-structured interview guide. Common content categories and themes were identified by a detailed review of the interview transcripts by the team members working collaboratively. The thematic findings were presented to participants during two focus groups to

obtain the participants' reaction and input to the analysis by the investigators. The content or topics described commonly by participants included aspects of the preoperative experience such as observing the initial symptoms, accessing health care, and reacting to the diagnosis of cancer; perioperative issues related to the surgical (in hospital) and homecare experience; and long-term experiences included the impact of surgery on patients' physical, emotional, and financial well-being; as well as coping with changes in body image, continence, intimacy, and sexual function. Obtaining information and communication with the health care team and peers were also identified as important elements. Research findings suggest that having a radical cystectomy results in significant changes in the lives of patients. These changes require major adjustments by individuals and necessitate incorporation of individualized coping strategies and support from family members, peers, and health care providers.

P-012

Long term sustainability of quality of life in patients with advanced cancer. An explorative pilot study for 12-months after palliative treatment in an anthroposophic hospital

P. Heusser¹, U. Wolf¹, M. Bertschy², R. Burkhard², R. Ziegler³, S. Helwig⁴, T. Cerny⁵

¹University of Bern, Institute for Complementary Medicine, Anthroposophic Medicine, Bern, Switzerland

²University of Bern, Institute for Mathematical Statistics, Bern, Switzerland

³Institute Hiscia, Arlesheim, Switzerland

⁴Lukas Klinik, Arlesheim, Switzerland

⁵Kantonsspital St. Gallen, Dept. of Internal Medicine, Oncology/Hematology, St. Gallen, Switzerland

Background: Stationary anthroposophic cancer care at the Lukas Klinik Arlesheim, Switzerland (LK) is reported to increase quality of life (QoL), but long term data on the sustainability of QoL after such care is lacking.

Aim: To provide the first explorative long term account of QoL in a cohort of 115 patients followed up for 12 months after hospitalization at LK.

Methods: QoL during palliative stationary treatment at LK was assessed with multi-item questionnaires (EORTC QLQ-C30, HADS, SELT-M). In parallel and for long term follow-up after hospital discharge (HD), a questionnaire with 20 single-item linear analogue self-assessment (LASA) measures was used and processed as follows: 1. Single-item LASA scales were combined to create 6 QoL dimensions tightly corresponding to the content of 6 core dimensions from QLQ-C30 and SELT-M which had shown significant score improvements from baseline (BL) to HD: global QoL, physical well-being, fatigue, pain, basic mood

and cognitive-spiritual QoL. 2. The correlation between the two sets of dimensions was calculated by correlation and rank correlation coefficients, a linear model and the coefficient of determination for BL and HD. 3. Statistical testing was performed for the score differences of the 6 LASA dimensions between BL and HD, using Bonferroni correction. 4. QoL after HD was studied exploratively by describing graphically the 95% CI bound for median and the 1st and 3rd quartiles of the LASA scores for these dimensions of months 4, 6, 8 and 12.

Results: 1. The correlation and rank correlation between the 6 corresponding QoL dimensions from LASA and QLQ-C30/SELT-M were high but not linear. 2. QoL improvement between BL and HD was significant for all LASA dimensions. 3. After HD, QoL of patients remaining in the study had dropped in all dimensions at month 4, but decreased to BL values only later: global QoL at month 8, fatigue and pain at month 12. In contrast, basic mood and cognitive-spiritual QoL contained their level.

Conclusion: 1. LASA scales are feasible for long-term QoL-assessment in patients with advanced cancer. 2. A significant QoL gain from stationary treatment including holistic forms of supportive cancer care may be partially sustained after 4 months, but lost thereafter in global and physical QoL- dimensions. Interestingly, QoL-dimensions such as basic mood and cognitive-spiritual dimensions may be further sustained.

P-013

Experience with the standardized fermented mistletoe extract (*Viscum album* L.) Iscador® as a part of long-term supportive care in patients with primary non-metastatic colorectal carcinoma

E. Friedel¹, H. Matthes², P.R. Bock³

¹*Hospital Bad Bocklet, Department of Internal Medicine and Oncology, Bad Bocklet, Germany*

²*Hospital Havelhöhe, Oncology Clinic, Berlin, Germany*

³*Institute for Applied Medical Research, IFAG Basel AG, Basel, Switzerland*

Mistletoe therapy is a frequently used supportive treatment in cancer patients in Germany and Switzerland, mainly to reduce adverse drug reactions of adjuvant therapy (ADRs) and improve quality of life.

Objectives: To evaluate efficacy and safety of mistletoe extract Iscador® (ISC) in supportive care of surgically treated patients with primary non-metastatic colorectal carcinoma in comparison with a parallel control group (control) without ISC from the same cohort.

Methods: In a multicenter, epidemiological, observational cohort study in Germany and Switzerland, ISC was given in addition to conventional adjuvant chemo- and radiotherapy (conventional therapy), and the control was treated with conventional therapy only. Unselected, chronologically ordered, standardized anonymous data from medical records that satisfied the pre-specified eligibility criteria were followed up until the last visit or death. The endpoints were ADRs by the conventional therapy, disease and treatment-associated symptoms, performance, hospitalization and survival. Safety was assessed by the number of patients with ISC-related ADRs. All endpoints were adjusted to baseline imbalance, therapy regimen and other confounders.

Results: In 804 (429 ISC and 375 control) evaluable patients from 26 centers, the majority of the baseline characteristics, prognostic criteria, and main therapeutic measures was sufficiently balanced between the therapy groups. After a median follow up of 61 vs. 56 months, and a median ISC therapy duration of 53 months, significantly fewer ISC (19.1%) than control patients (48.3%) developed ADRs by the conventional therapy ($p < 0.001$), had fewer persistent, mainly gastrointestinal and CNS, symptoms during the therapy ($p \leq 0.001$), and had on average one week shorter hospitalization ($p = 0.004$). ISC vs. control patients showed a longer tumor-free survival with an estimated 28% hazard ratio reduction ($p = 0.026$). In the ISC group 2,3% of the patients developed treatment systemic reactions and 23,3% had local reactions at the injection site. Severe ISC-related ADRs or tumor enhancement were not observed.

Conclusions: In comparison to the parallel control group, the ISC-group showed significantly fewer ADRs of the conventional therapy, fewer disease- and therapy-related symptoms, and longer tumor-free survival. The ISC-treatment was well tolerated and appears beneficial in the supportive care in patients with primary non-metastatic colorectal carcinoma.

P-014

The study of severity of distress in cancer patients and the factors influencing it

N. Nageswara Rao¹, G. Dr. G. Durga Prasad², G. Dr. Gayatri Palat³, K. Mrs. K. Haritha⁴

¹*MNJ Institute of Oncology & Regional Cancer Center, Medical, Hyderabad, India*

Aim: To study the severity of distress in cancer patients and the factors influencing it.

Introduction: Distress is a broad term which reflects the overall change in mood influenced by factors like physical, psychosocial, spiritual and cultural background of the