

CANCER NURSING: HEALTH PROMOTION, PREVENTION AND SCREENING

CN11 Impact of a surgical ward breakfast buffet on nutritional intake in postoperative (oncological) patients

S. Musters¹, H. van Noort², S. van Dieren¹, S. Geelen³, J. Maaskant⁴, W. Bemelman¹, E. Nieveen van Dijkum¹, M. Besselink¹, A. Eskes¹

¹Department of Surgery, Amsterdam UMC, University of Amsterdam, Cancer Center Amsterdam, Amsterdam, Netherlands; ²Department of Surgery, Radboud University Medical Center, Nijmegen, Netherlands; ³Department of Rehabilitation Medicine, Amsterdam University Medical Center (UMC), Amsterdam Movement Sciences, Amsterdam, Netherlands; ⁴Emma Children's Hospital, Emma Children's Hospital, University of Amsterdam, Amsterdam, Netherlands

Background: Early return to normal intake and early mobilization enhances postoperative recovery. However, one out of six surgical patients is undernourished during hospitalization and approximately half of the patients eat 50% or less of the food provided to them. We assessed the use of newly introduced breakfast buffets in two wards for gastrointestinal and oncological surgery, and determined the impact on postoperative protein and energy intake.

Methods: A prospective pilot cohort study was conducted to assess the impact of the introduction of breakfast buffets in two surgical wards. Adult patients were actively invited to make use of the buffet each day, but could also make use of the regular service. Therefore, the study consisted out of one group of patients who used the buffet in greater or lesser extent. Additional food products (e.g., warm crepes, boiled eggs and a yoghurt bar with toppings) were offered to support use of the buffet. Furthermore, to make the buffet attractive the lounge was decorated with new chairs, tables for two, and some decoration items. Primary outcomes were protein and energy intake during breakfast. We asked patients to report the type of breakfast service and breakfast intake in a diary up to a seven day follow-up period. Prognostic factors were used during multivariable regression analysis.

Results: A total of 77 patients were included in the study from which 57% were oncological patients. Per patient the median use of the breakfast buffet over the follow-up period was 50% (IQR 0 – 83). Mean protein intake was 14.7 grams (SD 8.4) and mean energy intake 332.3 kilocalories (SD 156.9). Predictors for higher protein intake included use of the breakfast buffet ($\beta=0.06$, $p=0.01$) and patient weight ($\beta=0.13$, $p=0.01$). Both use of the breakfast buffet ($\beta=1.00$, $p=0.02$) and the Delirium Observation Scale ($\beta=-246.29$, $p=0.02$) were related to higher energy intake.

Conclusions: In this pilot cohort study we cautiously conclude that the use of breakfast buffet significantly contributes to a higher protein and energy intake in patients. The breakfast buffet appeared to be a promising approach to optimize intake in gastrointestinal (oncological) hospitalized patients.

Legal entity responsible for the study: The authors.

Funding: Amsterdam UMC.

Disclosure: All authors have declared no conflicts of interest.

<https://doi.org/10.1016/j.annonc.2021.08.636>

CN12 Describing self-care behaviours in cancer patients taking oral anticancer agents

M. Di Nitto¹, A. Durante¹, F. Sollazzo², V. Biagioli², L. Rosito¹, F. Torino¹, R. Alvaro¹, E. Vellone¹

¹Biomedicine and Prevention, University of Rome Tor Vergata, Rome, Italy; ²Dipartimento Biochimica e Prevenzione, Bambino Gesù Children's Hospital IRCCS Rome, Italy

Background: Oral anticancer agents (OAAs) are effective drugs that can be managed autonomously by patients at home with appropriate self-care behaviours. However, OAA-related behaviours have been poorly investigated. The aim of this study was to explore the self-care behaviours adopted by patients treated with OAAs.

Methods: We used a qualitative descriptive design, with semi-structured individual interviews in patients aged ≥ 70 years and on OAAs for at least 3 months. Interviews were recorded, transcribed verbatim and analysed using content analysis with a deductive and inductive approach. Two investigators independently performed a three-round coding of the text using NVIVO®. We followed the Middle Range Theory of Self-Care of Chronic Illnesses, including the dimensions of self-care maintenance (i.e. behaviours to maintain illness stability), self-care monitoring (i.e. monitoring symptoms and side effects) and self-care management (i.e. actions to respond to symptoms), as an organising framework for extracted codes and categories.

Results: Overall, 22 patients with cancer were interviewed (mean age: 76 [\pm 5]; male 59.1%; lower secondary school education: 36.36%; tumour site lung: 22.72%). The

content analysis yielded 36 codes and 9 categories. Self-care maintenance behaviours included patient strategies for ensuring adherence to OAAs, dietary adaptations and physical activity. Concerning self-care monitoring, patients reported monitoring clinical signs and symptoms related to OAAs intake, monitoring their general health status and attending all follow-up visits as recommended. Self-care management behaviours included both pharmacological and non-pharmacological management of common OAA-related side effects and communicating to the oncology team about any emerging side effects (via phone or during follow-up visits).

Conclusions: This study gives insights into self-care behaviours adopted by patients at home while they are taking OAAs. Evaluating patient self-care behaviours is important for establishing specific interventions aimed at improving patient self-care and patient quality of life by promoting an appropriate and safe use of OAAs.

Legal entity responsible for the study: M. Di Nitto.

Funding: "Lega Italiana per la Lotta contro i Tumori" (LILT) foundation.

Disclosure: All authors have declared no conflicts of interest.

<https://doi.org/10.1016/j.annonc.2021.08.637>

CN13 Review of healthcare interventions to promote cancer prevention by improving lifestyle behaviours

C. Díez de los Ríos de la Serna¹, P. Fernández Ortega², M.T. Lluch Canut¹

¹Nursing School, Medicine and Health Science Faculty, Universitat de Barcelona, Universidad de Barcelona, Barcelona, Spain; ²Nursing Research Department, Institut Català d'Oncologia, Barcelona, Spain

Background: The link between some lifestyle behaviours and risk of cancer is well established, which is crucial for people with personal/family history or genetic susceptibility. Research suggests that genetic testing is not enough but, modification of health behaviours is important. Cancer nurses have a central role as information providers and to empower individuals to take control and participate in their care. For this, nurses need training and confidence in talking about genomic and involve patients to be active participants of their health. Prospero: CRD42020209921.

Methods: A systematic review of the literature was carried out to identify interventions used to promote healthy lifestyle on people with high risk of cancer. This systematic review was done following PRISMA statement guidelines. In the databases: CINAHL, MEDLINE, PubMed, Cochrane Library, Scopus & Joanna Briggs from January 2010 to January 2021. Search strategy used terms related to cancer, hereditary cancer and health promotion.

Results: 19 studies selected from a total of 1450. Most research was on cancer patients' survivors (n=14 studies, 73%), the rest on patient with colorectal or breast cancer risk (n= 3 Lynch, 2 BRCA). The interventions focused mainly on diet (n=10) and physical activity (n=8), 3 focused on a variety of lifestyles, and 2 in alcohol consumption. As a secondary aim we extracted how many of these interventions were done in genetic counselling (4 studies, 21%) and how many were nurse led interventions. Three were nurse led studies (Four did not specify who did the intervention).

Conclusions: From the interventions described to address lifestyle behaviours, few are tailored to address patients' needs. All healthcare professionals should be able to consider individual risks, such as family history, lifestyle and many more, with a well-designed approach to motivating and monitoring outcomes. In people at risk of cancer the result would not only be the improvement of these behaviours, but the satisfaction of the individual involved in their self-care. Now we need to understand what interventions on lifestyle patients and professionals consider important and identify the best way to deliver this information to both patients and professionals.

Legal entity responsible for the study: Universitat de Barcelona.

Funding: Has not received any funding.

Disclosure: All authors have declared no conflicts of interest.

<https://doi.org/10.1016/j.annonc.2021.08.638>