DGHO
DEUTSCHE GESELLSCHAFT FÜR HÄMATOLOGIE UND MEDIZINISCHE ONKOLOGIE

ÖGHO
Österreichische Gesellschaft für Hämatologie & Medizinische Onkologie

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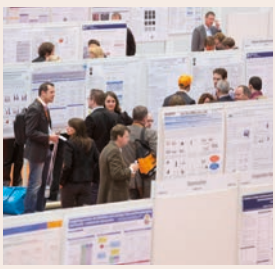
JAHRESTAGUNG 2017

Jahrestagung der Deutschen, Österreichischen und Schweizerischen Gesellschaften für Hämatologie und Medizinische Onkologie

www.haematologie-onkologie-2017.com

STUTTGART

29.9.–3.10.



PFLEGETAGUNG

30.9./1.10.2017

PROGRAMM

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ICS Internationales Congresscenter Stuttgart
Landesmesse Stuttgart GmbH
Messepiazza 1
70629 Stuttgart

Inhaltsverzeichnis

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Das vorliegende Programm wird anlässlich der Pflegetagung im Rahmen der Jahrestagung der Deutschen, Österreichischen und Schweizerischen Gesellschaften für Hämatologie und Medizinische Onkologie 2017 herausgegeben.

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Grußwort

Liebe Kolleginnen und Kollegen,

es ist uns eine Freude, Sie zur Pflegetagung während der Jahrestagung der DGHO, OeGHO, SGMO und SGH vom 29.09.– 3.10.2017 in Stuttgart begrüßen zu dürfen.

Gemeinsam mit der Onkologiepflege Schweiz und der Arbeitsgemeinschaft hämatologischer und onkologischer Pflegepersonen in Österreich (AHOP) haben wir ein vielfältiges Programm für Sie zusammengestellt.

Fast täglich werden Sie mit den Themen Innovation in der Pflege und Medizin, neue Leitlinien, Palliativpflege oder Geriatrie konfrontiert. Wir haben diese Themen aufgegriffen und daraus ein Tagungsprogramm erarbeitet, welches Ihnen hervorragende Fortbildungsmöglichkeiten bietet.

Auch Sie als Pflegende sollen die Möglichkeit erhalten, bei Themen zur Selbstpflege Kraft für Ihren immer anspruchsvolleren Arbeitsalltag auf der Station und in der Praxis zu schöpfen.

Die Anforderungen an eine erfolgreiche Kommunikation zwischen den unterschiedlichsten Berufsgruppen sowie mit Patienten und deren Angehörigen sind hoch. Wir wollen in unserem interprofessionellen Themenblock die verschiedenen Facetten der Kommunikation aufgreifen.

Eine weitere Säule in der Versorgung unserer Patienten, die onkologische Rehabilitation, wird näher beleuchtet. Referenten verschiedenster Professionen werden auf den Alltag der Pflegenden, die optimale Nutzung der Rehabilitation, Konzepte der DRV und den Zusammenhang von Sport und Krebs eingehen.

Nutzen Sie die Tagung, um sich auch abseits der Vorträge mit Pflegenden über Pflege auszutauschen und zu diskutieren.

Wir hoffen, dass unser Programm Ihr Interesse geweckt hat. Seien Sie herzlich willkommen in Stuttgart zu interessanten und erfolgreichen Tagen.

Herzliche Grüße

Silke Schmidt
Vorsitzende des Arbeitskreises Pflege der DGHO

Prof. Dr. med. Lothar Kanz
Kongresspräsident

Ebenen- und Raumpläne

ICS – Erdgeschoss

ICS – 1. Obergeschoss und Lounge

Programm

Samstag, 30.09.2017

08:00 – 08:55 **Lounge 2**

Neue Therapien: Lungenkarzinom - ärztliche und pflegerische Aspekte

08:00 Lungenkarzinom – aktuelle Therapiemöglichkeiten
Waller, Cornelius (Freiburg, D)

08:30 – 09:30 **C 4.2/3**

Innovative Krebstherapie

Vorsitz: Schmidt, Silke (Bad Soden-Salmünster, D)

08:30 Nutzung des körpereigenen Immunsystems zur Krebsbekämpfung
Overkamp, Friedrich (Hamburg, D)

09:00 Nebenwirkungen und wie ich diese erkenne
Overkamp, Friedrich (Hamburg, D)

09:00 – 09:55 **Lounge 2**

Neue Therapien: Non Hodgkin Lymphom - ärztliche und pflegerische Aspekte

09:00 Non Hodgkin Lymphom – aktuelle Therapiebehandlung
Aulitzky, Walter (Stuttgart, D)

10:00 – 10:55 **Lounge 2**

Neue Therapien: Hirnmetastasen - ärztliche und pflegerische Aspekte

10:00 Hirnmetastasen – aktuelle Therapiebehandlung
Pukrop, Tobias (Regensburg, D)

10:00 – 11:30 **C 4.2/3**

Innovative Pflegekonzepte

Vorsitz: Nätscher, Andrea (Nürnberg, D)

10:00 Interventionelle Schmerztherapie: Schmerzlinderung bei komplexen Schmerzen in der Onkologie – Welche Rolle kann die Pflege einnehmen?
Kirsch, Monika (Basel, CH)

10:30 ACP / BVP Behandlung im Voraus planen – Neue Aufgabenfelder für Pflegende
Krull, Elisabeth (Landshut, D)

danach Diskussion

11:00 – 11:55 **Lounge 2**

Neue Therapien: akute Leukämie - ärztliche und pflegerische Aspekte

11:00 Neue Therapiebehandlung von akuten Leukämien
Braess, Jan (Regensburg, D)

12:00 – 12:55 **Lounge 2**

Neue Therapien: Hyperthermie - ärztliche und pflegerische Aspekte

12:00 Hyperthermie
Biallas, Annelie, Zschaeck S. (Berlin, D)

12:00 – 13:30 **Raum C 4.2/3**

Kommunikation
(gemeinsame Sitzung Ärzte und Pflegende)

Vorsitz: Mößner, Ulrike (Freiburg, D), Flath, Bernd (Hamburg, D)

12:00 Kommunikation am und über das Lebensende
Heußner, Pia (München, D)

12:30 Kommunikation – Sicherheit für unsere Patienten
Schmidt, Silke (Bad Soden-Salmünster, D)

13:00 Interdisziplinäre Kommunikationskonzepte
Panse, Jens (Aachen, D)

14:00 – 15:30 **Raum C 4.2/3**

Fortbildung
Onkologische Rehabilitation
(gemeinsame Sitzung für Ärzte und Pflegende)

Vorsitz: Schmidt, Silke (Bad Soden-Salmünster, D), Steimann, Monika (Bolten-hagen, D)

14:00 Was kann Reha leisten (und was nicht)? Optimale Nutzung und Fehlvorstellungen von Reha
Dauelsberg, Timm (Nordrach, D)

14:20 Konzepte der Deutschen Rentenversicherung
Jaster, Markus (Berlin, D)

14:45 Einblick in den Pflegealltag der onkologischen Rehabilitation
Ellinghaus, Marlies (St. Peter-Ording, D)

15:10 Sport und Krebs
Bertz, Hartmut (Freiburg, D)

15:45 – 17:15 **C 4.2/3**

Neue Leitlinien - Sind wir noch up to date?

Vorsitz: Mößner, Ulrike (Freiburg, D)

15:45 S3 Leitlinie Supportivtherapie
Riesenbeck, Dorothea (Recklinghausen, D)

16:15 S3 Leitlinie Palliativmedizin für Patienten mit einer nicht heilbaren Krebserkrankung
Krull, Elisabeth (Landshut, D)

16:45 Gefäßkatheter – assoziierte Infektionen, aktuelle Version der RKI Empfehlung (01/17)
Stoliaroff-Pépin, Anna (Berlin, D)

17:30 – 19:00

Besuch der Posterdiskussion mit Postersitzung Pflege im Raum C 2.1/2

Sonntag, 01.10.2017

08:30 – 10:00 **C 4.2/3**

Der Jammersumpf – oder gerne und mit Freude arbeiten, Teil I

Vorsitz: Nätscher, Andrea (Nürnberg, D)

08:30 Widerstandsfähig wie ein Löwenzahn
Schümann, Bärbel (Koblenz, D)

09:15 Resilienz
Benfer-Breisacher, Almut (Neumarkt am Wallersee, A)

10:15 – 11:15 **C 4.2/3**

Der Jammersumpf – oder gerne mit Freude arbeiten, Teil II

Vorsitz: Nätscher, Andrea (Nürnberg, D)

10:15 LachYoga
Lippkau, Claudia (Notzingen, D)

12:00 – 13:30 **C 4.2/3**

Geriatrie: Patientenwille, Demenz, Urteilsfähigkeit

Vorsitz: Mößner, Ulrike (Freiburg, D)

12:00 Geriatrisch-onkologisches Assessment und Therapiefähigkeit
Wedding, Ulrich (Jena, D)

12:23 Tumortherapie bei geriatrischen Patienten
Mantovani Löffler, Luisa (Leipzig, D)

12:46 Geriatrie heute und morgen
Dartsch, Dorothee (Hamburg, D)

13:09 Demenz - Patientenwille
Ottinger, Andrea (Zirndorf, D)

14:00 – 15:30 **C 4.2/3**

Palliativpflege

Vorsitz: Stehr, Waltraud (Bad Cannstatt, D)

14:00 Erleben von Strahlentherapie aus Sicht des Palliativpatienten
Wiefels, Sarah (Bonn, D)

14:30 Vorausschauende Versorgungsplanung bei Astrocytom III
Meyer, Stefan (Nürnberg, D)

15:00 Palliativversorgung in Deutschland- eine Bestandsaufnahme
Schindler, Hubert (Frankfurt am Main, D)

WORKSHOPS

Es finden jeweils 2 parallele Workshops statt. Der Besuch der Workshops ist in der Teilnahmegebühr enthalten.

10:00 – 11:30 **C 4.1.1**

Workshop **Atemtherapie**
Pneumonieprophylaxe und atemerleichternde Maßnahmen bei onkologischen Patienten – praktische Tipps für das Pflegepersonal
Pawandenat, Christine (Dresden, D)

10:00 – 11:30 **C 4.1.2**

Workshop **Symptomlinderung bei Palliativpatienten**
Positionsunterstützung und Bewegung in der palliativen Pflege zur Symptomlinderung
Lang, Heidi (Heilbronn, D)

12:00 – 13:30 **C 4.1.1**

Workshop **Mangelernährung bei Patienten mit Kopf-Hals-Tumoren**
Weidlich, Sandra (Freiburg, D)

12:00 – 13:30 **C 4.1.2**

Workshop **Hygiene und MRGN**
Harms, Gundula (Stuttgart, D)
Loh, Ulrike (Stuttgart, D)

14:00 – 15:00 **C 4.1.1**

Workshop **Orale Mukositis bei stammzelltransplantierten Patienten – Studienvorstellung und Diskussion**
Staudenmaier, Tim, Berger Karin (München, D)

14:00 – 15:30 **C 4.1.2**

Workshop **Physikalische Therapie - onkologische Sportgruppe**
Krebs und Sport: geht das?
Schmidt, Thorsten (Kiel, D)

17:30 – 19:00

Besuch der Posterdiskussionen im Raum C 2.1/2

Programmänderungen vorbehalten.

3 Ausgaben gratis!

Pflegezeitschrift

mehr wissen – besser pflegen

- Pflegeentwicklung steuern – Versorgungsqualität sichern
- Aktuelles Pflegewissen integrieren – Theorie-Praxis-Transfer fördern
- Erfolgreich lehren – akademischen Nachwuchs qualifizieren
- Pflegequalität optimieren – evidenzbasierte Pflege stärken

Bestellen Sie jetzt!

☐ Ja, ich möchte die nächsten drei Ausgaben der **Pflegezeitschrift** kostenlos testen.

Ich gehe mit dieser Bestellung keinerlei Verpflichtung ein. Das Testabonnement endet automatisch nach Erhalt des dritten Heftes.

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Informationen für Teilnehmer

REGISTRIERUNGSCOUNTER

Der Registrierungscounter befindet sich im Eingangsbereich des ICS im Foyer C 2.
E-Mail: jahrestagung2017@eventlab.org

ÖFFNUNGSZEITEN

Freitag, 29.09.2017	08:30–20:30 Uhr
Samstag, 30.09.2017	07:00–19:00 Uhr
Sonntag, 01.10.2017	07:00–19:00 Uhr
Montag, 02.10.2017	07:00–19:00 Uhr
Dienstag, 03.10.2017	07:00–13:00 Uhr

VORREGISTRIERTE TEILNEHMER MIT BEREITS BEZAHLTEN GEBÜHREN

Wenn Sie Ihre gebuchten Leistungen bereits bezahlt haben, wurden Ihnen die Kongressunterlagen (Namensschild und ggf. gebuchte Tickets) ca. 14 Tage vor Kongressbeginn von der Firma event lab. GmbH per Post zugesandt. Ein erneuter Ticketausdruck kostet EUR 20,00.

VORREGISTRIERTE TEILNEHMER MIT ZAHLUNG NACH DEM 10.09.2017

Sie haben nach Eingang Ihrer Zahlung eine Bestätigung mit QR-Code per E-Mail erhalten. Bitte bringen Sie dieses Dokument ausgedruckt oder elektronisch zum Kongress mit und drucken sich Ihr Kongress-Namensschild und ggf. gebuchte Tickets an einer der Self-Print-Stationen im Eingangsbereich aus.

VORREGISTRIERTE TEILNEHMER MIT OFFENEN GEBÜHREN

Sollten Sie sich bereits für den Kongress registriert, aber Ihre Gebühren noch nicht beglichen haben, möchten wir Sie bitten, sich an einen der Registrierungscounter zu wenden. Der zu zahlende Betrag kann vor Ort in bar, per EC- oder per Kreditkarte (Amex, Visa oder Mastercard) entrichtet werden. Für Überweisungen nach dem 22.09.2017 bringen Sie bitte einen Überweisungsbeleg mit.

Fortbildungspunkte

Die Pflegetagung wurde von der Registrierung beruflich Pflegender (RbP) zertifiziert:

30.09.2017	mit 6 Punkten (1 Tag)
01.10.2017	mit 6 Punkten (1 Tag);
30.09./01.10.2017	mit 10 Punkten (beide Tage)

Die Teilnahmebescheinigungen erhalten Sie am Registrierungscounter.

TEILNAHMEGEBÜHREN FÜR PFLEGENDE*

Frühbucher	Normaltarif	Spätbucher	Tageskarten (pro Tag; nur vor Ort erhältlich)	
bis 30.06.2017	bis 01.09.2017	ab 02.09.2017	Fr, 29.09.2017 Di, 03.10.2017	Sa, 30.09.2017 So, 01.10.2017 Mo, 02.10.2017
120,00 €	135,00 €	150,00 €	90,00 €/Tag	140,00 €/Tag

* Ein Nachweis des Arbeitgebers/Institution über die tatsächliche Anstellung als Pflegekraft ist erforderlich.

Die Teilnahmegebühren sind gemäß § 4 Nr. 22 Buchst. a) UStG von der Umsatzsteuer befreit.

In den Teilnahmegebühren sind enthalten:

- Zugang zu allen wissenschaftlichen Veranstaltungen vom 29.09.–03.10.2017
- Namensschild
- Allgemeine Teilnahmebestätigung
- Eröffnung, Welcome Reception und Farewell Lunch
- Abstract-USB-Stick
- ÖPNV-Ticket des Verkehrs- und Tarifverbunds Stuttgart (VVS) vom 29.09.–03.10.2017 (in Tageskarten nicht enthalten)
- Zugang zur Industrieausstellung

Die vollständigen Teilnehmer-AGB finden sie auf der Kongresswebseite www.haematologie-onkologie-2017.com/registrierung

Informationen für Referenten und Vorsitzende

EINGELADENE REFERENTEN UND VORSITZENDE

Die Kongressunterlagen wurden Ihnen ca. 14 Tage vor Kongressbeginn von der Firma event lab. GmbH per Post zugesandt. Sollten Ihnen diese noch nicht vorliegen, so wenden Sie sich an den entsprechenden Schalter am Registrierungscounter.

MEDIENANNAHME

Die Medienannahme befindet sich im Eingangsfoyer des ICS. Alle Präsentationen müssen über die Medienannahme eingereicht werden. Der Anschluss eigener Notebooks sowie das Aufspielen von Daten in den Vortragsräumen ist NICHT möglich.

ÖFFNUNGSZEITEN DER MEDIENANNAHME

Freitag, 29.09.2017	08:30–20:30 Uhr
Samstag, 30.09.2017	07:00–19:00 Uhr
Sonntag, 01.10.2017	07:00–19:00 Uhr
Montag, 02.10.2017	07:00–19:00 Uhr
Dienstag, 03.10.2017	07:00–13:00 Uhr

VORTRAGSUPLOAD IN DER MEDIENANNAHME

Während des Kongresses werden alle Vortragenden gebeten, ihre Präsentationen spätestens 2 Stunden vor Beginn der entsprechenden Sitzung in der Medienannahme einzureichen.

NO-SHOW-POLITIK FÜR VORTRAGSAUTOREN

Wird ein Vortrag unentschuldigt nicht auf der Jahrestagung gehalten, wird der Erstautor des eingereichten Abstracts für die nächste Jahrestagung für die Anmeldung von Beiträgen gesperrt.

OFFENLEGUNG DER INTERESSENSKONFLIKTE

Bitte fügen Sie Ihrem Vortrag die Angaben zur „Offenlegung der Interessenskonflikte“ bei. Eine entsprechende Musterdatei und weitere Informationen finden Sie auf der Kongresswebseite unter www.haematologie-onkologie-2017.com

Arbeitskreis Pflege

der DGHO

Unsere Aufgaben und Projekte

- Erarbeitung pflegerischer Leitlinien und Veröffentlichung auf Onkopedia Pflege
- Veröffentlichung einer Übersicht häufig gestellter Pflegediagnosen bei Patientinnen und Patienten mit hämatologischen und onkologischen Erkrankungen auf Onkopedia Pflege
- Veröffentlichung von Facharbeiten und Stellungnahmen zu hämatologischen und onkologischen Themen
- Gestaltung der Pflegetagungen im Rahmen der Jahrestagungen der deutschsprachigen Fachgesellschaften für Hämatologie und Medizinische Onkologie – gemeinsam mit Mitgliedern der „Arbeitsgemeinschaft hämatologischer und onkologischer Pflegepersonen in Österreich“ und der „Onkologiepflege Schweiz“
- Übersicht hämatologischer und onkologischer Fachweiterbildungsstätten

Unsere Ziele

Im Arbeitskreis Pflege arbeiten Pflegende verschiedener Professionen, wie z. B. Gesundheits- und KrankenpflegerInnen, Medizinische Fachangestellte, PflegepädagogInnen, welche in verschiedenen Einrichtungen tätig sind, zusammen.

Ziel ist es, eine berufsgruppenübergreifende Basis zu schaffen, um Patientinnen und Patienten mit hämatologischen und onkologischen Erkrankungen eine bestmögliche Pflege und Betreuung zu bieten.

Daran arbeiten wir:

- Verbesserung der Qualität der Pflege von Patientinnen und Patienten mit hämatologischen und onkologischen Erkrankungen
- Intensivierung des Wissenstransfers zwischen Pflegewissenschaft und Pflegepraxis
- Verbesserung der Aus-, Fort- und Weiterbildung Pflegender
- Interessenvertretung Pflegender im Bereich der Hämatologie und Onkologie
- Austausch von in der Hämatologie und Onkologie tätigen Pflegenden

Stand: August 2017

DGHO
DEUTSCHE GESELLSCHAFT FÜR HÄMATOLOGIE UND MEDIZINISCHE ONKOLOGIE

Leitlinienportal der Pflege

- Informationsportal für Pflegende
- Entwicklung von Handlungsempfehlungen für Pflegemaßnahmen anhand wissenschaftlicher Daten
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  - *Zentralvenöse Katheter*
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Leitlinien zur Diagnostik und Therapie von Blut- und Krebserkrankungen >

Treffen und Projekte

Der Steuerkreis des Arbeitskreises Pflege trifft sich 4 x im Jahr, die Mitglieder des Arbeitskreises Pflege treffen sich 1 x im Jahr im Rahmen der Frühjahrstagung.

Um die Bearbeitung der gemeinsam festgelegten Jahresthemen sicherzustellen, findet ein regelmäßiger Austausch per Telefon, Telefonkonferenzen und E-Mail statt.

Wir freuen uns auf neue Mitlieder!

Für weitere Informationen stehen wir Ihnen gerne zur Verfügung.

Silke Schmidt
Vorsitzende des AK Pflege

Kontakt

Hauptstadtbüro der DGHO
Deutsche Gesellschaft für Hämatologie
und Medizinische Onkologie e.V.
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Infomaterial zum AK Pflege sowie Ansprechpartnerinnen und Ansprechpartner finden Sie unter:

www.dgho.de/pflege

E-Mail AK Pflege: ***pflege@dgho.de***

Informationen für Posterreferenten

Bitte bringen Sie Ihr Poster bis 9:00 Uhr am 30.9.2017 an. Alle Poster bleiben während der gesamten dreitägigen Posterausstellung hängen und können am 2.10.2017 ab 19:00 Uhr entfernt werden. Die Posterausstellung wird betreut, gern sind wir Ihnen hier behilflich. Poster, die am 2.10.2017 nicht abgenommen wurden, werden entsorgt.

Für jedes Poster ist eine eigene Posterwand vorgesehen. Ihre Posternummer entnehmen Sie bitte dem Programm. Material für das Anbringen der Poster wird vor Ort zur Verfügung stehen. Die Postermaße betragen 84 cm hoch x 118,8 cm breit (DIN A0 quer).

Die Posterautoren werden gebeten, sich während der Zeit der Posterdiskussion bei ihrem Poster aufzuhalten und einen dreiminütigen Vortrag (mit anschließender Diskussion) vorzubereiten.

Die Posterdiskussionen finden im Saal C 2.1/2 im ICS statt.

Samstag, 30.9.2017	17:30–19:00 Uhr
Sonntag, 1.10.2017	17:30–19:00 Uhr
Montag, 2.10.2017	17:30–19:00 Uhr

POSTERPREISE

Unter allen Postern werden pro Posterkategorie besonders herausragende Arbeiten mit einem Preisgeld von 500,00 € ausgezeichnet. Die Bewertungen und Auszeichnungen der Poster erfolgen während der jeweiligen Posterdiskussion. Die prämierten Poster werden bis zum Ende der dreitägigen Posterpräsentation ausgestellt.

NO-SHOW-POLITIK

Wird ein Poster unentschuldigt nicht auf der Jahrestagung präsentiert, wird der Erstautor des eingereichten Posters für die nächste Jahrestagung für die Anmeldung von Beiträgen gesperrt.

OFFENLEGUNG DER INTERESSENSKONFLIKTE

Bitte fügen Sie an Ihrem Poster die Angaben zur „Offenlegung der Interessenskonflikte“ an. Eine entsprechende Musterdatei und weitere Informationen finden Sie auf der Webseite der Jahrestagung unter www.haematologie-onkologie-2017.com.

Bitte vormerken: PFLEGETAGUNG 2018

Im Rahmen der Jahrestagung der Deutschen, Österreichischen und Schweizerischen Gesellschaften für Hämatologie und Medizinische Onkologie:

29./30. September 2018

Austria Center Vienna
Bruno-Kreisky-Platz 1
1220 Wien
Österreich

Abstracts

30.09.2017 von 10:00–10:55

Neue Therapien: Hirnmetastasen – ärztliche und pflegerische Aspekte

Therapy of brain metastases

Pukrop T.
Universitätsklinik Regensburg, Innere Medizin III, Regensburg, Germany

The therapy of brain metastases continues to be an enormous challenge. The therapeutic options are limited not only by the CNS attack by unwanted therapeutic restrictions, but also leads very quickly to a significant reduction of the quality of life (QoL) of the affected patients. For these reasons, a consideration of the therapeutic options, an early palliative-medical integration, the assessment of the ability to be treated are important bases for optimal therapy. In addition, accompanying measures such as physiotherapy, occupational therapy, speech therapy are very important components for the maintenance of QoL, such as the psycho-oncologic support. All these aspects including the pathophysiology of the brain metastases are discussed here.
Disclosure: Tobias Pukrop: Financing of Scientific Research: Pierre Fabre, Roche, Daiichi Sankyo, Boehringer Ingelheim

30.09.2017 von 10:00–11:30

Innovative Pflegekonzepte

Advance Care Planning – ACP / Behandlung im Voraus planen – BVP New fields of work for nurses

Krull E.
Adiuvantes – SAPV GmbH, SAPV, Landshut, Germany

Advance Care Planning is a new concept for the realisation of effective advance healthcare directives (Marckmann 2017). What are the aims of the concept? The two pillars of ACP are as follows – a professionally accompanied conversation process and an implementation that is both institutional and regional.
International- and national experiences prove the effectiveness and the use of ACP-programmes and initiatives. It benefits both those who are interested and their relatives, in addition of their practitioners, professional- and honorary supervisors and the accompanying people from ACP. What is the current state in Germany? Which efforts, measures and regulations are necessary to implement Advance Care Planning/BVP?
Political- and social developments, as well as regulations concerning ACP/BVP, influence the care and daily nursing care. Various new possible fields of work for nurses are presented.
Disclosure: No conflict of interest disclosed.

Interventional pain management for refractory pain in cancer patients – what role can nurses take?

Kirsch M.
Universitätsspital Basel, Anästhesiologie, Abteilung Schmerztherapie, Basel, Switzerland

Moderate to severe pain is common and can be refractory among patients with advanced cancer, even with the use of high-dose systemic opioids. Refractory pain is defined as pain not responding to standard treatments. Interventional pain treatment is thought to be indicated in approximately 5–10 % of refractory cancer

pain sufferers who have not responded to conventional therapy or to those experiencing severe side effects from opioids. Although the use of interventional techniques for pain management has increased in recent years and is expected to continue growing, many nurses are unfamiliar with these treatments.
This lecture aims to provide an overview of interventional pain treatments including continuous peripheral nerve blocks, epidural or intrathecal anaesthesia and neurolytic blocks.
Based on current literature and with help of case examples, selected interventions and possible benefits will be explained. In addition, the potential risks and complications associated with the different kind of treatments, and the nursing care required by patients with interventional therapies will be illustrated.
In order to provide a high level of patient care and safety, nurses require a high level of knowledge and must be experienced with the therapy and potential complications.
Disclosure: No conflict of interest disclosed.

30.09.2017 von 12:00–12:55

Neue Therapien: Hyperthermie – ärztliche und pflegerische Aspekte

Hyperthermia and systemic oncological treatment: Clinical implementation, evidence and ongoing studies

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Regional hyperthermia is an effective additive treatment when combined with established cancer therapies (chemotherapy, radiotherapy). For the neoadjuvant treatment of high-risk soft-tissue sarcomas regional hyperthermia has shown to improve local tumour control and overall survival in a phase-III study. Several ongoing clinical trials evaluate the role of hyperthermia in other tumour types and locations. The aim of this talk is to give an overview on the current use of regional hyperthermia. The main focus will be on practical considerations for optimal treatment delivery and technical aspects.
Disclosure: No conflict of interest disclosed.

30.09.2017 von 15:45–17:15

Neue Leitlinien – sind wir noch up to date?

S3-guideline palliative medicine for patients with non-curable cancer Version 1.0 – May 2015, AWMF registration number: 128/001OL

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Adiuvantes – SAPV GmbH, SAPV, Landshut, Germany

Guidelines represent the current state of knowledge and take into account the scientific progress and current developments through regular reviews and updates. Guidelines are well-founded aids in practice for decision-making that have to be adapted to the individual situation for each patient.
The aim of the S3 Guideline Palliative Medicine for patients with non-curable cancer is to improve symptom control and palliative care by:

- Timely providing proper provision structures to those who are affected
- Treating frequent symptoms according to current scientific knowledge and clinical expertise
- Communicating appropriately with patients and relatives, and ensure a joint establishment of the therapeutic targets (shared decision making)
- Ensuring adequate care during the terminal phase

The addresses of the guideline are adult

people with a non-curable cancer and their relatives. The guideline is also aimed at doctors and non-medical providers who treat and care for affected patients and their relatives.
«The S3-LL palliative medicine is a joint work!» (quote: Bausewein, Voltz, Radbruch, Simon 2015)
Who was, or is, involved in the development? Which topics are being worked on? What is the significance of the guideline recommendations and the developed quality indicators based on these recommendations? What is the significance of the S3 guideline for nurses and in nursing practice?
Disclosure: No conflict of interest disclosed.

Prevention of catheter-associated bloodstream infections – new recommandations

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Catheter-related bloodstream infections (CRBSI) have a serious impact on clinical outcomes as they are associated with a higher mortality and longer hospitalization causing additional costs. The majority of CRBSI could be avoided by strict adherence to evidence-based hygiene measures.
The German Commission for Hospital Hygiene and Infection Prevention (KRINKO) published a revised edition of the recommendation for the prevention of catheter-associated bloodstream infections in February 2017.
Due to new data, some parts of the recommendation have changed compared to the edition published in 2002. New aspects were considered e.g. for the disinfection of hubs or the use of mandrins. Additionally, a new chapter concerning the preparation of infusions was issued.
The potential sources of catheter-related bloodstream infections and hygienic measures based on the KRINKO-recommendation will be presented with a particular focus on practical aspects/ solutions.
Disclosure: No conflict of interest disclosed.

1.10.2017 von 14:00–15:30

Palliativpflege

Carefully monitoring discussions for proactive /Advance Care Planning in the case of a 45 yr old man with Astrocytim III

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Methods: Carefully monitoring discussions for proactive /Advance Care Planning
Results: Proactive / Advance Care Planning is essential for those affected and their respective family members. Past experience shows that the living will and Power of Attorney contain gaps.
Conclusion: There is growing criticism in Germany that living wills are becoming more and more difficult to fullfil either because they are too vague, narrow and uncontradictory. They can also be incomprehensible or even invalid. Empirical researches of living wills confirm this perception.
To improve general palliative care in residentional and nursing homes as well as in disabled persons' homes, the legislator demands in the hospice and palliative law (HPG $132g) the implementation of an „Advance Care Plan«.
For years, the „Advance Care Planning« concept has been implemented in many Anglo Saxon countries.
In the case of a 45 yr old diagnosed with Astrocytim III, an „«Advanced Care Plan« was compiled at a time when he still had the capacity to make his own decisions. As the disease progressed, the implementation was monitored.
Disclosure: No conflict of interest disclosed.

1.10.2017 von 10:00–11:30

Atemtherapie

Prophylaxis of pneumonia and breathing facilitating activities in tumorpatients: Practical tips for health care personnel

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More effective anti-cancer treatments have positive impact on overall survival in cancer patients resulting in a significant proportion of patients who can be cured. During complex systemic treatments including chemo/immuno-therapy as well as radiation, the risk to develop infectious complications such as pneumonias is high. In addition, decreased mobility during the treatment phases results in a reduced ventilation of the lungs with accompanying atrophy of muscles of respiration. Furthermore, the thoracic cage shows rigidity, finally resulting in a reduction of the breathing volume. As a consequence, secretolytic mechanisms are impaired and atelectasis can occur with a high risk for acquired pneumonias in these patients.
Beside treatment of pneumonias with antibiotics and other supportive care medication, the active prophylaxis to avoid infections of the respiratory tract is extremely important during treatment of cancer patients. Necessarily, the excellent collaboration between the different health care professionals (e. g. physiotherapists, occupational therapists and nurses) is important for the successful treatment of cancer patients.
One of the most important measures for prophylaxis of pneumonias is the right position of the patient as assisted by the health care personnel. The application of simple PEP-devices (e. g. drinking straws) or of the pursed lips breathing as well as supportive inunction with etheric oils can help to minimize dyspnea and reduce the breathing frequency. Furthermore, an important issue in this matter is the detailed assistance of patients to perform inhalations as prescribed by the physicians.
During the workshop, participants will get a short theoretical introduction into the techniques of breathing supportive activities followed by practical implementations of tutorials of those techniques including self-experience.
Disclosure: No conflict of interest disclosed.

1.10.2017 von 12:00–13:30

Mangelernährung bei Patienten mit Kopf-Hals-Tumoren

Malnutrition of patients with head and neck cancer

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Patients with head and neck tumors are at high risk to develop malnutrition. The site of the cancer, the disease process and the treatment as well as individual factors are to be mentioned as cause (Talwar et al., 2016).
To prevent effects of malnutrition, which could be a reduced quality of live or an increased complication rate, an individual nutritional support is required. In order to provide an appropriate patient-centered care a multi-professional collaboration is core. In this context, nurses play an important role due to their close observation of the patients (DNQP, 2010).
Therefore they play an essential part in identification of patients at risk as well as in the introduction of measurements and their surveillance. In context of this session a practice development project will be introduced. Preliminary to this project a descriptive cross-sectional study was carried out. This study aimed to determine the risk of malnutrition at the time of admission to the Department of Ear, Nose and Throat. It further examined whether these patients were identified by the nursing staff and whether interventions were documented (Weidlich & Becker, 2015). The results confirmed previous experiences that a risk of malnutrition is underestimated and undersupplied by nurses

on the wards. With the aim of supporting nurses on the wards an evidence based manual was developed.
It is to be used as a decision-making tool in order to identify patients at risk at an early stage. Further it suggests relevant measures. Results and experiences of this manual will be provided.
DNQP (Deutsches Netzwerk für Qualitätsentwicklung in der Pflege) (2010). Expertenstandard Ernährungsmanagement zur Sicherstellung und Förderung der oralen Ernährung in der Pflege. Entwicklung – Konsentierung – Implementierung, Osnabrück

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Weidlich, S., Becker, Ch.: Risiko für Mangelernährung bei Patienten in der Klinik für Hals-, Nasen- und Ohrenheilkunde – Eine deskriptive Querschnittstudie zum Zeitpunkt der stationären Aufnahme. Pflegezeitschrift 2015;68(5):298–303.
Disclosure: No conflict of interest disclosed.

1.10.2017 von 14:00–15:00

Orale Mukositis bei stammzelltransplantierten Patienten Studienvorstellung und Diskussion

Oral mucositis in stem cell transplanted patients

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Introduction: Oral Mucositis (OM) is a common side-effect in stem cell transplanted patients undergoing high-dose chemotherapy. Purpose of this study was to illustrate epidemiology of OM, associated oral bleeding, pain, analgesia and patients' compliance regarding mouth washing.
Methods: Prospective, non-interventional, single-center observational study. Hospitalized patients with allogenic, autologous stem cell transplantation, ≥ 18 years with high dose chemotherapy were enrolled consecutively. OM was assessed with the WHO Oral Toxicity Scale three times a week, oropharyngeal bleeding with the WHO bleeding scale, and pain was assessed according to the NRS-scale. Compliance was captured with a pretested questionnaire. Statistical significance $p < 0.05$.
Results: 45 patients (25 allogenic, 20 autologous) were enrolled between August 2016 and February 2017. Patients' mean age was 52.6 (18–74) years. 66.7 % of the patients were male. Underlying diseases: 40 % acute myeloid leukemia, 22.2 % multiple myeloma, 17.8 % lymphoma, 20 % another malignancy. 26 (57.8 %) patients developed OM (10 Grade I, 4 Grade II, 8 Grade III, 4 Grade IV). A significantly higher incidence of OM was found in female patients (RR = 1.71, $p = 0.024$), patients with total body irradiation (TBI) (RR 1.65, $p = 0.042$). Higher grades of OM were found in non-smokers (2.69 vs 1.77, $p = 0.036$). Grade of OM and NRS-value were positively correlated ($r = 0.930$, $p < 0.01$). 40 % of the OM patients suffered from moderate pain (NRS 4–6), 11 % from severe pain (NRS 7–10). Patients with OM had more often oral bleedings (38.5 % vs. 5.3 %, $p = 0.005$), needed more analgesic treatment (77 % vs. 32 %, $p = 0.002$) and more intravenous opioids (23 % vs 0 %, $p = 0.011$). Patients with OM were ($p = 0.025$) less compliant with the recommended amount of daily mouth rinses (34.6 % vs 68.4 %, $p = 0.011$).
Conclusion: Majority of the patients suffered from OM during hospitalization for stem cell transplantation, near than half with grade III and IV. Oral bleeding and severe pain despite analgesia was associated with OM. Measures to increase patients' compliance of the mouth washes should be discussed to lower the incidence and/or severity of OM. Clinicians', health care professionals' and patients' awareness on OM is essential to reduce patients' burden.
Disclosure: No conflict of interest disclosed.

Poster

30.09.2017 von 17:30–19:00

Vorsitz: Kiehl, Michael (Frankfurt/O., D)
Kochanek, Matthias (Köln, D)

P323

Fear of progression in parents of children with hemato-oncological diseases - assessment, correlates and integration in psychosocial care

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Introduction: Fear of Progression (FoP) is one of the most prevalent symptoms in cancer patients and also affects healthy parents of children with cancer. However, the prevalence, assessment and management of parental FoP in pediatric oncology & hematology practice are rarely investigated. This research project therefore, aimed to 1) examine experts' perception of and treatment approaches to parental FoP in pediatric oncology & hematology, 2) develop an adequate assessment method and to 3) investigate correlates and coping strategies.
Methods: The research project comprises three multicenter sub-studies: 1) An online expert survey of N=77 psychosocial and medical professionals in pediatric oncology & hematology on the estimated burden, assessment and treatment of parental FoP. 2) A questionnaire-survey of N=181 parents of children with cancer that aims the validation of the Fear of Progression-Questionnaire (FoP-SF/PR), a feasible screening instrument that was recently adapted for the parents' perspective by our work group. 3) And the investigation of correlates of FoP and associated coping strategies in parents of children with leukemia, lymphoma or MDS via questionnaire.
Results: Most of the surveyed professionals were (very) often confronted with parental FoP that was associated with multiple negative consequences. Only n=6 professionals indicated specific diagnostic approaches to assess FoP and the reported treatment options for FoP varied widely (e.g. supportive counselling, relaxation techniques). The FoP-Q-SF/PR showed adequate psychometric properties (Cronbach's α =0.89; construct validity: anxiety (HADS): r=.69; state-anxiety (STAI): r=.60; trait-anxiety (STAI): r=.62) and the exploratory factor analysis supported a one-dimensional structure. Results of the third study on parents' individual and dyadic coping and its relationship with FoP are expected at the time of the conference.
Conclusion: Frequently perceived by professionals in pediatric oncology & hematology, FoP should be considered in the psychosocial care of parents of children with cancer. The FoP-Q-SF/PR proved to be a valid instrument to screen for parental FoP and allows for a better comparability of judgments as a basis for harmonizing treatment recommendations. Further study results will provide knowledge on associated factors of FoP and potential coping strategies for the reduction of parental FoP-levels.
Funding: The research project is funded by Deutsche José Carreras Leukämie-Stiftung.
Disclosure: No conflict of interest disclosed.

P324

„Nursing measures for the treatment of oncological pains" - A nursing development project-

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Introduction: Hospitals are put topically before the challenge that the oncological patients stay, by the increased multimorbidity, not exclusively on the oncological

station. By an increase of the oncological patients in the KLA , it became necessary to provide a guideline for the treatment of oncological pains. Pains are with a prevalence of 33 to 64 %1 one of the most frequent symptoms of oncological patients.
KLA is an anthroposophic acute hospital with a more than 90-year-old tradition in the use of complementary interventions. The aim of the nursing development project was the development of a guideline which orientates itself by the model of the EBP2. Longterm outcomes should be improvements of the pain treatment and the multiprofessional exchange.
Methods: With the help of an Analysis of the Current State the topical state of knowledge of the Nurses, as well as the raised needs to a guideline, became clear. The compilation of data occurred with the help of a systematic literature search with the question: „Which nursing measures are suited to the treatment of oncological pains in an anthroposophic clinic?“. In addition two expert´s interviews were conducted, as well as anthroposophic literature, were consulted.
With the help of two already published studies 3,4 the preferences of the patients were defined. The results of the synthesis were adapted finally by the task force to the context of the KLA.
A linking was consciously produced by the inclusion of the draught “Total Pain” to a known pain draught to produce concerning this a bridge between conventional and anthroposophic medicine.
Results: The guideline splits itself, after the synthesis, in the areas “Pain Management”, “General Information”, “Total Pain” and “Nursing measures”. The most important knowledge which could be won from the synthesis is that the creation of the respect is elementarily important between nurses and patients, as well as their members.
Conclusion: For the future research a hermeneutical or phenomenological setting is recommended, because the effectiveness of the interventions does not seem exclusively empirically representable. Because patients with oncological illnesses look more and more for complementary attempts of treatment, this guideline can also serve as orientation for the medical centres which pursue no primarily complementary settings. An adaptation on the respective circumstances, as well as a basis training to the elective „external uses“ is recommended.
Disclosure: Sara Kohler: Employment or Leadership Position: Erstellung der Arbeit im Rahmen des Abschlusses MAS an der ZHAW

P326

Development of a standard protocol for oral care after chemotherapy

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Introduction: Diverging standards in the departments of the University Hospital of Cologne related to the oral care of oncology patients receiving chemotherapy made it necessary to develop a hospital-wide standard based on evidence.
Methods: The project was authorised by the director of nursing and the director of medicine of the Center for Integrated Oncology (CIO). A quality circle in the CIO was established, consisting of the central consultation service for oncology nursing, a nursing scientist, the qualitiy management of nursing, the SOP management of the CIO, a pharmacist and a medical oncologist. To apply the current state of science in our hospital we proposed to implement the S3-Guideline „supportive therapies of oncology patients“. We also used existing internal protocols which we appraised critically. The finalized standard will be available via the SOP-portal and via Pergamon (electronic document control system).
Results: Major topics of the standard are: specific oral assessment guided by an oral care protocol, systematic assessment of pain, systematic patient education integrating a patient leaflet and rinsing of the mouth. Only few mouth rinses are recommended. A systematic implementation of the standard includes team training, bedside teaching, chart review and supervision by the central consultation service for oncology nursing.
Conclusions: We established a systematic procedure for all departments belonging to the CIO of the University Hospital of Cologne. The new standard serves as a guideline for prevention and therapy of oral mucositis after chemotherapy for both - nursing staff and physicians. In addition, we are planning an extension of this standard for the management of radiogenic mucositis.
Disclosure: No conflict of interest disclosed.

P327

Risk factor analysis regarding mortality of patients with hematologic malignancies on the intensive care unit

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Introduction: Patients with hematologic malignancies are at an increased risk of suffering from severe complications requiring intensive care. However, prognosis of these patients once transferred to the intensive care unit (ICU) has often been characterized as dismal and strategies to identify patients who might best benefit from ICU treatment are still a matter of debate.
Methods: We retrospectively analyzed clinical characteristics and outcome of patients with hematologic malignancies admitted to the ICU at the University Hospital Heidelberg between 01/2009 and 12/2016. Impact of variables on ICU mortality was assessed by Fisher's exact test.
Results: In total, 223 patients were identified, 128 (57 %) were male. Median age was 56.5 years (range 43.9 - 69.1). 70 (31 %) patients were diagnosed with acute myeloid leukemia, 16 (7.2 %) with acute lymphoblastic leukemia, 69 (31 %) with malignant lymphoma, 33 (15 %) with multiple myeloma, 15 (7 %) with myelodysplastic syndrome, and 20 (9 %) with other hematologic malignancies. 172 (77.1 %) of patients required mechanical ventilation, 32 (14.3 %) could be treated with non-invasive ventilation. ICU mortality was 50.7 % after a median of 12.1 days. With regard to underlying risk factors, presence of graft-versus-host disease (p=0.03), severe leukopenia (p=0.03) and status post allogeneic transplantation (p=0.01) were significantly associated with higher ICU mortality, as was age › 70 years (p=0.03). Regarding organ complications, presence of pneumonia (p=0.03), requirement of vasopressors within the first hour of transferal (p=0.002) and requirement of hemodialysis (p‹ 0.001) were significant risk factors for ICU mortality. An initial pH value › 7.25 (p=0.04), serum creatinine ‹ 1.4 mg/dL (p=0.004) and C-reactive protein level ‹ 250 mg/L (p=0.03) were significantly associated with superior ICU survival. Presence of multi-resistant bacteria did not show a significant impact on ICU mortality.
Conclusions: In patients with hematologic malignancies requiring ICU treatment, severe immunosuppression due to gvhd, allogeneic transplantation or leukopenia as well as development of serious organ dysfunction, especially early need of vasopressors or hemodialysis, are associated with adverse prognosis regarding ICU discharge. Early identification of patients at risk and implementation of countermeasures to avoid organ complications are therefore of the utmost importance.
Disclosure: No conflict of interest disclosed.

P328

Patients' preferences concerning their information needs and their preferred role in participation in end-of-life decision-making (EPAL-Study)

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Introduction: Communication about end-of-life decision-making often constitutes a turning point in the treatment of patients with advanced cancer. It is therefore regularly accompanied by psychological, moral and clinical conflicts. The aim of the EPAL study, which was conducted in the Department of Haematology/Oncology (LMU/Munich), was to investigate patients' preferences in end-of-life decision-making.
Methods: Eligible for the study were hospitalized cancer patients with limitations of life-prolonging treatment either being discussed or respective decisions already been taken. 100 patients with advanced cancer filled out a set of questionnaires regarding end-of-life decision-making. The data-set included for example questions concerning the preferred role of patients in participation in medical decisions and their information needs.
Results: The results show that almost 50 % of patients in this study prefer a shared-decision-making model, 19 % prefer to decide for themselves and 31 % prefer that their doctors decide which treatment they get. Results concerning information needs of patients show

that patients who want to decide for themselves which medical treatment they get, have higher information needs than patients who prefer that their doctors decide for their medical treatment (p=.037). Patients who want to decide for themselves prefer quality of life over quantity of life (p=.008). On average these patients have a shorter lifetime than those patients who leave the medical decision to their doctors.

Conclusion: To reduce distress at the end of life, a better understanding of patients' preferences regarding their involvement in medical decisions and their information needs is necessary. Therefore, supplementary examinations of the results with further need of practical implications concerning communication in end-of-life decision-making will be conducted to improve the communication with patients.
Disclosure: No conflict of interest disclosed.

P329

Dosimetric effects of modern wound care dressing systems

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Introduction: Many new wound care dressing systems were introduced over the last years. Despite the use of modern methods in the treatment of head and neck cancer and constraints for skin protection some patients develop radiodermatitis › II° CTCAE (Common Terminology Criteria for Adverse Events). New wound dressings are able to reduce itching and burning due to exsiccation, reduce pain, protect the irritated skin from superinfection and therefore lead to a faster healing of the irradiated skin. To avoid any mechanical irritation of the skin, wound dressings should not be undressed during irradiation. Therefore, their dosimetric effects need to be known.
Methods: We measured the attenuation of megavoltage photon beams for nineteen wound dressings from different manufacturers, first in dry status. The measurements were repeated after watering to saturation (5 - 60 ml, depending on model) to simulate the effect of wound secretion. For all dose measurements, the 2D diode array MapCheck II (Sun Nuclear Corporation) at a Varian Trilogy Clinac was used. We applied a 6 MV photon beam as used in most cases of head and neck cancer patients. Solid water slabs were used to place the diodes at an effective depth of 4 cm below the wound dressing.
Results: In all nineteen cases of dry dressings, no difference was detected with or without the wound dressing. After watering with 560 ml, in 8 of the 19 wound dressings a dose reduction behind the dressing between 1.23.4 % was found. This corresponds to water equivalent thickness of the dressings between 3 and 10 mm.
Conclusion: For daily use it is important to know if wound dressings within irradiation fields modify the calculated dose, especially because radiodermatitis is a side effect developing over the course of radiation therapy. Modern wound dressings should not be manually removed before each fraction because of additional destruction of the irritated skin. Our data indicates that it is safe to use dry wound dressings during radiotherapy. Even for dressings fully saturated with water, the measured dose changes (reductions) are small. However, we did not quantify changes of the dose to the skin. Here the dose behind watered dressings is higher than without, which could lead to increased radiodermatitis.
Disclosure: No conflict of interest disclosed.

P330

"Movement against cancer" - Influences of an information campaign on the level of physical activity

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Purpose: Physical activity has a preventive effect on cancer diseases. The aim of the study was to evaluate the effect of an information campaign "Movement against

cancer" to amend the physical activity level in Germany. Further goals of this study were the accessibility of the campaign, the development of the physical activity levels, and knowledge considering including motivation questions. Main aim of the study was to find out if knowledge about the fact that physical activity can reduce cancer risk can change physical activity behavior.
Methods: In September 2013 (n=1000) and September 2014 (n=1003) random telephone interviews were made in two cross-sectional trials with adult participants. For measuring the level of physical activity The WHO - "Global Physical Activity Questionnaire" (GPAQ) was used. The information campaign "Movement against cancer" were organized in Germany from March till June 2014. Questions were added for the accessibility of the campaign, its impact and the knowledge of the participants for the relation cancer prevention.
Results: 26 % of the participants had heard about the campaign. Considering the MET scores comparing he interviewees for 2013 and the interviewees in 2014 who heard about the campaign (1) also the MET scores between the interviewees from 2014 who heard and did not hear about the campaign (2) were associated with statistically significant effects for both cases: (1) t= -2,775, p= 0,006, (2) t= 2,396, p= 0,017. The WHO recommendations on physical activity for health (600 MET-minutes/ week) were achieved from the 84 % of those who heard about the campaign and 81 % of the participants of the first survey.
Conclusions: Knowledge about reducing cancer risk through physical activity could have a positive influence on the physical activity level in the German society. In the next step, the health care system must implement this knowledge in the training structures of health professions.
Disclosure: Freerk Baumann: Advisory Role: Ja; Financing of Scientific Research: Ja; Expert Testimony: Ja
Dimitra Theoklitou: No conflict of interest disclosed.

P331

Experience report on multi-professionalism in the palliative team care

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Everyone who is depending on palliative care is in need of an individual care at a level of never before experienced and non-repeatable choreography in order to make the right decisions.
What can the directly affected parties expect from a palliative ward?
This specific question is the main focus of the experience report and shows as a result if the existing set up and resources at a palliative ward are meeting the expectations of everyone immediately affected. Many factors are playing a role - one is how the patient and his family are processing the live changing illness and the fact that time is limited. On the other hand is important how the palliative team assesses the situation within a multi-professional analysis. The goal is not just to treat the current symptoms but to also give the patient and his family a treatment spectrum for all of the involved needs. Charité Berlin offers palliative care by the palliative service on every hospital ward and specialized palliative care within the palliative ward.
Expectations are high in regards to those of the wards transferring a patient to the palliative ward. This is to be presented as a second part of the lecture.
The lecture will conclude in an outlook on improvements for communication and networking.
Disclosure: No conflict of interest disclosed.

P332

Complementary medicine: a treatment option for therapy-associated side effects in cancer patients

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Introduction: According to the "Deutsche Krebshilfe", approximately 70 percent of cancer patients are interested in complementary and alternative medicine (CAM). CAM have been shown to be effective against cancer-associated signs and

symptoms und chemotherapy-associated side effects. However, patients using CAM without informing their treatment team may put themselves in danger, e.g. because of unexpected interactions with the primary cancer treatment according to established guidelines and protocols.
Methods: From November 2015, CAM forms part of the interdisciplinary treatment concept for cancer patients at the Department of Haematology and Oncology at Klinikum Südstadt Rostock. Multimodal cancer treatment includes chemotherapy, surgery, radiation, hormonal therapy, and immunotherapy. CAM was expected to contribute to the treatment of therapy-associated side effects and cancer signs and symptoms. In addition, offering patients a holistic treatment approach should positively influence the patient's psychological situation and quality of life. After admission to the hospital, an individual CAM profile is generated for every cancer patient. During hospitalization, different treatment elements can be used alone or in individualized combinations to alleviate symptoms and medical problems. Being part of the integrated treatment team, medical doctors and nurses with expertise in this highly specialized field of integrative medicine work together with physiotherapists, psychologists, social workers, music and art therapists.
Results: From November 2015, CAM has been integrated into the cancer treatment approach for 75 patients suffering from solid and hematological malignancies. Different CAM methods either alone or in combination, were offered to and accepted by the patients. Therapy-associated side effects were alleviated as demonstrated by clinical findings and scoring systems. Overall, a positive effect on quality of live and treatment outcome has been documented.
Conclusion: Integration of CAM into an interdisciplinary cancer treatment concept is a valuable treatment option with the potential to positively influence therapy-associated side effects, quality of life, and overall treatment outcome.
Disclosure: No conflict of interest disclosed.

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Oral cryotherapy in high-dose melphalane before autologous stem-cell transplantation: A 5-year follow-up after implementation

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Oral mucositis is a common side effect of high-dose melphalane. Oral cryotherapy represents an effective prophylaxis and was recently included in the German supportive care guidelines in 2016. In 2011 oral cryotherapy was included in the usual oral care protocol at the University Hospital Freiburg.
We used a historic control group (n = 76) from 2010 to compare with patient data after implementation (n = 100). The implementation of oral cryotherapy was feasible for nurses and patients. The incidence of severe oral mucositis was reduced, particularly within the melphalane monotherapies. A 5-year follow-up data analysis using a Kaplan-Meier estimation showed no significant differences in survival and relapse. Our data do support previous studies and give no support for safety concerns with oral cryotherapy.
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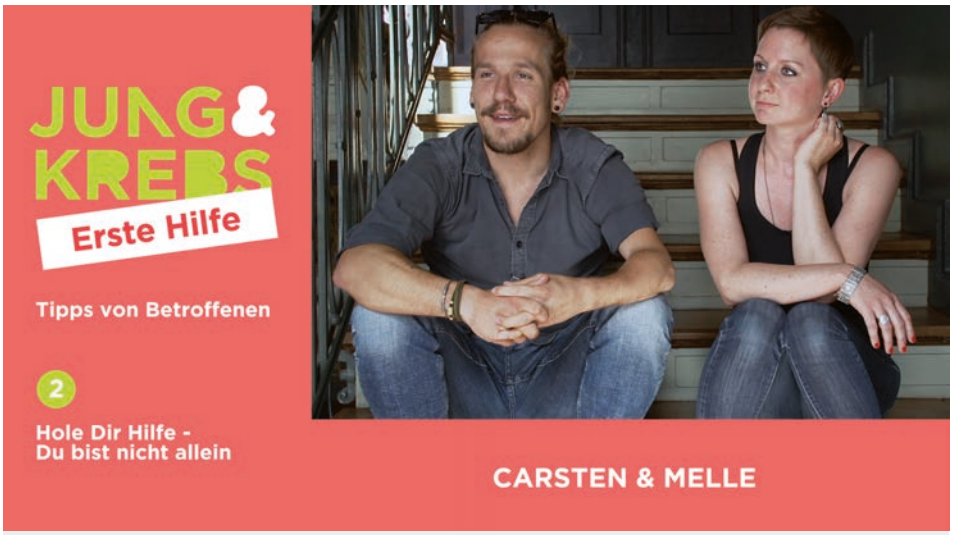

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