Conclusions: The highest correlating measure with respect to clinical assessment was found to vary according to the structure under consideration. Clinical assessment of the accuracy may be influenced by the complexity of the structure to draw and its relative importance in planning. In contrast the quantitative measures may reflect the variation of the structure within the population and the errors that could occur when using atlas-based contouring - i.e. the cord may have a 2D displacement, whereas the parotids may vary in shape more. The Hausdorff measure was found to be poorly correlated with experts’ assessment reflecting the Hausdorff measure’s sensitivity to outliers. Therefore, multiple quantitative measures should be reported when assessing atlas-based contouring.

POSTER: RTT TRACK: PATIENT CARE AND PATIENT INFORMATION

PO-0947
Breast cancer patient knowledge of RT at the beginning of their RT period
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Purpose/Objective: The aim of patient education is to provide patients the necessary knowledge and skills about health problems and treatment. With knowledge patients can be empowered to make informed choices and take care of themselves. Patient education is an essential part of a RT period, because of treatments psychosocial and physical side effects. For this patient education to be at its most effective, it should be based on an evaluation that is able to describe patients’ knowledge. The purpose of this study is to report the results of descriptive study that evaluated the breast cancer patients’ knowledge of RT at the beginning of their RT period.

Materials and Methods: 133 breast cancer patients in one university hospital of Finland were surveyed with ‘Knowledge Test of RT for Breast Cancer patients’ (KTRT-BC) tool, which is a 28 item ‘yes/no’ questionnaire. The content of the tool was the bio-physiological knowledge consisted of ‘RT process’ (7 item) and ‘Possible side-effects’ (7 items) themes and the functional knowledge consisted of ‘Side-effects and self-care’ (7 items) and Lifestyle and RT (7 items) themes. The data was collected at the beginning of RT period before first RT session. It was possible to have 7 points from each theme.

Results: Patients received test average 21.65 point knowledge of the breast cancer patients. The mean age was 54.1. Education level, living situation, employment status, age and computer using skill had significant associations with knowledge level. The mean from all themes was 5.15. Patients knew best of ‘RT process’ (5.94), ‘Possible side-effects’ (5.61) and ‘Lifestyle and RT’ (4.93) theme of RT period. There is need to provide patients more education of RT, particularly the empowering effect of functional empowering knowledge. The empowering effect of patient education according to knowledge level diagnosis should also be studied.

PO-0948
Health care professionals’ evaluation of quality of life issues in patients with brain metastases
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This abstract has been withdrawn by the authors.

POSTER: RTT TRACK: EDUCATION AND TRAINING

PO-0949
Advanced practice in New Zealand for radiation therapists
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Purpose/Objective: This presentation will highlight the main findings from a New Zealand survey of Radiation Therapists (RTs) on Advanced Practice and discuss a potential way forward for the profession. The proposed career pathway allows flexibility with respect to the diversity of clinical areas of expertise and perceived need in departments nationally, and also in supporting academic structures within the New Zealand university framework. In 2008 the New Zealand Institute of Medical Radiation Technology (NZIMRT) determined that Advanced Practice roles for medical imaging and radiation therapy professionals would be investigated. Previous research conducted in New Zealand has indicated that the majority of MRTs, Radiation Therapists, Radiologists and Radiation Oncologists, support role extension and the establishment of advanced practitioner roles. Recent surveys aimed to clarify which criteria and which should be prioritised and developed for the profession. Contextual influences affecting the implementation of such roles were also investigated.

Materials and Methods: Electronic surveys were distributed to all radiation therapists in New Zealand, to gain feedback on potential advanced practice profiles and criteria. The perceived advantages and barriers of implementing advanced practice were also explored. Potential profiles were offered for comment, with respondents being asked what further activities could be included within these profiles and which could be removed. They were also asked whether there were any potential profiles missing.

Results: Results indicated that there is significant support within New Zealand radiation therapy departments for formalised Advanced Practice roles. A diverse range of perceived advantages for the profession were identified, however many in the profession expressed concerns around accountability, acknowledgment and support.

Conclusions: There was similar support for all profiles and criteria in radiation therapy. How Advanced Practitioner roles can be used will depend on the culture and needs of each clinical RT department. It was identified that ‘advanced skills’ may become ‘standard skills’, therefore it is important that an Advanced Practitioner role focuses on leadership that continually develops innovations and best practice within the role. Generic academic structures are needed to give flexibility to support RTs seeking these roles.

PO-0950
Quality assessment of transferring competences from one staff group to another.
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Purpose/Objective: With increasing use of online pretreatment IGRT comes increased demand for reviewing resources. It is therefore desirable to shift the competence of reviewing these images to the treatment staff. The purpose of this study is to compare the quality of image matching for rectal and anal cancer patients done by two different groups of staff.

Materials and Methods: In our department physicists have the reviewing competence for IGRT. A few years ago this competence was transferred to radiation therapist nurses (RTNs) for prostate seed matching. This study describes the transferring of reviewing competence for rectal and anal treatments to RTNs. RTNs attended training sessions and had to take an exam before being allowed to review pretreatment cone beam computed tomography (CBCT) unassisted. The training sessions consisted of a lecture by an