

The paper will describe practical ways in which these skills might be of use to clinicians in a radiotherapy setting.

SP-0284**The role of the Radiation Therapist (RTT) in brain tumour support groups**

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Due to advances in medical treatments such as surgery, radiotherapy, chemotherapy and hormonal therapy; it is expected that 68% of adults diagnosed with cancer today will be alive in 5 years time (Li et al 2014).

This growth in the number of survivors who are living longer after cancer has generated increased attention to follow up care. Follow up care encompasses prevention, detection and treatment as well as the long term physical and psychological effects of cancer and its' treatment (Forsythe et al 2014).

The importance of assessing psychological distress at key points after a cancer diagnosis has been highlighted by several cancer networks. Distress can appear on a continuum ranging from common feelings of vulnerability and sadness to fears which may become disabling and lead to anxiety, depression or panic (Smith et al 2013).

In the context of survivorship supports which aid an individual cope with their diagnosis of cancer and improve their quality of life become paramount. Support groups are an integral part of the support network and have been found to be very beneficial to both people directly affected by cancer and those close to them (Gottlieb & Wachala 2007).

The average annual incidence of brain tumours in Ireland between 2008-2010 was 344. This was reported by the National Cancer Registry. This presentation will explore the Irish experience of a support group for people diagnosed with a brain tumour and the role of the RTT within it. It offers the RTT a different perspective on the people we treat everyday and how we can be of help to them.

SP-0285**Impact of a cancer diagnosis. A patient perspective**

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In 1994, Eddie Naessens had a superficial parotidectomy to remove Adenoid Cystic Carcinoma. He was twenty-four at the time. A substantial recurrence was not diagnosed until 2001. Faced with a poor prognosis and conflicting advice he sought second opinions from cancer centres in the US and Europe. In 2002, he underwent radical surgery followed by adjuvant RT at another Dublin hospital.

His presentation connects his personal experience to work in social psychology. He discusses the psychological and social impact of diagnosis and treatment, his experience and insights dealing with an array of medical practitioner styles, and his fears and psychological approach to coping. He identifies what helped, what hindered and why it should matter to health professionals. Drawing on work in psychological research he frames his patient experience in a way that provides insights for both patients and practitioners.

OC-0286**Patient's choice of treatment options with CTRT in head neck cancer: a study of patient preference and decision regret**

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Purpose/Objective: It is essential to engage patients in treatment decision making process. Slowly medical care is moving from emphasizing only 'survival' to 'quality' of existence of the individual. This study was done to assess the patient's perception about benefits of concurrent chemoradiation (CTR) and various common side effects in treatment of Head Neck cancer.

Materials and Methods: A prospective evaluation of decision making process for CTRT in head and neck cancers was done - pre CTRT, immediately after CTRT and 3 months after CTRT. The interviews consisted of a semi-structured questionnaire with free text options in some questions. There were questions on patient's views on Ryle's tube insertion, febrile neutropenia, nausea/vomiting and acceptance of morphine. They were also asked about their treatment preference on a hypothetical graded scale of survival benefit. Prior to the interview patients were updated about possible side effects of CTRT such they were able to give a balanced view on their choices.

Results: 30 patients with locally advanced head and neck cancer planned for CTRT were included in the study. Median age was 57 years (IQR 46 - 57.2 years) and 5 out 30 were women. Pre CTRT 80% (24/30) patients accepted to be treated by a Ryle's Tube as compared to 47% after 3 months of CTRT ($\chi^2 2.7$, $p < 0.1$). Pre CTRT 6/30 preferred not to be on a Ryle's at all based on 'past experience with Ryle's tube', 'stigma of being seen with a Ryle's tube' and 'fear of pain'. Prior to CTRT, 83% (25/30) patients as compared to only 50% patient after 3 months of CTRT valued a 5% absolute survival benefit of CTRT. On 3 months post CTRT follow-up 53% patients felt that 6 weeks of CTRT was very painful period for them and one third of patients regretted taking CTRT. No significant fear observed among the patients for febrile neutropenic sepsis, nausea/vomiting. Acceptance for morphine was quite well throughout the therapy and most of them believe morphine is necessary for better pain control.

Conclusions: Patient's preferences change over time and initially patients are more accepting of side effects and treatments with marginal benefits. Following CTRT almost 50% patients do not value a 5% survival benefit and many regretted their decision to have CTRT. It's important that doctors are aware about patient's changing perceptions about the same treatment and discuss pros and cons of treatment in this context.

OC-0287**How does the general public feel about radiotherapy?**

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Purpose/Objective: The aim of this study is to evaluate knowledge and perception of radiation oncology (RO) by the Belgian general population. An online study in 2011 by Yougov in the UK, based on 2297 responses, observed a