support and require screening for sexual dysfunction. The aim of this research was to improve sexuality and quality of life during and after AHSCT. METHODS: A prospective cohort of patients collected the different components of sexuality, quality of life and satisfaction of the patients through a self-questionnaire administered at consecutive time points of their treatment course/plan (T0 pre-transplant, T1 after 100 days, T2 1 year after transplant and T3 2 years after transplant). The study started from January 1, 2010, to January 1, 2015 (recruitment stopped January 1, 2013), for all patients undergoing an allogeneic hematopoietic stem cell transplantation: 350 patients were included in the cohort. In this way, half of all patients transplanted between 2010 and 2013 did not benefit from a specific care concerning their sexuality. They composed the control group which will allow evaluation of the impact of a method of action if offered comparatively to the study group. The study was realized in one cancer center in order to proof the efficacy of the proposed intervention upon a homogeneous population in a controlled situation. All transplanted patients will be eligible for the study. We studied the impact of a multidisciplinary approach which will be offered systematically to patients including a handout of information about sexuality and cancer, a consulting with a gynaecologist and/or andrologist and the possibility to get access to a sexologist, psychologist, social assistant, cosmetologist and hairdresser. A coordinator was disposable to answer patients' questions, to guide them in their demands and to organize all of that specific management. RESULTS: The main objective was to assess the impact of a multidisciplinary long-term care of sexual functioning after allogeneic hematopoietic stem cell transplantation on patients' satisfaction. The secondary objectives are to evaluate the impact of an intervention concerning sexual dysfunction in the short and long term on patients' quality of life. Because of the absence of current systematic support for the sexuality of patients, the control group showed a low patient satisfaction with regard to support for their sexuality (10% of patients completely satisfied to 2 years). The analysis of the questionnaires of more than 150 patients of the study group allowed us to highlight a gain of satisfaction of +65% using a two-tailed statistical test ($\alpha = 5\%$ risk). Eighty-one percent of the informed patients asked to receive support. CONCLUSIONS: The main objective of this research was to assess the interest for patients during and after AHSCT towards a multidisciplinary management of their sexuality. Secondary objectives are an assessment of the impact short-term and long-term multidisciplinary support proposed: on the satisfaction of patients with regard to support for their sexuality; on sexuality and quality of life of patients. The proposed program was significantly clinically relevant.
Research Implications: Improving sexuality and quality of life during and after AHSCT is very important for patients. Finally, the deal would be that this model will be applicable to all cancer patients.
Practice Implications: Finally, the deal would be that this model will be applicable to all cancer patients.

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Experience and Difficulties from Working with Cancer Patients

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BACKGROUND/PURPOSE: Support from colleagues is the key facilitator for cancer patients to return to work after treatment affecting quality of work. This study aims to evaluate people's experience and difficulties to work with cancer patients. METHODS: Survey was conducted during breast cancer awareness education at 20 companies in Seoul, Korea from XX to XX. People's attitudes towards cancer and cancer patients and working experience with cancer patients were asked. Additional socio-demographic variable such as age, gender, income, education, working experience and position was asked. Descriptive statistics and multivariate logistic was performed using STATA. RESULTS: Among 713 people who attended education, 73.2% ($n = 518$) people agree to participated in study. Of total, 30.2% said they would avoid marrying people whose family members have cancer and 30% said cancer patients would be difficult to get a promotion. Of total, 131 (18.5%) people had worked with cancer patients and about 60% of them reported that they do not know how to support to cancer patients regardless their willingness. More than half (55.7%) reported difficulties to ask cancer patients overwork and 38.2% said they did not know how to response when cancer patients express emotional distress. Colleagues who work indirectly with cancer patients reported more difficulties with work arrangement and communication compared to people who work directly. CONCLUSIONS: People experience difficulties to work with cancer patients with limited information and communication.
Research Implications: Further investigation is necessary at various work place and setting.
Practice Implications: Work-place based education is necessary to help colleagues to support and work with cancer patients.

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