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Practice implications: CIS Nurses agreed that DST is an acceptable tool and enhances the quality of the service. Nurses also suggested more training to help them navigate those psychological issues that emerge in the calls.

Acknowledgement of funding: No funding was provided.

Learning Objective: The CIS will be able to gather quantitative information regarding distress levels of callers to the service. Helpline nurses will be able to explore the enquirer's level of distress and provide a standardized level of psychosocial support and referral to onward services

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Mantra Chanting: 45 Th Shloka which states it is cure for incurable disease of Jain Bhaktamar (Bhakt= Devotee, Amar= Immortal) an effective tool to prevent double mastectomy in Breast cancer patients

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Background: Mastectomy is routinely found effective in breast cancer patients; however, A study at Brigham and Women's hospital in Boston, USA, studied 500,000 breast cancer patients for 8 and a half years and that there had been no change in survival rates when women surgically have their breast removed as a preventive measure, published in annals of surgery posted in News-Health Mastectomy, United Kingdom. Health care providers are to counsel women with potential risk of CPM on prolonged recovery time, increased risk of operative complications, cost and the possible need for repeated surgery. Dr. Golshan states that understanding women anxiety and ensuring peace of mind may create opportunities for drugless therapy.

Purpose: Rationale-Mantra Chanting on terminally ill cancer patients showed improvement +14 in quality of life of these patients (Poster Presentation at APOS 2015 Washington D.C); therefore, we wanted to study the feasibility of 45th Shloka of Bhaktamar mantra chanting in breast cancer patients to prevent double mastectomy.

Method: All diagnosed (initial stage or 1st stage) breast cancer patients underwent single mastectomy at Central India Cancer Research Institute (100 patients +400 patients at RAJEEV Gandhi Cancer institute Delhi under Dr. Geeta) during the period from September 2015 to August 2016.

They will be administered EORTC QLQ-C30 questionnaire for assessing their quality of life. They will be advised to chant 45th Shloka for 9 times and its mantra 108 times everyday for 21 days.

Implications: Those patients who cannot chant can listen to audios available on YouTube.

Assessment: The same EORTC questionnaire will be readministered after 21 days of mantra chanting. Effect assessment improvement in quality of life.

Results: The results are being awaited as data collection and analysis is to be done in the month of September 2016.

Conclusion: It is expected that the positive approach through mantra chanting will reduce anxiety and tension in breast cancer patients, thereby enhancing the effects of the prescribed treatment.

Significance and Relevance: This is a preventive medicine strategy when other treatment modalities like double mastectomy are not much useful in improving survival of these breast cancer patients.

Recommendation: This study should be replicated in a larger setting so that the 6th element i.e. spirituality can be spread to general public; it is cost free and its side effect is tranquillity.

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Coping strategies in patients with hematological malignancies

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Background: Coping strategies largely determine patient's attitude to disease, its prognosis and outcome of treatment.

Material and methods: The study involved 102 patients with various hematological malignancies. Statistical analysis of the survey results was carried out using a licensed program "Statistic for Windows 5.5".

Results: The study of coping strategies in patients with different forms of hematological malignancies was provided. The first phase of the study used the adapted version of the "Mental Adjustment to Cancer" questionnaire. As an outcome of statistical processing of the study results was highlighted, five factors were later determined as coping strategies. Among these were the struggle, optimism, denial, avoidance, helplessness/fatalism.

At the second stage of the study of coping strategies, analysis was conducted in patients with some specific forms of hematological malignancies. So in AML the dominant coping strategy was "a struggle" ($p < 0.02$), in CML it was the absence of "the struggle" ($p < 0.03$), with HD it was the absence of "avoidance" ($p < 0.01$), in AML it was the absence of "optimism" ($p < 0.01$), and with AA it was (< 0.01) the absence of "optimism" too.

Conclusions: In the types of active coping pole recommended expository work to modify incorrect from a medical point of view of the representations of the disease, destruction of the exaggerated view of the possibility of independent control of the symptoms of the disease. In the types of passive coping pole recommended expository work for modification catastrophic representation of disease, with attempts to form active patient position with participation in the treatment process.

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Cancer survivorship for Palestinian women- what it means to them and their families and how a local NGO can positively impact their care

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