practice; and renewing holistic perspective. Perceived institutional impacts occurred through mentors’ professional development influencing both their approach to patient care and supporting colleagues.

**Conclusions** Being a palliative care mentor in a low-income country provides unique opportunities for personal and professional development benefiting individual clinicians and potentially, UK institutions. Identified benefits outweigh negative impacts. Acceptability of and opportunities for international mentoring and volunteering should be expanded.

**P-35** WILL I EVER BE ME AGAIN? THE SUPPORTIVE CARE NEEDS OF PATIENTS ATTENDING A CANCER OF UNKNOWN PRIMARY OUTPATIENT CLINIC

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**Background** Cancer of unknown primary (CUP) is associated with clinical uncertainty, limited treatment options and a short prognosis. Guidelines recognise that patients need the input of dedicated multidisciplinary teams. Yet there is little evidence about their care needs to guide service configuration.

**Aim** To identify the supportive care needs of patients attending a CUP outpatient clinic as part of service evaluation.

**Methods** Between January and July 2016 patients attending clinic were offered an Integrated Palliative Care Outcome Scale (IPOS) as a holistic needs assessment. Patients stated their worse problems in free text and scored concerns on a 0–4 scale of increasing severity.

**Results** Of 57 patients 37 (65%) completed an IPOS. Tissue confirmation of malignancy occurred in 34 (92%) patients. A primary was identified in 14 (38%), and 20 (54%) retained a CUP diagnosis despite histology. Overall 13 (35%) were for best supportive care, ten of whom kept a CUP diagnosis. Chemotherapy was given to 16 (43%) patients. It was delivered to treat CUP in ten patients and six received chemotherapy after identification of a primary. Problems with the highest mean scores were: family anxiety (2.7), patient anxiety (1.9), weakness (1.8), not being at peace and poor mobility (1.7).

**Discussion** CUP services need to be configured to address family and patient anxiety and the weakness/fatigue associated with metastatic cancer. This cohort represents patients who are fit enough to undergo outpatient workup and biopsy. It may not reflect the needs of frailer patients who are not candidates for systemic cancer therapy.