913 POSTER

Information needs of men with breast cancer in the United Kingdom

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Background: Approximately 300 cases of male breast cancer are diagnosed every year in the UK. There is very little research on the informational needs of men with breast cancer, and their management and care is often extrapolated from research about breast cancer in women.

Methods: Preliminary data are reported from an ongoing questionnaire survey of men with breast cancer recruited from across the UK. Data are presented regarding socio-demographic and medical characteristics, types of information received, satisfaction levels with various information, and preference for gender-specific information. Participants were recruited by their clinician or self-recruited in response to media publicity.

Results: Preliminary data are reported from 50 men aged 28 to 85 years (mean = 60.79, ±12.357 years) who had been diagnosed with breast cancer within the last 2 to 120 months (mean = 33.87, ±26.559 months). The majority of participants (n= 44, 88%) had received verbal information regarding their breast cancer. Patients also received written literature such as leaflets (n=33, 66%) and booklets (n=27, 54%).

Generally, participants were very satisfied' with the amount of various information types received. Verbal information was described as very satisfactory' by 86.7% (n=39) as were leaflets 53.1% (n=17) and booklets 47.8% (n=22) by those who had received them. The comprehension level was acceptable'; verbal information 93.2% (n=41), leaflets 84.4% (n=27) and booklets 81% (n=17). However, relevance of the information to men with breast cancer varied 56.8% (n=25) said verbal information was quite relevant', while 32.3% (n=10) thought leaflets were not at all relevant' and 32% (n=8) of men who had received booklets said that they were a little relevant'. The majority of men said they would have preferred more gender-specific information 60% (n=30).

Conclusions: Men with breast cancer were generally satisfied with the different types of information received from various sources. However, there was a clear preference to receive information written specifically for men with breast cancer.

Data collection continues. With a larger sample, it will be possible to examine informational needs and preferences within different subgroups of male breast cancer patients.

914 POSTER

Characteristics and extent of unconventional therapies used by cancer patients

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The use of complementary and alternative (CAM) therapies has dramatically increased over the last decade in the western world. The study evaluates the extent and characteristics of CAM use among a large population of cancer patients.

Methods: Telephone interviews of 2,176 patients newly registered in RAMBAM Medical Center 1-3 years after their cancer diagnosis.

Results: The overall rate of CAM use was 17%. Most of them used more than one type of treatment. All used CAM in addition to conventional therapies. Less than half discussed it with their physicians. Friends and family members referred most of them to these treatments. More than two thirds of therapies used were chemical, biological and botanical pharmacological preparations. 20% used manual therapies, 13% used specific diets and lifestyles and 7% used spiritual body-mind therapies. CAM use was higher in: Israeli born Jews, women, ages 41-60, high socio-economic status, longer time since diagnosis, breast cancer and chemotherapy treatments. Among highly educated Israeli born Jews under the age of 70 who received chemotherapy 69.4% used CAM, versus 3% usage by uneducated aged patients not treated by chemotherapy. Two thirds of the patients used CAM for alleviating side effects of conventional therapies, strengthen the immune system, improve their well being, minimize emotional stress and pain relief. 62% of them reported subjective improvement. Only 27% reported on using CAM for assisting in curing the disease.

Conclusions: The phenomenon of cancer patients using unconventional treatments is very extended, varies by demographic and oncology treatment characteristics and should not be denied by the oncologists. Physicians should learn more about complementary therapies, to be able to initiate discussions on CAM use with their patients, provide advice, inform them about possible harms, and encourage use of proven beneficial therapies.

915 POSTER

Long-term quality of life (QoL) following prostate irradiation: relationship to anorectal symptoms employing a proctitis-specific QoL instrument

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Introduction: Rectal injury is the major cause of late symptomatology in men receiving definitive radiotherapy (RT) for prostate cancer with potential for significant, though poorly understood, effect on long term quality of life (QoL). This study evaluates the impact of anorectal morbidity on long-term QoL and to define the relationships between patient-reported symptoms, late Radiation Therapy Oncology Group (RTOG) rectal scoring and QoL.

Materials and Methods: 201 patients who had participated in a double-blind Phase III trial testing the value of oral sucralfate taken during radical RT for prostate cancer completed a cross-sectional survey at a median time of 75 months (range: 58- 92 months) following treatment. The survey comprised a departmental anorectal symptom questionnaire, the EORTC QLQ30 and a comprehensive proctitis-focused QoL module currently under development with the EORTC. All had undergone at least one sigmoidoscopy at a minimum of 12 months following RT. QoL instrument results were examined in relation to anorectal symptoms (frequency of motions, rectal bleeding, mucus or faecal leakage) and objective measures of rectal injury including endoscopic changes and late RTOG scores.

Results: The QLQ30 instrument detected a significant QoL deficit in the domain of cognitive functioning only for men reporting faecal leakage, although global health status and other dimensions did not demonstrate QoL detriment in any subgroup of patients. Factor analysis of the proctitis module identified a cluster of questions relating to the effect of rectal symptoms on social and emotional functioning (we termed this the s/e domain) that showed strong association. Incontinence of mucus (reported by 31% of patients) or faeces (37%) of any degree had a strongly significant negative impact in the s/e domain ($p=0.008$ and $p<0.001$ respectively; Wilcoxon rank sum test). Long-term bowel frequency and bleeding did not appear to influence scoring in the s/e domain in the proctitis module. Similarly, late RTOG score was a poor discriminator between men scoring poorly on the specific proctitis instrument and others. Sigmoidoscopy score did correlate significantly with worst late RTOG grade ($p<0.001$; Chi squared test) and severe sigmoidoscopic changes were more commonly linked to poorer long term QoL in the s/e domain.

Conclusions: More global measures of QoL may well not detect the subtleties of problems specific to RT-induced anorectal morbidity. This study demonstrated that incontinence of mucus or faeces has a major negative long-term impact on social and emotional functioning a situation partly reflected by sigmoidoscopic changes but not by RTOG toxicity reporting. The EORTC proctitis module requires further testing and formal validation.

916 POSTER

Terminal cancer care: the "Home-Care" model as an efficient and cost-effective treatment.

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Backgroud: The G.R.A.D.O. Association (Gruppo Ricerca Assistenza Domiciliare Oncologica) providing home-care for cancer patients was begun in June 1998. Our aims are: aid, research, study, promote, organize, carry out the home-care for these patients, prevalently by voluntary service. Moreover, we aid the public and social structures involved in cancer care. The drawing thought of our work is that, in the advanced phase of cancer, the best place of treatment should be the patients' home, considering that house is the natural container of persons'life which, with a convenient help, would prefer to spend the terminal phase of their life at home rather than in hospital.

Patients and methods: This service is provided upon request from the family doctor or directly from the patients who are unable to travel or whose condition need a palliative treatment. Patients are visited at home by an oncologist with the aid of a professional nurse with oncologic experience;

they together draw up the assistance program. The professional team is also composed of an internist, a physician for pain therapy, a psychologist, a physiotherapist. Assistance is completely free for the patients and their families. Our home-care model is able to guarantee: best supportive care, antalgic therapy, psychological aid, follow-up. The professional team is also supported by a group of trained volunteers who are responsible for the social aspects of the patients' life.

Results: During these years of activity 311 patients, the mean age was 64.2 yrs (38-90), have been followed: they requested 2087 oncologic visits, 1045 internistic visits, 186 thoracentesis, 180 paracentesis, 1248 nurse interventions, 2260 supportive treatments, 70 physiotherapeutical interventions and 520 psychological supports. During 1244 days of activity we have supplied a total of 7596 services, 6.1 mean/day. The median follow up was 38 days (3-359).

Conclusions: The data regarding our activity showed us that this specifically oriented medical assistance permits education and adaptation of patients and their families with the disease and diminishes the hospitalization of these patients, resulting in an improvement of their quality of life (better preserved in their familiy environment). During our years of activity we have distributed 21.413 days of medical services and it has certainly helped in saving the expenses of the welfare state. So considering the mean cost of a day in general hospital approximately equivalent to 500,00 Euros and considering a day of medical services= a day of non-hospitalization, our work allowed an economical benefit of 10.706.500,00 Euros for the public health resources. Home care models could be the successful instruments and strategies of treatment in advanced cancer care.

917 POSTER

Improvement in quality of life is similar in anaemic patients with solid tumours and lymphoid malignancies treated with epoetin beta

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Background: Anaemia related to cancer and its therapy has a profound detrimental effect on the quality of life (QoL) of many patients. Epoetin beta (NeoRecormon®) has been shown to increase haemoglobin (Hb) levels, reduce transfusion needs and ameliorate the symptoms of anaemia in patients with cancer. In this study, we assessed whether the effect of epoetin beta on QoL was comparable in patients with solid tumours and lymphoid malignancies.

Materials and methods: Anaemic patients (Hb $\leq$11 g/dl) with a solid tumour treated with myelosuppressive chemotherapy or haematological malignancy (multiple myeloma, non-Hodgkins lymphoma or chronic lymphocytic leukaemia) were randomised to 12 weeks of open-label treatment with subcutaneous epoetin beta 150 IU/kg three times weekly or control (blood transfusions initiated at guide Hb level of 8.5 g/dl). QoL was assessed using the Short-Form-36 physical component summary (SF-36 PCS) score and the Functional Assessment of Cancer Therapy fatigue and anaemia subscales (FACT-F and FACT-An).

Results: A total of 213 patients were evaluable for QoL assessment after 12 weeks of therapy, of whom 90 had solid tumours (epoetin beta, n=42; control, n=48) and 123 had lymphoid malignancies (epoetin beta, n=62; control, n=61). Median increases in Hb levels were greater with epoetin beta compared with control in patients with solid tumours (2.1 versus 0.9 g/dl) and lymphoid malignancies (1.9 vs 0.9 g/dl). QoL scores for the SF-36 PCS, FACT-F and FACT-An subscales significantly improved with epoetin beta but were either unchanged or had decreased after 12 weeks in the control group both in patients with solid tumours (SF-36 PCS, +3.8 versus 0.8; FACT-F, +3.0 versus +1.0; FACT-An, +1.0 versus 0.0) and lymphoid malignancies (SF-36 PCS, +2.5 versus 1.0; FACT-F, +5.9 versus +0.2; FACT-An, +1.0 versus +1.0). Improvements in QoL with epoetin beta were generally comparable in patients irrespective of tumour type. Overall, changes in SF-36 PCS and FACT-F were correlated with changes in Hb levels ($p<0.05$).

Conclusions: Treatment with epoetin beta is associated with significant improvements in QoL in cancer patients with anaemia irrespective of underlying tumour type.

918 POSTER

The role of patients and doctors in making decisions about the choice of the kind of adjuvant treatment in early breast cancer

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Introduction: Recently adjuvant treatment of breast cancer has become more advisable than the CMF program replaced by antracyclines-containing schemes. There is tendency to make therapeutical decisions by both: the doctor and the patient.

Aim of the Study: We've tried to analyze the criteria of qualifications of patients to different programs of adjuvant treatment, focusing on the role of patient in making therapeutical decision.

Materials and Methods: From June 2002 to March 2003 we treated radically 147 patients with breast cancer. Median age was 53,8 (range: 32-83 yrs). None of the patients had contraindications to use anthracyclines. The stage of the cancer was estimated according to TNM classification from AJCC Cancer Staging Manual from 1997. 86 patients were ER positive, 82 patients PGR positive. Both receptors were negative in 39 cases. Overexpression of HER2/neu was estimated in 92 patients by the immunohistochemical method (test DAKO). Overexpression of HER2/neu (+++) was proved in 21 patients. In 8 patients it was estimated as (++), and in the rest of patients overexpression HER2/neu was not proved. Patients were qualified to adjuvant treatment, between the 2nd and 4th week after radical surgery. In case of 42 women hormonotherapy was the only method of adjuvant treatment. 13 patients with indications for anthracyclines, with metastases to more than 4 lymph nodes were qualified to sequence chemotherapy (4 x ADM/4 x CMF). The remaining 92 patients were carefully examined, 8 of them were treated with CMF program or anthracyclines-containing chemotherapy. All patients with positive receptors ER and PgR received TAM sequentially.

Five physicians were asked to present the order of prognostic factors which are taken into consideration when the decision about the kind of adjuvant treatment was made. Decision was made together with patients in 52 cases (short questionnaire about the criteria of choice of chemotherapy program was used in these cases). In the remaining 40 patients decision about chemotherapy was made by a doctor.

Results: For physicians the most important factor was metastases to axillary lymph nodes, then age of patient, grading (G3) and also the size of breast tumor and preferences of the patients.

For patients the most important factor was the duration of treatment (62% of patients), then the amount of necessary visits during chemotherapy (for 35% women this factor was the most important one), then probability of alopecia (only for 3% of patients this factor was the most important one), probability of other complications and the necessity to take cytotoxic drug orally. 89% patients preferred treatment consisting of 4 courses of AC.

Conclusions: In contemporary oncology it is becoming more important to make therapeutical decisions by both: the doctor and the patient. According to the above analysis of the factors influencing the choice of the kind of adjuvant therapy, some of the factors were emphases in the process of making therapeutical decisions by both a doctor and a patient. The most important factors for patients were duration of chemotherapy and the amount of necessary visits in oncological center.

919 POSTER

Clinically meaningful improvement in disease-related symptoms by gefitinib ('Iressa', ZD1839) in patients with advanced non-small-cell lung cancer: relationship between lung cancer subscale scores and radiographic response and survival

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Background: Symptom improvement (SI) was a secondary endpoint in a Phase II trial (IDEAL 1) of gefitinib ('Iressa', ZD1839) monotherapy