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 2^{nd} and 4^{th} 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