the entire medical profession and clearer guidelines about which end-of-life care practices are legally and ethically acceptable.

933 POSTER

Incidence and burden of chemotherapy-induced nausea and vomiting in the context of current Canadian practice

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Background: Chemotherapy-induced nausea and vomiting (CINV) is a major side effect of cancer treatment. Despite the development of the serotonin-antagonists, CINV continues to be a substantial problem for patients receiving emetogenic chemotherapy treatment, especially with regimens defined as highly emetogenic (CTx).

Objective: To estimate the incidence of CINV in the context of current practice in Ontario and Québec and to measure its impact on patients' daily activities.

Methods: Patients scheduled to receive a highly emetogenic chemotherapy regimen (level 5 on the Hesketh's scale) were recruited from three oncology centers in Canada. They were provided with a 5-day dairy to determine the extent of CINV following CTx. To reflect current practice, no specific antiemetic regimen (prophylactic or rescue) was imposed in this study. Patients received the antiemetic treatment as usually prescribed by their physician.

Results: Of the 142 patients recruited so far, 129 (91%) completed and returned their dairy. On day 1 (acute emesis), 23% of patients reported nausea (N) or vomiting (V). From day 2 to day 5 after chemotherapy (delayed emesis), 41% reported N or V. For the overall 5-day period 33% of patients reported V at least on one day while N was reported at least on one day by 35% of the patients. No significant differences were found according to age, gender or treatment center. Those who experienced N or V were on average unable to carry out their daily activities for an average duration of 17.5 hours (SD = 25), because of N or V. Also, friends or relatives of these patients had to spend an average of 8.5 hours (SD = 20) helping these patients because of N or V.

Conclusion: Despite modern antiemetic treatments, CINV is still a significant problem in the acute and especially, in the delayed phase, in the context of current practice in Canada.

934 POSTER

Improvements in pain and functional interference following palliative radiotherapy for painful bone metastases: an analysis of brief pain inventory assessments

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Background: The self-assessed Brief Pain Inventory (BPI) is a validated instrument with four 0-10-point pain severity questions and seven functional interference items (0=no interference, 10=complete interference). This study describes treatment outcomes as evaluated by the BPI following palliative radiotherapy (RT) and determines how they might relate to subjective quality of life (QoL) changes.

Methods: 33 unselected patients with bone metastases (15 breast, 11 prostate, 7 others) undergoing 39 courses of palliative RT (external beam 38, 89-Sr 1) completed the BPI before and 4 weeks after RT. A non-leading, dichotomized (yes/no) question of whether quality of life changed after radiotherapy was added to the questionnaire at follow up. Median external beam dose was 8 Gy single fraction (range 6 Gy to 30 Gy/10 fractions). Type and dosages of opioid analgesics were converted to morphine-equivalent dose (MED).

Results: The average pre- and post-treatment "worst pain" scores were 6.9 (SD 1.9) and 4.0 (SD 2.8), respectively ($p<0.001$). Overall response rate defined as reduction of worst pain score by 2 or more, without increase in MED, was 56% (22/39 treatments). Of the 39 treatments, 20 resulted in subjective change and better QoL: 13/20 were associated with pain reduction, but 7/20 had no obvious pain relief. Patients with better QoL experienced slightly greater reduction in worst pain score (mean change 3.1) than patients with no change or worse QoL (mean change 2.1), though not statistically significant ($p=0.35$). However, patients with better QoL reported a greater improvement in functional interference (mean change 2.3) than patients with no change or worse QoL (mean change 0.5), almost reaching statistical significance ($p=0.068$).

Conclusion: Improvement in pain intensity after RT is not necessarily associated with better QoL. Possible reasons will be discussed. Functional interference determined by the BPI appears to be a better predictor of improvement in QoL and may serve as an alternative outcomes measure for palliation. More data is needed to validate this observation.

935 POSTER

Neglected information needs of breast cancer patients and spouses

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Goal. This study investigated breast cancer patients and their spouses views on cancer related information in two settings, at the department of oncology and at the rehabilitation course.

Patients and methods. Patients and spouses surveyed at the clinic (AD, 56 patients, 28 spouses) were compared with those participating at a rehabilitation course (RC, 57 patients, 44 spouses). Logistic regression models were used to adjust for differences in demographic characteristics between the groups.

Results. In both groups the same proportion of patients reported to have felt involved in decision making sufficiently (60%), inadequately (27%), and 19% vs. 16% did not want to be actively participating in decision making. Eighty per cent of AD and 31% of RC patients were content with the available information ($p<0.001$) and 75% of AD spouses and 43% of RC spouses reported similarly ($p=0.008$). Higher education, younger age and shorter time (<1 year) since diagnosis indicated a greater need for information among patients, whereas among spouses only education level was associated with it. More information was needed on prognosis, cancer as a disease, its influence on daily life and treatment effects. Sixty-one % of couples agreed on the information obtained (kappa=0.221). In 36% of couples both the patient and her spouse reported to have received sufficiently information and in 26% they received insufficient amount of information. Spouses preferred physicians as key information providers.

Conclusion. This study revealed information needs, which were not met by the physicians, among breast cancer patients and their spouses. The expectation on the physician's role by breast cancer patient and her spouse includes that of a specialist giving the best possible treatment and providing realistic information both for the patient and her spouse.

936 POSTER

Long-term salivary output and quality of life in patients with head and neck cancer treated with radiotherapy

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Background: Quality of life and xerostomia have become important issues in the treatment of head and neck cancer. However, the long-term relationship between the individual's perception of a dry mouth, the objective salivary flow measurement and the quality of life has not been clearly defined.

The aim of this study was to describe the quality of life and the relation with salivary output in long-term survivors of head-and-neck cancer treated with radiotherapy with curative intent.

Material and methods: Forty-four patients with head-and-neck cancer treated with primary or postoperative radiotherapy, completed the European Organization for Research and Treatment of Cancer (EORTC) Quality of Life Questionnaire (QLQ) C30, and the EORTC-QLQ-H&N35 scale before treatment, and 6 weeks, 6 months, 12 months and at least 3.5 years after treatment. At the same times, stimulated bilateral parotid saliva flow rates were measured using Lashley cups.

Results: Quality of life scored worse at completion of radiotherapy compared to baseline, but showed improvement in time even after 12 months. The specific xerostomia related items, dry mouth and sticky saliva, were significantly worse at completion of radiotherapy, showed improvement in time and were remarkably better at 5 years than at 12 months post-radiotherapy, but did not reach the baseline. The other functioning scales and specific head-and-neck questions improved in time and were not significantly different from baseline at 5 years post-radiotherapy. Parotid flow rates diminished immediately after radiotherapy, and increased progressively in time to return almost to baseline 5 years after radiotherapy.

Conclusions: Quality of life scores followed the general pattern of salivary flow rates. The specific xerostomia related items, showed an improvement