

in time after irradiation, but kept worse than baseline. However, the salivary flow rates recovered in time. Possibly this discrepancy between the salivary flow rate and the subjective perception of a dry mouth lies in the damage of the submandibular glands. The dose to the submandibular glands might play a greater role then now known for the perception of a dry mouth. Special attention should be given to the xerostomia-related quality of life with parotid sparing irradiation.

937

POSTER

### Superiority of aprepitant, an oral NK1 antagonist, over standard antiemetic therapy: Reducing the impact of nausea and vomiting on patients' daily lives.

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**Background:** Previous analyses have shown that patients treated with aprepitant, an oral NK1 antagonist, reported minimal or no impact of nausea (N) and vomiting (V) on daily life compared to standard antiemetic therapy following highly emetogenic chemotherapy. The objective of this report is to confirm those results using data from two multi-national randomized controlled Phase III clinical trials of aprepitant.

**Methods:** Patients receiving their first cisplatin-based (>50mg/m<sup>2</sup>) chemotherapy received either standard antiemetic therapy (ondansetron [O] 32 mg i.v. and dexamethasone [D] 20 mg p.o. on day 1; D 8 mg twice daily on days 2-4) or an aprepitant (A) regimen (A 125 mg p.o. plus O 32 mg and D 12 mg on day 1, A 80 mg and D 8 mg once daily on days 2-3, and D 8 mg on day 4). The impact of N and V on patients' daily lives was assessed as a pre-specified secondary endpoint in both studies using the Functional Living Index-Emesis (FLIE), a validated nausea- and vomiting-specific patient-reported outcome measure. The FLIE contains two domains (Nausea, Vomiting) and had been translated, culturally adapted and linguistically validated into 22 languages for use at the clinical trial sites. Patients completed the FLIE 5 days post-chemotherapy in Cycle 1 of both studies. Minimal or no impact of N and V on daily life was pre-defined as an average item score >6 on the 7-point scale. Treatment comparisons were made using logistic regression.

**Results:** Approximately 98% (n=1014) of trial participants (n=1040; 38% female; mean age 59) completed the FLIE with less than 2% missing data. In this post-hoc pooled analysis, a significantly greater proportion of patients receiving the aprepitant regimen reported minimal or no impact of N and V on daily life over the 5 days post-chemotherapy compared to those on standard therapy (74.4% v 63.9%, p<0.01). This result is consistent with the results observed for each individual study. In addition, the aprepitant regimen was superior to standard therapy in the analysis of each domain wherein 70.2% v 60.9% (p<0.05) and 84.6% v 68.7% (p<0.05) met the definition of minimal or no impact on daily life for the Nausea and Vomiting domains, respectively.

**Conclusion:** Aprepitant-based antiemetic regimens have been shown to be consistently superior to standard antiemetic therapy in reducing the impact of nausea and vomiting on patients' daily lives following highly emetogenic chemotherapy.

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938

POSTER

### Psychiatric morbidity in cancer patients and importance of awareness of disease

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**Objective:** There is a high prevalence of psychiatric disorders, especially depression and anxiety among the cancer patients. In case they're left untreated especially depressive disorders, may contribute to poor treatment compliance, increased hospital stays and reduced quality-of-life. The aim of this prospective study is to investigate the prevalence of psychiatric morbidity among cancer patients and the relationship between awareness of cancer diagnoses and psychiatric morbidity.

**Patients and Methods:** One hundred and seventeen patients with the diagnosis of cancer who were treated in the clinical departments of the Pamukkale University Hospital situated in Denizli, Turkey were included in this study between September 2000 and May 2002. All of the patients in the

sample had undergone chemotherapy. Informed consent was obtained from the patients after the patients were fully informed of the goals of the study. The patients were interviewed with the clinical Structured Clinical Interview for DSM-IV-Clinical Version (SCID-I/CV) form. In addition each patient had been evaluated with General Health Questionnaire (GHQ) to assess the health problems and with Hospital and Anxiety Depression Scale (HADS) in order to measure levels of anxiety and depression.

**Statistical analysis:** Chi squared tests or Fisher exact test for 2 X 2 tables were performed to examine the associations between psychiatric disorder and sociodemographic, personal and disease factors. Comparisons of median scores for anxiety and depression between groups (e.g. females vs males, the patient with pain vs those without pain) were performed using Mann-Whitney U test. Comparisons of group means were performed by unpaired t tests. The correlation between the scores of GHQ or HADS and duration of cancer was examined with Pearson correlation analyses. All data analyses were conducted with SPSS for Windows (10.0 version).

**Results:** This investigation of the prevalence of psychiatric disorders in cancer patients showed that 30% of the patients studied met the criteria for a DSM-IV psychiatric disorder, and that the most common type of psychiatric disorders are adjustment disorders. According to the standardised interviews, 35 patients (30%) had a psychiatric disorder. The adjustment disorders account for 48.5% of all diagnoses and have an associated prevalence rate of 14.5%. The other most diagnostic class is the major depressive disorder whose prevalence rate is of 13.7% and which accounts for 45.7% of all diagnoses. It has also been found that psychiatric disorders are closely related to some factors such as the awareness of the disease, the period of illness, any previous psychiatric disorder, pain existence, stress factors or female gender (p<0,05).

**Conclusion:** Adjustment disorder with depressed mood and major depressive disorder was mostly diagnosed in this group of cancer patients whereas suicide ideations was in a lesser extend. On the other hand no existence of suicide attempts in our patients, in spite of a tendency, may be related to the sociocultural background and strong religious beliefs. Almost half of the patients (54%) knew that the diagnosis was cancer. The lower rate of awareness of cancer diagnosis shows that it isn't mentioned to the patients unlike the approachments in the western countries. The results suggest that in Western countries there was a move towards openness between doctors and cancer patients and their families. Clinical experiences and research evidence suggest that many cancer patients are not well-informed about their diagnosis and prognosis, although relatives are informed in details in Turkey which is both an Asian and European and Islamic country as well. Psychiatric morbidity was significantly lower in patients who were unaware of the diagnosis of cancer and had a more hopeful outlook on the outcome of treatment. However, in the aware patients, the high level of psychiatric disorders is related to the adequate information gathered by the patient since especially his or her family doesnot allow the doctor to be honest to the patient and pursues to hinder the diagnosis. Especially the understanding of the diagnose indirectly, without having any satisfactory information, causes the individual to be stressed because of arousing suspect about cancer and treatment and consequently psychiatric disorders increase.

The results suggest that psychiatric approach to the cancer patient in order to diagnose the psychiatric morbidity as well as the medical therapy is of importance in clinical practice and GHQ and HADS are reliable and important tools to evaluate the psychiatric morbidity.

939

POSTER

### Prevention of urinary tract infections by bladder instillations of hyaluronic acid in patients with metastatic acute medullar compression

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**Background:** This study examines the efficacy of hyaluronic acid (HA, Cystistar®) bladder instillations on the incidence of urinary tract infections in patients hospitalized for initial radiotherapy treatment of acute metastatic medullar compression (AMC). Such patients with a permanent catheterization are susceptible to a high incidence of urinary tract infections (UTI) due to damage caused to the glycosaminoglycan (GAG) layer of the bladder. Cystistar® is registered as a medical device approved for the temporary replacement of this GAG layer.

**Material and Methods:** The charts of 71 patients with acute metastatic medullar compression were examined. The patients had been admitted for emergency medullar decompression. The patients were consecutively