

malignancies was designed to evaluate the effects of darbepoetin alfa on haemoglobin and transfusion endpoints, as well as on health-related quality of life (HRQOL).

Methods: A multicenter, randomized, double-blind, placebo-controlled study of 12-week treatment with darbepoetin alfa (2.25 mcg/kg once weekly) was conducted in anaemic (haemoglobin < 11.0 g/dL) cancer patients with lymphoproliferative malignancies receiving multicycle chemotherapy. Patients completed the 13-item FACT-Fatigue subscale score at baseline and after 4, 8, and 12 weeks.

Results: 349 patients were randomized to the study (176 darbepoetin alfa; 173 placebo). Mean change (SE) in haemoglobin for patients completing 12 weeks of treatment was significantly greater for the darbepoetin alfa group vs the placebo group (2.66 [0.20] g/dL versus 0.69 [0.14] g/dL, $p < 0.001$). Patients treated with darbepoetin alfa showed a greater improvement in their FACT-Fatigue subscale score compared with placebo, regardless of their level of fatigue at baseline. However, baseline FACT-Fatigue score had a significant ($p < 0.001$) effect on the change in FACT-Fatigue score such that patients with lower baseline scores had greater improvements than patients with higher baseline scores. After adjusting for baseline score, increases in FACT-Fatigue subscale scores with darbepoetin alfa treatment were significantly greater than those observed with placebo (difference of 2.28 points [95% CI, 0.19, 4.37], $p = 0.032$). In addition, there was a statistically significant ($p < 0.001$) relationship between change in haemoglobin and change in FACT-Fatigue over the treatment period.

Conclusion: The results of this phase 3 study confirm that darbepoetin alfa is effective in significantly improving both haemoglobin concentrations and fatigue relative to placebo in patients with lymphoproliferative malignancies receiving concurrent chemotherapy.

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POSTER

Quality of life in breast cancer patients eighteen months after diagnosis

A. Montazeri, M. Vahdaninia. *Iranian Institute for Health Sciences Research, Tehran, Iran*

A longitudinal study was conducted to measure quality of life in breast cancer patients. Quality of life was assessed at three points in time: baseline, 3 months after diagnosis and completion of the initial treatment and after 18 months post diagnosis. The EORTC QLQ-C30 and its breast cancer questionnaire (QLQ-BR23) were used to measure quality of life. In all, 167 breast cancer patients were interviewed. Of these, for 99 patients both baseline and follow-up data were available. Thus, paired test analysis was performed to compare baseline data with that of 18 months follow-up assessment. The results showed that there was reduction in patients' physical, role, social emotional and cognitive functioning. The change in global quality of life was significant (mean score 59.2 vs. 31.9, $P < 0.0001$). In addition body image, and sexual activity as measured by the QLQ-BR23 showed a significant worsening (all $P < 0.0001$). Also patients reported a higher degree of symptoms at follow-up. Of these pain, fatigue and breast symptoms were significant (all $P < 0.0001$). In general the findings indicate that breast cancer patients even after 18 months post diagnosis suffer from a poor quality of life. This suggests that the continuity of care for breast cancer patients is needed to ensure patients' health status. Since most reduction was observed in patients' global quality of life, indeed this is a good indicator to ascertain clinical achievements in management of breast cancer patients.

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POSTER

Treatment of radiation - induced lung damages after breast conserving therapy

V. Parvanova¹, M. Beeva², V. Ivanov², A. Tzonevska³. ¹National Hospital of Oncology, Department of Radiotherapy, Sofia, Bulgaria; ²National Hospital of Oncology, Department of Radiology, Sofia, Bulgaria; ³National Hospital of Oncology, Department of Nuclear Medicine, Sofia, Bulgaria

Background: Studying the improvement opportunity and the response of treatment on acute and late symptomatic radiation pulmonary damages by applying the Indomethacin® and moderate dose of Dexamethason® after breast-conserving therapy.

Material and method: Between 1992 and 1997 yrs., 122 early breast cancer patients were treated with postoperative radiotherapy after pre-servicing surgery by "negative" margin (BCT). For all patients CT treatment planning was made for precise outlining of the CTV and the organs at risk. The target volume was irradiated with two tangential fields (60!>) without boost for the tumor bed to the prescribed total dose of 50Gy in 25 fr. for

5 wks. The adjuvant system treatment includes VI courses chemotherapy type sandwich of application and Tam in patients, with SR+.

Results: 8 year local control in 95, 1% of patients were accomplished, as in 1, 6% acute radiation pneumonitis (RP) and 1, 6% pneumofibrosis (PF) were diagnosticised. Symptoms of RP 6-9 mths after completion of therapy and 4-6 yrs in patients with PF become evident. The cardinal symptoms in all patients were dyspnea and nonproductive cough. All patients with PF did not present previous history of RP. CT scans of the chest and 99mTc MIBI image were more sensitive than chest radiography in the detection of radiation damages. The patients are between 61-70 years old as with 50% of them diabetes mellitus type II is present. With 75% of the patients with lung damages low graded oedema of the arm is found. The irradiation of the homolateral IMN with wide field leads to frequent lung toxicity ($p=0.006$). The treatment schemes included 14 days cycle of administration of Indomethacin® (3X25mg daily) and Dexamethason® 3 times weekly x 4mg and than with Vitamin E and A. Complete resolution of signs and symptoms were observed 1 month after RP and 3-6 months after PF.

Conclusions: The treatment of post-radiation pulmonary complications with Indomethacin® and moderate doses of Dexamethason® leads to complete response in all patients after BCT.

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POSTER

The health related quality of life and preference of breast conservation for breast cancer patients in north Taiwan.

J.T. Chang¹, S. Chen², Y. Lin³. ¹Chang Gung Memorial Hospital, Radiation Oncology, Taoyuan, Taiwan; ²Chang Gung Memorial Hospital, Surgery, Taoyuan, Taiwan; ³Chang Gung Memorial Hospital, Medical Oncology, Taoyuan, Taiwan

Introduction: To evaluate the quality of life and preference of breast conservation of breast cancer patients after radical treatment.

Material and Method: There were 220 breast cancer patients received questionnaire to report their health related quality of life (QoL) and preference of treatment choice in two different hospitals in northern Taiwan, one in metropolitan and other in suburb area. The median age was 49 (32-69). The median year after radiotherapy was 5 year (ranging from 1 to 12 years) Functional Assessment of Cancer Therapy Breast (FACT-B) questionnaire was used to assess QoL. The preference of treatment and need of breast reconstruction was also evaluated. Sixty three (28.6%) patients received breast conservation treatment and 157 (71.3%) patient received modified radical mastectomy. One hundred and seventy eight (80.9%) patients received chemotherapy as adjuvant chemotherapy, 82 patients received adjuvant radiotherapy, 119 patients received hormone therapy.

Result: There is no significant difference in QoL including in different subscales between breast conservation patients or mastectomy patients. Education level, income, marital status, living alone or not and adjuvant therapy did not affect the QoL in different subscale. However, there are 2 (3.2%) patients received breast reconstruction or wearing artificial breast in breast conservation group and 78 (49.7%) patients received breast reconstruction or wearing artificial breast in mastectomy group ($p=0.00$). If choosing again for the treatment, 12 (19.0%) patients will change to mastectomy in breast conservation group and 76(48.4%) patients will change to breast conservation treatment in mastectomy group ($p=0.00$).

Conclusion: Mastectomy or not had no impact to quality of life of breast cancer patients in northern Taiwan. However, about half mastectomy patients will want to receive breast reconstruction treatment and will change to breast conservation treatment if they had second chance.

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POSTER

Role of palliative radiotherapy in pediatric solid tumours.

H. Umamathy¹, K.C. Pandey¹, M. Mailk¹, S. Bhasker¹, V. Kouchipillai². ¹Radiotherapy, ²Medical Oncology, Ailms, New Delhi India

Background: Palliative radiotherapy is given with the intent of relieving symptoms in advanced tumors. Although pediatric malignancies are exquisitely sensitive to chemotherapy, in certain circumstances radiotherapy has a role in symptomatic management of advanced tumors. The common indication for palliative radiotherapy are pain relief from bone metastasis and nerve compression, control of bleeding, ulceration and fungation, impending air way obstruction, SVCOC, spinal cord compression, impending or pathological fracture, brain metastasis etc. As in developing country its still common to see the childhood patients presenting with advanced cancers, palliative radiotherapy has been offered to most of them for symptomatic treatment. We did a retrospective study to define the role of palliative radiotherapy in pediatric solid tumors.