General health care and political issues

1199 POSTER

Carcinoembryonic antigen testing in colorectal cancer follow-up: a study of patients' attitudes and preferences.

R.C. Peaston[1], M.J. Mackean[1], N.L. Fernie[2], G. Knowles[1]. [1] *Western General Hospital, Edinburgh Cancer Centre, Edinburgh, United Kingdom;* [2] *Cancer Research U.K. Beatson Laboratories, Medical Oncology, Glasgow, United Kingdom*

Background: The routine use of CEA testing in the follow-up of colorectal cancer patients who have undergone curative resection remains inconclusive. [1,2] In general, cancer patients report a strong preference for follow-up even if it does not lead to earlier detection of recurrence and despite any anxieties experienced in the period prior to the follow-up visit. The attitudes of colorectal cancer patients towards specific investigations, in particular the CEA blood test, have not been formally examined in this way.

Purpose: The aim of this study is to increase knowledge of patient attitudes and preferences towards CEA monitoring during colorectal cancer follow-up. A specific objective is to identify patient opinions towards CEA testing in relation to the perceived level of benefit. Factors that may influence patient preferences e.g. time since surgery/treatment, fear of recurrence, medical history, age and sex will also be investigated.

Material and methods: This descriptive study uses a questionnaire to elicit patients' attitudes and preferences towards CEA testing. Recruitment is currently underway. The total number of patients will be 100. All patients on follow-up following curative resection for colorectal cancer in which routine CEA monitoring is already being carried out, including patients receiving chemotherapy, are eligible. Patients are currently being recruited during attendance at a colorectal cancer clinic, Edinburgh Cancer Centre. A pilot study of 16 patients was conducted in a district general hospital oncology clinic.

Results: The results of the pilot study demonstrate that the majority of patients are in favour of the test, regardless of whether further treatment can be offered or not. Data is currently being entered onto an Access database and will be analysed descriptively. The results will be presented at ECCO 12. It is our view that in deciding whether to test for CEA we should be guided by patients' preferences in addition to published data on survival and health economics.

References

[1] Jeffery GM, Hickey BE and Hider P (2002) Follow-up strategies for patients treated for non-metastatic colorectal cancer (Cochrane Review). In: The Cochrane Library, Issue 1, Oxford: Update Software.

[2] Renehan AG, Egger M, Saunders MP and O'Dwyer ST (2002) Impact on survival on intensive follow-up after curative resection for colorectal cancer: systematic review and meta-analysis of randomised trials. British Medical Journal Vol 324 6 April pp813-816.

1200 POSTER

Mouthcare compliance in neutropenic haematology patients

G. Parkin. *Avon Haematology Unit, Bristol Haematology and Oncology Centre, Bristol, United Kingdom*

In our experience patients in this group can find compliance difficult for a variety of reasons which is supported in the literature by Xavier (2000) who cited nausea, anorexia, vomiting, dehydration, fatigue, mucositis and poor nutritional status as some of the reasons for poor compliance.

On the Avon Haematology Unit we use a regimen of chlorhexadine mouth washes followed 20 minutes later by nystatin solution four times a day. Although patients are taught about the importance of mouthcare they frequently do not carry out routine mouthcare as advised.

An audit was carried out to try and determine how large a problem non-compliance was on the unit and for what reasons. All neutropenic patients were given a questionnaire and diary sheet to complete during 2 courses of chemotherapy. The data were collected over a four month period. The early analysis indicates that non-compliance is indeed a problem in some cases due to a range of issues such as nausea, dislike of product and poor understanding of the process. Once the audit is complete it is hoped that we will be able to trial alternative regimens that may improve compliance in the future.

References

[1] Ostchega Y (1980) *Presenting and treating cancer chemotherapy's oral complications* Nursing. 10,8,47-52

[2] Xavier G (2000) *The Importance of mouth care in preventing infection* Nursing Standard Vol 14 47-49

1201 POSTER

Relationships between anemia and polichemotherapy in cancer patients

P. Rossi, M. Giorgi, L. Minutella, E. Muccini, P. Pacchini, N. Virgili. *Division of Medical Oncology, Dept of Oncology, Pisa, Italy*

Anemia is especially important from the standpoint of quality of life (QOL), because it profoundly affects patient's capacities, both mental and physical, and acceptance of further treatments. Therefore, the assessment of that health condition becomes very important in patients who are treated with antineoplastic agents. In order to evaluate the impact of first- or second-line polichemotherapy of metastatic or advanced neoplasms (lung, colorectal, gastric, pancreatic, breast, ovary carcinomas, kidney and liver cancers, sarcoma), 127 patients were enrolled in this study, without considering schedules nor drugs to which they were candidates, as well as alkylating agents, taxanes, topol inhibitors and antimetabolites (as well as 5-fluorouracil and gemcitabine). Also patients who were treated with infusional schedules (using infusional pumps from Sevit) were enrolled. The evaluation of anemia was performed by using the FACT-An scale in all 127 patients, and at 48 out of them was asked to answer to the questionnaire after each cycle of chemotherapy. The analysis of collected data revealed that cancer patients suffered from fatigue and anemia in a large percentage and in a severe degree. In fact, the mean ± standard deviation calculated for the FACT-An subscale was 50.8 ± 16.2, with a median value of 54. However, patients who were evaluated for anemia during 2 or more cycle of chemotherapy did not experienced a significant worsening of FACT-An score, and that did not interfere with the administration of following cycles of chemotherapy. Therefore, the present study demonstrated that antineoplastic chemotherapy is capable to affect patients' abilities and daily activities, and that the evaluation of anemia could be a reliable approach for nurses and physicians.

Age and gender specific issues

1202 POSTER

Women who talk together learn together. Results of a study of psycho-educative groups for women with gynaecological cancers.

U. Courtney. *ARC Cancer Support Centre, Dublin, Ireland*

Patients react to a cancer diagnosis with a variety of emotions including shock, anger, guilt, denial, anxiety and depression. Psychosocial oncology focuses on how the physical manifestations of cancer impact upon the cognitive, behavioural, social and spiritual components of the lives of patients with cancer. Psychosocial interventions aim to alleviate the emotional and social impact of cancer on patients and their families. Information is a basic form of support. Correct and adequate information is essential to helping patient and family adapt to a diagnosis of cancer and develop coping skills. Studies suggest that patients who receive good information are more satisfied with their care and demonstrate lowered levels of anxiety and depression. The role of support groups has been well documented in cancer support. Psycho-educative group support helps people who have similar problems to act as role models to one another, especially in the use of adaptive coping responses. This paper describes the perceived benefits of a psycho-educative support programme for women diagnosed with gynaecological cancers. The programme is divided into four main areas dealing with the physical, psychological and social aspects of gynaecological cancers in an Irish context. The limitations of the programme are described and the discussion addresses the need for further patient education in centres throughout Ireland.

1203 POSTER

Sexual care in cancer; the forgotten question

S. Iglesias Casals, F.V. Isabel, T.P. Daniel, G.C. Melinda, S.M. Mónica, E.N. Carmen, M.C. Carmen. *Intitut Català de Oncologia, Oncologia, Barcelona, Spain*

Introduction: Germ cell neoplasm are unusual, with low incidence (almost 1,5%) and rather high curative rate over 90% in survival data. However,