analysis was performed on the basis of the results from the univariate analysis. The results suggest that smoking, passive smoking, low monthly income per person 10 years ago and smaller living space per person 10 years ago increased the risk of lung cancer with corresponding OR values of of 3.303, 1.193, 1.003 and 1.067, respectively. However, higher body mass seemed to be associated a lower risk with an OR of 0.913.
Conclusion: Both smoking and passive smoking were independent risk factors for lung cancer; family income and living space were also associated with elevated risk of lung cancer. The findings are consistent with previous research.

575 POSTER

Counselling families with breast and colon cancer predisposition: the Southern Switzerland experience

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Background: Genetic predisposition is thought to be responsible of about 5–10% of all cancers. Genetic counselling services have been only recently set up both in Europe and in the USA. Several models have been developed according to different social, economical and cultural attitudes, within different health systems.
Material and methods: We report the first clinical and scientific activity of the Genetic Counselling Service of Southern Switzerland (300,000 inhabitants), set up in July 2002 within the regional Institute of Oncology and linked to the Swiss Network for cancer predisposition testing and counselling. An exploratory questionnaire was distributed 2 months before opening to general practitioners (GP), gynaecologists (GY), gastroenterologists (GI) and surgeons to assess needs and expectations of the local medical community (502 contacts). The unit is composed by 2 medical oncologists, 2 psychologists, 2 geneticists and 1 data manager, supervised by a multidisciplinary advisory board.
Results: Seventy eight subjects with either a personal and/or family history of colon (37), breast/ovarian (35) or other cancers (6) have been counselled and 17 genetic tests (7 BRCA1/2, 10 MSI/MMR), fully reimbursed by the public health care system, have been performed. Apart from patients followed within the institution (54%), consultants have been addressed mainly by GY and GI (26%), GP (6%) or were self referred (14%).
Since June 2004 20 subjects have been enrolled in a feasibility, prospective and disease-related survey assessing both general satisfaction and distress associated with the counselling process. Overall the preliminary results show a high degree of appreciation in terms of well being during the consultation, clarity and understanding of the information given either by the medical oncologist together with the geneticist in colon cancer families (6 cases) or together with the psychologist in breast/ovarian cancer families (11 cases) and by the geneticist together with the psychologist in other syndromes (3 cases). Nine individuals (45%) showed moderate anxiety and distress at the baseline assessment with the STAI questionnaire, to be partly attributed to personal traits, with a trend towards immediate post-counselling improvement in the emotional status.
Conclusions: Genetic counselling seems to be feasible and well accepted by families with a positive cancer history. Future plans include activation of prevention trials (IBIS II), development of national guidelines and database, establishment of a regional familial cancer registry.

576 POSTER

Audit of management of patients with metastatic colorectal cancer (MCRC): a single centre 6-year experience

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Background: From its establishment in 1998, the BOCOC has provided site-specialist cancer management for up to 80% of the island's population. Here we present an audit of our multi-disciplinary practice for patients with MCRC at a time when all three drugs 5-FU, irinotecan (Ir) and oxaliplatin (Ox) were available, prior to the use of biological therapies.
Methods: A retrospective review of patients with MCRC referred from September 1998 to December 2004 was performed.
Results: 221 consecutive patients (141 M & 80 F) were included, of which 37 (16.7%) were treated in the context of Phase III clinical trials. Median age was 64 (26–86). Distribution of primary site was: 30% rectum, 70% colon. 167 patients (75%) presented with metastatic disease, whilst 54 patients (25%) had developed metastases during follow-up for early stage disease. Metastatic disease was confirmed at 1 (63%), 2 (25%) and 3 or more sites (8%). For 9 patients (4%) the exact number of sites was unknown. 90% of patients (199) had surgery for the primary tumour, whereas for the remaining 10% the primary was left in situ.
194 patients (88%) received chemotherapy, commonly single agent infusional 5-FU (n = 120), or in combination with Ox (n = 49), or Ir (n = 9). Responses (CR+PR) were seen in 40% receiving 5FU, 51% with Ox/5FU and 48% with Ir/5FU. Median progression free survival (PFS) after first line chemotherapy was 8.6, 10.6 and 7.3 months respectively.
112 patients received second-line chemotherapy, most receiving combinations of 5-FU with Ox or Ir, or single agent 5-FU, depending on first-line therapy. Analysis of pooled data showed 1% of patients achieved CR, 28% had PR, & 14% SD with PFS of 6.5 months. 61 patients received 3 or more lines of chemotherapy. 50 patients (22.6%) received palliative radiotherapy at some point.
Median overall survival was 19 months (n = 221) with subgroups shown below

Patient group	n =	%	Median survival (months)
Metastatectomy (± chemotherapy)	43	19.4	40
Chemotherapy alone	155	70.2	15.7
No chemotherapy	23	10.4	7.1

Conclusions: These results compare favourably with recently reported outcomes for patients exposed to 5-FU, Ir and Ox combined and/or in sequence. They confirm the importance of metastatectomy in selected patients and the overall management of MCRC in a multidisciplinary setting.

577 POSTER

Medical oncology in France: a large survey of daily practice

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Background: The level of compliance of chemotherapy (CT) practice with CT clinical guidelines is poorly known in France. The aim of this study, initiated by the French National Health Insurance, was to describe CT practice and dissemination of CT clinical guidelines for 4 tumour locations: breast, colorectal, lung and oropharyngeal cancer. The end point was to make proposals to enable CT practice improvements, contributing to the cancer plan initiated by the government.
Material and methods: In April-may 2003, we performed a cross-sectional descriptive study involving all public and private facilities performing CT in France. A weighted sample size of 113,263 patients was obtained from a stratified sampling of 22,435 patients treated with CT in 2002 (6,157 breast, 7,260 colorectal, 6,557 lung, and 2,461 oropharyngeal cancers). Information collected from patients records concerned demographic (age, sex) and clinical data (clinical or post operative staging, general condition before treatment, side effects) and data concerning the overall treatment plan (therapeutic decision taken by a multidisciplinary committee (MC) with written report (WR), enrolment in clinical trials, associated treatments, clinician's qualification, hospital CT volume). In addition, specific criteria for each location were examined to assess CT prescription compliance with guidelines.
Results: For 84.5% of the patients, general condition evaluation before CT was present, varying from 87.2% for breast to 74.2% for oropharyngeal cancer. Staging was more often mentioned for colorectal (97.0%), breast (91.0%) and oropharyngeal cancer (87.5%) than for lung (75.0%) cancer. On the contrary, the percentage of patients with WR of MC, varying from 50.0% (colorectal) to 58.5% (oropharyngeal), was quite low as the percentage of patients enrolled in clinical trials (1.7% for colorectal to 3.4% for breast cancer). Severe CT side effects responsible of CT arrest were more frequent for lung and oropharyngeal (respectively 24.5% and 23.8%) than for breast and colorectal cancer (respectively 8.6% and 12.6%).
Conclusion: This study constitutes the first national inventory of CT practices. Several results should lead to a better definition and application of therapeutic standards. Improvement of multidisciplinary approach and access of patients to clinical trials constitute a major challenge.

578 POSTER

Oncologists' perceptions on measures needed to improve cancer care. A survey among participants of the Vienna ESMO Congress

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Introduction: Quality of cancer care and survival rates vary significantly within Europe and even more so in various regions of the globe. This underlines the urgent need for optimizing cancer care in Europe and globally. In order to improve our understanding of the potential deficits and the areas for improvement we aimed to elucidate the perceptions of oncologists on the importance of measures which could increase the standard of cancer care.

Methods: A rated (1–5) questionnaire was developed by the authors and reviewed by medical oncologists and political decision makers within ESMO. The questionnaire consisted of 2 parts containing a total of 42 question items. The following categories were addressed: congress: research, medical training and education, funding, supportive therapy, interdisciplinary cooperation, structural conditions, patient information and empowerment and palliative care. Responses were rated from "would greatly improve cancer care" to "would make no difference". The questionnaires were distributed at the 29th ESMO congress in Vienna 2004. Statistical analysis was performed using Excel and S (software implementation R.1.7.1, 2003).

Results: 327 oncologists (mean age: 44 years (23–80), 64% males, 3% females) from 55 countries (82% European, 18% Non-European) responded. The top 3 categories and their respective intergroup rankings were: 1. Research (intergroup ranking: more research by academic institutions, more funding for clinical research by governments, better international cooperation in clinical trials). 2. Medical training and education (intergroup ranking: creation of European guidelines for cancer care, more practice-oriented training for doctors, and more scientific training for doctors). 3. Cooperation between caregivers (intergroup ranking: improvement of interdisciplinary cooperation, better cooperation between hospital doctors, GPs, and oncologists in clinical practice, better networking between different hospitals). The three most highly rated single measures (converted to a scale from 0–100) were: More funding for clinical research by governments (100); more research by academic institutions (98.97); and better international cooperation in clinical studies (98.58). Conversely, on the lowest end of priorities were: Inclusion of alternative medicine into treatment plans (0); cancer treatment provided by disease specialists only (15.14); and care of cancer patients in general practice only by general practitioners with specialisation in cancer care (19.61). Ratings did not differ between European and Non-European oncologists with the exception of structural conditions and patient information and empowerment which were rated higher by Non-European oncologists.

Conclusion: Research and medical training and education were seen as the top priorities by oncologists at the 2004 ESMO congress. In particular, government funding for basic and clinical research by academic institutions is seen as fundamental requirement. Further, medical training and education and cooperation between caregivers were seen as important aims for improving cancer care. These results should support the medical community and political decision makers in priority setting for optimizing the quality of cancer research and treatment.

579 POSTER

Trend of uterine cervix cancer focusing on elderly, 70 years or older patients in Korea, 1991–2002

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Background: Although uterine cervical cancer (CC) was the most common female cancer in 1980s, now CC is ranked as the fifth one (9.1%) among females according to the 2002 Annual Report of Korea Central Cancer Registry. We investigated the trends of the CC including incidence rate, distribution of stage and pathology, and treatment modalities during the period of 1991–2002, especially focusing on the elderly patients, 70 years or older.

Methods: We obtained the data from the series of the Annual Report of Gynecologic Cancer Registry Program in Korea from the Korean Society of Obstetrics and Gynecology. Incidence rate was calculated using the data of population registered since 1992 which was obtained from the National Statistical Office.

Results: The age-standardized incidence of CC was decreased. The peak age of age-specific rate was changed from 60~69 to > 70. Stage I show decreasing but stage II and III show increasing trend with age. Stage I increased with year. At the age over 70, stage I also increased with year. As for the type of histology, it's not changed that squamous cell carcinoma is the most common type, but adenocarcinoma is showing increasing trend. As for the first choice of treatment modalities, surgery and concurrent chemo-radiation therapy (CCRT) are increase, but radiation therapy and chemotherapy are decreased. The pattern is similar in elderly group of patients as surgery and CCRT are increasingly applied.

Conclusion: In the overall trends of the CC, the incidence is decreasing, but the proportion of the elderly patients is increasing. Treatment modalities of the elderly are changing. We should be concerned about the increasing trend of the incidence and the change of treatment modalities in the elderly.

580 POSTER

Cancer pattern in Eastern India: data from hospital base cancer registry

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Background: The first Population Based Cancer Registry (PBCR) in India was organized in Mumbai in 1963. Subsequently under National Cancer Registry Programme (NCRP) of Indian Council of Medical research a few more registry was started in different cities of India like Bangalore, Chennai and New Delhi. The 1st PBCR was organized in Kolkata in Chittaranjan National Cancer Institute in 1997. We started our hospital based cancer registry from 2002, Kolkata. The PBCR from different cities has shown the distributions of different cancers are different in different cities because of ethnic and dietary differences. The aim of our study was to show the prevailing cancer pattern from eastern part of India.

Material and method: From our hospital based cancer registry we analyzed all the cancer patients, who attended the out patients and in patients departments of Netaji Subhash Chandra Bose Cancer Research Institute during period from November 2002 to March 2005.

Result: A total of 3627 cases were registered. The age distribution was 1 month to 86 years, with mean age of 42.5 years. The female (56%) cancer patients were little predominate compared to the male (44%) patients. The most frequent malignancies in males were carcinoma lung (13.6%), followed by carcinoma colon (8.22%) and cancer of the oral cavity (6.9%). The most frequent reported malignancy in female were breast (30.82%), followed by uterine cervix (21.21%), gallbladder (10.4%) and ovary (4.6%). In paediatric age group the most frequent malignancies were ALL (49%), followed by Ewings Sarcoma, Rhabdomyosarcoma and Brain tumour.

Conclusion: The cancer pattern in eastern India is little different from other parts of India & World cancer registry, because of life style and diet habit of this part of the country.

581 POSTER

Tobacco habit as a risk factor for lung cancer – a study from Eastern India

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Background: Tobacco smoking is the most intensively investigated environmental cause of cancer. Smoke comes out of cigarettes, bidis, hookahs etc. contains nicotine and other chemical compounds which are proved as dangerous carcinogens. Cancer causation by tobacco smoke is not attributable to any one chemical compounds but to an overall effect of the complex mixture of chemicals in smoke. The burden of tobacco related cancer is increasing alarmingly throughout the world, therefore merits highest priority in the war against cancer worldwide. Using tobacco active smokers can get affected to lung and cancers in other organs such as larynx, oral cavity, pharynx, oesophagus, pancreas, kidney and bladder. The aim of our study was to investigate tobacco use, prevalence of exposure, awareness towards the risk of tobacco use and incidence of lung cancer in tobacco users.

Materials and methods: 220 new patients with cancer of lung registered in Netaji Subhash Chandra Bose Cancer Research Institute were recruited for the study during the period of January 2004-December 2004. Two hundred healthy male (age, religion and residential status matched) visiting controls were selected from the hospital outdoor during the same time period. Information on socio demographic data, details of the disease, tobacco use, and awareness towards the effect of tobacco were obtained through standardized questionnaires.

Result: Out of 220 patients 160 were male and 60 were female. Out of 160 male the history of tobacco smoking was observed in 148 (92.5%). Of the 60 females 13 (21.66%) was smoker. Smokers were at a higher risk to the disease than the non-smokers. Disease directly correlated with the duration, number of smoking, monthly income, family size and education level. Adjusted Odd Ratio (OR) observed for smokers for duration more than 20 bidis/cigarettes per day were 2.11%, 1.49% and 3.48% respectively. Smoking was seen as more common form of tobacco than chewing. Awareness level towards tobacco chewing, active and passive smoking revealed poor response among the subjects.