

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 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.

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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.

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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)
Metastectomy (\pm 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 metastectomy in selected patients and the overall management of MCRC in a multidisciplinary setting.

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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.

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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