

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.

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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.

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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.

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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.

Conclusion: Smoking related lung cancer is very high in this part of the country. Health education for antismoking and awareness generation towards tobacco hazards should be strongly recommended.

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POSTER

Survival analysis of Cancer patients in North coastal Andhra Pradesh, India

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Back Ground: Retrospective analysis of results of treatment given to cancer patients hailing from north coastal Andhra Pradesh, India, to find out their survival.

Material and methods: Extraction of the data from 1476 case sheets of cancer patients treated at Lions Cancer Hospital, Visakhapatnam, India, during two calendar years of 1998 and 1999.

Results: 1476 patients were treated during two years, 1998 and 1999. Female patients constituted 58.40% (n = 862) and males 41.59% (n = 614). Cervix, Breast cancer, Oral cancers and Cancers of Gut accounted for 61.38% (n=906) of all the cancers in North coastal Andhra Pradesh. Cervical cancer is the most common cancer occurring in north coastal Andhra Pradesh (27.71%, n = 409). Oral cancers (18.89%, n = 116) are the most common cancer among men. Cancer occurs predominantly in older people with 66.69% of all cancers occurs in people aged 45yrs and above and only 2.43% of all cancers occur in Children less than 14 years.

Table: Survival analysis of Top 10 Cancers in North coastal Andhra Pradesh, India

Rank	Cancer	No. of patients surviving for					No. of patients lost to follow up	Total	%
		1 yr	2 yrs	3 yrs	4 yrs	5 yrs			
1	Cervix	293	174	120	82	52	116	409	27.71%
2	Oral	62	32	21	14	8	142	204	13.82%
3	GIT	70	24	11	7	4	83	153	10.36%
4	Breast	84	60	47	36	25	56	140	9.48%
5	Larynx	46	18	13	6	4	57	103	6.97%
6	Blood	33	26	20	15	13	46	79	5.35%
7	CNS	23	14	8	5	2	48	71	4.81%
8	Lung	34	4	2	1	1	32	66	4.47%
9	Male Uro Genital	19	10	5	5	3	31	50	3.38%
10	Secondaries with unknown primary	7	3	1	1	1	30	37	2.50%
11	Others	58	30	18	12	6	106	164	11.11%
	Total	729	395	266	184	119	747	1476	
	%	49.39%	26.76%	18.02%	12.46%	8.06%	50.6%		

Five-year survival of all patients treated is 8.06% (n = 119). Five-year survival for women is 10.55% (n = 91) and 4.23% (n = 26). Five-year survival rate of Cancer Cervix and Breast is 12.71% and 17.85% respectively. Five-year survival is better for Patients who diagnosed below 45 years than after 45 years (P = 0.0405 and 0.0342 for men and women respectively).

Conclusion: Five-year survival rate of Cancer Cervix and Breast is 12.71% and 17.85% respectively. Five-year survival for men treated for cancer is 4.23%. Five Year survival is better in women than men. Half of the patients are lost to follow up. Low survival rates require further study to pin point the causes for low survival and to institute new treatment protocols to improve survival statistics.

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POSTER

Incidence of childhood leukemia Tianjin, China from 1981 to 2000

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Purpose: Data of the Tianjin Cancer Register was analyzed for incidence of leukemia in children under 20 years of age from 1981 to 2000 in Tianjin, China.

Methods: All cancer cases with insufficient information were traced to his/her family, clinic and employer. Tianjin Cancer Registry Center periodically conducts an active re-checking program to review all patient records on cancers that were not registered in this period. Tumor diagnosed in the study was coded according to the ICD-10. Incidence rates were calculated by age, sex and time of incidence of cases.

Results: In this study, 473 leukemia cases diagnosed between 1981 and 2000, (269 boys and 204 girls), were included in this study. The average incidence rate of childhood leukemia was 3.90/100,000 (4.32/100,000 for boys and 3.45/100,000 for girls) during the twenty years, incidence rates of childhood leukemia had not changed significantly since 1981. Moreover, the average age of leukemia in children under 15 years old were 6.59 years (6.22 years for male and 7.06 years for female). Childhood leukemia

forms one of the two peaks in leukemia incidence in the whole population, whereas the other acme is formed by the age group 65–80. Acute lymphoid leukemia, acute myeloid leukemia and chronic myeloid leukemia were the most common childhood leukemia in Tianjin, comprising 69.3%, 20.9% and 8.0%, respectively. Since study data did not allow us to conduct a survival analysis, mortality and morbidity ratio was then calculated. The ratio was around 0.51 among during the twenty years, without any clear trend of changes.

Conclusion: Combined with characteristics of individual forms of childhood cancer, further epidemic research is needed to identify the risk factors associated childhood cancers.

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POSTER

Epidemiology of childhood cancer in Bihor County during the years 1995–2004

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Objective: the objective of this study was to compare the incidence rates and survival estimates of childhood cancer during the years 1995–1999 and 2000–2004 in order to assess the effectiveness of cancer control activities in this part of the country.

Materials and methods: incidence and survival analysis of children diagnosed with cancer were determined using routine data from hospital-based cancer and population-based cancer registries. Children aged 0–14 years old from Bihor county diagnosed from beginning of January 1995 to the end of December 2004 were included in the study. The basic statistic included: the absolute number of cases, the relative or percentual incidence, the age specific rates, cumulative and age-standardized rates. The direct method of standardization and the standard European population were used. Five years interval data from 1995 to 2004 were analyzed and displayed. Estimation of survival by two-years and five-years interval were presented then.

Results: 150 children with cancer were diagnosed, the over all age standardized rate of cancer in children diagnosed between 1995–1999 and 2000–2004 being 10/100,000 and 14/100,000 respectively. The annual age standardized rates recorded in the second period of time considered were higher for almost all registered cancers: acute lymphoblastic leukemia (3.9/100,000 versus 3.5/100,000), acute non-lymphoblastic leukemia (0.7/100,000 versus 0.5/100,000), brain tumors (2.6/100,000 versus 1.1/100,000), neuroblastoma (1.2/100,000 versus 0.9/100,000), bone tumors (0.6/100,000 versus 0.3/100,000), soft tissue tumors (0.9/100,000 versus 0.3/100,000), germ cell tumors (0.4/100,000 versus 0), but not for non-Hodgkin lymphoma (0.8/100,000 versus 1.3/100,000) and Hodgkin lymphoma (0.6/100,000 versus 0.6/100,000). During the years 1995–1999 the survival analysis showed that the cumulative survival of two years follow-up was 0.55 and the cumulative survival of five year follow-up was 0.51. Patients diagnosed in 2000, 2001 and 2002 had a cumulative survival of 0.65 at the end of the two-year follow up period.

Conclusions: improvement of epidemiologic research data quantification along with the availability of better health services for diagnosis and treatment may be reflected even on small number of patients registered.

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POSTER

In vitro activity and antimicrobial resistance patterns of bacterial pathogens from hospitalized cancer patients in a single cancer institution

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Objective: The widespread emergence of resistance to antimicrobial agents among bacterial pathogens is well known and has an impact on our ability to treat patients effectively. Despite the availability of newer antibiotics, emerging antimicrobial resistance has become an increasing problem. Blood stream infections (bacteremia) among cancer patients that develop during the course of disease are potentially life threatening because of suppression in their immune systems. The changing spectrum in the incidence and epidemiology of microbial pathogens has resulted in an increase in resistance to many antibiotic compounds emphasizing the need to monitor the prevalence of resistance in these strains.

Methods: Susceptibility and resistance pattern of 180 clinically significant bacterial isolates from positive blood cultures collected during 2002–2004 was studied. The isolated strains were tested against a wide range of antibiotics belonging to cephalosporins, aminoglycosides, fluoroquinolones derivative groups. The antibacterial susceptibility was determined by the