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.

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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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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.