

1294

PUBLICATION

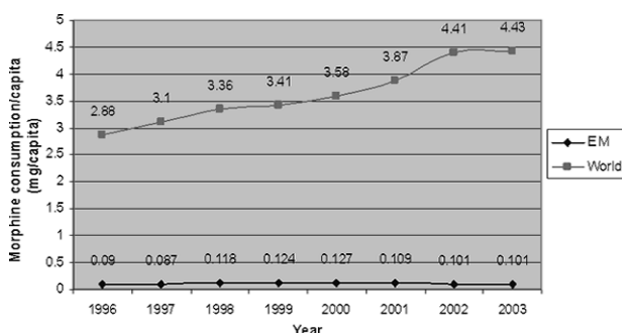
Depression in young women with early stage of breast cancer study from Eastern India

K. Banerjee¹, B. Barman², R. Ghosh², B. Kundu², R. Sarkar², P. Saha¹, S. Mukhopadhyay², A. Mukhopadhyay². ¹Netaji Subhash Chandra Bose Cancer Research Institute, Psycho Oncology, Kolkata, India; ²Netaji Subhash Chandra Bose Cancer Research Institute, Medical Oncology, Kolkata, India

Background: Breast cancer is the most common type of cancer among women. Various studies reveal that high prevalence of depression is common with patients with breast cancer. In recent years, an extensive body of literature has accumulated that examines depression in patients with medical illness and more specially the diagnosis and treatment of depression in patients with cancer. Investigators have found a relatively high prevalence rate of depression in patients with certain types of cancer and some reports have suggested an association between depression and increased morbidity in cancer patients. The aim of the study is to examine and diagnose depressive symptoms in young women with early stage of Breast Cancer.

Materials and method: 62 young women were assessed who were newly diagnosed of breast cancer with their family members in the Psycho Oncology Department of Netaji Subhash Chandra Bose Cancer Research Institute during period of October 2004 to March 2005. A detail history along with their Mental Status Examination was done. Major Depression according to DSM IV criteria was evaluated by the help of Beck Depression Inventory and Hamilton Rating Scale for Depression.

Results: In the 6 months study with 62 young women with early stage of breast cancer reveals that 39% patients met the criteria for major depression and 13% has adjustment problems. It is also revealed that antidepressant medication were useful in treating depressed breast cancer patients and psychotherapy, relaxation training and family counseling are also helpful for better adjustment and also to control depression.



Morphine consumption per capita in the Eastern Mediterranean (EM) region and the World (1996–2003)

Conclusion: Despite the enormous advances in brain research in the past 20 years, depression often goes undiagnosed and untreated. While studies generally indicate that about 25% of people with cancer have depression only 2% of cancer patients in one study were receiving anti-depressants medications. Persons with cancer, their families and friends, and even their physician and oncologists may misinterpret depression's warning signs, mistaking them for inevitable accompaniments to cancer. Early intervention and psychiatric treatment may prevent the bio-psychological symptoms progressing to major depression and thus better adjustment to life.

1295

PUBLICATION

A multicenter, open study evaluating the impact of darbepoetin alfa on anaemia and quality of life, in cancer patients undergoing radiotherapy

D. Antonadou, C. Kyprianou, D. Apostolou, N. Coliarakis, H. Athanasiou, V. Papadopoulos, N. Katsilieris, G. Georgakopoulos, C. Beroukas, P. Karageorgis. Hellenic Group for Clinical Radiation Oncology, Athens, Greece

Background: Anaemia is a poor prognostic factor, for patients undergoing radiotherapy (XRT) and has been associated with decreased response to treatment. Darbepoetin alfa, a novel erythropoiesis stimulating protein characterised by the presence of 2 additional carbohydrate side chains in its molecule compared to rHuEPO, demonstrates an extended half life in the human body and has been proven effective in treating anaemia and in improving the quality of life in cancer patients.

The purpose of this study was to assess the efficacy, safety and the impact on quality of life of darbepoetin alfa in patients undergoing radiotherapy.

Materials and methods: Patients with histologically proven cancer and Hb level 10–12 g/dl were administered darbepoetin alfa SC 150 mcg once weekly during the 6 week course of conventional radiotherapy (2 Gy/5days/week). In cases where after 4 weeks of treatment the Hb level was not increased by ≥ 1.5 g/dl, the darbepoetin weekly dose was increased to 300 mcg given as a single injection. All patients received iron supplementation. Blood transfusion was given for haemoglobin ≤ 9 g/dl. Complete blood counts, serum iron, folate, B12, ferritin concentration, serum LDH, bilirubin and reticulocyte count were measured weekly during XRT.

Primary study endpoints were changes in Hb level during XRT, number of red blood transfusions and Quality of life. Secondary endpoints were response to XRT, progression free survival and overall survival.

Results: Between March 2002 and February 2004, 140 patients were enrolled in this study of which 115 were evaluable. Mean Hb at baseline was 10.95 ± 1.76 . There was a significant increase (17.1%) in mean Hb levels from second week onwards with the peak value at week 10 from XRT initiation. Haemoglobin significantly increased to 12.03 ± 2.39 ($p < 0.001$), 12.63 ± 2.10 ($p < 0.001$) and 12.96 ± 2.33 ($p < 0.001$) at 3, 6 and 10 wks, respectively. Blood transfusion was necessary in 3 patients (2.6%). None of the patients experienced serious adverse events. Patients on darbepoetin alfa who had an Hb increase, experienced significant improvement in physical well-being score irrespective of treatment duration. There was a statistically significant association between Hb levels and social well-being ($p = 0.08$), functional well-being ($p = 0.002$) and mean fatigue score ($p = 0.0019$) as well as a significant time by group interaction for the fatigue score.

Conclusion: Hb levels were significantly increased from baseline during the XRT period, irrespective of tumour localisation and stage. This increase reached the maximum value during week 10 from the baseline and remained significant 2 months post XRT. Quality of life was significantly improved in this group of patients.

1297

PUBLICATION

Quality of life in patients with locally advanced head and neck cancer with concomitant chemoradiotherapy

S. Angel, P. Laura, M. Jorge, P. Jose, G. Alejandra, D. Roberto, P. Miguel, M. Joaquin. University Hospital La Fe, Medical Oncology, Valencia, Spain

Introduction: Quality of life (QoL) is an important endpoint in cancer patients. Head and neck cancer is treated now with chemoradiotherapy, this is an aggressive approach and the measurement of QoL is important in this group of patients.

Objective: To measure the QoL in patients with locally advanced head and neck cancer and its variation secondary to treatment.

Patients and methods: 68 patients with locally advanced head and neck cancer and were treated with concomitant chemoradiotherapy between January 2002 and April 2005. All of them have two evaluations of QoL (previous to therapy and in the middle of treatment). Median age 59 years (range 27–84) 91% male. 67% Stage IVA, 7% Stage IVB. 65% of patients were treated in the initial diagnosis and 28% in the relapse.

Psychologic distress was evaluated with the Hospitalary Scale of Anxiety and Depression, QoL was evaluated with the EORTC-C30 questionnaire version 3 – HN-35. We present a descriptive analysis with T-student mean comparisons.

Results: 39% of patients presented anxiety and depression before treatment. Two months after the percentage was 36% (p not significant). 43% had a poor QoL ($QoL \leq 50$). At the beginning of treatment 52% of patients suffered weight loss, during treatment the percentage increased to 62%.

Between the first and second evaluation there were significant differences in anxiety, depression, physical status, oral intake and social relations. All these parameters worsened after starting treatment ($p < 0.05$). There were no difference between global QoL, pain, emotional status and fatigue.

Conclusions: The measurement of QoL in head and neck cancer patients worsened after starting treatment with chemoradiotherapy. The parameters affected were: anxiety, depression, physical status, oral intake and social relations. This worsening probably occurs due to the treatment toxicity. We believe that nutritional support and stomatitis treatment is a major end-point in this population. Better survival and better QoL at the end of treatment are necessary to justify aggressive chemoradiotherapy.