1298 PUBLICATION

Once-weekly epoetin beta improves hemoglobin and quality of life in anemic cancer patients receiving chemotherapy

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Background: Recombinant human erythropoietin (rhEPO) is the standard of care in the management of chemotherapy-induced anemia. Recent research aimed at improving the convenience of use of rhEPO showed the effectiveness of a weekly regimen. Previously, we conducted a dose-finding study of once-weekly epoetin beta; as a result of which the recommended weekly dose was 36,000 IU. The purpose of this study was to evaluate the effectiveness and safety of once-weekly epoetin beta in anemic cancer patients receiving chemotherapy.

Methods: This is a multicenter, open-label study. Eligibility criteria included non-myeloid malignancies with platinum-, taxane- or anthracycline-based chemotherapy, and hemoglobin (Hb) of ⩽11 g/dl. Patients received epoetin beta 36,000 IU subcutaneously weekly for 12 weeks. If their Hb did not increase by more than 1.0 g/dl after 6 weeks of treatment, or a red blood cell (RBC) transfusion was required between Day 15 and 6 weeks, the dose of epoetin beta was increased to 54,000 IU weekly one week later. For quality of life (QoL) assessment, the Functional Assessment of Cancer Therapy-Anemia (FACT-An) questionnaire was used.

Results: A total of 104 patients were enrolled into this study. Among the 99 patients assessable for Hb response and safety (breast: 25.3%, ovarian: 21.2%, malignant lymphoma: 21.2%, lung: 15.2%, other types: 17.2%), 65.7% achieved a ⩾2 g/dl Hb increase. Patients who required dose escalation to 54,000 IU were 40.4%. In these patients, the mean Hb improved after dose escalation and the Hb response rate was 32.5% over the course of the study. At the end of the study, patients assessable for QoL (n = 94) had a mean improvement in the FACT-an total fatigue subscale of 1.0 point from baseline (95% CI: −1.3–3.3). Patients who achieved a ⩾2 g/dl Hb increase had a mean change in the total fatigue subscale of +3.3 compared with −2.0 for patients who did not achieve a Hb increase of ⩾2 g/dl. Most adverse events (AEs) were attributed to concomitant chemotherapy. Of the AEs (1308 events), 133 events in 48 patients (48.5%) were considered related to epoetin beta, the most common being increased LDH (10.1%), headache (7.1%), and nausea (7.1%). Anti-erythropoietin antibody was detected in 2 patients: these patients responded to epoetin beta and their Hb increased from 5.6 to 9.3 g/dl and from 11.7 to 15.4 g/dl respectively.

Conclusions: Epoetin beta administered once-weekly at 36,000 IU or 54,000 IU was well tolerated, increased Hb level, and improved QoL in anemic cancer patients receiving myelosuppressive chemotherapy.

1299 PUBLICATION

Involvement of general practitioners in the care of patients seen in the Rapid Response Radiotherapy Program (RRRP)

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Background: The Rapid Response Radiotherapy Program (RRRP) at Toronto Sunnybrook Regional Cancer Centre provides prompt palliative radiation to patients with symptomatic metastases. When the goal of care is palliation and patients are no longer receiving anticancer treatment, they are often discharged from the cancer center and return to their general practitioner (GP) for ongoing care. Maintaining continuity of care with the GP while being seen at the cancer center is important. High GP continuity of care has been shown to result in fewer emergency room visits at the end of life and a higher rate of home deaths. The primary objective of this study was to determine the perception of patients seen in the RRRP on GP involvement in their cancer care.

Methods: Consecutive patients were recruited at the time of RRRP consultation and asked to complete a survey. Questions were asked on the perception of GP involvement in their cancer care; factors they feel limit GP involvement; whether they want the GP more involved in their care; and how often they see their GP.

Results: In the first 6 weeks, 42 of the required 365 patients have been accrued. Nearly all (98%) patients reported having a GP, and 66% of patients had been under the care of this GP at least 5 years. 55% of patients felt their GP was involved in their cancer care. The most common reason given for limited GP involvement was the perception that the oncologist was looking after all their cancer needs. Only 29% of patients wanted their GP to be more involved in their cancer care. 41% of patients had not seen their GP in over a month, and 66% reported they had no definite return appointment. Only 31% of patients had a palliative care physician involved in their care. 21% of patients thought their GP made home visits, and 55% of patients stated their GP did not have an on call services to provide care out of office hours.

Conclusions: This study reveals that approximately half of these patients with symptomatic metastatic cancer do not perceive the GP is involved in their cancer care. This is supported by the long interval between GP visits. Encouraging continuity of care would allow the GP to ensure that patients are receiving optimal symptom management and end of life care. If the GP is not able to provide this care themselves, they or the oncologist should organize a referral to the palliative care team. This trial continues to accrue quickly, and updated results will be reported at the meeting.

1300 PUBLICATION

Cancer pain and its control in Taiwanese cancer outpatients: a multicenter patient-oriented survey in oncology clinics

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Purpose: To investigate the occurrence of pain in cancer outpatients and its management pattern in Taiwanese cancer patients in oncology clinics. To compare a similar survey in 2001 to follow the success of pain education.

Patients and methods: Patient-oriented questionnaire was given to unselected out-patients in oncology clinic in 17 hospitals across Taiwan in Feb, 2005. Four Questions are asked:

1. Did you have pain from your cancer in recent 3 months?
2. How severe was the pain?
3. Did your doctor give you medicines for your pain?
4. How is the pain controlled?

Visual analog scale (VAS) was used for severity of pain. Patients characteristics and medications were also recorded.

Results: There were 39 oncologists in 17 hospitals across Taiwan joined this survey. Totally 1353 cancer patients surveyed. Patients characteristics: Female 54%, Primary lesion: Lung (11%), Liver (4%), Head&Neck (18%), Gyn (6%), GI (21%), Others (23%). 38% patients had distant metastasis. There are 49% patients claimed to have pain from their cancer in recent 3 months. There are no difference between patients with and without pain in sex, age, and primary lesions. The severity of pain(VAS) was 5.29±0.09. There are 30% with severe pain and 46% with moderate pain. Only 77% of these patients received medications for their pain. NSAIDs was used in 62% of patients, weak opioids 41.9%, strong opioids 45.3% and adjuvant analgesics 20%. The most commonly used weak opioids were tramadol(29.2% of medicated) and codeine(10.1%). The most commonly used strong opioids were morphines(23.5%) and fentanyl patch(23.5%). Adjuvant medicines including steroids, anti-depressant, anticonvulsants and laxatives, was used in 20% of patients. The severity of pain after medications was 2.19±0.08. Only 2% of patients still had severe pain and 19% moderate pain. 30% of patients are very satisfied and 43% satisfied about their pain control. 23% of patients claimed to have improvement but still dissatisfied and 4% patients felt no improvement. There are higher percentage of patients given pain medications compared to 2001 survey (58% vs 77%). More patients felt very satisfied or satisfied about their pain control(63.8% vs 73%)

Conclusions: Pain is still under-treated in Taiwanese outpatients with cancer pain in oncology clinic. Pain education did showed improvement in management in oncology clinics reflected from more patients treated and better satisfaction.

1301 PUBLICATION

Improvements in patient satisfaction at an outpatient clinic for women with breast cancer

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Background: Patient satisfaction has become an important concern in the evaluation of health services in addition to medical results and economical costs. The concept “patient satisfaction” is not clearly defined but one definition in basic terms may be the patient’s personal evaluation of the care he or she has experienced, reflecting both care realities and patient characteristics. Satisfaction surveys commonly report high level of satisfaction and the results are sometimes contrasted by patients’ reports on specific issues. It is suggested that dissatisfaction is only expressed when extremely negative events occurs. The aims of the present study were to prospectively investigate changes in patient satisfaction at an outpatient clinic for patients with breast cancer.

Materials and methods: Consecutive patients were asked to anonymously complete a questionnaire after their medical examination and to put it in a locked post box in the waiting room, cleared by research staff. The questionnaire was developed at the Department of Oncology, Karolinska University Hospital and consists of 12 multiple-choice items, including ratings and reports concerning waiting time, interpersonal skills of physician