about factors which could affect the anxiety level such as marital status, education level, number of parity and whether they were operated or not.

Results: Between January 2003 and August 2004, 146 patients were evaluated. Median age was 56 (range: 27–80). Eighty-six patients had cervix uteri carcinoma and 63 had endometrial carcinoma. Sixty-seven patients were premenopausal and 85 were postmenopausal. The median parity number was 3 (range: 0–10). Eighty-nine patients had at least three children. Sixty-seven patients were operated. One hundred twenty-five patients were married, 24 patients were unmarried or widowed. Before the treatment, the anxiety scores were normal in 49 patients (32%), borderline in 41 patients (28%) and abnormal in 59 patients (40%). The scores decreased in 69 patiens during the last application compared with the first application ($p = 0.00$). Marital status, and parity number showed significant correlation with anxiety scores ($p = 0.04$). Age, education level, having an operation or not had no significant correlation with anxiety level.

Conclusion: Intracavitary brachytherapy causes anxiety in most of the patients, so the patients need to be given detailed information before the application and be prepared psychologically in order to tolerate this treatment.

1317 PUBLICATION

Breaking bad news to cancer patients: transitioning from taboo to truth-telling in Russia

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Telling the truth is one of the bioethical questions in oncology and palliative care. It is one of the most difficult questions especially in the community where telling the truth has been forbidden for many years. Nowadays the attitudes towards this problem are being changed. What criteria do we have to choose to make the right decision?

Aims: The purpose of this study is to examine the attitude of doctors to telling the truth to cancer patients. It is considered that there is a transition from a truth-telling taboo to being more truthful with cancer patients in Russia about their diagnosis. Part of this study examines what principles doctors consider when breaking bad news to patients.

Method: 200 doctors (113 oncologists and 87 GPs) participated in an interview to express their opinion on the main principles of breaking bad news to cancer patients. We examined doctors' points of view on whether it is necessary to tell the truth to cancer patients or not, how much we must tell and when, what are the basic conditions, and principles of breaking bad news.

Results: The majority of the doctors consider that it is necessary to tell the truth to cancer patients (91%). It has been suggested that ineffective or insensitive news disclosure can have a long term adverse impact on the patients, and it can cause difficulties in doctor-patient communication (83%). Truth telling was considered by the doctors to be very important both for patients and their families because it helps to cope with psychological difficulties at the end of live and it gives the opportunity for spiritual growth (67%). More than a half have noted that it is important for health professionals to receive education and training to develop the skills to break bad news effectively. The respondents think that they must do it with care and intelligence in different periods of illness, though oncologists consider, that a doctor must inform a patient about his or her diagnosis at the first appointment. None of the doctors could offer any advanced truth telling guidance and none considered that a psychologist's consultation was important. Only 36% have noted that a patient should invite a relative or a friend to an appointment with a doctor for the first conversation. Only 29% of the respondents underlined that it was important to take into consideration personal psychological peculiarities of the patients when breaking bad news.

Conclusions: The research has shown that the necessity of telling the truth to cancer patients is obvious. But doctors, both oncologists and general practitioners, must be well prepared in developing the skill to break bad news. Good practice guidelines have been introduced into education practice in the State medical Academy for breaking bad news and are followed in clinical practice today.

1318 PUBLICATION

School related behavior in the child with a brain tumor: correlation of teacher's rating with IQ scores

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Background: School reintegration of children treated for a brain tumor is the cornerstone of their personal rehabilitation. Cognitive deficits are expected to explain most of the difficulties encountered at school. However, the links between school functioning and neuropsychological evaluation have not been studied so far in this population.

Methods: School behavior was analysed with the 38-items, forced-choice questionnaire of Deasy-Spinetta that was filled in by the teachers. Wechsler scales were used to evaluated the IQ scores of the children. Correlations were made between these evaluations and clinical variables in an unselected sample of 72 children (mean age of 10.4 years).

Results: Most of the children were still mainstream at school. Mean IQ was 90.8 (SD = 15.1). 86% of the children had learning difficulties but 70% had also socialization problems. Infants and young children treated with high-dose chemotherapy and posterior fossa irradiation were at high risk of impaired school behavior. IQ scores were correlated with the learning problems identified by the teachers at school, the need for reward, immature behavior and emotional difficulties. However, IQ scores explained only 20% of the variability in the learning problems identified.

Conclusion: Results of the Wechsler scales and of the Deasy-Spinetta questionnaire are correlated and complementary in the description of the complex interactions between the cognitive status and the child's environment.

1319 PUBLICATION

Pulmonary AIDS related Kaposi sarcoma in the era of HAART

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Since the introduction of highly active antiretroviral therapy (HAART) there has been a dramatic reduction in the incidence of Kaposi sarcoma (KS) and an improvement in survival. We have previously reported the features of pKS in 106 patients from our cohort who presented between 1988 and 1994 and their median survival was 4 months (range 0–37 months). We wished to examine whether the outcome in pulmonary KS has also altered.

Methods: In a single institution cohort of 1140 HIV+ patients with KS, 305 were diagnosed in the HAART era (1996–2004). We examine the clinicopathological features and outcome of 25 patients with and 280 without pulmonary involvement (pKS).

Results: Patients with pKS were more often African (c2 test $p<0.0001$) and had lower CD4 cell counts at the time of KS diagnosis (MW U test $p = 0.005$). There were no significant differences in age, gender, plasma HIV-1 viral load or prior HAART treatment at the time of KS. The 5 year overall survival in the pKS group was 49% (95% confidence interval 26–73%) as compared to 82%(95% CI: 76–87%) for the non-pulmonary KS group (log rank $p<0.0001$).

Conclusion: The median survival for pKS is 1.6 years in this cohort which compares favourably with quoted rates of 3–10 months from the pre-HAART era. However, the prognosis of pKS remains poor and is significantly worse than for KS without lung involvement.

1320 PUBLICATION

Anxiety, depression and quality of life in cancer patients treated with chemotherapy: a prospective examination

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Background: The onset of cancer is often accompanied by severe emotional distress. However, estimates of anxiety and depression vary across studies and range from a low of 1% to a high of almost 50%. In consequence, psychological distress often goes undetected along the disease continuum and patients are denied proper management with adverse effects on QOL, not to mention the negative impact on the family and the institutional systems. The aim of this study was to assess the rates and clinical course of anxiety and depression in Greek patients with cancer scheduled to commence chemotherapy, and to investigate the determinants of global quality of life (QOL).

Material and methods: Chemotherapy-naive outpatients with solid tumors who consented to participate were administered the European Organization for Research and Treatment of Cancer Quality of Life (EORTC QLQ C-30) Questionnaire and the Hospital Anxiety and Depression Scale (HADS) prior to (Time 1) and again at the end of treatment (Time 2).
Results: of the 102 patients initially assessed, 80 (78.4%) completed the study. Most aspects of QOL did not change considerably over time. At Time 2, patients reported only significant increases in fatigue ($P < 0.01$) and significant decreases in sleep disturbance ($P < 0.01$). Although no significant changes emerged in the rates of anxiety or depression throughout chemotherapy, still almost a third of our patients experienced severe emotional distress (HADS score $\geqslant 11$) at both points in time. Finally, multiple regression analyses revealed that HADS depression proved to be the leading predictor of global QOL at Time 1 and at Time 2.
Conclusions: Our results indicate that a significant proportion of Greek cancer patients experience intense anxiety and depression throughout chemotherapy, and confirm the importance of depression as a strong predictor of global QOL. Routine screening of emotional distress across all phases of cancer is mandatory, because it will contribute to identifying those patients who are in need of pharmaceutical and/or psychological intervention.

1321 PUBLICATION

Measurement of quality of life in hospitalised patients with advanced cancer and evaluation of therapeutic measures

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Objectives: We aim to describe clinical characteristics and symptoms in our hospitalised terminally ill cancer patients and to measure quality of life and the changes in it after treatment.
Material and methods: Inclusion criteria: advanced cancer, life expectancy higher than two weeks, PS $\leqslant 4$, cognitive abilities preserved. Quality of life was measured with the Spanish versiốn of the Rotterdam Symptom Checklist the day of hospitalisation and after seven days. We performed a descriptive analysis and the T-test for mean comparisons for the different counts in the checklist.
Results: 87 patients, 63 with male sex (72%). 30% with non small-cell lung cancer, 16% with colorectal cancer and 10% with gastric cancer. Mean age 64 years (24–84). 89% were metastatic. In 67% of patients, treatment was stopped due to disease progression. PS 3: 68%, PS 4: 15%. PS seven days after hospitalisation: 2: 26%, 3: 29%, 4: 17%. 31% had lost more than 10% of their body surface in the last six months.
Prevalent symptoms: fatigue 77%, anorexia: 72%, pain 59%, dyspnoea 53%, constipation 49%, Median survival: 1 month. 17 patients (19%) died before seven days. 76 patients have died due to progression (83%). 76% refered psychological problems in the first evaluation, this percentage fell to 61% after seven days. The mean comparisons show a statistically significant improvement in the fatigue count ($p < 0.001$), in pain ($p < 0.01$), in gastrointestinal problems ($p < 0.01$), in physical symptoms ($p < 0.01$) and in global quality of life ($p < 0.001$). There was no statistical improvement in the physical activity count and in chemotherapy-derived symptoms.
Conclusions: We attend terminally ill cancer patients with very poor prognosis. We improve their symptoms and global quality of life. We do not improve physical activity probably due to the general poor state of these patients. We do not see any improvement in the chemotherapy toxicity symptoms as most patients do not receive active treatment.

1322 PUBLICATION

Antifungal prophylaxis during chemotherapy of acute myeloid leukemia: an experience from Regional Cancer Center from Western India

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Aim: To evaluate the feasibility of giving double antifungal prophylaxis with fluconazole and itraconazole in patients undergoing chemotherapy for acute myeloid leukaemia (AML).
Background: Invasive fungal infection adds to the morbidity and mortality in patients receiving intensified chemotherapy for AML by causing prolonged and severe neutropaenia. Despite of advent of newer diagnostics, it is still difficult to diagnose and confirm invasive fungal infection early. In typical Indian set up, it is difficult for all the patients to receive chemotherapy in laminar airflow unit and aspergillus is a dreaded fungal pathogen. Studies show that prophylactic AmphotericinB is associated with fewer serious systemic fungal infections in such neutropaenic patients. Toxicity profile and cost of AmphotericinB prompt efforts for alternatives. Though, majority of candida and dimorphic fungi are covered by fluconazole, aspergillus species is not covered. Itraconazole, in addition, covers aspergillus, but oral bioavailability is erratic. Hence combination of both is appealing.
Methods: From among the patients undergoing chemotherapy for AML, 150 episodes of febrile neutropaenia were randomly selected and observed. They were divided into two groups according to the antifungal prophylaxis they had been received: I) fluconazole alone, II) fluconazole and itraconazole.
Results: In 85 instances fluconazole and in 65, fluconazole plus itraconazole were used. 45 episodes of clinically suspected fungal infections occurred. In fluconazole group, clinically suspected fungal infections was observed in 29(34.1%) and in double antifungal prophylaxis group, it was 16(24.6%); p value=. Though, use of double agents did not reach statistical significance, it showed a trend towards the same. There was no significant increase in the toxicity of addition of itraconazole.
Conclusion: In case of patients of AML receiving intensive chemotherapy, Aspergillus is a dreaded fungal pathogen, which can cause much mortality and morbidity.
Double antifungal prophylaxis is an optimistic approach having advantage of both covering Candida and aspergillus, being safe and spares the patient of exuberant cost of systemic AmphotericinB. However a controlled study with large no of patients is warranted to reach definite conclusion. Newer and safer antifungal drugs like Capsofungin and Voriconazole may prove useful in future if available at economic rates

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1323 PUBLICATION

Barriers in receiving medical care and quality of life in Chinese cancer patients

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Purpose: To evaluate patients' and their families' satisfaction about their cancer care they receive; to examine the perceived need and barriers that prevent or delay them from receiving cancer care service.
Methods: The study was a cross-sectional survey of cancer patients receiving treatment at the Tianjin Cancer Hospital (a major cancer treatment and research center in China) between March and Augues 2004. Data on socio-demographic variables, General satisfaction towards received service, type of medical insurance, barriers in receiving medical, and quality of life were collected through a self-administered questionnaire. Quality of life was measured with the CORTC QLQ-C30 and Illness and Intrusiveness Scores (IIS).
Results: A total of 914 patients (63.9% females) were interviewed with a mean age of 55 years. All patients had been treated with surgery, (41.8%) for breast cancer, (18.1%) for digestive cancer, (16.0%) for lung cancer and (20.1%) for other cancers. A majority (59%) of patients had at least one co-morbidity. About half of the patients reported that they primarily obtained information about their conditions from health professionals; only 27% of the patients thought they knew their condition well; 80% wanted to know more about their conditions and 66% would like to communicate with people with the same conditions. Fifty percent of the patients reported medical costs affected them receiving treatment. Transportation (41%), lodging (32%), and the lack of knowledge (48%) were also among the reported barriers.
Conclusion: Results from this study show that the cost of medical care is a major barrier impeding cancer patients' utilization of medical service. Our findings highlight the urgency of medical insurance reform and are of great importance to health policy makers. Our study also demonstrates that future efforts are needed to improve patients' knowledge and quality of life. Further research is warranted in the above mentioned areas.