

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 patients 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.

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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 life 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.

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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 evaluate 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.

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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 (c^2 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.

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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).