

**Material and methods:** Chemotherapy-naïve 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  $\geq 11$ ) 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

S. Angel, D. Roberto, P. Laura, M. Jorge a, P. José, G. Alejandra, M. María. *University Hospital La Fe, Medical Oncology, Valencia, Spain*

**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  $\leq 4$ , cognitive abilities preserved. Quality of life was measured with the Spanish version 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% referred 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

H. Panchal, S. Shukla, S. Talati, P. Shah, K. Patel, B. Parikh, A. Anand, S. Shah. *The Gujarat Cancer And Research Institute, Medical Oncology, Ahmedabad, India*

**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 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 Capsosfungin and Voriconazole may prove useful in future if available at economic rates

#### References

- [1] MD Anderson trial: Elihu Estey. Reducing mortality associated with immediate treatment complications of adult leukaemias: Seminars in Haematology, 38(Suppl 10); 32–37, 2001.
- [2] French Study: Harousseau J L. Itraconazole oral solution for primary prophylaxis of fungal infections in patients with hematological malignancies and profound neutropaenia: A randomized double-blind, double placebo, multicenter trial comparing itraconazole and oral AmphotericinB

1323

PUBLICATION

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

P.P. Wang<sup>1</sup>, Y. Wang<sup>2</sup>, K.X. Chen<sup>1</sup>. <sup>1</sup>Memorial University of Newfoundland, Community Health, St. John's, Canada; <sup>2</sup>Tianjin Medical University, Tianjin Cancer Hospital, Tianjin, China

**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 EORTC 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.