their partners have been given the opportunity to discuss any personal problems or worries.
A minority of male patients (prostate – 11%; testis – 11%) preferred to consult a male doctor. None of the patients expressed a preference for a female doctor. 10% of patients did not feel comfortable discussing personal/sexual issues with a female doctor. 56% of patients did not like the presence of a nurse during the consultation with the doctor. In particular, 12% patients did not feel comfortable discussing personal/sexual issues with a male doctor in the presence of a female chaperone.
Conclusion: Whenever feasible, male patients, like their female counterparts, should be offered the option of seeing a male health professional. Since an increasing proportion of physicians are likely to be females in the near future, these gender preferences of some males have implications for service delivery.

1328 PUBLICATION

The use of subcutaneous amifostine in the treatment of aerodigestive malignancies

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Background: We previously reported that Subcutaneous Amifostine (SQA) was safe and effective in decreasing the incidence of mucositis in 45 patients (pts) receiving chemoradiation (CR) or adjuvant radiotherapy (RT) in the treatment of head and neck cancer (HNC). Our expanded experience includes 13 additional pts with HNC, 4 with lung cancer (LC), and 2 with esophageal cancer (EC)
Methods: From May 2001 to October 2004, a total of 64 pts (57M, 7F, median age 57) were given SQA as a flat dose of 500 mg 30 minutes prior to daily RT. In HNC pts, CR was used in 26 (3 adjuvantly) and RT alone in 32. All pts with LC and EC received CR. Our protocol involves pre-medication with ondansetron and fexofenadine 60 mg bid or loratadine 10 mg qd. The median follow-up was 18 months.
Results: Overall, SQA was well-tolerated. Nausea and hypotension were rarely observed. Cutaneous reactions were seen in 12 pts (8 local, 4 systemic). The 4 pts with systemic reactions also developed fever and discontinued SQA. They were treated with antihistamines and recovered without sequelae. Subsequent pts were treated with rotating injection sites and routine administration of prophylactic antihistamines; 8 of these patients had self-limiting, localized skin reactions, and 0 had systemic reactions.

The results of pts treated with SQA

	HNC-CR (n = 26)	HNC-RT (n = 32)	LUNG (n = 4)	ESOPHAGUS (n = 2)
Treatment Break > 1 week	0	0	0	0
Gr. > 3 Mucositis	35%	16%	25%	0
% Weight Loss	13%	8%	8%	5%
PEG tubes	15%	6%	0	0
Gr.>2 pneumonitis	n/a	n/a	0	n/a
Hospitalizations	11%	6%	0	0
Alive and NED	100%	100%	75%	100%

Conclusions: This study confirms our prior experience that SQA is safe and effective for cytoprotection in pts with HNC treated with RT or CR. Our data also agree with other published reports showing the efficacy of SQA in the treatment of LC and EC. SQA is well tolerated with the proper premedication regimen. Acute and chronic CR and RT treatment-related toxicities decreased in frequency and severity in patients treated with amifostine compared to our historical controls.

1329 PUBLICATION

The EORTC core quality of life questionnaire (QLQ-c30 version 3.0 Turkish) in cancer patients under palliative radiotherapy

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Background: The aim of this study is to evaluate the reliability and validity of the questionnaire EORTC QLQ-C30 (Turkish version 3.0) obtained from patients treated with palliative radiotherapy and to compare the differences in patients' performance status with EORTC QLQ-C30 (Turkish version 3.0) questionnaire.
Methods: Eighty eight (88) patients with advanced malignant disease treated with palliative radiotherapy between September 2004 and December 2004 were included in the study. The patients were asked to complete the questionnaires before the start of radiotherapy and at the end of the radiotherapy. During the first phase, statistical analysis was performed to evaluate the validity based on the examination of correlation coefficients among the items and subscales. For the second phase, we calculated Cronbach's alpha coefficient for the functioning and symptom scales both for the pretreatment and the post treatment data to assess the reliability of the questionnaire. Additionally, the clinical parameters that physicians use for the assessment of performance status at pretreatment and post treatment phase (ECOG < 2, $\geqslant 2$) were analyzed by correlating for the EORTC QLQ C-30 with subscales.
Results: The mean age of the sample was 57 years (range 15–72 years). The majority of the patients (87.5%) had metastatic disease, and remaining patients (12.5%) had local advanced disease. Cronbach's alphas were calculated as 0.892, 0.896 for pre and post treatment phases respectively. Most interscale correlations were statistically significant ($p < 0.01$). Regarding performance status, those with a better one ($\leqslant 2$) reported statistically significant high level of functioning scales and low levels of all symptom scales in both the pretreatment and post treatment assessment. It was observed that patients with post treatment ECOG$\leqslant 2$ score reported significantly greater improvement than patients with post treatment ECOG > 2 score. The factor analysis resulted in 14 factors explained 88.85% of total variance.
Conclusion: The Turkish version of the EORTC QLQ C30 (version 3.0) is a valid and reliable questionnaire for Turkish cancer patients under palliative radiotherapy. The results of this study contributes to the impact of comprehensive palliative radiotherapy and its assessment.

1330 PUBLICATION

Nail toxicity associated with docetaxel-containing chemotherapy in patients with advanced gastric cancer

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Background: Since docetaxel has been widely used for the treatment of various tumors, nail toxicity becomes one of the most common toxicities of docetaxel-containing chemotherapy. Nail toxicity is important because it not only lowers the patient's quality of life but also affects the chemotherapy schedule and dosage. This study prospectively investigated the nail toxicity associated with docetaxel containing chemotherapy in patients with advanced gastric cancer (AGC).
Material and methods: Pathologically proven, chemo-naïve AGC patients were treated with one of the 4 chemotherapy regimens;
1. docetaxel 60~75 mg/m^2 i.v. on day 1 at 3-week intervals (D)
2. docetaxel 60~75 mg/m^2 and cisplatin 60 mg/m^2 i.v. on day 1 at 3-week intervals (DP)
3. docetaxel 60~75 mg/m^2 i.v. on day 1 and capecitabine 2000~2,500 mg/m^2/day p.o. on days 1–14 at 3-week intervals (DX)
4. docetaxel 60 mg/m^2 and cisplatin 60 mg/m^2 i.v. on day 1 and capecitabine 1,875 mg/m^2/day p.o. on days 1–14 at 3-week intervals (DXP).

All patients were prospectively assessed for toxicities with NCI-CTCAE version 3.0
Results: From October 2003 to March 2005, a total of 181 patients were enrolled. Sixty-one patients (33.7%) were treated with D regimen, 23 (12.7%) with DP regimen, 49 (27.1%) with DX regimen, and 48 (26.5%) with DXP regimen. One hundred and thirty patients (71.8%) experienced grade $\geqslant 1$ nail toxicity including 57 patients (31.5%) of grade $\geqslant 2$. At a cumulative docetaxel dose of 300 mg/m^2, the frequency of nail toxicity $\geqslant$ grade 2 was 7% with D regimen, 15% with DP regimen, 59% with DX regimen, and 44% with DXP regimen (log rank, $P < 0.0001$). A multivariate analysis of prognostic factors revealed that old age ($p = 0.046$; OR, 1.765; 95% CI, 1.010 to 3.086), poor performance status ($P = 0.036$; OR, 2.882; 95% CI, 1.070 to 7.766), and capecitabine-containing regimen ($P < 0.001$; OR, 7.032; 95% CI, 3.255 to 15.190) were independent poor risk factors for nail toxicity $\geqslant$ grade 2.
Conclusions: Nail toxicity is a common toxicity associated with docetaxel-containing chemotherapy in patients with AGC. Patients with old age, poor performance status, or concomitant use of capecitabine in particular should pay attention to the development of severe nail toxicity with docetaxel-containing chemotherapy.