1331 PUBLICATION

Factors affecting the disclosure practice of physicians treating cancer patients in Turkey

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In the practice of cancer medicine, effective communication between the physician and the patient is very important. Although many studies demonstrated that large majority of physicians especially from western countries tell the truth about the diagnosis and prognosis, little is known about attitudes of physicians towards truth telling in Turkey.
In this study, we aimed to determine disclosure practice of physicians' regarding truth telling and to explore potential related factors. Using a questionnaire, 131 cancer specialists (61% male) were interviewed on the 15th National Oncology Meeting in April 2003. The proportions that never, rarely, generally and always disclose the diagnosis are 9%, 39%, 45% and 7% respectively. In the univariate logistic regression analysis for the disclosure practice, "do not tell" request from the relatives, type of training to gain the disclosure skill and physicians' discipline were significant, with P values of 0.017, 0.013, and 0.021, respectively. In the multivariate analysis "do not tell" request from the relatives, and type of training to gain the disclosure skill retained their significance with Wald scores and P values of 5.06, 0.025, and 5.67 and 0.017, respectively.

Table 1. Factors associated with the disclosure practice

Univariate analysis				Multivariate analysis		
Parameter	Disclosure %	P	Exp(B)	Wald	P	Exp(B) (95% CI)
Physician's view on patient factors						
"Do not tell" request from the relatives		0.017		5.06	0.025	
Physician feels influential*	42.3		1			1
Physician does not feel influential*	63.3		2.38			2.27 (1.11–4.76)
Patient age		0.332				
Physician feels influential	57.8		1			

Thus, we show for the first time in a multivariate setting that type of physician training greatly influenced the disclosure practice.

1333 PUBLICATION

Quality of life in patients with advanced gastric cancer treated with second-line chemotherapy

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Background: Despite many trials of systemic chemotherapy in advanced gastric cancer, treatment after failure with first-line chemotherapy remains controversial. We prospectively assessed quality of life (QL) in gastric cancer patients treated with second-line chemotherapy.
Methods: Forty-three patients who received second-line chemotherapy for advanced gastric cancer completed the European Organization for Research and Treatment of Cancer (EORTC) QLQ-C30 and Hospital Anxiety and Depression Scale (HADS) at baseline and at regular intervals during and after chemotherapy.
Results: Compliance with QL questionnaire completion decreased to 72% after third cycle of treatment. In general, clinically meaningful improvements compared with baseline (change QLQ-C30 scores $\geqslant 10$) were seen in a number of domains and items, including global health/QL, emotional function, cognitive function and all of the symptom scales and single items but appetite. There was no difference in QL between responders and non-responders ($P = 0.473$). At baseline, 27 (63%) patients were suspected to have anxiety or depressive disorder (HADS score $\geqslant 11$), and this incidence decreased after chemotherapy (14.7 vs. 9.5; $P < 0.001$).
Conclusion: Improvements from baseline in QL measures and HADS scores were demonstrated in patients with advanced gastric cancer, treated with second-line chemotherapy.

1334 PUBLICATION

Data from the European Cancer Anaemia Survey (ECAS) confirms the high prevalence of anemia in cancer patients not receiving antineoplastic treatment

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Background: Cancer-associated anemia occurs frequently in patients receiving antineoplastic treatment (ANT). However, patients not receiving ANT may also have low hemoglobin (Hb) levels that may compromise optimal disease management and patient outcomes. ECAS (Ludwig et al, *Eur J Cancer* 2004; 40: 2293–2306) provided a large database of cancer patients from which to evaluate the prevalence of anemia, effect on performance, and anemia treatment in patients not receiving ANT.
Materials and methods: Patients with solid or hematologic tumors who were enrolled in ECAS and not receiving any ANT (chemotherapy, radiotherapy, or hormonal treatment) at enrollment were evaluated for anemia (Hb < 12.0 g/dL) and performance according to WHO score (0 to 4). Disease status at enrollment was catagorized as newly diagnosed (ND), persistent/recurrent (P/R) or in remission. Frequency and severity of anemia in patients with data beyond enrollment who did not receive ANT, and anemia treatment by tumor type was evaluated.
Results: of 15,367 patients enrolled in ECAS, 7947 (53%) were not receiving ANT at enrollment; 60% of these patients were newly diagnosed, 28% had P/R disease and 12% were in remission. Anemia was present in 32% of patients; 24% had Hb levels 10.0–11.9 g/dL and 8% had Hb levels < 10.0 g/dL. Most anemia was seen in P/R patients (38%); 30% of ND patients and 25% of patients in remission were anemic. Poor performance scores correlated positively with lower Hb levels; for patients with Hb levels < 8.0 g/dL, 8.0–9.9 g/dL, 10.0–11.9 g/dL and $\geqslant$12.0 g/dL, worse WHO scores of 2–4 were recorded for 43%, 41%, 25%, and 15%, respectively. During ECAS 1168 patients with data after enrollment never received ANT, and 40% were anemic at some time (at enrollment and/or at follow-up). Hb nadirs were approximately evenly distributed: 11.0–11.9 g/dL, 37%; 10.0–10.9 g/dL, 29%, and <9.0–9.9 g/dL, 34%. Anemia was infrequently treated with only 31.4% of patients receiving anemia treatment at any time. For patients with breast cancer, 15% received anemia treatment; percentages of anemia treatment in patients with other tumor types were lung, 26%; GI/colorectal, 33%; gynecologic, 33%; lymphoma/myeloma, 36%; leukemia, 44%. Anemia treatments administered and mean Hb at initiation were 14% epoetin alone $\pm$ transfusion $\pm$ iron (9.8 g/dL); 9% transfusion $\pm$ iron (8.4 g/dL); 8% iron (11.7 g/dL).
Conclusions: Almost one-third of cancer patients who are not actively receiving ANT are anemic, including 25% of patients considered to be in remission. Anemia has a negative effect on performance, with worse WHO scores related to lower Hb levels. Anemia appears to be undertreated, with less than one-third of anemic patients receiving anemia treatment, and then only when Hb nadirs are <10.0 g/dL. To insure optimal management of cancer patients, all should be screened for anemia and receive the most effective anemia treatment.

1335 PUBLICATION

Rapid correction of anemia with darbepoetin alfa once every 3 weeks in chemotherapy-induced anemia

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Background: Darbepoetin alfa was recently approved once every 3 weeks to treat chemotherapy-induced anemia in Europe. This study was conducted in order to assess the benefits in the clinical practice setting of this new indication.
Material and methods: Prospective, observational, open-label, non-comparative study in anemic patients under chemotherapy. Eligible patients were anemic (hemoglobin (hgb) between 8 and 11 g/dL), with non-myeloid cancer, receiving darbepoetin alfa 500 mcg every 3 weeks. After inclusion, laboratory values (hgb, hematocrit, ferritin and iron) were recorded. The percentage of patients who achieved study objectives – hgb $\geqslant$ 11 g/dL or a hgb increase of 1.5 g/dL in the absence of RBC transfusions in the preceding 28 days was calculated.
Results: Twenty-four patients were included, 54% females, mean age 64.1 $\pm$10.5 years. The most common tumor types were colon and rectum cancer (29.2%), gastric cancer (20.8%), non-small cell lung cancer (16.7%) and breast cancer (8.4%). Forty-six percent were on stage III and 42% on stage IV. Fifty-eight percent of the included patients were under platinum-based chemotherapy. In this interim analysis, 11 patients had already completed 12 weeks of treatment. One patient was excluded from the efficacy analysis due to RBC transfusion. All patients included started the study with darbepoetin alfa 500 mcg. The mean basal hgb value was 10.1 g/dL (range between 8 and 11 g/dL). The mean (95% CI) change in hgb level was 0.88, 1.34 and 1.27$\pm$1.5 g/dL at week 3, 6 and 12

respectively. The percentage of patients with hgb $\geqslant$ 11 g/dL or with an increase of 1.5 g/dL was 61.5%. No adverse events related to darbepoetin alfa were reported.

	Baseline	3rd week	6th week	12th week
N	24	22	19	11
Hgb mean $\pm$ SD, g/dL	10.1$\pm$1.0	10.9$\pm$1.1	11.2$\pm$1.4	11.3$\pm$1.1
Hgb mean difference from baseline, g/dL		0.88	1.34	1.27

Conclusions: Darbepoetin alfa once every 3 weeks was effective and well tolerated with a rapid onset of action in anemic patients under chemotherapy. This new indication may provide benefits to the patients and significantly diminish injection burden.

1336 PUBLICATION

Emotional states and anxiety before a One-stop diagnosis for breast lesions: a prospective study

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Background: One-stop diagnosis for breast lesions may have significant clinical and economical impact. However, certain clinical aspects of this approach, such as affective and cognitive functioning, have not been much explored. Thus, it remains uncertain how individuals perceive this kind of diagnosis procedures. We were particularly interested in exploring patients' emotional state during the days before one-stop diagnostic procedures, in order to adapt our procedures and care of individuals.
Material and methods: We are currently conducting a prospective study within 300 individuals seen at the one-stop diagnosis unit for breast lesions in a single institution, Institut Gustave Roussy, during a six month period. The aim of this study is to examine emotional states, anxiety and fears that can occur two days before the one stop diagnosis and to determine which factors (socio-demographical, medical) favour the increase of anxiety. For that purpose, we assessed the three significant dimensions of emotional states (emotional valence, arousal and dominance) using the Self Assessment Manikin (Bradley & Lang, 1994). We also assessed anxiety using the anxiety state scale from Spielberger (1993). Participants have also completed a specific questionnaire in order to indicate to which degree they dread the one stop diagnostic and to explain what they were precisely anxious about. Socio-demographical and medical data have been prospectively recorded.
Results: As expected first results (n = 120) indicate that participants are more anxious (two days before diagnostic mean anxiety score: 52.4), than general population (mean = 41). 84.1% of the participants reported to be globally worried about the one day diagnostic. 79.9% of the participants linked this anxiety to the persistence of an unknown situation, 61.2% to their venue in a medical institute; 37% to their planned meeting with physicians; 92.2% to the risk of a cancer diagnosis. Moreover, participants mainly reported that potential cancer diagnosis and nature of potential treatment (chemotherapy, mastectomy) and/or pain due medical analyses favour global anxiety about the one day diagnosis. Results indicate that socio-demographical and medical situation modulate, at least in part, the degree of felt anxiety. Mature results will be presented during the meeting.
Conclusion: Results of this research help understand perception of the one-stop diagnosis by individuals and favour specific actions in order to reduce anticipated/actual anxiety.

1337 PUBLICATION

Medical change with clinical guidelines program on medical practice: a controlled study in a cancer network

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Objectives: A regional cancer network (RCN) of 57 general and private hospitals was set up in the French Rhône-Alps region in 1995 with the aim of improving quality of care and rationalizing medical prescriptions. The Clinical Practice Guidelines (CPGs) derived from an extensive literature review and opinion of experts from Lyon cancer centre have been shown to modify medical practice (JAMA 1997, 278, 1591–1595). After review by all physicians participating in the RCN, CPGs were used in a continuing medical educational program comprising 12 specific meetings and reminders mailed to each physician in 1995. In 1996, we assessed the impact of the implementation of the CPG project by assessing the conformity of practice with the guidelines and comparing with an external control group from another French region without a regional cancer network. In 1999, we re-evaluated the persistence of conformity to guidelines through a new medical audit.
Design: A controlled transversal study using institutional medical records of patients with breast or colon cancer compared the experimental group (cancer network) and the control group (no regional cancer network).
Setting: In 1994, 1996 and 1999, hospitals of both experimental and control groups accepted to assess the impact of CPGs on medical practice for the management of patients with breast and colon cancers.
Patients: In 1994, 1996 and 1999, all new patients with colon cancer (184, 211 and 199 patients in the experimental group, and 97, 125 and 100 patients in the control group, respectively), and women with non metastatic breast cancer (382, 444 and 381 patients in the experimental group, 194, 172 and 204 patients in the control group, respectively) were selected. Medical decisions concerning these patients were analyzed to assess their compliance with CPGs.
Results: In the experimental group, compliance rates were significantly higher in 1999 than in 1994 and 1996 for both breast and colon cancer: 14% (55/382) vs. 40% (178/444) vs. 36% (138/381) ($p < 0.001$); 28% (51/184) vs. 56% (118/211) vs. 70% (140/199) ($p < 0.001$), respectively. In the control group, compliance rates were identical for the three periods: 7% (13/194) vs. 7% (12/172) vs. 4% (8/204) ($p = 0.36$) for breast cancer, whereas significantly higher in 1999 than in 1994 and 1996 for colon cancer: 33% (32/97) vs. 38% (48/125) vs. 67% (67/100) ($p < 0.001$).
Conclusions: The development and implementation strategy of the CPG program for cancer management produced significant, persistent changes in medical practice in term of conformity with CPGs. Regarding colon cancer, however, changes were also noted in the control group in 1999, suggesting that the behavior change was more rapidly obtained in the experimental group than in a region with no organizational network, and that validated information could reach the target more rapidly.

1338 PUBLICATION

Randomized clinical trial comparing two schedules of bone metastases treatment: 30 Gy multifraction vs. 8 Gy single fraction

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Purpose: The role of radiotherapy in the palliation of symptomatic bone metastases is well established. Recent randomized studies have reported that single fraction radiotherapy is as effective as multifracction radiotherapy. However the most used is multifracction irradiation. The aim of this study was to compare two therapeutic schedules of 8 Gy versus 30 Gy
Materials and methods: A total of 160 pacientes with painful bone metastases requiring palliative therapy for symptomatic bone metastases were randomized. Pain intensity was measured with a nominal score (NS) before and after treatment, and thereafter every three months for one year or until patient's death. Assessment variables considered were: response (pain relief of 2 points in NS) complete response (no pain without increased analgesia) relapse (pain worsening 2 points in NS), gain