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.

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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