

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

	Baseline	3 <sup>rd</sup> week	6 <sup>th</sup> week	12 <sup>th</sup> 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 multifraction radiotherapy. However the most used is multifraction 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 patients 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