(NS before radiotherapy minus NS after radiotherapy) yields (duration of response/survival) toxicity.

Results: Median age was 64.1±10.7 years, 57.5% males and 42.5% females. Tumour frequencies were breast (26.9%), lung (25.6%) and prostate (25%). The most frequent site of pain treated were the pelvis (39.4%) and spine (36.2%). Overall response, complete response, relapse, gain, net pain relief toxicity is show in Table 1. No differences were observed between these two schedules in any variable studied.

Table 1

Schedule	Overall response %	Complete response %	Relapse %	Gain	Net pain relief %	Toxicity %
30 Gy	86.6	13.4	43.7	4	71.7	28
8 Gy	75.6	15.4	28.8	3.5	68.5	12.7
p	0.076	0.723	0.081	0.222	0.553	0.120

Conclusions: We concluded that, a single fraction of 8 Gy is a safe and effective as multifraction regimen for the palliation of metastasic bone. Lower cost makes 8 Gy simple fraction the treatment of choice for the majority of patients.

1339 PUBLICATION

How to reveal the zone of the most effective psychological care

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Background: The involvement of professional psychologists, such as psychological resources in general is still very limited in cancer treatment in Russia today. Therefore there is a challenge to find out the zones of the main importance of the psychological diagnostics, support and therapy in cancer patients. The optimal use of psychological help optimize the patients' attitudes and behavioral individual stereotypes during treatment courses and rehabilitation, the adequate emotional support and psychotherapeutic help lets to improve the quality of the life. Organ-oriented analysis shows the difference in the psychological meaning of different parts of body and as a result – different reactions for the types and stadiums of cancer diagnostics and treatment. The breast cancer is one of the most representative with it's psychological, emotional experience for patients, their families and medical professionals.

Method: The results of testing in 100 breast cancer patients in age 20–80 years old were examined. We used questionnaires for patients and medical oncologists, aimed on the clarification of the most problematic patients and stadiums in treatment experience, we also used the methods of the psychological diagnostics (Spilberger and depressive scale tests, the patient's drawings and other projective tests). 50 patients were directed to psychologist, 50 were not supposed to know for sure, that they can get psychological help in complex treatment.

Results: The need of psychological help is more high in young women with primary breast cancer on the stadium of diagnostics, after surgery and before and during chemotherapy in all age groups. All patients under hormonal treatment need psychotherapy. There is need of psychological diagnostics and optimization of communication in 60% of cancer patients in elderly. All the patients after the treatment are very recommended to have the systematic psychological rehabilitation and supervision of the risk reducing behavior (positive effect in quality of the life in 80%). During the control testing in group, who had no excess to psychologists, 94% of the patients experienced the need of the psychological help on early stadiums of diagnostics and treatment.

Conclusion: In situation of limited resources of psychological help, it should be provided acordingly to the results of the psychological express testing on early stages of diagnostics and preferably started before surgery and chemotherapy.

1340 PUBLICATION

Analysis of haematological risk factors for thromboembolic events in anaemic cancer patients treated with epoetin beta

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Background: The frequency of thromboembolic events (TEEs) can be slightly elevated in anaemic cancer patients treated with erythropoietic proteins, although the cause of this is unclear. A meta-analysis was conducted to help determine if an association exists between haemoglobin (Hb)-related parameters and the frequency of TEEs in patients receiving epoetin beta (NeoRecormon®).

Methods: Data were pooled from nine randomised, controlled (placebo or standard care) trials of epoetin beta in patients with cancer. All TEEs were assessed during treatment and for a further 4 weeks. All randomised patients who received at least one dose of study medication were included in the analysis. Cox regression analyses were performed to assess for correlations between Hb-related parameters and TEE risk.

Results: A total of 1413 patients (epoetin beta, n = 800; control, n = 613) were included in the analysis. Baseline demographics were similar in both groups (mean Hb level at baseline = 9.9 g/dl). In the epoetin beta group, no significant change in relative risk of TEE was found for the majority of Hb-related measures. An inverse association was found between increased Hb Area Under the Curve (Hb-AUC) (mean 1.02±1.5 g/dl) and incidence of TEE (relative risk 0.73, p = 0.0164). Hb increase up to Week 4 (mean 0.84±3.4 g/dl) was also inversely correlated with incidence of TEE (relative risk 0.72, p = 0.0325). Treatment at a baseline Hb of < 11 g/dl was not significantly correlated with increased TEE. Furthermore, a sub-analysis of TEE risk versus maximum Hb level achieved in the epoetin beta group showed that there was no increase in risk when comparing Hb ⩾ 11 vs < 11 g/dl, ⩾ 12 vs < 12 g/dl or ⩾ 13 vs < 13 g/dl (Table).

Maximum Hb level achieved	Hazard ratio	95% CI	p-value
Hb ⩾ 11 vs < 11 g/dl	0.79	0.41–1.50	0.46
Hb ⩾ 12 vs < 12 g/dl	0.86	0.48–1.56	0.63
Hb ⩾ 13 vs < 13 g/dl	0.98	0.54–1.75	0.94

Conclusions: Epoetin beta therapy is not associated with a significantly increased TEE risk with regard to baseline Hb, Hb increase and highest achieved Hb value. Furthermore, these findings correspond with current EORTC guideline recommendations for initiating erythropoietic protein treatment at Hb 9–11 g/dl and treating to a level of 12–13 g/dl (Bokemeyer et al 2004).

References

[1] Bokemeyer C, et al. *Eur J Cancer* 2004; 40: 2201–16

1341 PUBLICATION

Patient information – patients in clinical trials are more satisfied

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Background: The paradigm that patients in clinical trials have better clinical outcome has recently been refuted1. In this study, we aimed to explore whether there were other benefits for patients within clinical trials, particularly in the area of information provision and satisfaction.

Materials and methods: We have recently produced and published an information satisfaction questionnaire (ISQ) based on the 5 highest specific information needs of patients following a diagnosis of malignant disease2. This was given to 250 consecutive patients attending the Primrose Oncology Unit between Jan-Feb 2005. Of the 199 returned (80%) 80 were male, 119 female, average age 58 years, 4% from ethnic minorities, 82 (69%) had been involved at one stage in their management in a prospective clinical trial (CT). All patients, following their diagnosis had received our standard post medical consultation information package which includes a verbal interview with a specialist nurse, a bespoke written information file, website signpost information, free internet access and an information video.

Results: Almost twice as many non-clinical trial (NCT) patients indicated they were either very unsatisfied or unsatisfied with information they received as opposed those who had entered a clinical trial (NCT 18/117[15.4%] v CT 6/82 [7.3%], Chi squared < 0.05). This difference was greatest in the area of explanation of illness and treatment options (NCT 12.5% v CT 5.8%, Chi squared < 0.05). The lowest satisfaction sub-category in both the CT & NCT patients was advice on lifestyle & practical issues (28%) compared to 12% in the remaining categories (Chi squared < 0.01).

Conclusions: Patients who have entered a clinical trial reported higher satisfaction with the information they had received as opposed to those who had not. As better informed patients are generally more satisfied, have improved compliance and better psychological well-being, this may be a reassuring point to discuss with patients when counselling for trial recruitment. For all patients, this study also highlighted that we needed to improve lifestyle, diet, exercise, complementary therapies and sexuality information, and these information sheets have been written and added to our website.