(13%), lung (12%), myeloma (6%), leukaemia (6%), prostate (6%), head and neck (6%), stomach (3%), myelodysplastic syndrome (2%), unknown primary site (2%), pancreas (1%), uterus (1%), kidney (1%), bladder (1%) and testis (1%). A the date of enrolment, the median level of haemoglobin (Hb) was 11.6 g/dl (range: 5.2−18.5 g/dl) and 44% of patient had a level of Hb < 11 g/dl. Anaemia was found in all cancer localizations and independently of the stage or the therapeutic status of the disease. Approximately 2/3 of the anaemic patients received treatment by erythropoiesis stimulating agent (ESA), combined with an oral martial treatment in 25% of cases, and 17% of them did not receive any specific treatment for this anaemia. Transfusion was required in 23% of patient: 18% in patient with solid tumours and 35% in patient with malignant haematological diseases. The median level of Hb at the introduction of the ESA was 10 g/dl. A large majority (61%) of ESA treatment was initiated when Hb level was between 9 and 11 g/dl, according to the EORTC guidelines (Bokemeyer et al, Eur J Cancer, 2007).

Conclusion: these results, compared with those reported in ECAS study (European Cancer Anaemia Survey) in 2001, seem to indicate more involvement in the management of anaemia with a higher frequent use of ESA and an earlier introduction of this type of treatment since the appearance of anaemia.

1111 POSTER

The wide spectrum of cutaneous side effects of epidermal growth factor receptor inhibitors and their treatment: experience from a digestive oncology–dermatology collaboration

S. Segaert[1], C. Verslype[2], S. Tejpar[2], E. Van Cutsem[2]. [1]*UZ Leuven (Sint-Rafaël), Dermatology Dept., Leuven, Belgium;* [2]*UZ Leuven (Gasthuisberg), Digestive Oncology Unit, Leuven, Belgium*

Background: Epidermal growth factor receptor (EGFR) inhibitors provoke a unique array of class-specific cutaneous side effects. EGFR inhibitor skin toxicity other than acneiform eruption is not so well known. There is a clear need for a better description of these skin effects in order to achieve a reliable classification and effective treatment regimens.

Materials and Methods: Based on the experience of a digestive oncology – dermatology department collaboration in more than 250 patients, we describe the different kinds of cutaneous side effects elicited by EGFR inhibitors (cetuximab, panitumumab, matuzumab, gefitinib and erlotinib). Furthermore we depict them in clinical photographs as well as the results of dermatological treatment.

Results: An acneiform papulopustular eruption of the seborrhoeic skin areas, sometimes with Staphylococcus aureus superinfection, is seen in more than 80% of patients, especially in the first 3−4 weeks of treatment. Hyperkeratotic crusting of the scalp, seborrhoeic dermatitis-like and fulminant rosacea-like variants are observed more rarely. Telangiectasia may accompany the skin rash. Skin dryness leading to fissures and eczema is another feature. Mucosal involvement with conjunctivitis, vaginal dryness, oral aphtae or geographic tongue may also occur. During longer treatment nail fold inflammation with pyogenic granuloma formation, hair changes (trichomegaly of the eyelashes, facial hypertrichosis) and hyperpigmentation (with darkening of solar lentigines) may arise. After treatment for years, small translucent papules may appear on the nose and the cheeks. Satisfactory treatment results for acneiform eruption are obtained with topical metronidazole and oral minocycline (high dose and saline compresses for severe cases).

Conclusion: EGFR inhibitor skin toxicity has many faces but can be treated effectively in the vast majority of cases.

1112 POSTER

Psychosocial problems among patients with different types of cancer before and after their radiation treatment

A. Braeken[1], L. Lechner[2], G. Kempen[3], R. Houben[1], F. van Gils[1], I. Henfling[2]. [1]*MAASTRO Clinic, Radiation-oncology, Maastricht, The Netherlands;* [2]*Open University Netherlands, Faculty Psychology, Heerlen, The Netherlands;* [3]*University Maastricht, Faculty of Health Medicine and Life Sciences, Maastricht, The Netherlands*

Background: The aim was to determine differences in the prevalence of psychosocial problems in patients with three types of cancer at different time points.

Materials and Methods: Patients with lung, prostate and breast carcinoma received the Screening Inventory of Psychosocial Problems (SIPP) as a standard procedure before and after their radiation treatment (RT) to determine their distress levels. The SIPP is a 24 item, self-administered checklist to identify and recognize psychosocial problems in cancer patients in order to facilitate adequate referral to psychosocial caregivers. Patients can indicate on the SIPP which problems they experience. On the basis of these data the physician can decide to refer the patient to a psychosocial caregiver. Data were retrospectively analyzed, along with demographical and medical information.

Results: The SIPP was completed before, and at two points after treatment by 482, 267 and 113 patients respectively. Prevalence (%) of patients with distress for different patient groups and time points are shown in the table below.

Prevalence (%) of patients with distress for different patient groups and time points.

	Lung cancer	Breast cancer	Prostate cancer
Before RT	63%	60%	34%
Four weeks after RT	49%	57%	24%
One year after RT	33%	61%	27%

Except for breast cancer patients, distress decreases over time. Furthermore, distress was significantly more common among women, patients aged 50 years and below, patients with involved lymfnodes and patients who received chemotherapy as compared to their counterparts. Thirty-six percent of the patients with distress before RT who were referred to a psychosocial caregiver did not show distress four weeks after RT. Educational level, extent of the tumor, metastases (except before RT) and WHO-score (except before RT) were not significantly associated with distress.

Conclusions: Distress is very common in cancer patients and varies from 24 to 63%. As expected, distress was more prevalent in patients with lung cancer and breast cancer, perhaps because of worse prognosis and/or more physical complaints and toxicity of treatment. As expected, referral to a psychosocial caregiver may decrease distress. Still 64% of the patients remained distressed four weeks after RT.

1113 POSTER

Brief instrument to identify information preference groups in cancer patients: a latent-class analysis

M. Neumann[1], M. Wirtz[2], E. Bollschweiler[3], N. Ernstmann[1], M. Warm[4], J. Wolf[5], H. Pfaff[6]. [1]*Center for Health Services Research Cologne (ZVFK), Medical Department of the University of Cologne, Cologne, Germany;* [2]*Institute for Psychology, University of Education Freiburg, Freiburg, Germany;* [3]*Department of Visceral and Vascular Surgery, University Hospital Cologne, Cologne, Germany;* [4]*Department of Gynecology and Obstetrics, University Hospital Cologne, Cologne, Germany;* [5]*First Department of Internal Medicine & Molecular Tumor Biology and Tumor Immunology & Center for Integrated Oncology (CIO), University Hospital Cologne, Cologne, Germany;* [6]*Center for Health Services Research Cologne (ZVFK) & Division of Medical Sociology of the Institute and Policlinic for Occupational and Social Medicine, Medical Department of the University of Cologne, Cologne, Germany*

Background: In order to facilitate their adjustment to illness, cancer patients (CP) have demonstrated their desire for detailed information on a range of health issues. Indeed, a growing body of literature suggests that CP who are more informed are likely to experience better psychosocial health outcomes. However, patients are often unable to adequately satisfy their health information needs as they often lack success to such information. In this study, a latent-class analysis (LCA) is used firstly, to identify groups of CP who share similar preferences towards their desire for cancer-related information and secondly, to determine the probability of preference-group membership by means of only one question per group. Thus, physicians could be supported to meet the different information needs of CP more easily and time economically.

Methods: A cross-sectional survey was administered to 710 CP, who had been inpatients at the University Hospital Cologne (response rate 49.5%). To measure CPs' desire for cancer-related information we developed a dichotomous (yes/no) 23-item scale and asked, if they would have liked more information about medical information from the physician, social questions and about methods for health promotion. LCA was conducted with "Latent Gold 4.0" software and fit indices like BIC and AIC were applied.

Results: LCA identified a 5-class model: Class 1 (31.4%) had nearly no information desires (ID); class 2 (27%) had moderate desires for information given by physician regarding findings and treatment options as well as high ID about health promotion; class 3 (16%) had only a high desire for information given by physician regarding findings; class 4 (13.6%) had moderate desires for information given by physician regarding findings and treatment, moderate ID regarding social questions and health promotion. Finally, class 5 (12%) had moderate ID regarding social questions and health promotion. Physicians can identify these 5 classes asking not more than 5 questions, which show high identification probabilities for nearly