Conclusions: Most patients, especially younger females, maintain good QL following potentially curative treatment for NSCLC, although for a third of all patients changes in perceived health do not recover after treatment. Baseline QL is a guide to later QL whereas treatment regimen appeared to have no long-term impact.

1117 POSTER

Scalp cooling in cancer patients receiving chemotherapy in the Netherlands

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Background: Scalp cooling is worthwhile supportive care. It can be applied in all patients with chemotherapy schedules that cause (severe) hair loss. In 2004, only 4 hospitals in the Netherlands offered scalp cooling to cancer patients. Reasons for this low level of application were time pressure on nursing activities, medical reluctance due to fear of scalp skin metastasis and unfamiliarity with scalp cooling and the positive results among patients, nurses and oncologists. In 2005 a PhD-project was started, comprising several topics related to scalp cooling. Renewed attention for scalp cooling stimulated curiosity of medical doctors (MD) and nurses in the introduction of a new service and enlarged opportunities for funding of scalp cooling machines. In 2007 scalp cooling is practised in 34 (1 out of 3) hospitals in the Netherlands.
Methods: Research comprehends the optimisation of scalp cooling methods. The impact of post-infusion cooling times on the preservation of hair is determined in the 3-weekly docetaxel regimen. In the first phase of the study the post-infusion cooling time was 90 minutes. In the second phase patients are randomised between post-infusion cooling times of 45 and 90 minutes. Scalp cooling is offered to patients with a variety of chemotherapy schedules. Methods and results of scalp cooling are recorded in all scalp cooled patients in the Netherlands. Research also focuses on assessment of Quality of Life (QOL) in relation to the degree of hair loss in breast cancer patients. QOL-questionnaires (among others EORTC QLQ-C30 and -BR23) were completed before starting chemotherapy, 3 weeks and 6 months after the last chemotherapy session.
Results: The number of eligible patients who are offered scalp cooling and seize the opportunity to preserve their hair during chemotherapy varies between 70% and 90%. Severe side effects are never reported in literature or by Dutch health care professionals who offer scalp cooling for many years. Ninety six patients with 3-weekly docetaxel chemotherapy are included in the study. In the fist phase 90 minutes post-infusion cooling time resulted in 82% of patients (n = 34) not requiring a wig. Results of scalp cooling in randomised patients are not known yet, data will be presented at ECCO conference. Recording of results shows preservation of hair in 54% of patients (n = 160) with FEC-high dose (epirubicine 90 mg/m^2 or more) chemotherapy.
QOL is better in successfully scalp cooled patients (n = 30) than in patients not receiving cooling (n = 142).
Conclusion: Introduction of scalp cooling in the Netherlands has received a great impulse. More than half of the patients do not require a wig during chemotherapy schedules that normally induce severe hair loss. The ongoing clinical investigations will lead to further improvement of methods of cooling and will contribute to more general use of scalp cooling.

1118 POSTER

Return to paid and unpaid activities after radiotherapy for early stage breast cancer

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Purpose: To look at the effect of radiotherapy (RT) treatment on paid and unpaid activities in patients with early breast cancer randomised into the phase III START trials.
Methods: As part of the START Trials, a subgroup of women were recruited to a quality of life (QL) and Health Economics (HE) study and asked to complete questionnaires at specific time points from baseline to 5 years. HE data have been analysed at 1 year following randomisation, including return to paid or unpaid work, type of work, time taken to return, numbers of hours worked and ability to perform tasks compared with prior to their diagnosis. Age and education levels, physical and emotional functioning scales and the financial scale of the EORTC QLQ-C30 questionnaire were compared between women who did and did not return to work. Reasons why women had not returned to work were analysed.
Results: Of the 2028 women in the HE study (mean age 56.5 yrs range 27−86), 53% were in paid employment prior to their diagnosis and 85% of those continued to work throughout treatment or had returned by 1 year. At 1 year, a third worked fewer hours and 56% were less able to perform at work. Lost hours were mainly covered by existing employees (54%). Physical, emotional functioning and financial problems were more prevalent in those that had not returned to work with 55% giving a reason; the majority took voluntary retirement (38%) or were forced to give up due to ill health or redundancy (37%). There was no difference in age or education level between women returning or not returning to work. Over 90% had returned to shopping, housework and looking after children by 3 months. Return to voluntary work or education took longer, with over 70% returning within a year.
Conclusions: These results are encouraging as RT does not seem to affect the ability of women to return to normal activities within a year of treatment, although for some this resulted in reduced working hours and performing the task less well. Patients' return to both paid and unpaid work may serve as a measure of recovery from their illness.
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1119 POSTER

Safety concerns of polyurethane catheters connected to totally implantable venous access devices

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Background: Manufacturers of totally implantable venous access devices with silicone catheters provide warranty on the quality of the self-sealing silicone membranes closing their ports: 2,000 punctures with Huber-tip needles are allowed, without risk for leakage. However, when polyurethane catheters became available for access ports, there was no mention of their potential changes with time nor on their risks for the patients.
Materials and Methods: A series of 47 venous access devices of the same brand, with polyurethane catheters, were removed at the end of the therapy or for complications. Ports and catheters were examined for eventual damage and photographs taken; catheter indwelling time, accessed vein, patients condition, list of injected drugs and device lot number were recorded.
Results: The devices belonged to 32 different lots; 33 were inserted in the cephalic vein and 7 in the external jugular vein; subclavian and arm veins were used once each. Typical longitudinal cracks were noticed on 20 catheters, at the place they were distended over the port outlet (2 of these showed leakage of chemotherapy or contrast dye), 2 presented a horizontal tear distal of the outlet and 25 were unremarkable beside some rough external surface. The incidence of catheter damage was only correlated with the duration of the device in situ: median indwelling time for damaged catheters was 716 days (range 130–1721) and 497 days (range 214–1015) for undamaged items (unpaired t-test).
Conclusion: Since there is a definite and increasing risk of "fatigue" for polyurethane catheters after more than 2 years of indwelling time, manufacturers should notify this potential hazard and adapt the polyurethane in order to resist for a longer time.

1120 POSTER

Evaluation of the association between hemoglobin (Hb) events and safety outcomes in cancer patients (pts) with chemotherapy-induced anemia (CIA): an integrated analysis of patient-level data from 6 randomized, placebo-controlled trials (RCTs) of darbepoetin alfa (DA)

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Background: Erythropoiesis-stimulating agents (ESAs) increase thromboembolic events (TE) risk in the CIA population. Some studies targeting higher Hb have been associated with increased risk of death and