change for both improvement and deterioration of the self-assessed health status (effect sizes were 0.57 and 1.04, respectively).
**Conclusions:** The PQ has demonstrated good reliability, validity and sensitivity to change for assessing patient-perceptions of CRF in the study sample. Future research will address how the PQ performs with specific cancer populations.

**1160** POSTER

**Palliative care service implementation in an oncological hospital: the experience of Hospital do Câncer A.C. Camargo, São Paulo-SP, Brazil**

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**Background:** Palliative care is an important part of patient cancer care, and it is very important to know the service characteristics in order to implement good-quality supportive care in cancer centers. In order to present the experience of the most important cancer hospital in Latin America, we present the results of the work done in the pilot and initial phases of implementation of the service in Hospital do Câncer A. C. Camargo, São Paulo, Brazil.
**Methods:** We reviewed the available charts of 119 patients cared for palliative cancer care in the service, from April, 2004 to June, 2006. The case series was a convenient one, which had medical charts and records available for review. Clinical aspects, treatment and survival were the variables of interest. The palliative care assistance was offered, in a planned mannar, by: physicians, nurses, physical therapists, psycologistes, social assistants, nutritionists, and other professionals, whenever necessary.

Palliative treatments in Hospital do Câncer, São Paulo-Brazil: 2004–2006

| Treatment | % |
|---|---|
| Analgesia | 84% |
| Metamizol | 57% |
| Paracetamol | 6.7% |
| NEAI | 9.2% |
| Codeine | 34% |
| Tramadol | 16% |
| Morphine | 53% |
| Metadone | 14% |
| Fentanil | 9% |
| Tryciclics | 20% |
| Chlorpromazine | 18% |
| Corticosteroids | 53% |
| Laxatives | 48% |
| Anxiolytics | 44% |
| Anti-emetics | 42% |
| Oxygen | 35% |
| Antibiotics | 27% |
| Chemotherapy | 15% |

**Results:** Most patients were female (72%); mean and standard deviation (s.d.) for age was 59.5±14.3 years (range: 23−92). Mean palliative performance scale and s.d. (PPS) was 54±16.9% (range: 10−80%). Most patients had local advanced or metastatic cancer for a mean of 52.5±12.1 months (range: 0−10 years). Before starting to be seen by the palliative team, patients were hospitalized for a mean of 8.4 days; after being included in a palliative care program, they had a mean of hospital stay of 5.5 days (paired samples test $p = 0.049$).
The principal symptoms related to palliative care referral were: (1) pain: 42%; (2) dispnea: 21%; (3) asthenia: 12%; (4) cough: 5%; (5) emesis: 4%. Anxiety or depression were present in 30 and 35% of the patients. With combined symptoms, patients had: (1) pain: 76.5%; (2) dispnea: 43.9%; (3) asthenia: 43.9%; (4) cough: 39%; (5) constipations: 33%; (6) sleep disorder: 33%; (7) anorexia: 29.4%; (8) edema: 22%; (9) emesis: 19%; (10) nausea: 18.5%; (11) agitation: 11%; (12) cachexia: 9%;
Mean and Mean survival was of 1.9 months (range: 0−23.3; interquartile range: 5−5.3). Treatments are shown in a table below. Palliative terminal sedation was necessary in 48% of the patients, to relieve them from refractory and unrelenting symptoms.
**Conclusion:** Palliative cancer care is a compassionate way to care for patients with symptomatic advanced cancer; it can offer good discomfort control, improve quality of life, still avoiding excessive costs, for example, reducing length of hospital stay. It was successfully implemented in Hospital do Câncer A. C. Camargo, a center for assistance, teaching and research in cancer, which will certainly improve palliative care in Brazil and Latin America.

**1161** POSTER

**Smoking and feelings of guilt in lung cancer patients: a psychological study**

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Many articles describe the personal experiences of lung cancer patients (pts). Scientific data confirms the correlation between smoking and cancer. In our department we compared the experiences of smokers (S) with non-smokers (NS) with lung cancer, their possible feelings of guilt and the strategies they use to face up to their illness. From November 2006 to April 2007, 28 pts in chemotherapy or in follow up were asked to undergo a specific interview divided into four areas: awareness of disease, life style, feelings of guilt and coping strategy. 17 pts were in the S group (15 males, 2 females), mean age 67 years (range 55−80); 11 pts had completed only primary school. In the NS group there were 11 pts (6 males, 5 females), mean age 72 years (range 60−80); 5 pts had completed only primary school.
70% S and 82% NS were fully conscious of their disease. All S compared with 54% NS had other serious health problems prior to diagnosis of cancer. There was a presence of familiarity for cancer in 18% NS and 35% S.
71% S know that smoking causes lung cancer. There is a predominant fatalistic coping style in the S group (71%) while the NS showed a prevalent reactive approach (93%).
No sense of guilt was noted in the group of S regarding the cause of their illness. This could be due to their limited capacity of reasoning, as a result of their low level of education, or their fatalistic coping style.
Another important fact to note is that as >80% pts in both groups were fully aware of their disease it can be assumed that no defence mechanism was in action.

# Epidemiology

## *Poster presentations* (Thu, 27 Sep, 08:00−11:00)
## Epidemiology, primary and secondary prevention, public health

**1200** POSTER

**Cause-specific death in women diagnosed with cancer during pregnancy or lactation**

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**Background:** Cancer diagnosed during pregnancy or lactation may be associated with increased risk of cause-specific death.
**Materials and Methods:** In this population-based cohort study with data from the Cancer Registry and the Medical Birth Registry of Norway, 45 511 women, aged 16−49 years, diagnosed with their first malignancy from 1967–2004, were allocated to one of 4 groups:
1. No pregnancies after cancer (reference group)
2. Cancer diagnosed during pregnancy
3. Cancer diagnosed during lactation; until 6 months post-partum
4. Pregnant after cancer

A Cox proportional-hazards model with time-dependent covariates assessed cause-specific survival for all cancer types combined and for two frequent cancer types in young women, breast cancer and malignant melanoma. Each group was followed from the date of diagnosis to date of death, emigration, age 60 years or Dec 31, 2004. The multivariate analyses were adjusted for age, extent of disease and diagnostic periods.