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"PSYCHOSOCIAL ASPECTS IN STAGE IIb BREAST CANCER"

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A group of 45 females patients with proved diagnosis of stage IIb breast cancer, treated with conservative surgery, breast volume radiotherapy and 6 cycles of adjuvant chemotherapy (CH) (sequential and alternating schedule, adriamycin-vincristine cycles 1-3-5;C-M-F cycles 2-4-6),acceded to answer a questionary about quality of life (q.o.l.) during treatment time, after at least 2 years of disease free survival. The mean age was 46 at the surgery moment. In short, some important conclusions were:
1) Diagnosis and oncologycal treatment signified a psychological distress for all them.
2) They all refered depression, anxiety or anguish in different degrees.
3) Decreased sexual interest and/or activity during CH was clear and common, without relation with toxicity.
4) They had apprehension about appearence (>90% of alopecia).
5) Youngers patients manteined a normal activity, with quickly and succesfully return to work.
6) At the end of CH they felt a "normal health status".
7) Sexual full-life was recovered during the following 6 months after end of CH in 70% of cases.
In spite of a good control of toxicity, sequels or adversal reactions related to breast cancer treatment, q.o.l. is always modified in this patients.

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ROUTINE TELEPHONE CONTACT IS NOT JUSTIFIED FOR SUPPORT OF PATIENTS COMPLETING RADIOTHERAPY: RESULTS FROM A RANDOMIZED CONTROLLED TRIAL.

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We have performed a randomized controlled trial to assess the value to patients of regular telephone contact during the potentially stressful interval between completing radiotherapy and the first follow-up visit. One hundred patients will be randomized, results are available for the first 49 patients. The ratings of the quality of information and support received after radiotherapy are: *controls* (n=29) "extremely adequate" 21/29; "adequate" 7/29 ; "totally inadequate" 1/29 ; *study group* (n=20) "extremely adequate" 16/20 ; "adequate" 3/20 ; "less than adequate" 1/20. 19/20 patients in the study group found the 'phone contact "extremely helpful", 1/20 found it "moderately helpful" no patients found the 'phone contact either "unhelpful" or "an invasion of privacy". Of the 72 telephone calls (to the 20 patients), logged to date, only 17/72 identified significant unresolved problems. Although the calls were obviously appreciated by patients, there is little objective evidence to support a policy of routine contact by telephone for patients completing radiotherapy.

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REPRESSIVENESS: A PERSONALITY TRAIT OF CANCER PATIENTS?

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Repression is commonly assumed to be characteristic of cancer patients. The evidence did not seem to us compelling mainly because previous studies overlooked the factor of age and used inadequate assessment tools. Our purpose was to examine (a) whether cancer patients are more repressive by using a new assessment approach and controlling age, and (b) whether repression is a response to the threat posed by cancer diagnosis. The subjects were 98 women in 3 groups: (a) biopsy showed they were healthy (n=40); (b) biopsy showed they had breast cancer (n=32) and (c) underwent surgery unrelated to cancer (n=26). Post surgery (a) and (b) were aware of diagnosis. Before and after surgery all subjects filled questionnaires of information and repression (Weinberger, Schwartz & Davidson). Before surgery the groups did not differ in repression, anxiety or defensiveness. MANOVA showed that after surgery only cancer patients rose in repression. Hence, repression is a response to the threat posed by the cancer diagnosis and a means for keeping anxiety at a tolerable level rather than a personality trait of cancer patients.

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PATIENTS' GENERAL CONDITION UNDER DACARBAZINE TREATMENT AND ANTIEMETIC PROPHYLAXIS WITH TROPISETRON

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90 patients with melanoma (Karnofsky index ≥ 70 %) received their first course of dacarbazine (DTIC) chemotherapy (150 - 750 mg/m²/d). As antiemetic prophylaxis, 5 or 10 mg tropisetron orally were given once daily. To assess the patients' condition during treatment, they daily filled in a diary card reporting general symptoms (well-being, sleep, nervousness, pain, mood, tiredness, food intake) over 3 - 7 days (dependent on duration of chemotherapy).
In spite of treatment with a highly emetogenous drug, general condition of the patients did not change significantly during treatment. Patients reported well-being, good sleep, and liveliness throughout the cycle. Nervousness and pain did not increase during treatment. Food intake was as usual in 71 % (for each day breakfast, lunch, and supper were questioned), only 4 % of the meals were totally omitted. Maximally 7 % of the patients reported ailments caused by vomiting on a certain treatment day, and maximally 29 % reported discomfort due to nausea.
We conclude that effective antiemetic prophylaxis with tropisetron helps to maintain well-being in patients under DTIC treatment and thus may improve patient's compliance markedly.

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THE PATIENTS' FEELINGS IN A WAITING-ROOM OF THE DEPARTMENT OF GYNECOLOGIC ONCOLOGY

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Patients with gynecological cancer regularly come back to the open ward of the department for medical check up after treatment of their disease. The patients are taken care of by assistant nurses or nurses during the time they wait for the doctor. In order to find out how the patients experienced the visit, consecutively 150 patients were asked to fill in anonymously a questionairy during their stay. 45% of the patients were worried before the visit as they felt that the doctor might find a recurrency, but 91% felt that they were well received by the staff and 81% that the staff was competent. Nobody felt that they had been received in a bad manner or that the staff had given them wrong information. All patients had appointed time, but 10% had to wait for more than 30 minutes. On the other hand, 60% found the waiting time short or acceptable, but among those who had to wait for 15-30 minutes 70% found that this was too long. The majority of the patients prefered to read a weekly paper or listen to soft music during the waiting time. Only 3% wanted to look at the TV. Slightly unexpected, only 3%wanted to come for their visit outside office hours. The majority prefered to come during the morning. A little more than half of the patients wanted to get information from the staff about food, sex and cancer, urinary incontinence and medical examinations like rectoscopy.
Our conclusion is that most of our patients are satisfied with the reception from the staff during their visit. It is valuable if the waiting time can be kept less than 15 minutes.

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ASSESSING OF QUALITY OF LIFE (QOL) IN A TURKISH ONCOLOGY SETTING

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We sought a reliable and valid scale to measure QOL which would reflect the cultural characteristics of cancer patients (pts) in Turkey. In preparing the questionnaire format we used Rolls-Royce model and determined 49 items in eight dimensions which assessed general well-being, physical symptoms and activity, sleep dysfunctions, appetite, sexual dysfunction, cognitive functions, medical interraction, social participation and work performance. These forms were tested on 100 subjects (10 physicans, 19 healthy volunteers, 18 pts' relatives, 26 pts on chemotherapy, 25 pts off chemotherapy). Half-split reliability and the signal effect were used to demonstrate reliability and responsiveness. After demonstrating the validity of the test, the final form was achieved. When these eight dimensions were factor analysed, it was found that general well-being and sexual dysfunction were most important determinants of QOL.