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THE EXPERIENCE OF A PALLIATIVE CARE TEAM LINKED TO AN ONCOLOGY DEPARTMENT

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The World Health Organization's model for Palliative Care in the future envisages earlier integration of Palliative Care (PC) Teams with curative oncology. With this aim, specific PC Teams have been created and, some of them, linked to Oncology Departments in Catalonia, as part of a WHO Demonstration Program, supported by Catalonia's Government Health Department.

Method: This study examined the relationship between a newly stablished General Hospital Palliative Care Team attached to an Oncology Department. The Unit consisted of a full-time doctor and two nurses and a part-time social worker and secretary. Team activities were performed inside the hospital, attending both in-patient and out-patient consultation. Teaching to General Practitioners and Community nurses on specific PC aspects was an important team's target as well as internal formation. We analyzed the increase of referrals from Oncology department as well as patients survival time and median days of hospitalization.

Results and Conclusions: Among main difficulties we found the long time to dispose of long-term beds to refer patients with acceptable symptom control but still not able to go back home, the difficulty from other colleagues to understand multidisciplinary team work and the misadapted rooms at hospital to permit patients' relatives to accompany them. The advantages of a PC Team were to have a specific trained Team in cancer Pain Treatment and the patient feeling of not to be changed to another department or room when discharged to the PC Team. The annual increase in new patients referred to the PC Team and the low number of days of hospitalization for patients accepted at PC team (Mean: 11.7 days) signaled the team's good acceptance and an acceptable control of patients' symptoms.

We encourage to develop such PC Teams at General Hospitals and to be linked to Oncology Departments.

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THE EFFECTS OF MEDROXYPROGESTERONE ACETATE (MPA) ON APPETITE (AP), WEIGHT (WT) AND QUALITY OF LIFE (QL) IN ADVANCED STAGE CANCER

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Anorexia and cachexia are well known sequelae of advanced cancer, having a negative influence on quality of life and survival. In the present randomized double-blind placebo (PLA) controlled multicenter study in 206 incurable advanced stage non-hormone-sensitive cancer patients with a weight loss of 8.6 ± 7.9% of pre-illness weight, we studied the effects of the synthetic progestagen MPA (Farlutal® 500 mg b.i.d. for 12 weeks) on AP (0–10 pt numerical rating scale), WT and QL (EORTC QLQ-C30 questionnaire). An efficacy evaluable analysis (repeated measures ANOVA, two-sided) after 12 weeks of treatment could be performed in 99 patients (53 MPA, 46 PLA). Compared with the PLA group, a significant beneficial effect of MPA on AP and WT was found: mean difference in AP and WT change respectively 1.4 ($P = 0.010$) and 2.0 kg ($P = 0.040$). QL assessment revealed a significant worsening of physical-, role- and cognitive functioning, dyspnea and constipation in the total group of patients. There were, however, no significant differences in changes of QL between the MPA and PLA treated patients. No significant side effects of MPA were observed. We conclude that in weight-losing cancer patients MPA induces a significant improvement of AP and WT. We did not find a measurable effect on general QL.

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SELF-EXPANDABLE METALLIC STENT FOR SUPERIOR VENA CAVA SYNDROME: A SAFE AND EFFECTIVE TREATMENT

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Stenosis and occlusion of superior vena cava (SVC) is not a rare entity in oncology. By-pass surgery, radiation therapy, and chemotherapy—when effective—are common treatments. Interventionist radiology offers a new way to solve the venous obstruction. Between April 1993 and January 1995, fourteen pts (11 males), aged 48–72 (median 58 years), presenting with SVC syndrome due either to lung cancer and mesothelioma (11 pts), or to breast, gastric, and kidney carcinomas (3 pts), were treated with a metallic stent caval placement. SVC obstruction was confirmed by means of computed tomography and cavography (this last procedure, including venous pressure measurements, was repeated both after stenting and later at 1, 3, and 6 months). Stent placing (Gianturco-Rosch Z-stent) was carried out via percutaneous femoral vein approach, after a 12–72 hour infusion of Urokinase (only in 6 pts showing significant SVC thrombosis) and caval stenosis dilatation with suitable balloon catheters. Heparin and/or warfarin were given for at least 7 days after the procedure, followed by aspirin (0.3 g daily). Immediately after the Z-stent implantation, all patients experienced a dramatic symptom resolution. Both caval pressure and lesion diameter improved significantly. No immediate and late complications or stent misplacements were observed. Two patients had a late recurrence of their SVC syndrome. To date, 10 pts are still alive at 4 to 10 months after stent placement.

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AN EPIDEMIOLOGICAL REVIEW OF ANAEMIA IN CANCER CHEMOTHERAPY IN CANADA

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The objective of this historical prospective review of 12 medical centres across Canada was to determine the prevalence of anaemia and the frequency of transfusion in patients (pts) receiving chemotherapy for the treatment of selected cancers (lung, breast, ovary, sarcoma Hodgkin's/non-Hodgkin's lymphoma, melanoma, bladder, colorectal). The 616 pts recruited had started chemotherapy in January–June 1992, continued to have treatment at regular intervals for at least 6 weeks (mean duration 24 weeks), and had received no chemotherapy within the previous 12 months. The pts were not treated with any investigational drug. Data collection finished 4 weeks after the end of the first chemotherapy regimen, to a maximum follow-up period of 26 weeks. A full multivariate analysis of transfusion and anaemia will be presented. Preliminary data indicate that 87 pts (14%) were transfused—72 (12%) for anaemia. In the different diagnostic groups ($n > 30$), 4% of pts with colorectal cancer were transfused for anaemia (13% anaemic), compared with 5% of breast cancer pts (17% anaemic), 24% non-Hodgkin's lymphoma pts (53% anaemic), 25% ovarian cancer pts (51% anaemic), and 28% of lung cancer pts (52% anaemic). For all subjects, the mean baseline Hb level of pts not transfused was significantly higher than that of pts transfused for anaemia overall (12.8 vs 11.8 g/dl, $P < 0.001$), in the lung cancer sub-group (13.6 vs 12.7 g/dl, $P < 0.05$), and the ovarian cancer sub-group (12.1 vs 10.6 g/dl, $P < 0.05$). Overall, the mean nadir Hb level was also significantly higher in pts not transfused vs pts transfused for anaemia, and in the 5 sub-groups with $n > 30$ ($P < 0.001$). The results of the full analysis, including stage of disease and chemotherapy regimen, will identify factors associated with anaemia and transfusion.

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ETHICS IN CANCER CLINICAL TRIALS: A EUROPEAN PERSPECTIVE

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Cancer clinical research is facing major challenges to improve cancer patient care including several ethical issues. Oncology is at the cutting edge of medical practice and research. While there are decreasing opportunities to do high quality clinical research in Europe, cancer clinical trials are essential to define state of the art treatment. There is no progress without clinical research. Basic principles for ethics should be enforced