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PSYCHOLOGICAL CONSEQUENCES OF PAIN IN HOME CARE ADVANCED CANCER PATIENTS

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Consequences of cancer pain on the patient's emotional status and quality of life has been the object of recent research. The study was carried out in order to explore this field in homebound cancer patients. Eightly-six advanced cancer patients (50 males and 36 females) followed by the Oncology Home Care Service participated in the study. All the patients completed the Hospital Anxiety Depression scale (HAD) and the EORTC Quality of Life Questionnaire-C30 (QLQ). Pain was also evaluated by the oncologist by asking the patients about the presence and intensity of the symptom. Intensity of pain (QLQ-item 9) and interference of pain with daily life (QLQ item 19) were significantly associated with HAD-Anxiety ($r = .25$, $P = 0.03$; $r = .21$, $P = 0.03$), HAD-Depression ($r = .22$, $P = 0.03$; $r = .23$, $P = 0.03$), emotional stress (QLQ-Emotional factor $r = .28$, $P < 0.01$; $r = .32$, $P < 0.001$) and poor QL (QLQ-Global factor $r = .35$, $P < 0.01$; $r = .37$, $P < 0.01$). Similarly, patients with pain had significantly higher scores on HAD-Depression (10.45 ± 4.1) in comparison with patients not reporting pain (8.47 ± 4.3). The study confirms the importance of a correct pain treatment to reduce emotional distress in homebound cancer patients in an advanced stage of illness.

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DOES EFFECTIVE CHEMOTHERAPY FOR METASTATIC COLORECTAL CANCER (CC) IMPROVE QUALITY OF LIFE (QL)? PRELIMINARY RESULTS OF A RANDOMIZED PHASE II-STUDY USING THE EORTC QLQ C30

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Since 07/92 236 patients (pts) with metastatic CC were randomized to receive 5-FU 2.6 g/m^2 i.v. as a 24 h infusion, combined with either folinic acid 0.5 g/m^2 2 h infusion (A), interferon α 2b 3 Mio U s.c. 3×/week (B), or both (C), repeated weekly ×6 with 2 weeks rest (Köhne *et al.* ECCO 8). The EORTC QLQ C30. a valid and reliable patient-assessed questionnaire, discriminates 15 dimensions of QL. This preliminary analysis is based on mailed questionnaires from 194 individuals obtained prior treatment, after 8 and 24 weeks on study. *Results:* None of the 15 dimensions of QL improved during the course of treatment in any of the 3 study arms. When compared to baseline, a significant ($P < 0.05$) deterioration of the following dimensions was observed at week 8 (study arms in brackets): physical functioning (B, C), social f. (C) and global QL (A, C), returning to baseline values at week 24. The following QL domains worsened in all arms: role functioning, appetite, fatigue, nausea/vomiting and diarrhea; except in arm C, these parameters returned to baseline values at week 24. When comparing the 3 study arms, the groups appeared well balanced at study entry. Significant variations were observed at week 8 for the domains constipation, being predominant in arm C, and diarrhea, occurring mainly in arm A. At week 24 nausea/vomiting was more present in the interferon arms. *Conclusions:* High dose infusional 5-FU for metastatic CC does not improve QL, and results in a transient deterioration of some dimensions of QL, presumably by therapy-induced toxicity. However, QL is preserved over a 24 week treatment period in patients with initially progressive disease. The subjective impact of GI side effects depends on the modulator in use. A multi-variate analysis of psychosocial variables, toxicity and response data is pending.

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QUALITY OF LIFE (QOL) AFTER CONSERVATIVE THERAPY FOR INFILTRATING BLADDER CANCER: A PRELIMINARY REPORT

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Aim: To evaluate the Quality of Life (QoL) after organ-sparing therapy for T2–T3 bladder cancer.

Patients and methods: We pointed out that the main QoL domains after bladder-sparing therapy are similar to these of patients (pts) affected by prostatic cancer. So we developed an autocompilative questionnaire proceeded in many domains from EORTC questionnaire for prostatic cancer QoL. We performed a cross-cultural adaptation process and validated the translation from the original language. The answers were weighted by a different numeric value and several summary scores reflecting the main QoL domains were obtained. The highest values showed a better QoL degree. We mailed this questionnaire to 50 pts treated in our institutions by radiotherapy (34 pts) or concomitant radio-chemotherapy (16 pts). Until now 30 questionnaires returned; of these 24 are evaluable. All pts were free of local recurrence and not underwent salvage cystectomy.

Results: Most of the pts showed a good QoL, generally obtaining a high score in all domains. In a scale ranging from 1 to 4, 50% of the pta had a physical score $\geqslant 3$, 83.3% a symptomatic score $\geqslant 3$, 57.1% a sexual score $\geqslant 3$, 87.5% a general score $\geqslant 3$; in a scale ranging from 1 to 2, 70.8% pts had a psychological score $\geqslant 1.5$ and 100% a relational score $\geqslant 1.5$.

Conclusion: The organ-sparing therapy for bladder cancer allows a good QoL.

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REHABILITATION GROUP WITH CANCER PATIENTS

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This programme is a part of a randomised co-operative study between surgical/oncological clinics and day care centres in the treatment of cancer patients. To determine the significance of group rehabilitation three months after the diagnosis, patients with newly diagnosed breast, prostrate, gastric or colorectal cancer are included. Each group is composed of 5 to 8 people who meet for two and a half hours once a week for 8 weeks with a follow up session two months after the final meeting. Each meeting has two sections. First conversation therapy led by a psychologist and a nurse, followed by physiotherapeutic/relaxation led by a physiotherapist. The conversation therapy program is structured after a cognitive/behavioural model. A doctor and a dietician are each invited to a conversation where they give a general presentation followed by a question and answer period. At present, the level of participation is 62%. The patients who consent to participation, attend most meetings with very few drop outs. Older patients and those living farther away from the treatment centre decline participation to a larger extent. Since this type of rehabilitation programme is relatively new the goal was to plan sessions that would appeal to all patient categories. Breast and prostrate patients were more inclined to participate than colorectal patients. On the other hand the ratio of men and women was more or less the same.

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DEPRESSION AND QUALITY OF LIFE FEATURES IN HOME-CARE ADVANCED CANCER PATIENTS

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Research of hospitalised patients with advanced cancer has indicated a 30–40% prevalence of severe depression. The study sought to examine the relationship between depression and quality of life features (QL) in advanced cancer patients followed by a home-care oncology programme. Eighty-six patients (50 males and 36 females) filled out the Hospital Anxiety Depression scale (HAD) and the EORTC Quality of Life Questionnaire-C30 (QLQ). By using a cut-off score indicating a substantial depressive condition (HAD-Depression $\geqslant 11$), 39 patients (45.3%) were depressed. Significantly lower levels on several QL dimensions were shown in patients with depression, namely Emotional QL ($F = 10.22$), Social QL ($F = 7.7$), Cognitive QL ($F = 30.95$), Physical QL ($F = 5.2$), Functional QL ($F = 14.89$), and Total QL ($F = 13.07$). Lower scores on Karnofsky scale were also found in the depressed group (51.53 ± 10.89 Vs 57.23 ± 10.82, $F = 5.7$, $P = 0.01$). The study, confirming the high rate of depression in advanced cancer patients, suggests the overlapping between affective and physical components of QL and indicates the need for a close cooperation between psychiatry and oncology in detecting and treating emotional problems which interfere with the patients' QL.