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CHEMOTHERAPY—TREATMENT AT HOME BY FAMILY PHYSICIAN

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We investigated the possibilities for administering standard chemotherapy regimens (CMF, 5 FU/leucovorin, carboplatin/cyclofosfamide) by family physicians. Almost all general practitioners in our region were willing to participate.

Of 37 patients, 27 were eligible. Of these, 17 preferred treatment in the outpatient clinic.

Home treatment was mainly chosen by those patients, who had longer travel distances to the hospital.

These 10 patients received some 150 courses of chemotherapy. No serious problems were encountered. Patients and doctors were very satisfied with this treatment option. Costs did not significantly differ from costs of treatment in outpatient clinic.

For selected cases, this treatment at home can be a patient-friendly alternative to treatment in out-patient clinics. For family physicians, it offers an excellent opportunity for actual support during this stressful period in the life of their patients.

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PROVIDING CANCER PATIENTS WITH THE AUDIOTAPED INITIAL CONSULTATION: EXPERIENCES OF PATIENTS AND PHYSICIANS

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Patients do not always remember the information doctors impart, especially when it is complex and emotionally laden. The pilot study described the experiences of both patients and physician with providing patients with an audiotaped oncological consultation.

Method: consultations with 36 consecutive patients referred to the gynaecology, urology or medical oncology outpatient clinic were taped. This consultation consisted of an initial discussion regarding diagnosis and treatment. Afterwards, patients took the tape home. The following week, patients were phoned and asked about what they had done with the tape and how they appropriate the intervention. Physicians (n = 6) filled in a questionnaire concerning their experiences with the intervention.

Results: 3 patients could not be reached. Twenty-eight out of the remaining 33 patients had listened to the tape, mostly together with relatives. Most patients found that the tape contained both 'forgotten information' (15/28), and 'reassuring information' (20/28). Almost all patients (31/33) were enthusiastic about implementation of the intervention. All physicians regarded optimal information transmission as an advantage of the intervention. Possible misinterpretation of imparted information was seen as a disadvantage by 3 physician. Most physicians saw no logistical difficulties.

Conclusion: cancer patients and physicians found it useful to provide patients with an audiotape of the initial consultation. The effects of this intervention are currently being tested in a larger population.

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RADIOTHERAPY IN CANCER PATIENTS: EVALUATING QUALITY OF LIFE, PATIENTS' EXPECTANCIES AND SATISFACTION AND PHYSICIAN'S ASSESSMENT. PROTOCOL OF AN OBSERVATIONAL STUDY

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Aims of the study: Evaluation of the effects of radiotherapy with respect to following dependants variables: patients' quality of life, patients' expectation toward the therapy and their subjective evaluation of treatment effects, physicians' expectation toward the therapy and their evaluation of the effects.

Research questions: (1) Does the therapeutic concept help to improve the patients' quality of life? (2) Does the radiotherapy achieve the patients' expectations concerning the therapy? (3) Does the radiotherapy achieve the physicians' therapeutical aims after the patients' treatment in hospital and at a later presentation?

Study design: Prospective observational study with repeated measurement. Three points of measurement: at admission to hospital, at the end of inpatient therapy and at outpatient follow-up.

Methods: 42 patients with cancer of various sites. All variables were assessed by means of questionnaires: EORTC QLQ C-30, PLC (Siegrist), patient expectancy and satisfaction scales, physician expectancy and satisfaction scales.

Data analyses will focus on MANOVAS and on calculating of correlations and differences regarding patients' and physicians' ratings. The study has just been completed and data analysis is underway.

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PSYCHOSOCIAL SEQUELAE IN BREAST CANCER PATIENTS: MASTECTOMY (M) VERSUS CONSERVATIVE SURGERY (CS)

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Psychosocial morbidity in breast cancer patients (pts) that had undergone M or CS was studied. Patients were 1 to 5 years after surgery and all shared similar sociodemographic data. A questionnaire was administered to a total of 65 pts (M: 35 pts, CS: 30 pts).

Findings were: (a) need of visiting attending physician: M: 31%, CS: 47%; (b) anxiety and fear: M: 37%, CS: 43%; (c) anguish: M: 20%, CS: 27% (d) thoughts of uncertainty: M: 14%, CS: 23%; (e) discomfort in sexual intercourse and diminishing libido: M: 57%, CS: 63%.

We point out that pts who underwent CS showed a greater need of emotional support were more afraid about an eventual relapse.

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PSYCHOLOGICAL ANALYSIS OF GLIOMA PATIENTS UNDERGOING COMBINED CHEMO-RADIOTHERAPY: AN INTERIM REPORT

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We have up to now tested 26 subsequent patients (pts) with high grade glioma; testing is made five times, i.e, before, after chemo-radiation and during each further chemotherapy course, by multiple psychometric evaluation, inclusive of ordinal scale (Likert), rational scale (VAS; PACIS), and interval scale (FLIC) tests. Twenty-two pts are already evaluable for the first and second testing: 8 males and 14 females, with a median age of 48 years (range 27 to 70). *Anxiety*, initially prominent in 15/22 pts, at the second test in 16/22; *Depression* was initially prominent only in 13/22 and was later found significant in 16/22, seemingly due to an increased disease consciousness; *Couple relationships*: 2/18 couples did not change regarding affective status in between the two interviews, while sexual feelings deteriorated in 11/18 at the second testing respect the first (10/18). *Treatment acceptation* or *compliance* showed a good score in 11/22 at presentation and in 12/12 at the II interview. PAIN was not relevant in both evaluations. The FLIC test for overall Life Quality had non-significant changes, as 4 pts improved by 10 or more points, and 5 by less than 10, while 6 determined by less than 10 points, and finally 6 by more than 10; 1 remained unchanged. The study continues.

Study sponsored in part by an AIRC grant.

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PSYCHOSOCIAL EFFECTS OF CANCER IN CHILDHOOD—CROSS CULTURAL ASPECTS

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Our presentation will be based upon a group therapy case study which took place in a pediatric oncological clinic in Israel. The group extended over a period of 15 wks. The participants were adolescent girls which were treated for cancer during childhood, some are Muslim Arabs and some conservative Jews. The therapists are secular. The therapy sessions provided the first opportunity for these girls to discuss their experiences and difficulties in an open and supportive atmosphere. The special composition of the group enabled us to examine the impact of culture upon the ways in which cancer is experienced. Cancer is a disease which is deeply individual by its nature but at the same time is embedded in the fabric of culture. A second point of special emphasis derived from the fact that the girls had completed their therapy 1–9 years ago and were still dealing with past traumas and uncertainties and fears with respect to the future. This raises the question of how, if at all, complete recovery psychosocially is possible from childhood cancer, making long-term care and treatment extremely problematic.