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POSTER

### The relationship of follow-up tests results with the occurrence of overt metastatic disease

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**Aim:** To determine the association of blood tests: CA 15-3, GT, alkaline phosphatase, SGOT, total calcium, with the diagnosis of overt metastatic disease.

**Methods:** 528 patients (all patients had at least total mastectomy and axillary clearance as primary treatment (1985–1990) were analyzed for abnormal or equivocal findings in five routine blood tests obtained every 3 months for the first two years, every six months for years 3–5 and yearly thereafter. Median follow up was 7 years. Test results were evaluated to estimate the yield of different tests for any relapse.

**Results:** Of the 528 patients analyzed, 396 (75%) had node positive breast cancer. A total of 330 (62.5%) have got cancer relapse (at any site) during 7 year median follow-up. CA 15-3 with positive predictive value of 74% was the most effective indicator of progressive overt metastatic disease, among five blood tests evaluated. Alkaline phosphatase was the second (with positive predictive value of 28%), and other analyzed test were not justified.

**Conclusion:** CA 15-3 was the most effective blood test to distinguish patients with relapse from those without it; other analyzed tests were not justified.

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PUBLICATION

### Liaison® hCG – An automated chemiluminescent immunoassay for the determination of human chorionic gonadotropin

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An immunoassay utilizing chemiluminescence and paramagnetic particles has been developed for the new fully automated, random access Liaison® immunoanalyzer. The Liaison® hCG assay is a two-site immunoluminometric one-step assay using two highly specific monoclonal antibodies. Total incubation time is only 10 min. A specially designed unique reagent integral contains all specific reagents; the on-board stability of these reagents is given over a very long period (>4 weeks). The assay works with a 2-point calibrated mastercurve. 30 µl sample is added to 200 µl tracer and 20 µl antibody-coated magnetic particles. After 10 min incubation the particles are separated, washed and the chemiluminescent signal is generated. The time to first result is only 15 min. The assay with a unique extended standard range up to 5,000 ng/ml shows no high dose hook effect up to 400,000 mIU/ml (spiked sera). The assay detects both the intact molecule and the free beta subunit. The cross-reactivity to FSH, LH and TSH is less than 0.5%. Precision (within-run <3%; between-run <5%), linearity, recovery and sensitivity (<0.5 mIU/ml) are excellent. The assay shows a very good correlation to the LIA-mat® hCG ( $r = 0.995$ ). In summary the Liaison® hCG assay together with the new Liaison® immunoanalyzer is a very rapid and accurate method for the quantitative determination of hCG/β-hCG in serum.

## Supportive care

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### Pain management in cancer patients at home: The role and views of patients and professionals

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**Purpose:** Pain in cancer patients at home is still treated inadequately, caused by, among other things, the organization of care. The purpose of this study is to make an inventory of how the treatment of pain is organized. The study gives insight in how the cancer patient experiences pain and the management of pain. It also gives insight in the role, tasks, and expertise of the health care professionals. Special attention will be given to aspects on cooperation and communication between involved professionals. The results will offer a lead for working out interventions, directed to

organizational aspects of care, to improve cancer pain management at home.

**Methods:** A random selected group of oncology patients ( $n = 400$ ), who were diagnosed with cancer between half a year and 3 years ago and treated in a university hospital, filled in a postal questionnaire on pain (MPQ-DLV) and the treatment of pain. Thirty patients who have indicated that they have pain and/or pain treatment are interviewed about pain management and the organization of care (using a semi-structured interview). The health care professionals (e.g. general practitioner, specialist) who are involved in the care are also interviewed about these topics.

**Results and Conclusion:** Preliminary results indicate that the interviewed patients have a mean 'least pain' of 2.6 and a mean 'worst pain' of 6.2 on a VAS (range 1–10). They find the pain bearable but are worried because they think having pain means the cancer is progressing. Most patients use medication, but it is not prescribed at regular intervals. Half of the patients is dissatisfied with the effect of the treatment. All patients are medically supervised by a specialist, the GP has a minor role in pain management. They very rarely get in touch and in most cases the GP is not informed about the patients' pain, though they think this is necessary. The consequence for the organization of cancer pain management will be discussed.

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### The patient-generated subjective global assessment of nutritional status: Evaluation in a Swedish setting

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**Purpose:** To evaluate the Patient-Generated Subjective Global Assessment, PG-SGA, a method for nutritional assessment in oncology patients (Ottery F.D. Sem in Oncol. 6: 770–8, 1994). A Swedish translation was used in the study including patients with gastro-intestinal and urologic tumours.

**Methods:** The patients, 61 men and 26 women, completed the first four sections. The remaining sections were completed by the physician and the dietitian, independent of each other. The validity was assessed with Serum-Albumin, P-Prealbumin (Transthyretin) and mononuclear leukocytes.

**Results:** The interobserver agreement was complete in 87%. There were significant differences between means of S-Albumin and P-Prealbumin for the SGA-classes. Weight loss during the last 6 and 12 months was most frequent in patients classified as either moderate/suspected of being malnourished or severely malnourished (SGA classes B and C). The patients had no difficulties in answering the questions. The sensitivity for those questions was 46–70% and the specificity 82–95%.

**Conclusion:** The Patient-Generated Subjective Global Assessment is useful in the assessment of nutritional status in oncology patients. Weight loss has a great influence on the nutritional classification.

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### Corticosteroids in acute vomiting – The more the better?

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**Purpose:** Corticosteroids enhance the antiemetic effects of 5-HT<sub>3</sub> receptor antagonists. Twenty milligrams of dexamethasone (DEX) or an equivalent seem to be the gold standard dose. The importance of corticosteroid dosage in acute antiemetic prophylaxis has not yet been studied.

**Methods:** Patients assigned to receive cisplatin-containing combination-chemotherapy upon histologically confirmed ovarian cancer were enrolled to this single-blind, prospective randomized trial. For prophylaxis of acute nausea and vomiting patients received either DEX 20 mg or 8 mg both plus tropisetron 5 mg (Navoban®) 30 minutes prior to chemotherapy. Before chemotherapy and the following days we assessed endogenous cortisol levels, subjective well-being and objective parameters in 125 courses of 60 patients. During the days 2 to 4 patients received alizapride (Vergentan®) ( $3 \times 100$  mg).

**Results:** 20 mg DEX induce significantly lower cortisol levels during the day following chemotherapy. In the 8 mg DEX group 41.8% of the patients were free from nausea compared to 24.1% in the 20 mg DEX group ( $p < 0.05$ ). Also for vomiting, bowel movement, and food intake superiority of the 20 mg medication could not be proven on any of the following days.

**Conclusion:** There is strong evidence that lower doses of corticosteroids are sufficient for the enhancement of 5-HT<sub>3</sub> antagonists in the prophylaxis of