

ratio might be related to the existence of a membrane damage in patients with cancer of the lung.

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Continuous Infusion of Tramadol in dying cancer patients: Our preliminary data

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Introduction: Pain is one of the main problems in dying cancer patients. In our experience, we evaluate the role of Continuous Infusion of Tramadol (CIT) in terminal cancer patients.

Methods: In 44 dying patients with pain for bone metastases, we evaluated the effectiveness of CIT. In all patients Non Steroidal Anti-Inflammatory Drugs (NSAID) or Opiates (Op) has been used and stopped for intolerance/ineffectiveness. In all patients we administered CIT 3 mcg/Kg/min, adding rapid infusions of 50 mg if acute pain episodes occurred. We evaluated Pain using a 10 points visive scale, and Pain Relief (PR) with an arbitrary 4-points scale: 0 = no improvement or worsening, 1 = improvement of less than 2 points, 2 = improvement of 2-4 points, 3 = improvement of more than 4 points. We evaluated pain before and 3 days after CIT beginning.

Results: In 6 patients (13.6%) we observed a PR = 0 and stopped the treatment; on the contrary, PR = 1, PR = 2, and PR = 3 was observed respectively in 10 (22.8%), 6 (13.6%) and 22 (50%) patients. Moderate sedation, urinary disturbance and intestinal constipation were the main side effects observed in 3 distinct patients.

Conclusion: In our experience CIT may represent an useful way to control pain in terminal cancer patients. Effectiveness and few side effects represent the best characteristics of the drug. In particular when NSAID or Op intolerance/ineffectiveness occur.

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Interdisciplinary and multidimensional approach in neoplastic aged patients

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Introduction: Neoplastic aged patients with advanced disease have undergone aimed therapy by a specialist team to control symptoms and to improve the quality of life by an interdisciplinary and multidimensional approach considering mental health, functional state, human environment and patients will too.

Material and Methods: 83 patients M/F 55/38 median age 74 (65-85) suffering from neoplastic disease have been treated by a team (oncologist, hematologist and geriatrist). Planned a treatment regarding pluripathologies and functional state by ADL (activity daily living). Valued days of hospital cares, quality of life by SDS (symptom disease scale) and TIQ (therapy impact questionnaire).

Results: In patients with solid cancer 54.2% had secondary localization from the beginning. 83.7% of the patients had pluripathologies. The 81 treated patients 43.3% received antineoplastic treatment. 39.5% received antineoplastic and supporting treatment, 17.2% supporting therapy. Follow-up for a median period of 9 months (0.25-84) and hospitalization for a median period of only 10 days (0-100). 48 patients died; 27 of them have undergone palliative cares at home until death. Has been observed an improvement of symptoms control evaluated by SDS and TIQ, especially in patients undergone antineoplastic supporting and palliative therapies.

Conclusions: interdisciplinary and multidimensional approach permits a global evaluation so that adequate and aimed therapeutical protocols can be planned. Integration of antineoplastic treatments with supporting and palliative therapies allows a better symptoms control and reduces days of hospitalization.

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POSTER

Gender and age influence baseline quality of life (QL) assessments in cancer patients

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Purpose: We wished to examine demographic and disease related factors which influenced patient self-ratings of the European Organization for Research and Treatment of Cancer (EORTC) QLQ C30 domain and symptom scales.

Methods: Univariate and multivariate analyses were performed using 2434 baseline questionnaires from 9 NCIC phase III trials to assess the relationship of age, gender, tumour type, metastatic disease, and performance status (PS) on baseline QLQ C30 scores. To directly assess age and gender, 571 questionnaires from lung cancer patients were subsequently analyzed.

Results: Baseline scores differed substantially among patients on the different trials. By multivariate analysis, factors associated with poorer domain and symptom scores included poorer performance status, metastatic disease, younger age, lung cancer, ovarian cancer and female gender ($p = 0.05-0.0001$). In lung cancer patients, female gender was associated with poorer physical, emotional and cognitive domain scores, and older age was associated with higher emotional, cognitive, role and social domain scores. ($p = 0.04-0.0001$)

Conclusions: In cancer patients, PS, gender and age appear to influence QL scores independent of tumour type or stage of disease. The relationship between demographic and disease-related features and QL measures at baseline and on treatment require further study.

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POSTER

Communication between patient and radiotherapist prior to palliative treatment

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Purpose: In order to examine the content of the communication between patient and radiotherapist prior to palliative treatment and the participation of patients and proxies in decision-making.

Methods: 25 first interviews between patient and radiotherapist were audio- and videotaped. A few days later, the patients were invited by a psychologist to reflect on their experiences with this interview. Doctor patient interviews were analysed by the Roter Interaction Analysis System (RIAS). The interviews with the psychologist were analyzed qualitatively using methods of Grounded Theory.

Results: Results indicate that during the radiotherapist patient interview, about 60% of the utterances refer to biomedical topics such as diagnosis, side-effects and treatment protocol. Prognosis and alternative treatment options are only considered roughly. About 12% of the time was paid to psychosocial aspects and emotional support. The participation of patients and proxies in the decision-making is limited or lacking. However, patients do not show significant dissatisfaction with this procedure. Because of the stressful circumstances most patients and proxies feel unable to formulate relevant questions and make treatment decisions.

Conclusion: The results rarely show any patient participation in decision-making with regard to palliative radiotherapy. Taking into account the psychological circumstances, actual patient participation would be hardly feasible in clinical practice.

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POSTER

Public perception of cancer risk - An evaluation of calls to KID, the German cancer information service

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Since 1986, KID, the German Cancer Information Service, has answered almost 120.000 calls, giving scientifically based information about all can-