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

258 PUBLICATION

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/uneffectiveness. 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/uneffectiveness occur.

259 PUBLICATION

Interdisciplinar 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 interdisciplinar and multidimensional approach considering mental health, functional state, human environment and patients will too.

Material and Methods: 93 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 evalued by SDS and TIQ, especially in patients undergone antineoplastic supporting and palliative therapies.

Conclusions: Interdisciplinar 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.

Psychosocial oncology

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260 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.

261 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.

262 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 cancer-related topics to the public. The service is located at the Deutsches Krebforschungszentrum and financed by the German Federal Ministry of Health and the Ministry of Social and Health Affairs of Baden-Württemberg. In 1993, KID evaluated 996 calls concerning risk factors, prevention and early detection of cancer*. Not only healthy callers were interested in risk information: 50% were cancer patients, their relatives and friends. The most frequent questions concerned iatrogenic risk factors. Environmental pollution or scientifically verified risk factors were less frequently mentioned. The callers' motivation was to evaluate their individual risk situation, to optimize prevention and to reduce fear. Patients did not always search for the causes of their illness retrospectively, as it is known to be a mechanism of coping. Some asked prospectively for information on exogenic risk factors, which they thought to be causal for metastases. Also, a curative effect by elimination of risk factors was expected. However, when callers were asked to fill in a questionnaire, most cancer patients thought psychological factors to be the causes of their individual case. As lacking knowledge and individual belief are known as factors strongly influencing not only coping and compliance, but also the use of so called unconventional therapies, the KID data suggest, that information on risk factors and mechanisms of cancer development and progress should play a greater role in patient education and counselling.

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263 POSTER

Factors determining the appreciation of treatment by advanced colorectal cancer patients

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Purpose: Palliative chemotherapy (CT) in advanced colorectal cancer (AAC) may prolong life, but concerning quality of life (QoL) the benefits are a matter of debate. Therefore it may be anticipated that patients sometimes regret their initial decisions to start CT. Thus for ACC patients treated outside clinical trials, QoL assessment is strongly required.

Methods: Eleven ACC patients who underwent CT at a general hospital (weekly bolus 5-FU/leucovorin) participated in the study. The majority of patients had stable disease. The efficacy of the CT regimen was found to be comparable to the 5-FU based regimens. But with low toxicity as determined by WHO scores. Structured depth-interviews were applied, focusing on opinions and attitudes concerning CT and toward CT in relation to QoL. Additionally the EORTC QLQ-C30 (EORTC) (Aaronson et al., 1994) (to assess QoL) and the QQ-Questionnaire (Stiggelbout et al., 1996) (to determine considerations concerning quality and quantity of life) were used.

Results: It was shown that 10 patients did not regret their initial decision to undergo CT treatment in spite of their symptoms. The depth-interviews showed that most patients had restrictions in their daily activities. In four patients these restrictions were considerable. Overall QoL ratings (EORTC) were positive.

Conclusion: These preliminary data show a striking discrepancy between the WHO toxicity score and the symptoms score (EORTC). In spite of their symptoms patients don't regret their choice in view of their acceptable QoL. We believe that this is a result of adaptation and reduction of cognitive dissonance for justifying their choice for life.

264 POSTER

Patients' judgements on new epicutaneous breast forms

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Purpose: Although breast conserving therapy is more and more established everywhere in about 20–30% of all breast cancer patients mastectomies have to be performed. However, patients satisfied with breast forms, afraid of additional surgery, unsatisfied with the expected cosmetic results, believing to be too old, and living in stable partnership often do not wish breast reconstruction.

Patients and Methods: In a prospective study 76 patients after unilateral mastectomy equipped with custom breast forms tested an improved, self-adhesive breast forms from AMOENA GmbH, Raubling, Germany. Functioning of the breast forms and body image was assessed before the study and after 6 months using the "Frankfurt Selbstkonzeptskalen" and additional questions.

Main Results: Analysis of variance with repeated measures revealed trends for improvements in body image. The new kind of breast form was well tolerated with few skin irritations. 80% of all patients felt the new breast form like a part of their body, backache was reduced in 43% of the investigated patients. Lymphedema was reduced in 60% of the patients. Main disadvantage was that sometimes the breast forms dislocated slightly.

Conclusions: The new concept of self-adhesive breast forms seems to be an improvement with respect to social and psychological rehabilitation after mastectomy.

265 POSTER

A comparison of the psychosocial impact of breast conserving therapy and total mastectomy in breast cancer patients and their partners

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Purpose: This study assesses the psychosocial impact of different modalities of treatment for breast cancer in Chinese patients and their partners.

Methods: Thirty-six patients who underwent breast conserving therapy (BCT) for breast cancer were compared with 36 women who underwent total mastectomy (TM) on four aspects of psychosocial adjustment. They were matched in pairs in terms of age and time since surgery. Where available, their partners were also consented for similar assessment.

Results: Women in the BCT group showed a significantly better response to their body image than the TM group. This difference did not translate into any significant difference in terms of emotional and symptomatic aspects, daily activities or fear of recurrences. The patients' partners in the TM group showed significantly more emotional and symptomatic distress and greater change in the perception of their wives' body images.

Conclusions: This is the first of such study conducted in a Chinese population. The lack of differences in certain psychosocial aspects indicates a generally good adjustment in the TM patients after their surgery. It may also relate to the fact that the volunteers for the study were themselves representative only of the patient population who adapted well to the surgery, and those patients who were emotionally distressed tended to decline to participate. Psychosocial disruption in the patients' families is reflected in our study where patients' partners in the TM group were significantly more disturbed. These findings demand attention from the health care system.

266 POSTER

Acceptability of follow-up visits (FU) in long term survivors from Hodgkin's disease (HD)

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We collected 198 interviews, in a group of pts waiting for a FU visit to understand their feeling referred to the situation. The median FU from diagnosis from HD was 8 yrs. The interview covered the following subjects: positive/negative feelings experienced during the visits, days of anxiety before FU, and thought of cancer/illness; the Profile of Mood State (POMS) was handed in to detect pts' mood modifications.

Results: 86% (M/F = 83/88; mean age = 42/49 yrs) agreed to carry on the interview. There were no significant differences among the POMS scales according to sex and compared to normal population. The majority of both groups (M/F = 78%/70%) felt visits as positive events: 85% felt it extremely positive. According to anxiety before FU, 42% M and 11% F didn't report any; 16% M felt anxious 1–2 days before, 32% <1 week and 18% reported anxiety >10 days, but <20. Four pts described anxiety >30 days and all were in the group that referred to think to illness more often; 33% F felt anxious <1 week, 48% out of these reported anxiety from 1 to 3 days; 8% felt anxious for 10 days and 18% reported anxiety 15 to 20 days; 29% referred to be anxious from 1 to 3 months, of these 65% reported to think often and very often to illness. 60% F vs 30% M thought often and very often of cancer/illness, but only about 7% in each group referred FU as negative events.

Conclusion: FU seem not interfering in magnifying the distress of pts who live visits as a sort of 'protecting' event, in which getting not only a medical support, but a psychological help to cope with cancer thought.