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Changes of self-concept and body image due to cancer recurrence

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Purpose: The diagnosis 'cancer' with ensuing cancer surgery, radiotherapy or chemotherapy initiates considerable psychological changes within patients. In this study we compared patients' self-concept and body image in the adjuvant treatment situation to patients' self-concept and body image who had been confronted with cancer recurrence.

Methods: Self-concept and body image of 109 patients with gynaecological malignancy in the adjuvant setting and of 61 patients in the palliative setting (cancer recurrence) were assessed using the "Frankfurter Selbstkonzeptskalen" (FSKN) and "Frankfurter Körperkonzeptskalen" (FKKS).

Results: Analysis of variance revealed significant differences ($p < 0.05$) with respect to either adjuvant or treatment of recurrence in the following subscales favoring patients in adjuvant therapy: irritability by others, firmness against others, state of health, body care and outer appearance, body functioning, fitness of the body. In the scales general fitness, general ability to solve problems, confidence concerning conduct and decisions patients with recurrencies showed higher ratings. Use or non-use of alternative medicine showed differences in the scale esteem by others only.

Conclusion: Being confronted with recurrence of the cancer disease patients show a variety of changes with respect to self-concept and body image indicating that this situation induces greater changes than the initial diagnosis cancer. Some patients' answers seem to reveal personal growth and fulfillment.

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Long-term physical and psychological sequelae in patients treated with high-dose chemotherapy with peripheral stem cell rescue

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Rationale: There is little information on the long-term physical and psychological sequelae of high-dose chemotherapy with stem cell rescue (HD-CHT), a novel aggressive therapeutic options for patients (pts) with lymphoma and chemosensitive solid tumors (mostly breast cancer).

Methods: The prevalence of psychological morbidity was evaluated through Goldberg's General Health Questionnaire (GHQ) (previously validated in Spanish by us, (Lobo et al, Psycholog Medicine 16, 135, 1986) in 18 consecutive pts treated with HD-CHT in our institution (Feb 1995–Feb 1996). Age: 21–62 years. Sex (male/female): 5/13. Tumor types were breast cancer (12), non-Hodgkin's lymphoma (3), germ-cell cancer (2) and Ewing's sarcoma (1). Physical sequelae were also evaluated. GHQ was administered 1 year after HD-CHT. To maximize specificity, cut-off was 6–7.

Results: Only 6 of the 18 pts (33%) scored 6 or higher. Disease status influenced scoring: 2 of 13 pts (15%) in complete response scored 6 or higher as compared to 4 of 5 (80%) with relapse. Scale B (anxiety) had the highest scores and scale D (depression) the lowest. The prevalence of psychological morbidity found (33%) is not higher that previously reported for hospitalized oncological pts (40%). No significant renal, cardiac or lung sequelae were found, except for 1 pt treated with high-dose BCNU who has restrictive lung disease by spirometry, with minimal physical limitation. Performance status (ECOG) in pts without relapse: 0 (12 pts); 1 (1 pt).

Conclusions: These results, derived from a small patient series, suggest that in spite of having undergone aggressive HD-CHT, patients surviving 1 year have few physical sequelae and very adequate psychosocial adaptation.

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Neoplastic patients and awareness of the diagnosis

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The degree of awareness of the diagnosis in italian neoplastic patients (pts) is usually low. To assess this degree in our pts, we purposed a questionnaire with 11 items to 168 consecutive pts. 64 were males, 104 females; median age was 61.4 ys. 78 pts had advanced disease, 90 were free of disease. Pts conscious of their own malignancy were defined "well-informed". Clinical and sociocultural features were detected in well-informed and not-informed pts. Data are summarized as follows.

Patients	#	Sex		Educat. level			Site of disease		
		m	f	low	med	hi	breast	g.i.	lung
Well-informed	71	15	56	38	16	17	41	14	5
Not-informed	97	49	48	82	12	3	28	29	16
		$p < 0.001$		$p < 0.001$			$p < 0.001$		

Our data confirm an unsatisfactory awareness of their own diagnosis in our series; however 131 pts stated that, in case of neoplasia, they would like to be fully informed. In our study the awareness of diagnosis is not influenced by stage of disease. Data collected in the table describe a particular subset of well-informed pts: the well-informed patient is often a woman, fifty years old, affected by breast cancer, with a good educational level.

The degree of awareness in our pts is lower than other reports from anglosaxon countries; the reasons can be identified in psychosocial factors as the life in a rural area, where we act, and a low educational level. In order to improve patient's information and optimize our clinical practice we think that our medical and nursing staff must find different approaches to different subsets of patients.

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A new doctor-patient information link: The "triple brochure" project as a model

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A satisfactory doctor-patient relationship strongly depends on the quality of communication about the disease, especially in case of chronic illnesses such as cancer. Even if the doctor is the patients' preferred source of information they make use of many other sources. "Public" information, though, never applies to an individual case, making it necessary that the patient discusses it with their doctor for explanation and individual applicability. This requires a common information basis and the doctor's acceptance of the patient's information source as valuable and reliable. Based on an assessment of a variety of brochures and a survey of cancer patients questioned on their needs and expectations, the "trias brochure" project aims at fulfilling these requirements: The components are a comprehensible and comprehensive patient brochure on all current standard and experimental options of cancer treatment and support, a corresponding brochure for doctors with scientific and psychooncological background information and, supplementing the patient brochure, a third brochure about the patient's specific type of cancer. All three brochures are written by experts in the field of cancer information and cancer care in close cooperation, thus assuring consistency. This kind of "triple brochure" is expected to be a useful tool in establishing and keeping up a trusting doctor-patient relationship and efficient communication that meets the patient's needs and could as a model be applied to other diseases. The brochures are widely distributed to practitioners to be handed out to the patient personally. This is to emphasize that they are part of the doctor's care for the patient and means that he will respond to all arising questions. Details on the project and first results of an evaluation will be presented.

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Cancer in the elderly – Are there different needs for information? An evaluation of calls to the German cancer information service

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Since 1986, KID, the German Cancer Information Service, has answered almost 120,000 calls, giving up-to-date scientifically based information on cancer-related topics to the public. The service is financed by the German Federal Ministry of Health and the Ministry of Social and Health Affairs of Baden-Württemberg. Inquiries are statistically evaluated on the basis of a call record form. Evaluation may also be used to identify areas of specific needs.

Cancer in the elderly, now a majority in the European Union compared to patients below 60, has been attracting more clinical attention only recently. Therefore, it may be useful to learn about the needs for information in this age group. Samples of KID-callers from the period 1992–1996 are analyzed in order to find age-specific needs and interests.

The number of callers is small compared to the incidence rate in the older