

Treatment of Cancer Core Quality of Life Questionnaire (EORTC QLQ-C30) is a well-validated tool to measure changes in LQ. The LQ of breast cancer Pat. receiving adjuvant CHT with cyclophosphamide, methotrexate and 5-fluorouracil (CMF) were studied.

Methods: From Nov '96 to Oct '97 a modified EORTC QLQ-C30 in German was given to 285 patients (Pat.). 101 questionnaires (QU) were filled in by 64 Pat. with breast cancer (BRCA) receiving up to 6 cycles of adjuvant CMF-CHT. Changes in life quality (LQ) during cycles (C) 1 to 6 were evaluated (C1-3: 58 QU; C4-6: 43 QU) and compared. In addition acceptance of ambulatory application in comparison to on ward application was evaluated. The QU were calculated by a score system, in which a higher figure shows a better LQ.

Results: A decrease of LQ in general in C4-6 (Score: -33) in comparison to C1-3 (Score: 86) was noted by the pat. In detail: Questions [1 = strenuous activities] Score4-6 = 22/Score1-3 = -2; [2 = long walk]: 22/45; [4 = stay in bed]: 58/92; [10 = need to rest]: -11/34; [11 = trouble sleeping]: -39/4; [16 = constipated]: -26/56; [18 = tired]: 11/41; [26 = family life]: 26/75; [27 = social activities]: 68/90, 28 = financial difficulties]: 78/133 showed a decrease in life quality, while an improvement of life quality could be demonstrated by questions [6 = limited]: -33/-45; [8 = short of breath]: 163/141; [20 = concentrating]: 137/116; and [22 = worry]: 16/-14. Other questions (7, 9, 12, 13, 14, 15, 17, 19, 21, 23, 24, 29, 30) did not reveal a significant change of LQ. The ambulatory application of CMF-CHT was preferred by 71% of the Pat. in C 1-3 in opposite to 59% in C4-6.

Conclusions: The EORTC QLQ C30 is a feasible instrument to measure changes in LQ under adjuvant CMF-CHT. LQ does not decrease in all aspects under adjuvant CHT. This data might be considered as a baseline of LQ under CHT in breast cancer pat. that could be correlated to LQ-evaluations during palliative CHT, which is becoming increasingly important in the evaluation of especially new chemotherapeutics.

P109 Scalp cooling system (Thairapy system) in the prevention of alopecia in adjuvant CMF chemotherapy for breast cancer

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Purpose: Amit Technology Science & Medicine have developed a system consisting of two thermostatically controlled heads covering with sophisticated electronic cooling blocks connected to a silent cooling system: THAIRAPY SYSTEM (TS). This prospective study was to evaluate the efficacy of TS in preventing alopecia induced by adjuvant CMF (IV cyclophosphamide 600 mg/m² days 1&8, iv methotrexate 40 mg/m² days 1&8 and iv 5-fluorouracil 600 mg/m² days 1&8, cycles repeated on day 29).

The tolerability of TS was also evaluated.

Patients and Methods: Forty patients (pts) were evaluated between April 1995 and June 1996. The hypothermic treatment (scalp temperature below 20°C) started 30 minutes before chemotherapy (CT) and was continued until 30 minutes after the end of CT. Clinical assessment and photographic documen-

tation of alopecia were done at the end of cycles 1, 3 and 6. The control group consisted of 40 consecutive female pts with breast cancer treated with the same adjuvant therapy.

Results: All study and control pts completed 6 CMF cycles. One patient refused to continue TS after the first cycle due to intolerance. Following 6 CMF cycles WHO grade 0 alopecia was seen in 2/40 (5%) control group vs 0/40 TS pts. WHO grade I alopecia was seen in 6/40 (15%) control vs 15/40 (38%) TS pts ($p < 0.02$).

WHO grade II was noticed in 29/40 (73%) control vs 21/40 (53%) TS pts ($p < 0.08$, NS), and WHO grade III alopecia developed in 3/40 (8%) control vs 4/40 (10%) TS pts. Hair loss requiring a wig was reported by 5/40 (38%) control and 8/40 (20%) TS pts ($p < 0.08$, NS). At the end of treatment 28 (70%) pts on study expressed satisfaction from TS and 24 (60%) control pts stated their desire to use a device for preventing hair loss. No significant differences between the frequency of other side effects were noted between the two groups. Nausea was reported the most disturbing side effect followed by fatigue and then by alopecia.

Conclusion: Alopecia is one of the most disturbing side effects of adjuvant CMF. TS is well tolerated and may have some efficacy in preventing alopecia.

P110 The role of nurse counsellor support groups for women diagnosed with breast cancer at hunter breast screen

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We undertook a pilot study to research the effectiveness of support groups for women diagnosed with breast cancer. We report results from six groups. Of 166 women invited to attend, 104 (87%) commenced and of these, 102 (79%) completed the session. The eight fortnightly sessions looked at educational, psychological and social issues. Evaluation forms were completed by 64% of women after session 4 and by 89% of women after session 8. The evaluation form questions aimed to ascertain if additional support could improve the quality of life of breast cancer patients.

All of the women who participated (100%) said their outlook had changed and improved. "I didn't realise I needed the group until I was there, now I feel I can live where before I thought I was going to die, the group gives you a new strength, as what other women offer isn't out of a textbook it is a part of themselves". Personal development (93%) and education (30%) were nominated as the most valuable components.

Our results have shown that our brief eight session structured group intervention can and does improve the quality of life of many breast cancer patients. Specifically we found that women described significant improvements in their ability to cope due to sharing of experiences which relieved anxieties and led to a decrease in levels of fatigue and feelings of depression and fear and to an increase in one's sense of control. A total of 11 issues were considered for the two evaluations.

Participation in support groups is seen by the women as the cohesive factor that links diagnosis, treatment and survival.