

Toxicity (WHO)	G0	G1	G2	G3	G4
Anaemia	3	1	4	3	1
Granulocytes	3	1	3	4	1
Platelets	4		1	4	3
Hearing	9	1	1		1
Renal	8	2	2		

(DFS: 2–17 m). Five amputations were required, due to local recurrence-3 and prosthesis problems-2. At a median follow-up- 25 months (11–99 m), 9 pts- alive (disease free) and 3 pts- dead.

Conclusion: Intra-arterial chemotherapy is an effective and tolerable regimen that produces acceptable rate of limb sparing surgery in extremity osteosarcoma.

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PUBLICATION

Kaposi's sarcoma: Chemotherapy. Retrospective analysis

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The cases of 43 patients with Kaposi's sarcoma (KS), assisted at our clinic between 1994 and 1998, were retrospectively reviewed. The demographic characteristics were as follow: 38 patients were seropositive for HIV 1 and 5 negative; 39 patients were males. Median age at diagnosis was 36.3 years for HIV+ patients and 65.2 for seronegatives. Homosexual contact was reported in 41% of HIV+ patients and in none of the HIV-. At the time of diagnosis, 87% of the patients presented with more than 10 lesions, 54% were T1, 78% were I1 and 66% were S1. 56% of HIV+ patients were CDC C3. Chemotherapy was administered to 33 patients, with either Bleomycin plus vincristine (BV), liposomal daunorubicine (dauno) or liposomal doxorubicine (doxo), in standard dosage regimens. The following results were observed: 16 patients with BV (total of 145 cycles), with 7 partial responses (PR), 4 stable disease (SD), 4 progressing diseases (PD), and 1 not evaluable (NE); 9 patients with dauno (total of 64 cycles), with 1 complete response (CR), 3 SD and 5 PD; 16 patients with doxo (total of 114 cycles), 1 CR, 10 PR, 2 SD and 3 NE. Grade III/IV toxicity was observed with doxo (4 cutaneous) and dauno (neutropenia in 8 cycles).

Conclusions: patients in this retrospective study, were predominantly male, 41% had confirmed homosexual contact. The best results were observed with doxo monotherapy, followed by BV. Good response to doxo in HIV- patients was also observed. Doxo also showed the more severe toxicity, with 4 cases of palmoplantar erythema, and desquamation, which led to suspension of treatment in 3 patients

Conclusions: Robust methodology for synthesising evidence is crucial. Systematic reviews improve our understanding of effectiveness and help plan new trials. The Cochrane Cancer Network (supported by BIOMED 2) is to produce a "cancer library". This will include the most comprehensive register of controlled cancer trials to date and databases of Cochrane and other systematic reviews. It will be available on the Internet from May 2000. New reviewers are needed by Cochrane Cancer Groups to help in the huge effort to produce a coherent foundation of systematic review evidence which can be used to develop better trials and help make better decisions for the individual patient and health care services.

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ORAL

The development of clinical guidelines for oncology in France

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Purpose: Since 1993 the French Federation of comprehensive cancer centers (FNCLCC) has been developing clinical practice guidelines (CPG) for oncology known as the Standards, Options and Recommendations or SOR. The SOR project was initiated by health professionals themselves. The primary objective of the SOR project is to develop clinical practice guidelines to improve the quality of health care and patients outcomes in oncology.

Methods: The guideline development process involves multi-disciplinary groups. A systematic literature review is performed to developed evidence-based recommendations in a process involving feedback from specialists in cancer care delivery, are developed for all aspects of patient management from diagnosis to supportive care. The initial guidelines are being updated. Dissemination occurs at national and local levels, and the SORs are implemented at a local level by the cancers centers and on the regional levels by cancer networks.

Results: A total of 45 guidelines has been already published using both paper and electronic supports. A recent study on dissemination and implementation in the 20 cancers centers showed that 98% used the guidelines even if it was not always for patient care.

Conclusion: The SOR development team will now need to address research on understanding determinants of the guideline development process, the definition of quality criteria, the integration of cost issues, the updating process, the legal implications of guidelines and the evaluation of their impact on clinical practice.

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ORAL

Risk of late stage breast cancer following a childbirth

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Background: A pregnancy may lead to hormon-induced growth of breast tumors. We investigated whether women in the first years following childbirth had a higher incidence of breast cancer and in particular a higher incidence of late stage tumors compared to other women.

Methods: The study was based on a population based cohort of 1.5 million Danish women born 1935-1978 with individual information on births. Between 1978 and 1994, 10,790 incident cases of breast cancer were identified in a nationwide cancer registry which includes detailed information on tumor characteristics at diagnosis.

Results: Overall uniparous and biparous mothers experienced a transient increased risk compared to women with one birth less. The risk of being diagnosed with a tumor with a diameter larger than 5 cm was on average 53% higher the first 10 years after birth compared to later. The pattern was the same irrespective of parity. The risk of tumors less than 2 cm was not significantly associated with time since latest birth. Similar patterns were found when we instead of tumor size used nodal status or histological grading as stage dividing criteria. The increased risk could not be attributed to delayed cancer diagnosis.

Conclusion: After a childbirth mothers experience a transient increased risk of breast cancer and in particular a relatively high risk of late stage disease. This finding suggests that pregnancy related factors transiently induce a high growth rate in cells that are already malignant and induce new tumor growth.

Epidemiology and communication

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ORAL

Organising & using evidence from randomised controlled trials in cancer: Co-ordination and dissemination

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Purpose: We have, rightly, concentrated on primary research to improve cancer care. Scant interest has been paid to how evidence is used. At ASCO (1998) there were 2199 abstracts, 55 were on health services – none reported on how to use data better.

Methods: Narrative reviews (NR) in general oncology and ovarian cancer were analysed and synthesised with descriptions of potential sources of bias when analysing evidence.

Results: 159 NRs tried to minimise bias in less than 10% of cases. Publication bias was due to poor searching (7%); failure or delayed publication of trials, language bias, not taming abstracts into papers, publication in obscure journals. These factors mostly effect "negative" trials. Multiple publication, often difficult to detect, conversely effects "positive" trials. Other failures include not writing a protocol (2%), not saying how quality was assessed (8%), how data were selected (6%) and how validity was assessed (7%). Data synthesis is most often qualitative (92%) and was rarely quantitative (5%).