

they indicated which statement most influenced their decision concerning trial participation.

Results: 200 patients completed the questionnaire, of these 110 (55%) were women with breast cancer. Overall results showed that 143 (71.5%) patients accepted entry to a RCT. The main reasons nominated for participating in a trial were that "others will benefit" (23.1%) and "trust in the doctor" (20.3%). One of the main reasons for declining trial entry was that patients were "worried about randomisation" (19.6%). Results were analysed according to the type of trial on offer, e.g. trials that examine a new versus standard treatment for cancer. Acceptance rates differed significantly, with a high acceptance rate for trials with an active treatment arm 80 (79.2%) compared with those with no treatment arm 41 (54.7%), $p = 0.0004$.

Conclusion: The study outlines a number of factors that appear to influence a patient's decision to accept or decline entry into an RCT of cancer therapy. An important factor is whether or not the trial offers active treatment in all arms of the study. Communication that promotes trust and confidence in the doctor is also a powerful motivating influence.

1103

POSTER DISCUSSION

Communication about sex between health care professionals and patients with ovarian cancer: Attitudes and beliefs versus reality

M. Stead¹, J. Brown¹, L. Fallowfield², T. Perren³, P. Selby³. ¹Northern & Yorkshire Clinical Trials & Research Unit, University of Leeds, Leeds; ²CRC Psychosocial Oncology Group, London; ³ICRF Cancer Medicine Research Unit, St James's University Hospital, Leeds, United Kingdom

Purpose: It is not known to what extent health care professionals (HCPs) talk to patients with ovarian cancer about the impact that the diagnosis and the treatment have on sexual functioning, nor whether patients think this kind of information is important. A study was performed in Leeds to investigate these issues.

Methods: Interviews were carried out with 16 clinicians and 27 nurses to investigate the importance that HCPs place on discussions about sexual problems, and views on lines of responsibility for such discussions. In-depth interviews were carried out with 16 ovarian cancer patients to determine the incidence of sexual problems, the underlying causes of sexual problems, the relative importance of sexual functioning to patients, and patients' views about whether sexual matters should be discussed.

Results: Although the vast majority (95%) of HCPs believe that sexual issues should be discussed with patients, only 4/16 (25%) of clinicians and 5/27 (19%) of nurses actually discuss sex with patients. Patients with ovarian cancer do find that their sex life is affected and feel that they would benefit from talking to someone about sex.

Conclusion: There is a need to improve communication with patients about sex, by encouraging and training HCPs to feel comfortable initiating discussions about sexual matters and/or by employing a psychosexual counsellor.

1104

POSTER DISCUSSION

Awareness of disease: A cross-sectional study on Italian cancer patients

B. Ruggeri¹, E. Ballatori¹, P. Casali², M. Tamburini³, E. Cortesi⁴, A. Mattei¹, F. Roila⁵. ¹University of L'Aquila, Medical Statistics Unit, Dept. of Internal Medicine and Public Health, L'Aquila; ²Istituto Nazionale Tumori, Milano; ³Istituto Nazionale Tumori, Division of Psychology, Milano; ⁴Università "La Sapienza", Oncologia Medica, Roma; ⁵Policlinico Monteluce, Divisione di Oncologia Medica, Perugia, Italy

Purpose: Today, in Italy, there is a no uniform physician attitude and practice in regard to revealing the diagnosis of cancer, and, therefore, many cancer patients are not fully informed about the nature of their illness, its severity and curability. Because of the impossibility to directly obtain information on the lack of insight of disease, a cross-sectional study of cancer patients was carried out.

Methods: Two visual analogue scales evaluating curability and severity of disease were submitted to 6,098 consecutive cancer patients enrolled in 79 oncologic centers. Patients were asked to mark a point in a 100 mm long horizontal line with the extremes labeled with 0 (very easy to cure, not severe disease) and 100 (very difficult to cure, quite severe disease). Individual responses were classified in "easy to cure%" and "not severe disease%" if a point in 0-30 mm interval was chosen on the respective scales; "difficult to cure%" and "severe disease%" if a point in 70-100 mm interval was marked. Multifactorial analyses were performed using logistic models, for each of the 4 responses ("easy/difficult to cure%", "not severe/severe disease%"),

assuming as explanatory variables type and staging of cancer, patient characteristics, response to chemotherapy, and presence of 19 problems related to the patient, conditions.

Results: Disease was considered easy/difficult to cure by 3,020 (49.5%)/1,149 (18.8%) and not severe/severe by 1,810 (29.7%)/2,256 (37.0%) patients. Among patients who felt their disease was severe (2,256), only 863 (38.3%) considered it difficult to cure and 897 (39.8%) easy to cure; instead, among those who felt it as not severe (1,810), only 147 (8.1%) considered it difficult to cure and 1,479 (81.7%) easy to cure. The highest percentages of patients who believed their disease was severe were found among those affected by ovarian (48.7%) and lung (47.0%) cancer, while the lowest in those affected by uterine cancer (27.1%), lymphomas (27.4%), colon-rectal (33.0%) and breast cancer (35.3%). Also the staging was important in explaining the variability of the perceived severity: disease was considered severe/not severe by 29.2/36.2% of patients with NED, 38.8/29.0% of patients with localized disease, and 46.6/21.1% of patients with disseminated disease. Moreover, the percentages of patients who considered their disease severe/not severe were different among those who had a Karnofsky performance status 80 (47.0/22.8%) and among those with the highest values (32.1/33.1%). Finally, problems such as lack of optimism, difficulties in daily or working activities, anxiety about follow-up results, body change due to the illness more frequently led the patients to feel the severity of their disease. Similar results were obtained in analyzing curability.

Conclusions: Among Italian cancer patients the insight about the nature and prognosis of their disease is scarce. For example, only less than one half of the patients with disseminated disease felt it as severe and one fourth as difficult to cure. Therefore, some doubts arise regarding the validity of both a fully informed consent to therapy and the utility measurements, based on patient preferences.

1105

POSTER DISCUSSION

Predicting anxiety and depression among cancer patients

K. Nordin¹, G. Berglund², B. Glimelius³, P.O. Sjöden⁴. ¹Department of Public Health and Caring Sciences, caring sciences, Uppsala; ²Dept. of Public Health and Caring Sciences, caring sciences, Uppsala; ³Department of Oncology, Radiology and Clinical Immunology, section of oncology, Uppsala; ⁴Dept. of Public Health and Caring Sciences, caring sciences, Uppsala, Sweden

Purpose: To investigate the possibility to predict anxiety and depression 6 months after the cancer diagnosis on the basis of measures of anxiety, depression (Hospital Anxiety and Depression, HAD scale), subjective distress (Impact of Event, IES scale) and some aspects of social support in connection to the diagnosis. To attempt identification close to the diagnosis of individual patients at risk for prolonged psychological distress.

Methods: A consecutive series of 527 newly diagnosed patients with various diagnoses were interviewed in connection to the diagnosis and 6 months later.

Results: Anxiety and depression close to the diagnosis explained 39% of the variance in anxiety and depression 6 months later. Patients scoring as doubtful cases/cases for HAD anxiety and/or depression were above 11 times more likely to score as doubtful cases/cases at 6 months. Additional risk factors for elevated anxiety and/or depression were having an advanced disease and nobody in addition to the family to rely on in case of difficulties.

Conclusion: Levels of anxiety and depression at diagnosis predict a similar status 6 months later. Having an advanced disease and nobody besides the family to rely on in case of difficulties are additional risk factors.

1106

POSTER DISCUSSION

A comprehensive assessment of satisfaction with care: Preliminary psychometric testing in oncology settings from France, Poland and Italy

A. Brédart¹, D. Razavi², C. Robertson¹, J. Meyza⁴, S. Schraub⁵, L. Batel-Copel⁶, J.C.J.M. de Haes³. ¹European Institute of Oncology, Milan, Italy; ²CHU Saint-Pierre, Brussels, Belgium; ³Academisch Medisch Centrum, Amsterdam, Netherlands; ⁴M. S-Curie Memorial Cancer Centre, Warsaw, Poland; ⁵Centre Paul Strauss, Strasbourg; ⁶Institut Curie, Paris, France

Purpose: Satisfaction with care may be closely related to quality of life in cancer patients. International clinical research might thus find valuable information in patients' satisfaction with care assessment. This study was aimed at testing whether equivalent factor structure and scales demonstrating adequate internal consistency and convergent-discriminant validity estimates could be found in a Comprehensive Assessment of Satisfac-