

LM is high and response rate, OS and DFS are critical. The infection rate is high including opportunistic, bacterial and viral infections. HTLV-I must be incorporated in the initial evaluation of all cases of LM in endemic areas.

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POSTER

Psychosocial implications of prophylactic bilateral mastectomy

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Purpose: Prophylactic bilateral mastectomy is a radical surgical intervention so the psychological costs and benefits of this procedure need to be established.

Method: In this study psychological morbidity is measured, the decision making process described and pre-operative factors that may predict post-operative distress are being identified. To date 78 women opting for surgery and 63 women who have declined surgery have been interviewed. All women are assessed using standard psychological questionnaires prior to the decision about surgery and again at 18 months.

Results: Interim analysis shows that a higher percentage of women opting for surgery felt it was inevitable that they would develop breast cancer, regardless of risk estimates provided by their geneticist. Furthermore women opting for surgery are more distressed than those opting for regular surveillance. A factor that appears to be strongly associated with decision making, especially to have surgery, is personal family history and experience of breast cancer. Other issues that are emerging include: lack of support, concerns regarding implants, worry about follow up and communication.

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POSTER

Cancer mortality trends in Serbia

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Serbia has a population of 10 million inhabitants. Cancer is the second leading cause of death, after cardiovascular diseases. About 17% of the total mortality in Serbia today is due to cancer. In 1970, the share of cancer mortality was 11%. Crude cancer mortality rate has almost doubled since then (from 90 per 100,000 in 1970, to 177 in 1995) while the increase in age-adjusted rates was about 45%. The structure of mortality in Serbia resembles that in other European countries, particularly eastern and central European ones. There are similarities in cancer patterns in the Balkan countries.

There have been changes in the distribution of site-specific cancer mortality. The most frequent cancer sites in 1970 were: lung, stomach, liver, breast, rectum and cervix. Since then, there has been a two-fold increase in lung, breast, colon and rectum rates while stomach and cervix rates have decreased. Today, leading cancer sites were lung, breast, stomach, rectum, liver, and colon.

There are marked regional differences in cancer mortality in Serbia. The highest rates are in the northern province of Vojvodina, somewhat smaller in Central Serbia and significantly lower in the province of Kosovo: age-adjusted rates (according to the standard world population) were 146, 116 and 73, respectively.

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POSTER

The prevalence of smoking among junior hospital doctors; a cause for concern

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The importance of a strong, unified, anti-smoking message from the medical profession is crucial in order to deter people from smoking. One third of the Irish population smoke. Smoking rates among younger age groups in Ireland and other countries are rising.

We conducted a survey at our institution to assess smoking patterns among junior doctors and to determine whether junior doctors, regularly advise patients not to smoke.

Over a two week period, we attempted to survey all 156 junior Doctors in St. Vincent's. A total of 107 doctors completed the questionnaire; 79 at interview and 28 by telephone.

Demographics: n = 107, Median Age: 28 [range 23–46], Male: 66 (62%),

Female: 41 (38%) <3 yrs-qualified: 51 (48%), >3 yrs-qualified: 56 (52%) Irish: 84 (79%), Non-Irish: 23 (21%)

Results: 41% of junior doctors have smoked at some stage and 30% (n = 32) continue to do so. There are no differences in rates of smoking between male and female doctors nor between Irish and non-Irish doctors.

Twenty nine percent of those <3 years-qualified smoke compared with 41% of those >3 years-qualified (p = 0.208).

Doctors start smoking at median age 19.5 [14–30].

Fifty-six percent of current smokers would like to quit smoking, while 44% do not wish to stop.

One third of the 107 junior Doctors surveyed, report that they do not regularly advise patients against smoking. Doctors who are current or ex-smokers are more likely to regularly advise their patients not to smoke than are those who never smoked (46% Vs 31%, P = 0.137).

The prevalence of smoking among junior Irish doctors (30%) is approximately the same as the national average. The relatively high rates in this group may indicate high levels of stress and/or job dissatisfaction. In keeping with this view, doctors appear to start smoking relatively later (median age 19.5) than other new smokers, many (56%) do not wish to quit, and there is a non-significant trend for smoking prevalence to increase with length of time qualified.

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POSTER

Psychosocial factors predicting disease course in cancer patients

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Purpose: The possible role of psychological factors in the prognosis of cancer has been studied a lot with inconclusive results. In a prospective study the contribution of different psychosocial variables, mainly cognitive and emotional, to prognosis in cancer was evaluated.

Methods: The main instrument was a questionnaire assessing beliefs of 4 types (about self, goals, norms, and general) in regard to themes found in pretests to be prognostically relevant. Subjects were 120 cancer patients (breast, melanoma, colon). Follow-up extended up to 12 years.

Results: The questionnaire scores predicted the duration of the disease-free interval. Predictions were correct in 86% of the cases. Results of the Kaplan-Meier survival analysis were significant. Themes of particular importance were self-esteem and emotional expression.

Conclusions: The subjects' beliefs about specific themes enable predicting disease course, and hence their role in the prognosis deserves to be examined.

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POSTER

Comparison of the evaluation of the subjective quality of life in cancer patients by themselves and by their physicians

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Purpose: The increasing interest in quality of life (QOL) in cancer patients raises the question of how different aspects of QOL are assumed by their physicians.

Methods: 7 QOL dimensions assessing the patient's present state, changes over the last two months, and expected changes for the coming six months were used. 67 cancer patients with different diagnoses and their doctors participated in this study.

Results: Patient-physician correlations for the patients' present QOL ranged from 0.78 for pain to 0.16 in social status. Correlations were higher for traditionally medical QOL dimensions (physical functioning, pain, and subjective health) than for other aspects of QOL (negative affect, positive affect, social status, and global quality of life). Doctors found it harder to answer these latter questions, since these issues are less discussed at visits. In addition, doctors tend to assume their patients' present state in different QOL aspects less favorably, perceive the past changes and the prospects for the future less positive than cancer patients.

Conclusion: Physicians are more accurate and more confident about their judgments when assessing the physical functioning, pain, and subjective health of cancer patients than other aspects of QOL. The higher correlation found in the former areas is due to the fact that those issues are more discussed at doctors visits.