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POSTER

Psychosocial distress and the need for supportive counselling in breast cancer patients undergoing radiotherapy

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Purpose: Distress due to breast cancer was measured in a consecutive sample of patients undergoing radiotherapy (N = 100) during 3 months in 1997 and 3 months in 1998, using the Hospital Anxiety and Depression Scale (HADS) and a Questionnaire measuring distress in cancer patients (Hornheide Questionnaire, short form). In addition, the patients' interest in professional psychosocial support was assessed with the help of the Questionnaire for Psychosocial Support.

Results: 67% of women experienced mild, 21.6% moderate, and 11.3% severe distress at the beginning of radiotherapy. Using logistic regression analysis the amount of anxiety could be predicted by 3 variables: recurrent disease (odds ratio = 2.22, p = 0.041), affected lymph nodes (odds ratio = 2.14, p = 0.018) and younger age (odds ratio = 1.05, p = 0.097). 71% of patients expressed interest in emotional support from their treating oncologist. Those women experiencing high distress however wanted additional support from a psychotherapist or a social worker.

Conclusions: the results stress the importance of training oncologists in communication skills and show the necessity of offering professional psychosocial support to those breast cancer patients experiencing severe distress.

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PUBLICATION

Radiation-conditioned health disorder markers in children living in the areas polluted as a result of the accident at the Chernobyl AES in 1986

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Dependence of the diseases formation and their incidence on radiation is confirmed by the results of the morbidity population assay in "clean" and 4 polluted areas. The thyroid diseases and pathological alterations were found in 58.0% of inspected children, 48.6% of them having different chromosome aberrations including dicentric. Increased dicentric incidence of $0.04 \pm 0.02\%$ to $0.08 \pm 0.02\%$ and, in isolated instances, higher, was also found at the following disease classes: diseases of respiratory system (55 of 61.3%) (morbidity increase, symptoms, signs and inexactly defined conditions (46.9 of 119.0%), non-malignant blood diseases (37.8 of 22.1%), diseases of digestive system (31.1 of 49.0%), diseases of urinary system (in all 20.4%), diseases of cardiovascular system (22.0 of 29.3%), indicating of the radiation factor participation in their formation. 68% of children suffer from several chronic diseases. The combinations of thyroid diseases with diseases of respiratory system – 39.6% of 61.3%; diseases of digestive system – 6.5% of 49%; non-tumour blood diseases – 4.1% of 22.1%; "Symptoms, signs and inexactly defined alterations" class 11.9% of 119% of registered signs. The cytogenetic disorders presence was revealed in the group of children with several chronic diseases in 35.1% of all cases, absolute majority of which suffer from often disease relapses and require intensive therapy. According to our data, gastroenteric tractus and urinary system were exposed both to direct mechanic action and to mediated effect of incorporated radionuclides to the greatest extent.

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PUBLICATION

High altitude as a factor of aggressiveness for basal cell cutaneous carcinoma (bcc) in cusco and ica-peru, 1986-1998

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High altitude is an ecological sui generis unit where atmospheric variations produce organic, and physiological changes in inhabitants of these places. Skin is the body's most susceptible part and the most exposed to UV radiation. At altitudes of more than 3,000 m above sea level, there's an increase of 30% to 60% of UV radiation exposition, making skin cancers more frequent and more aggressive.

With the objective to know the behavior of BCC in high altitude, specially its aggressiveness, we designed an observational retrospective study, in

two cohorts. Between 190 patients with the diagnosis of primary skin cancer made between 1986-1998 in third level facility care centers of two Peruvian cities: Cusco (3,339 m above sea level) and Ica (500 m above sea level) for control; we found 55 BCC cases in Cusco and 66 cases in Ica, all with histological confirmation. After matching the patients for variable control (sex, age literacy, kind of work and grade of UV exposition, race and time living in each city), we selected 78 patients (39 patients from each place).

Aggressiveness was determined by the next criteria: lesion's initial diameter > 1 cm; one or more places of recurrence after adequate treatment; extracutaneous extension of lesions; histology with recurrent, infiltrating or morphea patterns.

After applying these criteria in each group we found in high altitude group 24 BCC cases with aggressive pattern and 15 cases with non aggressive pattern. In the control group of Ica we found 11 cases of BCC with aggressive pattern and 28 cases with non aggressive pattern (X^2 , p < 0.005).

We conclude that high altitude is a determining factor in aggressive behavior of BCC, and it made BCC more aggressive in places like Cusco.

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PUBLICATION

Oncoprotect cervical cancer prevention programme

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Purpose: Cervical cancer represents the most important public health cancer problem in Romania having the highest cervical cancer mortality rate in Europe. OncoProtect Programme was designed after expert meetings organised by WHO, UICC, IARC and ESO and is based on the experience of a former programme over 13 counties of Transylvania, between 1978–1990, for almost 3 million target women population, which failed in decreasing cervical cancer mortality and incidence and that we want to reorganise.

Methods: First, we started by providing quality control resources for the programme; then we organised a non-governmental centre; finally we invited for Pap test a pilot target population of almost 240,000 women between 20–65 years of age (Cluj County female population at risk) for the first year, 1998.

Results: We started in February 1998 with entirely non-governmental resources and we performed in the first year (1998) 14,896 Pap tests; we discovered and treated 127 HSIL and 18 in situ and microinvasive cancers (IA1 and IA2 stages).

Conclusion: There is a long way to go from the current "if I have a cancer, I would rather not know" attitude to a normal, preventive behaviour. We consider that a pilot screening program including the general practitioners network, in which the costs would be covered by the National Health Insurance is not feasible because GP's are insufficiently qualified and equipped; Consequently, prevention should be maintained at gynaecologists level in co-operation with AUDIT labs and with treatment centres that work according to consent protocols.

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PUBLICATION

The prognostic value of clinical factors in vulvar carcinoma

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The purpose of this study is to determine the value of variant clinical factors in predicting the prognosis of squamous cell carcinoma of the vulva. From 1979 to 1997, 52 patients with stage I-IVa vulvar squamous cell carcinomas were hospitalized for staging and treatment, at the University Ob-Gyn Clinic in Areteion Hospital of Athens. Fifty of these patients were included in the present study. The mean age in the cohort was 69.18 with a range from 38 to 84 years. The distribution by stage was: Stage I, 17; Stage II, 16; Stage III, 12; and Stage IVa, 5 patients. All patients charts were reviewed retrospectively and were analyzed for present or absence of factors influenced the overall survival (OS) and the relapse free survival (RFS). The OS was decreased by smoking (p = 0.0001), body mass index equal or greater than 27 (p = 0.0054), diabetes (p < 0.0001), hypertension (p < 0.0001), stage III, IVa (p = 0.0004), grade III (p < 0.0001), HPV infection (p < 0.0001), and more than three deliveries (p < 0.0001). Age, abortions and the involvement of clitoris did not influence OS and RFS. Also no correlation was found between HPV and smoking. We conclude that in addition to the major factors, there are many minor factors which may be useful in determining the OS and RFS in patients with carcinoma of the vulva.