

Methods: In a prospective study we analyzed 959 febrile eps. from 48 hospitals between 2/92 and 1/96. Inclusion criteria: neutropenia (ANC < 1000/ml) with fever ($\geq 38.5^\circ\text{C}$) or CRP > 1 mg/dl and suspected infection. 901 eps (acute leukemia n = 396, lymphoma n = 220, solid tumors n = 272, others n = 13) with 828 pts aged between one and 97 years were analyzed, of which 876 eps. were evaluable for response. All pts. initially received empirical ceftriaxone treatment (adults: 2 g/day; children: 80 mg/kg/day), either alone (n = 376) or in combination with other agents (n = 525).

Results: Mean ANC was 423/ml (SD \pm 316), median duration of neutropenia 10 days. Of 376 eps. treated initially with ceftriaxone alone, 70.8% responded vs. 56.9% in the combination therapy group. The favorable response to the initial monotherapy treatment was achieved within a low-risk population. A low risk was associated with a Karnofsky-Index (KI) > 6 (p < 0.0001), ANC \geq 500/ μl (p = 0.0001) and a duration of ANC < 5 days (p < 0.05) which were significantly more frequent in the monotherapy arm at commencement of treatment. Mortality of FN with ceftriaxone monotherapy was low (1.1%) and contributed to MDI in one eps only (coag.-neg staphylococci).

Conclusion: A KI > 6, an ANC \geq 500/ml, and a duration of ANC < 5 days predicted a low risk at commencement of antibiotic treatment. Ceftriaxone alone was safe and effective in FN characterized with a low-risk profile.

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POSTER

Improvement of ultrasound with digital documentation in cancer patients

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Purpose: Ultrasound (US) is a sensitive diagnostic tool for screening and follow-up of abdominal, cervical and axillary lesions in cancer patients (pts). Sensitivity of ultrasound can be comparable to CT-scan, however, reliability of ultrasound differs intra- and inter-individually. For an improvement in comparison, we studied digital documentation of ultrasound pictures in cancer pts in a prospective study.

Methods: By video signal transmission all US pictures were transmitted to a PC (Pentium processor, 133 MHz, hard disc 2.1 GB, optical disc as a supportive storage medium) to document all US pictures by the SonoWin system (MESO GmbH, Mittweida, Germany).

Results: From November 96 to January 99, 4058 US examinations were performed in 1294 pts. (NHL 19.5%, M. Hodgkin 6.6%, solid tumors 21.9%, AML 8.1%, ALL 2.7%, CML 5.0%, others 36.2%). Ultrasound reexaminations were performed 727 pts (median 5, range 2 to 26) in the follow-up or under current therapy. Reexaminations were performed for comparison of lymph node enlargement, metastatic liver lesions, or for diagnosis of complications of cancer treatment, eg venous thrombosis, chronic-systemic candidiasis or veno-occlusive disease. A total of 20728 ultrasound pictures were archived on a hard disc (magneto-optical disc). Computer assisted documentation improved ultrasound quality, since archived US pictures were directly comparable to real time examinations. Expensive video-print pictures were no longer necessary for documentation. Using basic masks for ultrasound examination reports, time of documentation was shortened, which resulted in considerable material as well as personal costs cost savings for documentation.

Conclusion: Computer assisted digital documentation of ultrasound pictures improves the quality of ultrasound examinations in cancer patients.

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POSTER

The validation of the Edinburgh Postnatal Depression Scale (EPDS) as a screening tool for depression in patients with advanced cancer

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Introduction: Screening tools are used in clinical and research settings as a means of detecting depression. The Edinburgh Depression scale (EPDS), a 10 items scale, has been widely used in the assessment of depression in the post natal period and contains questions on subjective sadness and hopelessness which are thought to also be discriminatory for depression in patients with advanced cancer.

Method: Patients with advanced metastatic disease were invited to complete the Edinburgh Depression scale. Patients were also interviewed using the Present State Examination.

Results: 100 patients (age range 25–60 years) mean age 57.2 years and median survival 34 days were recruited into the study. The prevalence of depression by PSE criteria was 22%. The Edinburgh scale had a low

rate of mis classification of depression and was found to be acceptable by all patients. A threshold of 10 had a sensitivity of 100%, but a specificity of 79% and a positive value of 53% – 27% of patients scored above this threshold.

Conclusions: This study suggests that the EPDS may be a useful screening tool for depression in patients with advanced disease and may be also be appropriate when assessing psychological well being in clinical trials.

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POSTER

Evaluation of informed consent in cancer patient: Emotional aspects and effects of communication

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Purpose: In France, clinical research is regulated by law since 1989. This law requires complete information of those participating in research as well as their written consent. In this setting, the doctor-patient relation can be modified.

We set up this study in order to analyze the cognitive and emotional effects of the information given before consent in cancer patients.

Methods: Patients with metastatic disease who were candidates for therapeutic trials were concerned. Different questionnaires and interviews were proposed to the patients who had informed consent. HADS (Hospital Anxiety and Depression Scale) and WOC-CA (Ways of Coping Inventory) were used to investigate the emotional aspects and patterns of coping.

Results: 120 patients were included during a 16 month period (10 patients refused to participate). An interim analysis on the initial 38 patients was performed: Emotional aspects were consistent with those expected in this population (27% with a HADS score > 15). 70% judged their disease as "serious" but only 50% were aware of the site of the initial tumor. 82% expected a cure of their disease but 55% of the patients did not ask their doctor about the potential results of treatment.

A final analysis will be done and correlations between quality of informed consent and patterns of coping will be analysed. Results will be available in July 99.

Conclusion: Few data are available on the effects of informed consent. These results will be helpful in the future, to help investigators in communicating with their patients for informed consent. Moreover, this should improve the understanding and the decision making of the candidates to therapeutic trials.

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POSTER

The critical first 7 days after catheterization

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Purpose: Central venous catheterization (CVC) is essential in the treatment of cancer patients. The time course of catheter-related thrombosis (CRT) during long-term catheterization is not well-known. Therefore the dynamics of CRT formation and evolution was studied over a 6 month period in rats.

Methods: A silicon catheter was placed in the anterior caval vein (AVC) of 54 rats. After in situ fixation at scheduled intervals (1 day to 6 months) thrombosis was studied on semi-serial histology sections by means of LM and SEM and TEM.

Results: Two forms of CRT were observed. Peri-catheter thrombosis (PCT), emerging from the jugular vein and surrounding the proximal catheter, was found in 12/12 rats at D1 and D3. After 7 days this PCT was transformed to a cellular collagen tissue: catheter sleeve (CS) by the migration and proliferation of the activated smooth muscle cells from the injured vein wall. A CS was found in 42/42 rats and remained in situ afterwards, but the incidence did not increase after D7 (p = 0.44). Mural thrombosis (MT) occurring in the AVC but not surrounding the catheter, was found in a total of 36/54 rats (66%): none at D1, 5/6 at D3, and 31/42 from D7 to M6. The incidence of MT did increase significantly from D1 to D3 (p = 0.001), but not after day 7 and later on (p = 0.81)

Conclusion: the PCT leads to sleeve formation which remains in the vein. This transformation occurs at D7. The incidence of MT significantly increases from D1 to D3, but not after D7. This may indicate that the first 7 days following CVC are of critical importance for prophylactic strategies.