1491 PUBLICATION

A two year experience of support group for family members (FM) of cancer patients (CP)

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Background: many studies have underlined the utility of psychological support for subjects involved in stressful situations related to cancer. We started a therapeutic experience for FM of CP with the following aims: 1) to facilitate awareness and acceptance of the feelings prompted by the experience of cancer through the three rogerian conditions (empathy, unconditioned positive regard and congruence) and to help people to share their own feelings. 2) to help people to activate coping skills. The meeting with other people in a similar situation is an opportunity for learning coping strategies. 3) to offer information about medical and nursing aspect of the illness (treatment induced side effect, relational problems, cancer – and therapy – related psychological impairment).

Materials and Methods: From June 1996 to July 1998, 12 FM (of 12 CP) have attended our groups have been coordinated by two psychologist with non-directive techniques and having with model the Carl Rogers' theory of therapy. The two years work has been analyzed through a questionnaire administered at the end of the period of activity. It is composed by a list of items referring to these three areas: a) motivations (the reasons for the participation to the group): open questions; b) emotions: people were asked to choose, among a list of 8 emotions, the 2 emotions more often felt during the meetings. The items were: sadness, melancholy, calmness, trust, anger, courage, strength; c) utility of the group: sentences were submitted with which FM could agree, disagree or feel indifferent.

Results: During the two-year period all the CP deceased: 9/12 FM continued to attend the group after the death of their relative. Among the 3 FM who leaved the group (the 3 wives) all attended the group for at least 6 months before leaving it. The reasons were: the death of the husband in 2 cases and the worsening of medical condition of the husband in the other case. Eight Fm answered the questionnaire (1 absent): a) motivations: "to find help in the difficulties" 5/8; "to seek comprehension and solidarity" 2/8; "to share experiences and problems" 1/8. b) emotions: courage 8/8; sadness 4/8; anger 3/8; trust 1/8. c) utility of the group: all the FM agreed with sentences expressing the utility of the group, although the reason were various. All disagreed with sentences expressing difficulties concerning the participation to the group.

Conclusion: The satisfaction expressed by the members of the group, the low rate of withdrawals (3/12) and the changes in the coping skills and in the ability to elaborate their own feelings confirm the utility of the group. It is advisable that such an experience to be integral part of the support of CP and their families.

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Myeloprotection of recombinant human granulocyte-macrophage colony stimulating factor (RHGM-CSF) given before MVAC regimen in patients with transitional cell carcinoma

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MVAC indices severe hematological and non hematological side effects. Recent in vitro data suggested that a short administration of GM-CSF before chemotherapy followed by 2 days without growth factor could protect marrow progenitors by inducing G0 state. In a phase II trial, we looked at the feasability of this type of administration before MVAC. 18 patients, 17 men, 1 women with a median age of 65.5 years (range 40–73) and transitional cell tumor were enrolled in the study. MVAC was given either in adjuvant (10 pts), neoadjuvant (3 pts) or metastatic (5 pts) purpose, at the following dosage: MTX 30 mg/m^2/d d1, 15, 21, CDDP 70 mg/m^2 d2, ADR 30 mg/m^2 d2, vinblastine 3 mg/m^2/d d2, 15, 21. Patients received GM-CSF (Schering Plough®) 5 μg/kg/d for 3 days followed by a 2-day rest period before days 1, 15 and 21.65 cycles were delivered (range 1–6). Mean relative dose intensity was 86% (33–100). One patient had fever and myalgia because of GM-CSF. Some cycles had to be delayed: 6/65 for hematological toxicity, 11/65 for non hematological toxicity. Treatment had to be stopped or modified in 8 patients, 3 for grade 4 hematological toxicity, 5 for extra hematological toxicity or progression. One patient died of purulent effusion during neutropenia.

These data suggest marrow protection by GM-CSF given before MVAC chemotherapy. Extra-hematological toxicity remained the major source of dose intensity reduction.

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State of nutrition of cancer patients during radiotherapy

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Purpose: The state of nutrition of cancer patients influences the tolerance towards radiotherapy and hereby the prognosis. Methodical devices evaluating the state of nutrition of tumor patients already exist. These concepts usually do not respect the subjective experiences of patients. Aim of this study is comparing the state of nutrition evaluated by biometric parameters with the subjective assessments of the patients themselves.

Method: 40 inpatients with different tumor entities, who have been treated by radiotherapy were included. Using a new developed questionnaire once a week we evaluated parameters like the general condition, gastrointestinal symptoms and appetite before and during radiotherapy laying accentuation on explanations of the patients for their health disturbances. Parallel the state of nutrition was assessed by blood parameters, body-mass-index (BMI) and bioelectric-impedance-analysis (BIA).

Results: During four weeks of radiotherapy the biometric parameters remained stable. The analysis indicated that these parameters were congruent with the subjective assessments of the patients. In spite of this results the majority of patients valuated their psychological condition as rather poor.

Conclusion: The new developed instrument is a valuable supplement to objective parameters describing the state of nutrition of cancer patients. The study also showed that we have to consider the psychological condition although the state of nutrition is contented.

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Predicting factors to epoetin alpha treatment

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We report the preliminary analysis of a study aimed to identify predicting factors of outcome to epoetin alpha treatment.

Methods: Patients (pts) with solid tumours under platinum chemotherapy and haemoglobin (Hb) < 11 g/dL were recruited. Epoetin was administered s.c (150 IU/kg t.i.w.). If after 4 weeks Hb level did not increase at least 1 g/dL, the dose was doubled. Pts were classified: responder type I, Hb level increased at least 1 g/dL at 4 week (w); responder type II, if after 4 weeks on double dose Hb increased at least 1 g/dL,; non responder if Hb did not increase or a transfusion was needed after the first 4 weeks. Pts transfused within the first 4 weeks were analysed in an independent way. Factors analysed were: age, sex, body area, ECOG, previous transfusions, platinum cycles and doses received, hemogram, ferritin, transferrin, biochemistry and tumoral progression.

Results: One hundred forty seven pts were evaluated. We have identified an 81.3% rate of response to epoetin. Response type I, 58% (n = 71), response type II, 24% (n = 29), non-response 18.7% (n = 23) and 24 pts transfused within the first 4 weeks. A comparison between responders and non-responders pts showed a statically significant difference in previous transfusions requirements (3% vs. 17.4% respectively). Other differences between groups were no identified. Response type I pts vs. Type II do not differ significantly in baseline characteristics. Severity of illness, as measured by tumoral progression, was higher in the type II responders compare with type I, within the first 4 weeks (14% vs. 4.2% respectively). Pts transfused in the first 4 week initiated epoetin treatment with lower Hb level (mean basal Hb = 8.7 g/dL), they have received more previous transfusions (37.5%) and higher platinum dose (1005.6 mg vs. 699.3 mg in responder, 734.7 mg in non-responder). Mean changes in Hb values of pts type I responders (n = 71) were from 9.5 g/dL at baseline to 11.5 g/dL at 4 w and 12.3 g/dL at 8 w. For type II responders (n = 29) mean Hb changes were from 9.9 g/dL to 9.5 g/dL and 11.3 g/dL at baseline and 4 and 8 w respectively. Only 23 pts did not response to treatment, mean Hb levels did not change during the 8 w period.

Conclusions: The management of anemia in cancer pts with epoetin is associated with a higher response rate (81.3%). A previous history of high transfusions rate is higher in non-responders. Among the responders, the group that require higher epoetin dose were those with faster tumoral progression during the first 4 weeks of the study.