in patients with colorectal cancer and its relationship with QoL, particularity with chemotherapy described as one important stressor. Therefore the main aim of this study was to explore the relationship between stress and QoL in patients who received chemotherapy for the first time.

Material and Methods: The sample was integrated by 27 colorectal cancer patients; 13 women and 14 men, whose ages were between 24 and 70 years old. After medical oncologist consultation, where chemotherapy treatment was assigned for the first time, participants were recruited; those who accepted to participate in the study signed an informed consent form and were referred for a comprehensive assessment session.

The Perceived stress scale (PSS) utilized measures the level of stress control perceived, the Health Related Quality of Life Inventory (InCaViSa) measures QoL in chronic or acute diseases; The European Organization for Research and Treatment of Cancer Quality of Life Questionnaire (EORTC QLQ-C30) measures QoL in patients with cancer. All instruments have appropriate psychometric properties for Mexican population.

Results: According to PSS, 45% of patients showed low levels of stress, 48% moderate and 7% high levels of stress. A significative negative correlation was found with stress perception and physical performance, cognitive functioning, free time and daily life evaluated by InCaViSa scale. A significative positive correlation was found with stress perception and fatigue, pain, insomnia and financial difficulties scales. Finally, a significative negative correlation was found with physical, role, emotional, cognitive and social functioning and with the global QoL evaluated by EORTC QLQ-C30.

Conclusions: In general terms, higher levels of stress were observed when higher level of simtomatology and problems like fatigue, pain, insomnia and financial difficulties were reported, and also less functionality in physical, role, emotional, cognitive and social domains, including physical performance, free time and daily life, all of which traduced in worst QoL in patients with colorectal cancer before receiving chemotherapy for first time.

6160 POSTER

Impact of Adjuvant Chemotherapy on Survival of Patients With Stage II Colon Cancer − Retrospective Study

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Background: Colorectal cancer (CRC) is the third most common malignant tumour. The stage of the tumour at time of resection is the most important prognostic factor. The issue of adjuvant treatment for stage II colon cancer patients using 5-FU-based therapy is less well defined, But; the clearly well established survival benefit for stage III colon cancer patients have led some physicians to recommend adjuvant chemotherapy for stage II colon cancer patients.

Materials and Methods: This retrospective study was conducted on all pathologically confirmed stage II colon cancer patients (273 patients) who received adjuvant chemotherapy in the Clinical Oncology Unit, Radiation Sciences Department, Medical Research Institute, Alexandria University between January 1995 to December 2004. The data including: Clinicopathological Parameters (Age, Sex, Family history, Tumour histology, Tumour grade, Tumour marker, Number of lymph nodes dissected, Vascular invasion and Bowel obstruction) Adjuvant Chemotherapy in the form of 5-FU+Ca leucovorin (Regimens of chemotherapy received either Mayo clinic or De Gramont regimen), Doses of chemotherapy and Number of cycles were registered.

Results: More dissected lymph nodes were accompanied by higher disease-free survival (DFS) and overall survival (OS) rates at 3 and 5 years respectively; but did not reach statistical significance. Patients who had symptoms duration less than 6 months (earlier presentation) had statistically significant higher OS at 3 years but not at 5 years. Symptoms duration showed no impact on DFS. There was no difference in DFS and OS in different systemic chemotherapy regimens. Patients who received 6 cycles had significant higher DFS when compared with patients who received less number of treatment cycles. Intestinal obstruction was accompanied by lower OS at 3 and 5 years and DFS at 3 years only. Vascular invasion had impact on both DFS and OS at 3 and 5 years. Higher level of CEA was accompanied by lower DFS and OS at 3 and 5 years. Patients who had poorly differentiated tumours had lower DFS when compared with patients who had well differentiated tumours. For all patients, DFS at 3 & 5 years were (72.9%) and (57.1%) respectively, while OS at 3 & 5 years were (86.1%) and (73.6%) respectively.

Conclusion: Although there was no improvement in OS, DFS was significantly better with adjuvant chemotherapy. Stage II colon cancer patients who have high risk features, including intestinal obstruction, vascular invasion, inadequate lymph node dissection or T4 disease seem to benefit from adjuvant systemic chemotherapy. The co-morbidities and likelihood of tolerating adjuvant systemic chemotherapy should be considered as well. Also, researchers must continue to search for other

therapies which might be more effective, shorter in duration and less toxic than those available today.

6161 POSTER

Hardly Any Excess Mortality for Long-term Colon Cancer Survivors in the Netherlands 1989–2008

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Background: With the marked increase in the number of long-term cancer survivors, there is an increasing need for more up-to-date analysis of survival for patients who have already survived a certain period of time. Standard survival curves at diagnosis of cancer are rather pessimistic, since they are also based on patients who die within the first few years. Conditional 5-year relative survival therefore serves better information about the current prognosis of survivors during follow-up. We determined conditional 5-year relative survival rates for colon cancer patients, according to age, gender, and tumour stage for each additional year survived up to 15 years after diagnosis.

Methods: Patients diagnosed in the Netherlands with colon cancer stage I–III in 1989–2008 aged 15−89 years were selected from the Netherlands Cancer Registry. Conditional 5-year relative survival was computed for every additional year survived up to 15 years. Period analysis with follow-up period 2004–2009 was used.

Results: There was hardly any excess mortality (conditional 5-year relative survival >95%) 1−4 years after diagnosis for stage I patients and 4−7 years after diagnosis for stage II patients, with patients aged 45−74 years reaching this point later compared to the younger and elderly patients. For stage III patients, hardly any excess mortality was observed 5 years after diagnosis for those aged 75−89 years, but remained elevated up to 13 years after diagnosis for those aged 15−44 years. Initial differences in relative survival at diagnosis between age and stage groups largely disappeared with number of years survived.

Conclusion: The prognosis for colon cancer survivors improved with each additional year survived. In the first years after diagnosis conditional survival improved largely for all colon cancer patients, especially for stage III patients. There was hardly any excess mortality for colon cancer patients stage I-III at some point within 15 years after diagnosis, being later for more advanced stage. Quantitative insight into conditional survival for cancer patients is useful for caregivers to help planning optimal cancer surveillance and inform patients about their prognosis.

6162 POSTER

Incidence of Major Surgeries in Patients With Metastatic Colorectal Cancer

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Background: As surgical procedures may potentially interfere with anticancer drug therapy for metastatic colorectal cancer (mCRC), the objective of this study was to examine the proportion of patients with mCRC who underwent major surgeries.

Methods: Using a large U.S. medical claims database from a nationally commercially-insured population, patients with diagnosed mCRC between January 2004 and March 2010 were identified. The first metastasis diagnosis date served as the index date. Patients were followed from the index date to death, disenrollment, or end of the study period (March 31, 2010), whichever occurred first. Major surgery was defined according to the list of major surgeries developed by the National Committee for Quality Assurance (NCQA) using Current Procedural Terminology (CPT) procedure codes. Major surgeries were examined by anatomic locations: 1) colon or rectum; 2) liver or lung; and 3) all other anatomic sites. Major surgeries on colon or rectum were assessed separately, since they likely include a high percentage of interventions to remove primary tumours. The proportion of major surgeries was descriptively analyzed.

Results: The study sample included 4,768 mCRC patients who met the study inclusion and exclusion criteria between January 2004 and March 2010. Mean age was 60.0 years old and 45.9% of patients were female. Mean length of follow-up observation period was over one year (414 days). Overall, 42.3% of patients had at least one major surgery on anatomic