

(2) Hospital Anxiety and Depression Scale (HADS), (3) University of Washington Quality of Life (UW-QOL), and (4) Background Information Form. In addition to using the descriptive statistics, the Generalized Estimating Equations (GEE) was applied to identify the factors related to the changes of QOL. Data were collected after Institute Review Board (IRB) approval and patients' consents.

**Results:** A total of 145 eligible subjects completed the 12 months assessments. The major results revealed that, generally, these patients had moderate levels of QOL with the worst QOL during the first three months (T2–T4). However, some problems have lasted for longer time, such as dry mouth, swallowing, chewing and employment. Patients receiving reconstruction surgery, more advanced cancer stage, having higher levels of depression and symptom severity, without job, and having lower education level had lower levels of QOL across the 12 months.

**Conclusion:** The results suggest that health care professional should systematically assess and care for oral cavity cancer patients' QOL, including cares for acute treatment phase and for survival phase. Further intervention studies should be developed and examined to enhance the evidence based cancer care provided to oral cavity cancer patients.

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POSTER

# **Optimising Management Approaches for Locally Advanced Oropharyngeal Squamous Cell Carcinoma (LAOPSCC) – a Retrospective Review of Prognostic Factors and Outcomes in an Asian Tertiary Institution**

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**Background:** Concurrent chemotherapy and radiotherapy (CRT) is the standard of care for LAOPSCC. However, certain subsets of OPSCC may have favourable prognoses, thus raising the question if all patients require similar CRT. This study aims to identify prognostic factors in Asian LAOPSCC and explore patient outcomes according to treatment modality and chemotherapy type.

**Methods:** A retrospective review of resectable LAOPSCC from 2001–2006 were included in this analysis. Patient demographics, risk factors, treatment modalities were collated.

**Results:** Out of the 180 patients, 124 received CRT, 31 received RT alone whilst 25 underwent surgery followed by adjuvant therapy. 74% of the patients were male with median age of 61. 35% were non-smokers. Median OS was 5.2 years. Univariable cox regression analysis showed that older age, male gender, smokers, history of alcohol consumption, higher cancer stage, higher T-stage and N-stage, base of tongue tumours, higher Charlson Comorbidity Index (CCI), moderately differentiated tumours and low albumin were associated with worse overall survival (OS), progression free survival (PFS) and local relapse-free survival (LRFS). After multivariate analysis, smoking status, CCI scores, grade of tumour and cancer stage were independently prognostic for OS. Patients who received RT alone, had a 1.9 times hazard in terms of OS, PFS and LRFS as compared to CRT ( $p=0.02$ ). In an exploratory analysis, after adjusting for age, CCI, smoking status and cancer stage, patients who received cisplatin-based CRT ( $n=98$ ) had superior overall survival compared with non cisplatin based CRT ( $n=26$ ) (HR = 0.36 95% CI 0.19–0.64,  $p=0.001$ ). However, patients who received non-cisplatin-based CRT had similar overall survival compared to RT alone, independent of age, CCI, smoking status and cancer stage (HR = 1.0,  $p=1.0$ ). At first relapse, the local and distant relapse rates were 20.5% and 11.1% respectively. Interestingly, patients with base of tongue involvement experienced a higher rate of local relapse compared to patients with tonsillar involvement (15.5% versus 35.1%,  $p=0.005$ ).

**Conclusions:** Asian LAOPSCC consists of a significant proportion of non-smokers and females. Amongst Asian LAOPSCC, cisplatin-based CRT remains the standard of care. In patients unfit for cisplatin-based treatment, RT alone should be considered.

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POSTER

# **Patient-reported Experiences and Needs – Findings From the About Face 2 Survey of Patients With Locally Advanced SCCHN**

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**Background:** The About Face 2 survey was conducted to investigate issues identified by the earlier About Face survey (EJC Suppl 2009; 7(2): abs 8510), including the experiences, needs and quality of life (QoL) of

patients with locally advanced squamous cell carcinoma of the head and neck (LA SCCHN) at pre-diagnosis, at diagnosis and during and after treatment.

**Material and Methods:** Physician-identified patients (pts) in 6 European countries (Belgium, France, Italy, Portugal, Spain, Sweden), diagnosed with LA SCCHN at least 12 months earlier, were asked to take part in face-to-face interviews. Pts were told to base responses on their own experiences and also to describe the impact of the disease and treatment on a hypothetical third party patient. The survey was conducted in accordance with the European Pharmaceutical Market Research Association Code of Conduct. Between March and July 2010, 104 pts were interviewed.

**Results:** At time of diagnosis, the mean pt age was 56 years, 72% were male, 72% were smokers and 62% drank an average of 16 glasses alcohol/week. Treatment had comprised surgery (69%), radiotherapy (RT) (89%) and chemotherapy (CT) (64%) (including combined CT+RT). The most frequently reported side effects were swallowing difficulties (82%; with 40% of pts having required a feeding tube), tiredness (66%), painful throat/mouth (65%), loss of appetite (62%) and speech problems (56%), all of which had significantly impaired patient-reported QoL. From pre-diagnosis to post-treatment, pts identified 5 main areas of need: 1) Education for pts and health care professionals (HCPs) on the signs and symptoms of SCCHN to facilitate early diagnosis; 2) Easy-to-understand information about the disease and treatment options at diagnosis; 3) Help in cultivating a positive attitude to encourage pts to combat the disease, as less motivated pts are less compliant with treatment; 4) Help in making what pts considered to be the best available treatment choices tailored to their condition and 5) Support and counseling from an extended network of resources to help pts deal with financial, practical and psychological issues.

**Conclusions:** Pts surveyed were representative of those treated in daily practice. At every stage of the pts' journey, almost all patient needs centered on the provision of improved education and information, as well as empathy and support from HCPs to help pts with LA SCCHN cope more effectively with the disease and its treatment.

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POSTER

# **Study on Effects of Tobacco (Smokeless & Chewed) & Arecanut in Indian Population Not Having Overt Oral Malignancy**

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**Background:** Effects of chewed and smokeless tobacco and arecanut in oral cavity have been widely studied. Factors include from altered taste, halitosis, trismus and psychological issues etc. It is a questionnaire based study in which an effort has been made to study the quality of life based on above facts and to develop a scoring system that can prognosticate quality of life issues. Future of the present study may lie in predicting deteriorating oral quality of life or development of oral cancers in subjects having higher scores. Thus, allowing intervention before oral cancer actually develops.

**Materials and Methods:** It was longitudinal case control study. End point of the study were tobacco smoked or chewed/arecanut had negative effect on oral quality of life. There were two groups control (healthy subject  $n=150$  non users) and study subjects ( $n=296$  users). Questionnaire consisted of 11 questions of different quality of life aspects in Hindi (vernacular) each question having 5 options based on likert scale. Minimum score was 11 depicting good quality of life and highest score was 55 representing significant poor quality of life.

**Results:** Study subjects had higher score range 31% and 16% in 30–40 and 40–55 score groups respectively. No controls had score above 30 that was statistically significant with  $p$  values of  $<0.001$  for both groups calculated by Chi-square test. Study subjects with lower scores were less when compared to control i.e. 14.48% study subjects were between 11–20 compared to 65% of controls. This was also statistically significant with  $p$  value of  $<0.001$ .

Duration of tobacco usage correlated with individual's quality of life and it was evident from this work that study subjects with duration of usage of tobacco/arecanut for  $>15$  years attained higher scores and the percentage of study subjects with lower scores increased for duration of  $<5$  years.

**Conclusions:** Statistically significant difference in scores/quality of life issues of control and study subjects were obtained ( $p<0.001$ ). A non-statistical poor quality of life was seen in study subjects with increased duration of exposure.