

In 1998 and 2004 we conducted with a poll institute (Sofres) a national survey targeting adult cancer patients, physicians and nurses involved in cancer care in France.

Overall 1120 pts, 218 nurses, 109 physicians were included in these 2 surveys. 57% of pts were female, with a mean age 54 years, all receiving chemotherapy (1/3 adjuvant, 1/3 first line, 1/3 beyond). During last 3 months the mean number of invasive procedures was on average 24 per patient: this included IV perfusion (direct or via central access port) for chemotherapy (87%, 15 procedures/patient), blood tests (86%, 10/patient), IV injections for CT scan (61%, 1.9/patient) and others (bone marrow and skin biopsies, lumbar or pleural puncture – 31%, 2.6/patient). For 25% of patients and 80% of physicians and nurses pain related to the repeat of invasive procedures was considered as very disturbing. For 29% of patients this interfered with their psychological status and was correlated with the duration of chemotherapy.

90% of physicians claimed to inform patients about invasive procedures but only 50% of patients declared to be informed. The major differences between 1998 and 2004 concern the more frequent use of local or general anaesthesia (injection or anaesthetic cream) – 15% vs 46%, the possibility for patients to get informations about invasive procedures, a better communication between physicians and nurses and more involvement of the physicians in pain care.

This survey shows that invasive procedures are an issue in cancer patients even when the pain induced is low because of their repetition. Perception of distress induced is very different between patients and caregivers.

Even if the management of patients undergoing invasive procedures has improved since 1998, a more systematic evaluation and use of formal protocols especially for pain are needed.

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PUBLICATION

Impact of the G1691A Factor V, G20210A Prothrombin Gene Mutations and acquired risk factors on thrombosis risk in patients with gastrointestinal carcinoma

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Venous thromboembolism (VTE) is one of the most important cause of morbidity and mortality in cancer patients. To date few and conflicting data are available on acquired and genetic risk in these patients. We investigated the influence of the prothrombotic gene mutation factor V G1691A (factor V Leiden), prothrombin G20210A, and acquired predisposing factors on the risk of a first episode of venous thromboembolism in gastrointestinal cancer patients treated and/or followed up in a single institution.

Between December 2001 and December 2004, the occurrence of a first symptomatic Venous thromboembolism (VTE) was investigated in a cohort of 327 gastrointestinal cancer patients. For each patient the clinical history, the kind of malignancy and chemotherapeutic treatment were recorded, as was the date of treatment. A multiple logistic regression model was developed to assess the effect of age, gender, chemotherapy, and extension of disease on the risk of VTE. In addition we performed a nested case-control study including 30 patients (cases) with venous thromboembolism and 60 controls without DVT matched with cases for age, identical chemotherapy, stage of disease and prognostic features. For these patients the G1691A factor V and G20210A prothrombin mutation genotypes were analyzed. Thirty out of 327 patients (9.2%) had a first VTE episode. Twentyfive out of 30 (83.3%) subjects with TVP had metastatic disease, and the event occurred during chemotherapy for 25/30, 22 with advanced and 3 with limited disease. The median time from start of chemotherapy to thrombosis was 61 days (interquartile range from 28 to 141).

The nested case-control study showed that 1 out of 30 cases (3%) and 2 out of 60 controls (3.5%) were heterozygous carriers of the G1691A mutation [Odds ratio 0.97, 95% CI 0.08–12.58 ($p = 0.984$)], and 2 cases (6.6%) and 5 controls (8.7%) were heterozygous for the G20210A mutation [OR 0.81, 95% CI 0.15–4.36 ($p = 0.806$)]. At multivariate analysis, among general and disease-related factors the presence of metastatic disease is the only significant prognostic factor detected, associated with an increased risk of developing VTE [Odds Ratio 4.97, 95% CI 1.97–12.51 ($p = 0.0007$)]. Our data show the lack of an association between the two genetic thrombophilic polymorphisms here investigated and the risk of VTE in GI cancer patients. Instead, the advanced disease stage was strongly related to VTE development.

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PUBLICATION

"Supportive friend" – a web-based service for relatives/friends to cancer patients

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A special website for relatives/friends to cancer patients was developed by the Swedish Cancer Society (SCS) in January 2002. The purpose was to focus on the relatives/friends and their situation. Included in the website was "Supportive-friend", a web-based service aiming at creating supportive contacts between relatives/friends. The site is presented at the SCS website, www.cancerfonden.se/anhorig

Purpose: To describe the users in terms of gender and age. The number of "supportive-friends" registered, number of "supportive-friends" connected to each registered friend, duration of contact, reason for being a "supportive-friend" and use of other psychosocial support will be presented, as well as accessibility to the web site.

Methods: Gender, age and the relatives/friends' cancer diagnosis are registered at application to become a "supportive-friend". A questionnaire was sent by e-mail in February 2004 to all registered "supportive-friends". Responses were recorded anonymously for ethical reason, thus no reminders were sent.

Results: By March 2005, 435 individuals had registered to become a "supportive-friend", 81% women. About 50% were 30 years or younger. 9% were older than 50 years. The diagnosis of the relative was reported by 13% to be breast cancer, 12% lung cancer, 10% brain tumor, and <10% for other diagnoses. 21% did not report any diagnosis. There were no differences with respect to age, gender and diagnosis of relative between those who responded to the questionnaire and the total sample of registered "supportive friends". The results from the web-based questionnaires will be presented.

Conclusion: "Supportive-friend" attracts a large number of relatives/friends of both sexes, primarily young people. Relatives/friends who have experience of diseases associated with a bad prognosis, are frequent users of this service. "To help others" is a strong motive to be a "supportive friend".

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PUBLICATION

Patient-specific risk factors of chemotherapy-induced neutropenia

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Objective: To evaluate patient-specific risk factors of chemotherapy-induced neutropenia.

Methods: 92 cases of cancer patients with neutropenia after chemotherapy were retrospectively analyzed and Logistic regression analysis was used to select the significant patient-specific risk factors.

Results: Among 92 patients, 138 episodes of 63 patients experienced neutropenic events, grade 3 and 4 neutropenia was 22.0%, 12.4, respectively. Patients who experienced one neutropenic event had a higher risk of a second event, $P = 0.05$. Anorexia, poor staging and advanced age were associated with greater risk of neutropenia, $P = 0.01$, multiple logistic regression analysis indicated that anorexia, poor staging were the most significant risk factors of grade 3 and 4 neutropenia, anorexia was the most significant risk factor of grade 1 and 2 neutropenia.

Conclusion: Anorexia, poor disease stage and advanced age may be patient-specific risk factors of neutropenia, anorexia may play a important role in chemotherapy-induced neutropenia.

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PUBLICATION

Evaluation of anxiety level during intracavitary brachytherapy applications in patients with gynecologic malignancy

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Purpose: Anxiety level among the patients with gynecologic malignancy during intracavitary brachytherapy applications were evaluated and the factors influencing the scores were assessed.

Material and methods: Anxiety level during intracavitary brachytherapy applications and factors influencing the anxiety level were evaluated in 146 patients with gynecologic malignancy. The patients were evaluated in terms of quality of life and psychological status before each brachytherapy application using Hospital Anxiety and Depression Scale (HADS). The total score was 21. The scores were grouped as follows: 0-7: Normal, 8-10: Borderline, 11-21: Abnormal. The patients were also questioned