

Results: AWP provides a graphical user interface for the selection of analysis type and parameters, for performing the analysis and for displaying the results in text and in graphs. It also allows the user to save a statistical report in Microsoft Word and PDF format.

At present, a functional Web portal has been established at one department.

Conclusion: The Analytic Web Portal helps physicians and decision makers to assess the efficacy of standard cancer treatments.

Data on the quality of standard treatment can be generated whenever needed. It facilitates a possibility to change standard treatment if data shows inferior survival compared to what would be expected. Survival data between different institutions can be compared due to the well defined interface of AWP to other databases.

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POSTER

Does self regulation and autonomic regulation have an influence on survival in breast and colon carcinoma patients? – results of a prospective study

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Background: Cancer Related Fatigue (CRF) and circadian rhythm both have a substantial impact on the quality of life (HRQL) of patients with breast (BC) and colorectal cancer (CRC) patients. In these patients, new measures of adaptability and resilience, such as sense of coherence or self regulation, could be more sensitive prognostic tools than classical HRQL measures. The aim of this study was to assess the influence of autonomic regulation (aR) and self regulation (SR) on survival. For this, we tested a) a scale to measure autonomic regulation (aR) and its subscale for rest-activity rhythm (RA.aR); and b) a psychosomatic self-regulation scale.

Material and Methods: 146 cancer patients and 120 healthy controls (C) took part in an initial evaluation in 2000/2001. On average 6 years later, 62 of 95 BC, 17 of 51 CRC patients, and 87 of 120 healthy controls completed the follow-up questionnaire. 41 of 266 participants (14 BC, 25 CRC, 2 C) had died. For the follow-up evaluation, participants were requested to complete the aR and SR questionnaires as well as a self-evaluation of the Karnofsky index (KPI).

Results: On average, cancer patients had survived for 10 years with the disease, at an actual KPI: 93%. Survival was analyzed using Cox proportional hazard regression including age, gender, diagnosis group, with aR and SR as independent parameters. Of the latter two, aR did not influence survival (odds ratio (OR) = 1.043, n.s.), whereas SR showed a positive and independent effect, with an OR of 0.502 (95%-CI: 0.307 – 0.819; p = 0.006). This positive effect was corroborated by the analysis of subscales for **Achieve satisfaction/well-being** (OR = 0.918; 95%-CI: 0.867 – 0.972) and **Change behaviour to reach goal** (OR = 0.936; 95%-CI: 0.942 – 0.987), and also reproducible when diagnoses were replaced by their respective tumour stages in the analysis for a finer resolution of the cancer diseases.

Conclusions: Self regulation might be an independent prognostic factor for the survival of breast and colon carcinoma patients. Further prospective studies are required to elucidate the prognostic relevance and utility of self regulation.

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POSTER

Risk factors for severe anaemia: a prospective, multicentric, observational survey of 645 patients treated with first-line chemotherapy (INDEX study)

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Aim of the study: To describe clinical, therapeutic and biological factors associated to the occurrence of chemotherapy-induced anaemia (haemoglobin (Hb) level <10 g/dl).

Methods: A French prospective, multicentric, observational survey was conducted between November 2007 and March 2008, in cancer patients treated by first line chemotherapy (CT). All pts were followed during 24 weeks or until prescription of erythropoietin-stimulating agents (ESA). Risk factors for anaemia were studied by multivariate logistic regression.

Results: A total of 645 patients (pts) were evaluable, including lung (n=299), breast (n=114), ovarian cancer (n=68) and lymphomas (n=164). In the whole population, 151 pts (23.4%) developed anaemia during the survey (Hb level <10 g/dl); ESA prescription or blood transfusion were performed in 340 pts (52.7%) and 73 pts (11.3%) respectively. Regarding the factors associated to the occurrence of chemotherapy-induced anaemia in this population the results were: age >62 years, Hb level at baseline and CT including cisplatin.

Concerning the use of ESA in this population, associated factors were age ≥62 yrs, CT including anthracyclines, initial Hb level <12 g/dl, performance status (PS) at baseline, PNN and Lymphocytes levels.

Conclusion: In routine oncology practice, ESA is prescribed in more than 50% of the patients in first line CT for a metastatic cancer. Risk factors for CT-induced anaemia and ESA prescription for each type of tumours will be presented during the meeting.

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POSTER

Kalinox™: an effective and well-tolerated method for pain management during invasive procedures in oncology – results of a randomized study

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Background and Aims: In oncology, general pain management is essential to ensure to the patient (pt) a good quality of life. Painful procedures are recognized as a real problem, specially for long term chronic pts. The aim of this clinical study was to evaluate the effectiveness and the safety of Kalinox™ (premix 50% N₂O/50% O₂) inhalation method during invasive procedures for cancer pts.

Methods: Pts, older than 18 years, scheduled for different types of exploratory acts or therapeutic cares, were randomized in this double-blind study between Kalinox™ or placebo (PCB: 50% nitrogen/50% oxygen) in complement of usual preventive medication. Pts, were stratified into 2 arms: pts with or without previous permanent pain (ppp). Kalinox™ efficacy was evaluated by patient's self-assessment using Visual Analogic Scale (VAS); safety by recording adverse events. Patient's behaviour and satisfaction and medical staff's satisfaction were assessed.

Results: 204 pts were included: 199 were analysed as Intended To Treat. Demographic data were: 147 women and 50 men, 58 with and 139 without permanent pain, mean age: 59.5±13.9 years, mean gas inhalation 11.5±10.1 minutes, mean gas flow rate 9.3±1.4 L/min.

A significant difference (p=0.006) of 10 points was observed between Kalinox™ (n=98) and placebo (n=101) ITT randomized groups with a mean of 24 (IC_{95%}: 19.1–29.0) and 35.2 (IC_{95%}: 29.5–40.9) respectively. No serious adverse event was reported. 10.2% of patients under Kalinox™ had an adverse event. Patient's and medical staff acceptability was higher than 89%. Patient's behaviour was good to excellent in 92.31% of cases.

Conclusions: Kalinox™ administration during invasive procedures in oncology is an efficient and safe complementary method for patient's pain management that is well accepted by both patients and nurses and practitioners.

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POSTER

Opinion on different types of palliative care in Georgia

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Purpose: The opinions of cancer-patients and their family members different types of palliative care (Hospice or Home-based Care) were studied.

Method: Using the subjective 5-grade-questionnaires the following points have been studied:

1. The quality of **Pain Management** and **Symptom Control** in terminally-ill cancer patients at hospice and at home;
2. Where do the cancer-patients and their family members prefer to receive palliative care – at hospice or at home?