Younger patients were most dissatisfied. 32% of patients reported, that the hospital staff had no or poor interest in the relatives' situation. After treatment, 25% felt they were not well informed about support possibilities outside the hospital. Among patients who said they needed to talk to a psychologist, 65% had not been offered this service. The breast cancer patients experienced a number of symptoms and late effects related to cancer and treatment. Thus 70% of patients had at least one symptom or effect. Most frequent were fatigue (45%) and sexual problems (28%).
Conclusions: The results from the study have been widely shared with health care professionals in order to improve psycho-social and other support for breast cancer patients. Also. Hellenic Medical Society for the Study of Psychosomatic Problems has initiated a strategic initiative to support research and development in patient involvement, communication and support of relatives.

5044 POSTER

The role of cryotherapy on fentanyl use in breast cancer patients

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The aim of the present study was to evaluate if oral cryotherapy during chemotherapy may delay or alleviate the intensity of oral pain derived from mucositis among patients who receive super intensive chemotherapy for breast cancer and hereby reduce the number of days with s.c. fentanyl.
Patients and Methods: 150 patients of 18 years and older, who were scheduled to receive super intensive chemotherapy were included consecutively and randomised to ora cryotherapy or control. A stratified randomisation was used with regard to type of chemotherapy. Pain was assessed verbally in the daily routine care at the ward. The number of days with s.c. fentanyl and other advanced pharmacological pain treatment were collected from the medical and nursing charts.
Results: Our study showed that patients who received oral cryotherapy had significantly fewer days with s.c. fentanyl compared to the control group ($p < 0.001$) and the former also reported less oral pain.
Conclusion: Oral cryotherapy reduces oral pain and the number of days with s.c. fentanyl for patients treated with super intensive chemotherapy for breast cancer.

5045 POSTER

Symptoms-signs and quality of life in Greek outpatients with breast cancer

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The aim of this study was to evasluate the symptoms, signs and their incidence in the quality of life of breast cancer patients.
Patients and Method: We list usual symptoms and signs in breast cancer patients and asked them "What are concerning you today?", after we present cards with the information provided, and we ask to hierarchies these problems. Pain was explored in particular, even when it was not referred spontaneously. Registration of diagnostic, therapeutics and sociodemographic characteristics were done.
Results: 65 women with breast cancer were evaluated (mean age 55.2 years SD 14.4). 38 different symptoms were referred, 35.5% are free of symptoms, 26.5% have 2, 7% 3, 1% 4 and 0.5% 5. The most distressful were pain (19%) asthenia (11.5%), nauseas and vomits (5%), anorexia (5%), anxiety (5.5%), caught (3%), dyspnoea (4%), alopecia (2%). In the global, pain was referred by 24.5%, asthenia 20%, anorexia 7.5%, nauseas and vomits 8%, anxiety 5%, diarrhea 4%, dyspnoea 4%. When asked directly about pain, 58.5% reported, that was assessed using a scale from 0 to 10; pain intensity: Median – 2: media – 2.63 (SD 2.83). Correlation of pain and diagnostic, therapeutics and sociodemographic characteristics; will be present.
Conclusion: Pain continues to be the more frequent symptom and cause more suffer. We verify that are 24% of patients only referred pain when questioned directly about that, so it is mandatory to evaluated pain in all visits. Asthenia and anorexia are high incidence, even we have small efficacy in alleviate these, we can implement some strategies of coping. It is a small sample of patients, we will continue this study in order to have a better understanding about what influence suffering from breast cancer patients.

5046 POSTER

Tablet burden in women with metastatic breast cancer: implications for clinical practice

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Background: The use of oral anti-cancer drugs is increasing, and it is widely believed patients prefer oral medication. However, with many patients taking oral concomitant medications 'tablet burden' may be an issue.
Materials and Methods: One hundred women with MBC were interviewed, mean age 59 (range 35−98); 52% were receiving endocrine therapy, 29% chemotherapy and 8% both. Most (86%) were out-patients identified sequentially in clinic, the remainder were in-patients. We recorded (i) number and nature of tablets, (ii) whether tablets were inconvenient, (iii) self-reported compliance, and (iv) if women would prefer further anti-cancer treatment to be a short i.v. infusion or an additional 6 tablets/day, assuming them to be equally effective.
Results: *Tablet burden:* The number of tablets taken/day ranged from 0−31, mean 8.6, median 6; 32% of women took ⩾10 tablets/day and tablet burden was higher in younger women. Analgesics accounted for 40% of tablet burden with endocrine therapy and oral chemotherapy, contributing a further 15%; 28% of tablets were concomitant medicines e.g. statins and anti-hypertensives.
Compliance: Most (62%) reported full compliance, 24% omission once/week and 8% more often. Self-reported compliance did not differ between those taking <10 tablets and >10 tablets/day.
Convenience: Most (68%) reported oral medication as not being inconvenient, 14% reporting inconvenience as 'slight' and 12% as 'very'. Inconvenience was, however, greater in women taking ⩾10 tablets/day.
Preference: Half (53%) would prefer additional oral to i.v. therapy, the remainder would prefer i.v. (34%) or had no preference (13%). Preference was not affected by tablet burden. Reasons for preferring oral included difficult i.v. access (31%), convenience (27%) and personal experience (9%); i.v. treatment was preferred due to dislike of tablets (32%), convenience (29%) and not being responsible for remembering to take tablets (18%).
Conclusions: Tablet burden is variable, but high in many women with MBC. Although good compliance is claimed, many women find oral medication inconvenient, especially if taking ⩾10 tablets/day. Most women would, however, opt for oral rather than i.v. cancer therapy; 1/3rd would prefer i.v. and preference was not affected by tablet burden. Oncologists should critically evaluate the need for concomitant medicines in women with MBC and if possible offer the choice between oral and i.v. anti-cancer therapy.

5047 POSTER

Effects on quality of life (QoL) of docetaxel-based weekly chemotherapy in patients with locally advanced (LABC) or metastatic breast cancer (MBC): results of a single-centre randomized phase 3 trial

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Purpose: To evaluate whether weekly schedule of docetaxel-based chemotherapy was superior to standard 3-weekly administration in terms of QoL in patients with LABC or MBC.
Patients and Methods: Main inclusion criteria were: LABC or MBC, age ⩽70 years, ECOG PS 0−2, no previous chemotherapy for metastatic disease. Patients not previously treated with anthracyclines were randomized to weekly or 3-weekly combination of docetaxel and epirubicin. Patients pretreated with anthracyclines were randomized to weekly or 3-weekly combination of docetaxel and capecitabine. Primary end-point was global QoL change at 6-weeks, measured by items 29−30 of EORTC QLQ-C30. With a two-sided alfa 0.05 and 80% power for 35% effect size, 130 patients per arm were needed. A Daily Diary Card (DDC) was also used.
Results: The study was closed prematurely because of external evidence against the use of weekly docetaxel. From February 2004 to March 2008, 135 patients (42 LABC, 52 MBC not pretreated with anthracyclines, 41 MBC pretreated with anthracyclines) were randomized: 70 to weekly and 69 to 3-weekly arm. Out of 129 patients with baseline QoL, 89 filled the 6-weeks questionnaires. Global QoL was better in the 3-weekly arm ($p = 0.03$). Role functioning and financial scores were worse with weekly treatments ($p = 0.02$ and $p < 0.001$). Daily QoL profiles were consistent with a negative impact of 3-weekly treatment in the first week and the reverse during subsequent weeks. Neutropenia and stomatitis were worse in the