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Influence of patient's age on decision in oncology

L. Votron[1], W. D'Hoore[2], C. Swine[3], P. Scalliet[1]. *[1] University hospital St-Luc, radiotherapy department, Brussels, Belgium; [2] Université Catholique de Louvain, public health school, Brussels, Belgium; [3] University hospital Mont-Godinne, geriatrics department, Mont-Godinne, Belgium*

Purpose: Several studies have reported age-related differences in the management of patient with cancer. The aim of this study was to define the most important factors observed in general practitionner's practice for the clinical management of patients with cancer.

Methods: A questionnaire was developed to assess physician's decision process in the management of cancer. Each questionnaire presented a simulated case of prostate or breast cancer. A picture of the patient was also provided as well as a description of symptoms and medical history. From a presentation of a newly discovered tumour, cases varied for age (younger or older), medical history (absence or presence of comorbidity) and functional status (good or bad).

A total of 678 questionnaires were distributed at 3 meetings of continuing education in general practice and family medicine. Physician received each 2 randomly selected cases and gave his decisions about the patient's diagnosis and treatment. For the statistical analysis, multivariate analysis was used to assess the effects of patient's age, functional status, comorbidity and physician's characteristics on diagnosis and treatment decisions.

Results: Our analysis indicated that older patients, when diagnosed with cancer, were more likely to be oriented directly for a non-curative approach (odds ratio, 13.71; 95 percent confidence interval [95%CI], 5.67 to 33.12; p=0.0001 for prostate cancer and odds ratio, 17.67; 95%CI, 4.04 to 77.31; p=0.0001 for breast cancer). For prostate cancer, physicians estimated that age was the most important decision factor, before functional impairment and comorbidity. For the treatment of breast cancer, physicians proposed a tumorectomy and postoperative radiotherapy less often to older patients (odds ratio, 0.30; 95%CI, 0.17 to 0.52; p=0.0001) and more often tamoxifene as only treatment to older patients (odds ratio, 7.21; 95%CI, 3.43 to 15.17; p=0.0001). For the treatment of prostate cancer, surgical treatment was less often proposed to older patients (odds ratio, 0.09; 95%CI, 0.04 to 0.18; p=0.0001), and hormonotherapy as only treatment was more often proposed to older patients (odds ratio, 4.10; 95%CI, 2.326 to 7.26; p=0.0001).

Conclusion: Our study suggests that age is the single most important factor in general practitioner's decision-making about the management of cancer patients, surprisingly more important than functional status and comorbidity.

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First results of a prospective randomized study on the impact of psychooncological intervention in cancer patients on quality of life and endocrino-immunological parameters

M.M. Determann[1,2], H. Kalthoff[1], V.E. Kollenbaum[2], N. Zavazava[3], L. Jochimsen[1], B. Kremer[1], D. Henne-Bruns[1]. *[1] University Hospital, Dept. of Gen. Surgery, Kiel, Germany; [2] University Hospital, Cancer Centre, Kiel, Germany; [3] University Hospital, Institute of Immunology, Kiel, Germany*

Purpose: The objective of this study was to evaluate psychooncological support for inpatients with colorectal cancer undergoing surgery in terms of anxiety, quality of life (QoL) and endocrino-immunological parameters.

Methods: The design was a randomized controlled trial with repeated measurements. Patients in the experimental group received individualized psychotherapeutic support during the stay; those in the control group were provided with a daily program of classical music. All patients were assessed 1 day before surgery and 10 days and 3 months after surgery using the EORTC-QLQ-C30 for Quality of Life, and the STAI-X1 for State Anxiety. Additionally, measurements of the cortisol level (IMMULITE), activity of Natural Killer (NK) cells (LDH) and counts of NK and T cells (FACS) were made.

Results: Of 203 patients screened for the study, 106 met the inclusion criteria, 53 in the experimental group and 53 in control. Results indicated that the groups were comparable at baseline on socio-demographic and clinical characteristics, State Anxiety and all scales of the QLQ. At baseline, there were significant correlations between State Anxiety and Global Health Status (QL) (r=0.41) as well as with five other scales of the QLQ. Preliminary results using 57 of 106 patients showed significant correlations between counts of NK cells (CD3+CD16+/CD56+) and State Anxiety (r=-0.30) and Global Health Status (r=0.44) at baseline. General Linear Models showed, that the number of treatment sessions in combination with the group allocation had significant effects on Emotional Functioning, Cognitive Functioning, Fatigue and Pain. For example, Emotional Functioning demonstrated a significant within subject effect over 3 months (F(df=2)=6.23) with significant between subject effects for the type of group (F(df=1)=4.71) and number of treatment sessions (F(df=1)=4.43).

Conclusion: The psychooncolocigal support had an important impact in inpatients with colorectal cancer, depending on the number of treatment sessions that patients received. The number of treatment sessions were dependent on postoperative length of stay, suggesting that the amount of intervention may be important in determining patient outcomes. The study was sponsored by German Cancer Help.

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A study to evaluate the feasibility of implementing a patient information file for patients with cancer

K. Burall[1], R. Davies[2], A. Richardson[3], C. Alcock[2], A. Ramirez[4], L. Godfrey-Harris[1], B. Miles[5]. *[1] Cancer Services Collaborative, Liaison Psychiatry, London, UK; [2] Churchill Hospital, Oxford Cancer Network, Oxford, UK; [3] Kings College London, The Florence Nightingale School of Nursing and Midwifery, London, UK; [4] Guys, Kings and St. Thomas' Medical Schools, Department of Liaison Psychiatry, London, UK; [5] National Cancer Alliance, National Cancer Alliance, Oxford, UK*

Purpose: To examine the practical implications of implementing the Teamwork Personal Information File (TPIF), which was devised by the UK based charity, the National Cancer Alliance (NCA). Within this specifically, to evaluate patients' and health professionals' perceptions of the design and content of the File and the usefulness of the File at different stages of the patients' cancer journey.

Methods: Over a period of six months, the TPIF has been offered to patients with ovarian, prostate, colorectal, breast, head and neck and lung cancer attending different hospitals across the South East London and Oxford Cancer Networks. Feedback from patients and health professionals has been central to this study and, as such, their views have been sought using a combination of approaches including questionnaires and semi-structured interviews.

Results: Half of the patients who have been offered the TPIF have chosen to accept it. 160 copies have been distributed across both cancer networks. Feedback from health professionals and patients alike indicate that there are a number of clear issues underpinning the relatively small number of files distributed during the timespan of the study. These include views around the size of the TPIF and the relevance of the generic information contained within it, alongside more practical issues associated with the extent to which it can be integrated with other forms of patient information utilised locally. Health professionals' concerns about offering the file to patients inappropriately, alongside their perceptions about the additional time burden and logistical problems related to implementing the TPIF in the clinical setting appear also to have contributed.

Conclusion: The provision of information and communication in cancer care has been given a high priority by the English Department of Health. Early results suggest that a culture of openness about information and partnership between health professionals and patients has popular support from both patients and staff, but there are problems in implementing the TPIF into routine clinical practice. It is clear from this that further development of the TPIF should take account of these findings to ensure that it can more optimally provide cancer patients with personalised, appropriate and timely information.

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Adult psychosocial functioning following childhood cancer: the different roles of sons' and daughters' relationships with their fathers and mothers

J. Hill[1], H. Kondryn[2], E. Mackie[3], O.B. Eden[2], R. McNally[2]. *[1] Liverpool University, Psychiatry, Liverpool, UK; [2] Manchester University, Paediatric Oncology, Manchester, UK; [3] Southampton University, Paediatric Oncology, Southampton, UK*

Aims: To assess gender differences in the role of family relationships as risk or protective factors for psychosocial functioning in adults who suffered from childhood cancer

Methods: 102 adult survivors (82% of those eligible, 35 female and 57 male) of childhood Acute Lymphoblastic Leukaemia and Wilms' Tumour, and 102 matched controls (74% of those eligible) aged 19-30 were interviewed. Interpersonal and social role functioning, and current relationships with each parent were assessed in standardised investigator-based interviews with subjects