

with the costs) of three first-line treatment options for advanced non-small cell lung cancer (stage IIIB and IV): docetaxel/cisplatin (75/75 mg/m²/day; 1 hour IV infusion of docetaxel), paclitaxel/cisplatin (175/75 mg/m²/day; 3 or 24 hour IV infusion of paclitaxel) and paclitaxel/carboplatin (175/400 or 225/400 mg/m²/day; 3 hour IV infusion of paclitaxel).

Methods: Following from the results of the ECOG phase III clinical trial (Schiller et al, 2000) it was assumed that there were no relevant differences in efficacy (survival, objective response) between the treatment options. Therefore, a cost-minimisation analysis was performed, using a pharmacoeconomic model.

Results: The average estimated treatment cost per patient (median: 4 cycles) with docetaxel/cisplatin would be 1,067,836 Spanish pesetas (Ptas) (6,418 Euros; 5,741 US Dollars, USD), 1,365,304 or 1,439,369 Ptas (8,205 or 8,651 euros; 7,340 or 7,738 USD) with paclitaxel/cisplatin (3 or 24 hour infusions, respectively), and 1,417,995 or 1,616,784 Ptas (8,522 or 9,717 euros; 7,623 or 8,692 USD) (paclitaxel dose of 175 or 225 mg/m²/day, respectively) with paclitaxel/carboplatin.

Conclusion: According to our study, the treatment option docetaxel/cisplatin, with equal efficacy, would result in a cost saving of between 297,468 and 548,948 Ptas (1,788 and 3,299 euros; 1,599 and 2,951 USD) per patient treated. This difference is mainly due to the lower treatment cost of docetaxel.

Psychosocial aspects

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POSTER

Psychosocial factors in women with breast cancer

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Purpose: To describe the proportion of women with a behavior problem and examine which specific factors are associated with the presence of behavior problems in a group of 38 women with breast cancer.

Methods: All data were obtained from the patients during a structured interview. The behavior problems were assessed by the 35-item questionnaire. The quality of social and family support was evaluated using DUKE (UNC-functional Social Support questionnaire). Epidemiological and specific illness factors such as severity of breast cancer, medication use, health-care utilization, level of activity restriction etc. were collected. Descriptive statistics and Pearson χ^2 test were used. Fisher's exact test was computed when needed. A logistic model was also used.

Results: Findings revealed that 36% of the women with breast cancer had developed behavior problems. Epidemiological factors were not significantly associated with the occurrence of a behavior problem. Significant variables were the severity of breast cancer ($p = 0.0001$) the family and social support ($p = 0.0494$) and the duration of illness ($p = 0.0566$). Women classified with a high and moderate level of breast cancer symptoms were more likely to experience a behavior problem than women with a low level of breast cancer symptoms. In addition, people with low family and social support were more likely to experience a behavior problem than people with high level.

Conclusion: Our data support previous studies that women with more severe and chronic symptoms as well as inadequate social and family support are more susceptible in developing psychological problems. The consideration of the above mentioned aspect should help to improve the medical therapy and psychological support provided to women with severe breast cancer.

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POSTER

The informational needs of greek cancer patients receiving chemotherapy

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Purpose: The objective of the study was to identify the specific informational needs of cancer patients receiving chemotherapy in a Greek outpatient setting, and to assess the patients' overall need for oral and written information relevant to their condition and management.

Methods: One hundred patients with different solid tumours (53 men and 47 women, median age 62.5 years) agreed to participate in the study. Data were collected by structured individual interviews.

Results: The data exhibited a great variability among specific informational needs. That is, the need to have more information about the aftermath of chemotherapy (81%), prognosis (63%), how chemotherapy worked (61%), diagnosis (49%), how to deal with an emergency (42%), duration of treatment (42%), and medical test results (40%) dominated those about the pros and cons of treatment (33.3%), management of side effects (24.2%), daily activities (22%), daily precautions (21%), diet/nutrition (20%), and how to take medication at home (19%). With respect to patients' overall need for oral information, the majority scored either quite a bit (6%) or very much (64%). In a similar vein, patients expressed a great need for cancer-specific written material (i.e., an information booklet): that is, 4% scored quite a bit and 80% very much.

Conclusion: The results suggest that the Greek cancer patient needs more factual information relevant to his or her condition and management. The implication is that health professionals should not only try to detect the informational needs of the patient, but should also be qualified to meet them in the best possible way. In addition, the use of well-evaluated patient information booklets should be incorporated into routine clinical practice as a supplement to information presented orally.

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POSTER

Support group for the family of patients with brain tumors (BT)

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The near relations of patients with brain tumors (primary BT or metastases) have not only to face the disease with a pejorative prognosis but also to face the neuro-psychological symptomatology caused by the brain localization of the tumor: personality alterations, gradual alterations of intellectual ability, difficulties to communicate and delirium. In some patients, the tumor development is quite slow and most of them can stay at home until an important alteration of their condition. The family of these patients is in first line concerning care. In order to support these families, a support group has been created in our institution since a year, with the collaboration of a psycho-oncology unit. The physician informed the families about the existence of the group and gave them an information chart. The aim of such a group was to allow the families to talk about their feelings and to meet together to share their experience. This one hour and half meeting took place once a month inside the hospital. Two physicians (a psychiatrist and a radiation oncologist), a head nurse and a social worker attended the meeting. To date, four meetings took place, with spouse and children of the patients. Some of them attended the meeting several times. The first conclusions confirmed the high level of distress of the families with "someone confused". At the same time, some of them showed a surprising adjustment to the situation and wished to "stay together" as long as possible. The families of the youngest patients appeared to be the most in distress. Three main information's characterized the families enquiries: • the non psychological aspect of the behavioral trouble; • the treatment characteristics, its aims and its potential benefit; • help possibilities especially at home. Several families evoked their hostility towards the sick person. Some of them asked about information given to the patient. Exchanges between the families were intense about that topic. We encouraged the families to define in order to face them and to anticipate their problems and the help they needed. This program was supported by the National League Against Cancer.

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POSTER

Parental coping and the course of depression over nine months following the diagnosis of childhood cancer

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Aims: To identify aspects of parental coping following the diagnosis of childhood cancer that are predictive of later mental health problems, and provide pointers to mechanisms.

Methods: A three centre prospective study of children with cancer, using assessments of child, parental and family functioning at 6, 12 and 40 weeks. The eventual sample size will be approximately 80 treated children and 80 matched controls ages 3-10. Here we present preliminary data on 33 mothers and 23 fathers of children with cancer. Parental depression at 6 and 40 weeks was assessed using the Beck Depression Inventory. A standardized measure of repressive coping was administered at 6 weeks. This is hypothesised to reflect a denial of emotional needs and we predicted that it would be associated with the persistence or emergence of depression.

Results: At six weeks parents with repressive coping had significantly lower depression scores than those without (6.65 vs 11.83, two sided t-test $p = 0.011$) but at 40 weeks the difference was non-significant. This was because the mean scores of those with repressive coping had increased (from 6.65 to 8.84) but those of the remainder had decreased (from 11.83 to 6.65). However there was a marked gender difference. Among mothers with repressive coping there was a mean increase in depression scores of 4.13 from 6 to 40 weeks, whilst in the remainder there was a decrease of 4.24. These mean differences were significantly different from each other (two sided t-test, $p = 0.027$). Among fathers the depression scores of those without repressive coping increased somewhat (by 2.2), and in those with repressive coping there was little change (by 0.2). Exploration using categorical variables was limited by low numbers. Those who worsened by 0.3 s.d. or more, or improved by 0.3 s.d. or more, and those who stayed within 0.3 s.d. of zero change were compared. Within the repressive coping group 3/8 worsened by 0.3 s.d. or more contrasted with 2/25 of those without repressive coping (OR 6.90, 95% CI 0.90-52.7), and 2/8 improved compared to 15/25 in the remainder (OR 0.22, 95% CI 0.04-1.3).

Conclusions: These preliminary data suggest that in mothers of children with cancer a coping strategy that puts an emphasis on denial of emotions may be associated subsequently with a greater level of depression. In fathers, by contrast repressive coping appeared to be effective, at least up to 40 weeks following diagnosis.

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POSTER

Bad news from the patient's perspective: an analysis of the written narratives of newly diagnosed cancer patients

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Purpose: Advice papers in medicine dealing with how to tell patients bad news rely almost exclusively on the opinion of the physician. What is lacking is empirical studies from the perspective of the patient. The purpose of the present study was to analyse how patients with recently diagnosed cancer narrate the manner in which they received their diagnosis, and to discuss this in relation to bad-news papers and related research.

Methods: A consecutive series of 187 patients who had received their cancer diagnosis 2-8 months prior to the outset of this study were asked to describe the manner in which they learned of their diagnosis in writing. The contents of the 138 submitted written narratives were sorted according to experiences of the Setting, Care and Disease Information.

Results: A crucial finding was that the participants often described experiences from the first contact with hospital staff to the end of their treatment, rather than as a single instance of diagnosis communication. The relational meaning of these experiences was obvious. Information on treatment was of the utmost significance. No one required more prognostic information.

Conclusion: From the perspective of the physicians, bad-news focuses on how to provide information about diagnosis and prognosis in the course of a single diagnostic consultation. From the patient's perspective, bad news reflects the process of being diseased by cancer, and how medical services are available when one is in need of establishing a helping relationship. In this relationship information about diagnosis and treatment is more a means than an end. Further conceptualisation of the patient-physician relationship from the perspective of the patient would benefit greatly from interdisciplinary collaboration with the social sciences.

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POSTER

Euthanasia - Emotional and juridical aspects of euthanasia. Experiences from the last five years

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To be able to perform euthanasia in the incurable diseased patient with cancer you have to comply with a lot of juridical criteria to obey the law in the Netherlands.

Interesting is that the emotional steps a patient usually has to take to come to such a grave decision are in my experience in harmony with the law.

People are very much attached to life and when they feel life slips away they become more and more conscious of the small things that make them happy and they move their borders.

As a doctor you go with the patient through this emotional process which takes a lot of your time and empathy and in the end of the process you fulfil also the requirements of the law.

The written statement, obligatory in the law, forces the patient to clarify his/her thoughts about the situation that will make life unbearable in the end.

Once there is complete clarity about what the patient experiences as unbearable suffering and once there is an agreement with the doctor there comes almost always a peaceful state of mind.

The knowledge that if you can't bear anymore you don't have to together with good palliative care makes euthanasia sometimes unnecessary in the very end.

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POSTER

Oesophageal cancer: perceptions and informed consent in an African population

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Purpose: To evaluate the perceptions of patients with oesophageal cancer about their illness and treatment, and to determine the role, if any, of the informed consent process in a South African population.

Methods: Two hundred black patients with advanced squamous cell carcinoma of the oesophagus were interviewed. The median age was 54 and the male to female ratio was 3:1. Most of the patients were from a low socio-economic status with an income of R500 or less per month (72%), often unemployed (47.5%), and with only primary school education (75.5%). They completed a perception of illness questionnaire, where after they were informed about their illness, the possible treatment options, the benefits it may have, the possible side effects, as well as that they could withdraw at any time without affecting the standard of care. Within 48 hours, the perception questionnaire was once again completed.

Results: Before the informed consent process, 92% of the patients did not know what was wrong with them or what the available treatment options were. However, almost all the patients (95%) indicated that they wanted information about their illness and treatment. After the informed consent process, 96% knew that they had cancer, while 91% of the patients indicated that they preferred receiving information (albeit of a negative nature) because it removed uncertainty. Most of the patients (75%) indicated that they used the information as a coping mechanism. Overall, the informed consent process significantly improved the knowledge as well as the perception scores ($p < 0.0001$).

Conclusion: The informed consent process is a valuable tool in our population to provide patients with information they need, to alter their perceptions for the better, and to help them cope with this life threatening disease.

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POSTER

Recurrence: the emotional challenges and opportunities for patients & providers

J. Thompson. *Park Nicollet Clinic, Oncology, Minneapolis, MN, USA*

In this presentation we will draw upon the lessons learned in clinical practice as well as hear the words of patients as we examine our work with those facing recurrence. The emotional challenges of advanced cancer are enormous and yet, there are many straightforward, simple ways to support and enhance coping.

Through lecture and discussion, we will look at the following:

- Nourishing hope as an illness progresses.
- The benefits of clinician self-disclosure.
- Placing the locus of control with the patient.
- The four things that patients report they most want to hear from their health care providers when facing recurrence.

Attention will be given throughout this presentation to some of the accompanying emotional challenges for us as clinicians when we work with those facing cancer's return.

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POSTER

Walking in the shadow: examining a model for group psychotherapy with patients facing advanced cancer

J. Thompson. *Park Nicollet Clinic, Oncology, Minneapolis, MN, US*

This presentation will introduce a group therapy model for individuals challenged with metastasis or recurrence. Through the example of one group now embarking on its ninth year, the following elements of the group experience will be highlighted: