

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.