

addition, there was significant performance variability within oncologists at a site. For example, recording of stage ranged from 17.6% to 91.4% among oncologists at one site. Additional analyses revealed the patterns of data entry on other clinical variables also varied significantly.

**Conclusion:** The variability in performance in quality indicators for breast and lung cancer suggests there are many opportunities for improvement in cancer care delivery within the selected oncology practices. Use of information technologies allows collection and feedback of data on a near real-time basis. However, for the feedback of performance data to have a meaningful impact on practices, and physicians within a practice, it must be done in a manner consistent with recent research findings on physician profiling.

## Cancer prevention

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POSTER

### Colorectal cancer (CRC): program for early diagnosis in the district Alba-Bra (ASI18), Piedmont - Italy

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**Purpose:** in Italy, CRC is the second leading cause of death from cancer, with an annual incidence of 28.000 new cases. The diagnosis in early stage of disease is associated with more than 80% of 5-years survival; endoscopic removal of adenomas can decrease the CRC incidence of 40-60%; the fecal occult-blood test (FOBT), performed every 1-2 years, can lead to a reduction of 15-30% in mortality.

**Methods:** since April '97, in the district of Alba-Bra (ASL18), a program for early diagnosis of CRC is in progress to evaluate utility, acceptability and impact on population (150.000 inhabitants). The participation in the program is spontaneous and free. The visit consists of careful clinical history taking, abdominal and digital rectal examination, immunochemical FOBT (on 3 samples), indication to diet and behavior modification. Subjects with symptoms, high risk factors and/or FOBT positivity are invited to undergo colonoscopy.

**Results:** in 4 years of activity, 419 visits (250 first visit and 169 follow-up) were performed. The mean ages were respectively 52 years for the first visit (range 20 - 78) and 51 for the follow-up (range 35-77). The residence of the patients was urban in 105 cases (42%) and rural in 145 cases (58%). Patients information was obtained: 96 cases by local mass media, 81 by leaflets, 41 by relatives/acquaintances, 19 by health operators, 7 by family doctor and 6 by other. In 79 cases there was familiar occurrence for intestinal adenomas and/or CRC and in 13 cases adenomas were removed from the large bowel before entering the program. FOBT were positive in 24 cases: 8 related to adenomas and 16 to other conditions (hemorrhoids, diverticulosis, anal fissures). The 8 detected adenomas (3 cases transverse colon, 2 sigma, 2 rectum, 1 ascending colon) were removed endoscopically.

**Conclusion:** achieved the objective of generating useful insight in patients for modification in diet and in lifestyle, the program is now directed to improve compliance to the endoscopic procedure, diagnostic and therapeutic examination, at present, indispensable for prevention of CRC.

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POSTER

### Cisplatin/epinephrine injectable gel for the intralesional treatment of melanoma metastases: Results of a multi-institutional trial

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Intratumoral treatment of melanoma patients with metastases to skin, soft tissue and/or lymph nodes that are not resectable by conventional surgery and/or radiotherapy appears to be promising.

A novel product for intralesional chemotherapy (cisplatin/epinephrine (CDDP/epi) injectable gel; Matrix Pharmaceutical, Inc., Fremont, CA) was tested in 28 heavily pretreated melanoma patients in two identical multicenter Phase II trials. A total of 25 pts with 244 lesions were evaluable for efficacy. Tumors were injected with 0.5 mL gel/cm<sup>3</sup> (2 mg CDDP; 0.05 mg epi in a sterile bovine collagen gel). Patients received up to 6 weekly treatments in an 8-week period. The objective, response rate for target tumors (each patient's single most symptomatic, largest, or most threatening tumor) was 44% (5 CR, 6 PR). The median response duration was 63

days (30-632 days) for patients without additional treatment. In addition, the response rate in all lesions (1-72/patient) was 53% (duration: 30-783 days; median: 347 days). Systemic toxicity was negligible, local adverse reactions such as erythema, necrosis, or pain occurred frequently, but were easily managed in most cases.

In conclusion, CDDP/epi injectable gel provides a new therapeutic approach for local control of metastatic melanoma confined to skin, soft tissue, and lymph nodes.

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POSTER

### Model screening for oral cavity and pharyngeal cancer in Hungary

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Between 1990 and 1999, deaths due to tumours of the oral cavity and the pharynx increased among men in Hungary by 44%, especially among 40-60 year-olds, where the increase was 76% on the average making cancer of the oral cavity and the pharynx the second most common cause of death after lung cancer in this age group. These tumours are clearly linked to alcohol consumption and smoking; the majority is discovered at an advanced stage due to lack of awareness of health-related issues and of cooperation in this segment of the population.

Compared to the other former socialist countries the mortality rate due to cancer of the oral cavity and the pharynx is 2.8-4.1 times higher in Hungary.

The number of alcoholics and smokers on file under the age of 55 increased by 12.6% and 13.8% respectively.

Earlier attempts to screen for tumours in the oral cavity and the pharynx in other countries were unsuccessful due to poor access to the endangered population, which includes approx. 866000 individuals in Hungary.

Our institute initiated a unique method for screening of the highest-risk population of drinkers and smokers.

The objective of the screening is primary and secondary prevention, i.e., teaching people about the dangers of their habits and making those affected aware of the early signs of the disease that allows early diagnosis.

**Results:** Based on the files of 17 family physicians (covering a population of 42500 people) only the recorded smokers and alcoholics (5.1%) were invited for the screening, and 39% of them appeared. First they were asked about social parameters, their habits, knowledge of the early signs of oral and pharyngeal cancer by a simple questionnaire afterwards they were examined.

The screened population belonged socially to lower classes (76.4%), were heavy smokers (64.2%) and regular drinkers (68.8%). The scores of their answers about oral cancer proved almost complete lack of knowledge in this respect. The examination revealed pathological changes in 48% in the head and neck region, although no proven malignancy has been found. At the end each person was informed about important facts of the disease and its prevention.

**Conclusion:** The screening of high-risk patients selected by their GP-s who know them personally, might be an effective first step toward reaching and educating the most likely candidates for oral and pharyngeal cancer.

## Communication-information

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POSTER

### Variability in estimating late normal tissue toxicity for patients receiving radiotherapy. Does experience influence what we are telling our patients?

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**Aim:** Patients frequently request estimates of the risk of late complications before a proposed course of radiotherapy. Most readily available data is in the form of tolerance doses (eg TD 5/5s). However dose delivered to normal tissues often differs from reported tolerance doses. Thus it is possible that risk estimates (REs) provided by radiation oncologists (ROs) for different clinical scenarios vary widely, and are based more on personal experience than on published evidence. To quantify variability and determine factors affecting estimates, a survey of ROs was undertaken requesting REs of late toxicity given a number of clinical scenarios.

**Methods:** A survey was mailed to 50 randomly selected Australian ROs (1/3 of the workforce). They were asked to provide estimates of the risk of toxicity given 49 clinical scenarios for 24 different complications. Other questions related to rating of evidence supporting estimates. REs were assessed to determine association with years of experience, subspecialization or private practice.

**Results:** Response rate was 50%, with a total 1112 individual REs provided. REs provided for each scenario were extremely variable, with the median variability 50 fold. The least variability (7 fold) was for estimates of small intestinal perforation/obstruction after 1/3 volume received 50Gy with concurrent 5FU (RE range 5% to 35%, median 9%). The variation between smallest and largest REs in 17 scenarios was 100-fold or more. Increasing years of experience was significantly associated with increased estimation of the risk of soft/connective tissue toxicity ( $p=0.01$ ), but decrease in REs of neurological toxicity ( $p=0.08$ ). Organ toxicity REs were not associated with experience ( $p=0.88$ ). Subspecialization and private practice did not appear to affect REs. 96% of ROs believed REs were important to radiotherapy practice, however only 24% rated evidence to support estimates as good or better. 67% believed national or international groups should pursue the issue further.

**Conclusion:** The high degree of variability in risk estimates for normal tissue complications (a median variability of 50 fold) appears to be most often influenced by years of experience. Estimation of risk is perceived as an important issue that does not have a good evidence base. There is support by ROs for international societies and study groups to pursue this further. Further studies, and creation of prospective late toxicity databases are strongly recommended.

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POSTER

### What is the patient and sitter opinion about cancer diagnosis disclosure? A study from the Middle East

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**Background:** Disclosure of cancer diagnosis is one of the most difficult tasks in oncology practice, since this always leads to a major psychological stress and a great emotional disturbance both to the patient and his family. Although the current trend in the developed countries is toward full disclosure, in many other areas of the world physicians and families prefer hiding cancer diagnosis from the patient. At the NCI of Cairo University a series of studies are planned to explore this sensitive issue in our community. This is the report of the first study.

**Methods:** A total of 200 subjects (100 cancer patient and 100 cancer patients sitters, male/female ratio = 115/85, median age 42 y, range 18-78 y) were interviewed and asked especially designed questionnaire.

**Results:** Of the patient group 71% wanted to know their cancer diagnosis and 56% wanted to be informed about all the details of their illness, compared to 40% and 17% respectively in the sitter group. The main reason (64%) behind the patients desire to know was the believe that it is their right to know. In the sitter group, the fear from deterioration of the patient psychological conditions was the main factor (87%) against agreeing about full disclosure of cancer diagnosis. Of the factors studied to determine their influence on the opinion about cancer diagnosis disclosure, only the marital status (74% of the married patients agreed on full disclosure) and the socioeconomic status (64% of the patients with low socioeconomic status were against disclosure) were statistically significant ( $p=0.048$  &  $0.017$  respectively).

**Conclusion:** In the current study it was demonstrated that the majority of the patients have the desire to know their cancer diagnosis in spite of the fears of their families from deterioration of their psychological status. The study highlighted some possible reasons and factors lying behind the discrepancy between the patient and sitter opinion regarding cancer diagnosis disclosure.

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POSTER

### Does telling the truth about diagnosis and prognosis affect patient psychological distress? A systematic review registered with the York Centre for Research and Dissemination database

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**Purpose:** The impact of truth telling on patient distress has been the subject of much opinion and cross-cultural debate but has not been rigorously anal-

ysed. This systematic review aimed to examine published and unpublished studies which evaluated whether or not telling the truth has an effect on patients' psychological distress. This systematic review is part of a larger Biomed study on ethics and communication in European Palliative Care.

**Method:** Inclusion criteria were as follows:

1. Studies examined whether truthful disclosure has an effect on patients' psychological distress

2. Randomised controlled trials, controlled before and after studies or interrupted time series studies

3. Subjects were adult palliative/terminally ill cancer and/or HIV patients

Searches were conducted using electronic databases (Medline, Cinahl, Cochrane library, Psycinfo, EMBASE, Evidence based medicine) and hand searches of complete sets of journals. Two reviewers independently assessed and applied the inclusion criteria. A modified version of a data extraction sheet from the York Centre for Research and Dissemination was employed.

**Results:** 500 different abstracts were retrieved but no studies reviewed met the inclusion criteria. The 12 studies which best addressed the review question will be discussed, with the reasons for their exclusion.

**Conclusion:** This review highlights the need for a prospective well-designed study evaluating the impact on truth telling on distress. Most countries have firm views as to whether or not the truth should be disclosed, but it appears that there is no consensus evidence to support this decision.

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POSTER

### A teleconsulting network between peripheral hospitals and the referring center for cancer patients, in Trento (Italy)

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**Introduction:** An Oncological Teleconsultation Network (OTN) between 4 peripheral hospitals and the referring center has been developed in Trento (Italy), aimed to offer optimal treatments to cancer patients living in a remote area, while reducing the needs for patient's or specialist's transportation.

**Methods:** The OTN was based on a specifically designed multimedia (texts, graphics, images) Digital Clinical Record (DCR), developed on Web technology (DHTML, ASP) and accessible via a dedicated Web browser. OTN was supported by an intranet network connecting all participating hospitals via ISDN. Clinical data were stored on a distributed database system. For security concerns, the OTN provided a restricted access control and the encryption of the transmitted clinical data.

**Results:** After the laboratory testing of technology performances, 30 clinicians belonging to different departments of 5 hospitals were involved in the validation phase. This consisted in multi-point virtual meetings for on-line case discussion, supported by audio conferencing, synchronized surfing on the DCR, interactive image sharing and chatting. An off-line modality, always inside the DCR of a specific patient, was also available for short questions and answers and for late medical reports. Critical factors were the availability of digital hospital infrastructures, the development of a complete DCR containing the complex patient's history and enabling a synthetic view of previous treatments and related toxicities and responses, and finally the clinician's education and workflow optimization. However, from September to November 2000, 45 on-line and 98 off-line teleconsultations were successfully performed with pre and post validation questionnaires evidencing a very high physician's acceptance and satisfaction degree.

**Conclusions:** It appears from our experience that the DCR and OTN that we have developed can enable geographically distant clinicians to effectively interact in the disease's management of cancer patients and possibly improve the treatment's outcome.

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POSTER

### High incidence of concurrent use of alternative medical therapies (AMT) in cancer patients in treatment with chemotherapy (CT) at inen in Lima-Peru

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**Background:** Concurrent use of alternative medical therapies (AMT) in cancer patients is more common than we think, most of them don't tell they are using them, patients that are included in clinical trials also take them. It's important to know if a patient takes AMT concurrent with chemotherapy (CT) because they could interfere with anticancer activity or have other toxicities.