

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

877

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.

878

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/cm³ (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.

879

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

880

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.