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.

881 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.

882 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 analysed. 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.

883 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.

884 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.

Objectives: To have an idea of the incidence of cancer patients in treatment with CT that use AMT, and the reason why they take them,

Material and Methods: We have performed a survey between 103 cancer patients in treatment with CT in outpatient service, selected by chance. All of them answered a questionnaire where a set of directed questions regarding the knowledge of their disease, their attitude to CT and use of AMT.

Results: Mean age was 45 (range 15 to 76), women/men were 73/30,diagnosis included solid tumors,lymphoma and leukaemia..

95/103 (92.2%) knew their diagnosis,94/103 (91.3%) knew that they received CT, 81/103 (78.6%) had a positive attitude to CT,68/103 (66%) got better with CT,76/103 (73.8%) trust their physician.

76/103 (73.8%) used concurrent AMT with CT, 11 of them used 5 or more types of AMT,50 used between 2 to 4 types and 15 used 1 type.

The most common types of AMT used were bee honey in 31, cat nail (a kind of tree bark) in 28, maca (a kind of tubercle) in 26, fruit extract in 21 and pigeon soup in 19.

The most common reasons why they used AMT were: 40/103 (38.8%) as complement to CT (to decrease toxicities, to enhance immunity, etc.) and 9/103 (8.7%) considered that CT is not enough against cancer, but 49/103 (43.3%) didn't give their reason.

82/103 (79.6%) used AMT by recommendation of others (mostly a familiar 28/82-34.1%).

Conclusions: 1.- The incidence of concurrent use of AMT in cancer patients in treatment with CT is high (73.8%) 2.-Most of them use multiple types of AMT 3.- The most frequent reason to use AMT is as complement to CT. 4.- Most of them don't give their reason why they use AMT. 5.- Most of them used AMT by recommendation of others 5.- The use of AMT is not affected by the knowledge of the disease,the attitude to CT, the reaction to CT nor the confidence in the physician.

Detection and diagnosis

885 POSTER

Associated lesions to gastric cancer: follow-up study

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Background: Adequate follow-up for some histopathological conditions and lesions, associated with gastric cancer, is not fully defined. Aim:t To evaluate progression and follow-up of atrophic gastritis (AG), intestinal metaplasia (IM) and dysplasia (D).

Methods: Seventy-seven patients clinical files retrospective analysis with more than one endoscopy since January 1985, in whom biopsies revealed AG; complete (cIM) or incomplete (iIM) IM; low-grade (LGD) or high-grade D (HGD).

Results: For each type of associated lesion found in an once made endoscopic biopsy, median time of follow-up and histology results are presented. For AG, median time of follow-up was 24 (6-264)months, and their progression was as follows AG-41%, cIM 10%, iIM 10%, LGD - 39%, HGD - 0 and C -0. For cIM, they were followed during 12 (6-48), and 25% regressed to AG, 63% stayed classified as CIM, 12% progressed to IIM, and 0 progressed to LGD, HGD or C. Considering iIM (time of follow-up was 36 (6-60) months), 14% regressed into AG 33% and 38% into cIM; 5% stayed as iIM, but 5% progressed to LGD, and 5% to HGD. Patients with LGD,followed during 24 (6-96), 36% regressed to AG, 22% to IM, but 9% progressed to HGD or C. Eight percent of patients with HGD (24 (6-72)months of follow-up) progressed to cancer.

Discussion: Patients with AG or cIM may not need a follow-up endoscopy, at least every year. Instead non-invasive tests may be usefull for their follow-up (eg PI/PII). On the contrary, for patients with iIM or D (8-16% progressed to HGD and C) a intensive follow-up should be developed, with improvement of endoscopy techniques (eg, magnification).

886 POSTER

Ultrasound-guided aspiration biopsy of peripheral pulmonary nodules

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Purpose: We have investigated the role of ultrasound-guided aspiration biopsy for diagnosis peripheral pulmonary nodules in 159 patients from 1/1997 to 12/2000.

Methods: All the patients have been undergone at ultrasound-guided transthoracic fine-needle aspiration biopsy (ECOJECT 20G) and confermative cytology diagnosis. Nodules size ranging from 1 cm to 10 cm.

Results: On 159 patients we obtained 105 positive specimens for malignancy. 93 of 105 patients have been positive cytology for primary tumors of the lung (83 nsclc/10 sclc). 12 specimens have been positive for metastatic nodules. 44 patients with peripheral nodules recorded negative cytology for malignancy, and 9 of these were reperted to be non specific and 2 inadequate specimens. One patient developed pneumothorax after needle aspiration and one patient emophotoe. The nodules size did not affect the diagnostic outcome and the complication rate.

Conclusion: This diagnostic procedure appears us to be effective, safe and feasible also in bedridden patients. Moreover, it is at low cost (70 euros), quickly (5-6 minutes) and well tolerated with the possibility to make the repeat examination in non specific or inadequate specimens. Therefore, ultrasound guided aspiration biopsy can replace TC-guided biopsy in this set of the patients.

887 POSTER

CA-125. associated with benign and malignant pathologies

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Purpose: CA 125 tumor- associated antigen is a high molecular glycoprotein used for monitoring the course of epithelial ovarian cancer. However, a number of physiologic, benign and malignant conditions are associated with the elevation of serum CA 125. The aim of the present study was to analyze the prevalence of CA-125 elevation in a population of patients with different pathologies and determine the possible implications of that increased level.

Methods: On four different days a total of 380 CA 125 assays were performed on randomly selected in-patients, or out- patients attending our General Hospital Clinics. Serum CA 125 was measured using an enzyme immunoassay (AxSYM CA 125). A value > 35 U/ml was considered elevated. Increased CA 125 serum levels were found in 61 patients (16%). Clinically evaluated parameters were: age, gender, clinical diagnosis, presence of pleural, pericardial or peritoneal effusion and history of previous surgery less than four weeks previously.

Results: A total of 61(16%) patients had a CA125 >35 U/ml (17 women and 44 men). The pathologies displaying marker elevation were: heart failure, 23% (14), lung disease, 19.6% (12), cirrhosis 18% (11), cancer 16.4% (10), gastrointestinal disease 11.5% (7), SNC disease 6.6% (4) and miscellaneous 5% (3). Effusions were found in 34 patients (55.7%), and 16 patients (26.2%) had undergone recent surgery (<4 wks). The median value of CA-125 was 100 U/ml (range 37-897).

Conclusions: Increased CA-125 serum levels occurs in a diversity of nonmalignant and malignant conditions. The common feature in of all of them is the serosal involvement. Cardiovascular and chronic liver disease are the most frequent pathologies seen in the pool of patients with CA-125 elevation. Our data confirms the sparse interest of CA-125 as marker for ovarian carcinoma but indicates a possible role for this glycoprotein in the follow-up of cardiovascular, hepatic and tumoral diseases with serosal involvement.