

**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.