

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

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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: 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 useful for their follow-up (eg PIIPIII). 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).

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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 (ECCOJECT 20G) and confirmative 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 nscl/10 scl). 12 specimens have been positive for metastatic nodules. 44 patients with peripheral nodules recorded negative cytology for malignancy, and 9 of these were reported to be non specific and 2 inadequate specimens. One patient developed pneumothorax after needle aspiration and one patient emphysema. 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.

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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 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.