

Education

895

POSTER

A proposal for oncology training at the undergraduate level in Argentina

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Although cancer is the second cause of death in Argentina both public and private schools of medicine in our country do not offer courses of oncology at the undergraduate level. The study of cancer diseases is fragmented, repetitive, inadequate, only theory and not in concordance with clinical practice. Some mistakes in the management of cancer patients are due to lack proper oncological training by oncologist before graduation. Unfortunately this is a common situation all over Latin America. We propose a complete comprehensive programme for teaching oncology as part of curricula, with could serve as a model for others countries. Some teaching objectives are to give normative in primary prevention, early diagnosis, treatment (surgery, radiotherapy, chemotherapy, hormonotherapy and biotherapy), patients information; rehabilitation; palliative care; cancer pain; psychological aspects; emergencies in oncology; follow-up. A first cycle for seminars and practices with hospitalized patients, or with outpatients in units of chemotherapy, radiotherapy, bone marrow transplantation, hematology, gynecology, and urology. Groups of 50 medical students divided in 5 teams in a over all course structure, for 3 weeks, evaluated with oral-written tests and obligatory monograph must reach a clear improvement in cancer education using also critical reasoning, counseling, self-directed learning, coordinated by oncologists, but receiving knowledge from different disciplines. Towards an optimal teaching programme, medical students need to know how to participate in prevention, diagnosis and treatment of cancer in the postgraduate practice.

896

POSTER

Continuous Medical Education (CME) in Europe: The Italian approach to the first European entirely online system for application and accreditation in CME

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Introduction: Rapid advances in medical science, technology and research render almost 50% of medical knowledge obsolete within 10 years. Therefore, continuous medical education (CME) is an ethical duty and an individual responsibility for each doctor in order to provide best patient management and to meet the public's need for reassurance that it is obtaining the very best standards of medical care.

In contrast to most States of the USA where CME is mandatory in Europe various forms of CME systems exist, being voluntary, recommended or mandatory, respectively. Some European States are more advanced than others in their system and have greater experience and some have programmes organised by the professional bodies. Where the medical and allied health professionals are not taking the responsibility of organising systems designed to retain competency through regular updating of knowledge, the government is forced to take this role.

Methods: In order to fulfil the need CME was officially introduced in Italy in January, 2001 by Umberto Veronesi the Minister of Health (2000-2001). Therefore, it is now obligatory for Italian doctors to collect an average of 50 educational credit points per year. (1 hour of CME counts 1 credit point) This system - including application for organisers of educational events as well as the accreditation for health professionals - is entirely online on the Internet at www.ecm.sanita.it which is unique for Europe. After a test-phase of six months the system will work with full integration from the first of July, 2001. It will involve also non-medical health professional from 2002 on.

Results: Already during the test-phase the system enjoyed high acceptance and was frequently utilised. More than 8000 applications were registered.

A more detailed evaluation including also the first three month of the full integration phase as well as a critical appraisal of the current achievements will be presented.

Conclusion: There are clear indications that Europe shifts from a voluntary perspective of CME towards a compulsory standpoint. As a consequence in Italy an entirely online CME system was established by the Minister of Health. As a next step due to the free mobility of profession a concept of harmonising CME systems within Europe is planned.

897

POSTER

Avoidable screening costs: role of primary care physician in chest radiography prescriptions for lung cancer early diagnosis

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Purpose: Chest radiography (C-Rx) for lung cancer screening has not demonstrated that saves lives and it is therefore considered an avoidable cost. Since C-Rx for early diagnosis of lung cancer is a frequent event among some urban communities, the purpose of the study is to reveal a possible relationship between C-Rx malpractice events in healthy individuals and early diagnosis habits of Primary Care Physician.

Methods: Medical interviews both for Physicians' screening habits prescriptions and for cancer screening events in healthy subjects were obtained in 20 Greek urban areas. A total number of 134 Primary Care Physicians and of 2200 healthy people aged 40-80 (1250 women and 950 men) underwent the study.

Result: Among the Primary Care Physicians only the 23.9% does not recommend C-Rx for lung cancer screening practice, whereas the 56.7%, 6.7%, 4.5% and the 8.2% retain to be useful to prescribe chest radiography yearly, every 2, 3 or 5 years respectively. Among healthy women a C-Rx screening event within 1, 2, 3 and 5 years was documented for the 14.8%, 18.2%, 22.5% and 28% respectively, whereas for men the evidence was 13.2%, 17.5%, 22.3% and 26.9%.

Conclusions: Chest x-ray lung cancer screening was evidenced to be a frequent phenomenon in the examined population. The medical prescriptions play a major role in these malpractice events. The absence of a systematic approach to screening means that a high proportion of healthy individuals to undergo unjustified radiation exposure. Improvements in screening quality control can lead to reducing avoidable costs. Continual medical education of medical personnel employed in primary care physicians activities is required.

898

POSTER

Assessing undergraduate palliative care education

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Background: The GMC recommend that 'care of the dying' should be 'core' in undergraduate medical curricula. However, the effect of undergraduate education in palliative care has been questioned. The aim of palliative care education is to facilitate learning that results in able and confident health care professionals capable of delivering optimal care for the dying patient and their family. However, it has been suggested that the numerous practical and interpersonal difficulties involved in delivering palliative care may impede student learning and consequently impact upon their ability to provide appropriate care.

Aim: To examine whether a short programme of education and experiential placement improves the perceived efficacy in, and attitudes towards, caring for the palliative care patient.

Method: A pre and post survey of an education programme for fourth year medical undergraduate students from Liverpool University (N=216) was completed using a composite questionnaire containing:

- i) Self-Efficacy in Palliative Care scale (SEPC)
- ii) Thanatophobia Scale

Both scales have demonstrated reliability and validity within the sample population. Additionally, a Focus Group was conducted to provide qualitative information on the students experience.

Results: 139 pre and post questionnaires (64%) were returned complete. Analysis identified significant improvements in perceived efficacy (Communication $t = -16.41$, $p < 0.001$; Patient Management $t = -22.31$, $p < 0.001$; Multidisciplinary Teamwork $t = -15.56$, $p < 0.001$). Significant improvements in Thanatophobia were also recorded ($z = -7.51$, $p < 0.001$), although some interesting anomalies were noted.

Discussion: Whilst palliative care is a discipline that involves many practical and interpersonal difficulties, structured education and practical experience has been shown to significantly reduce anxieties and promote perceived efficacy in caring for the dying patient. In accordance with Bandura's theory of self-efficacy, the authors propose that the education programme is likely to have a positive effect on the level of care provided to

the dying patient. With increasing numbers of patients with palliative care requirements, greater integration and expansion of medical undergraduate palliative care education is advocated.

Epidemiology

899

POSTER

Childhood cancer mortality in the Belgrade population during the period 1980–1997

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Purpose: The aim of this investigation was to estimate cancer mortality in childhood in the Belgrade population during the period 1980–1997.

Methods: Mortality data of cancers in childhood in Belgrade were analyzed according to the death records for the period 1980–1997. Mortality rates were adjusted by direct method using world population as a standard. Fisher's test was used in estimation of the significance of the linear regression coefficient.

Results: In Belgrade, malignant tumors in the age up to 14 years had 0.49% in the mortality structure of all cancers during the period 1980–1997. The average standardized mortality rate of all cancers was 1.49 per 100,000 (95%CI 0.48–3.47) with a significantly decreasing tendency ($p = 0.009$). Age-specific rates were the highest in the age group 5–9 years with average value of 5.08/100,000 (95%CI 1.65–11.84) (for boys 5.92/100,000 - 95%CI 1.92–13.79, and for girls 4.19/100,000 - 95%CI 1.36–9.76). Haematological malignancies (43.55%), brain tumours (25.81%) and soft tissue and bone tumors (10.08%) were the most frequent cancers in childhood in the Belgrade population, for the observed period. The average standardized mortality rates were 0.26/100,000 (95%CI 0.01–1.45) for leukemia, 0.34/100,000 (95%CI 0.1–1.89) for Hodgkin's disease, and 0.05/100,000 (95%CI 0.001–0.28) for non-Hodgkin's lymphomas. The elevated mortality trends were registered for leukemia ($p = 0.678$) and non-Hodgkin's lymphomas ($p = 0.342$), whereas a high significant decreasing trend was presented for Hodgkin's disease ($p = 0.001$). For brain tumours ($p = 0.954$), and soft tissue and bone tumors ($p = 0.952$), a decreasing mortality trends were observed too.

Conclusion: According to observed mortality rates, the risk of death due to malignant tumors in childhood in the Belgrade population is low. These findings are in accordance with the better treatment results and longer survival of children with many types of cancer registered in recent years.

900

POSTER

Cancer morbidity in West Belarus

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Purpose: The territory of Belarus can be divided on two parts: 'dirty' territory (i. e. territory polluted after Chernobyl accident) and 'clean' territory. Grodno is situated in 'clean' territory of Belarus. We decided to compare the indices of cancer morbidity until and after Chernobyl accident in 'clean' zone.

Methods: All cases study of the patients with cancer (excluding oncogynecology data) has been noticed in the same city district during 1985, 1986 and 1995–2000. The index of cancer morbidity (ICM) on 100,000 of population was calculated.

Results: The all new revealed annually cases of cancer (from number of population about 50,000) are presented in the table below.

	Index Year							
	1985	1986	1995	1996	1997	1998	1999	2000
Male	104	90	82	99	105	108	93	70
Female	89	80	80	92	78	104	103	67
Totally	193	170	162	191	183	212	196	137
ICM	347.8	306.4	295.6	348.5	330.3	382.6	351.1	280.6

Conclusion: due to the data obtained in Grodno (West Belarus), we can observe not a substantial difference in ICM between years until and after Chernobyl accident. Also, in all years (in spite of female population prevalence) the male new revealed cases of cancer are prevalent.

901

POSTER

Some epidemiological data of cancer in West Belarus

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Purpose: The territory of Belarus conditionally divides into two parts: 'dirty' territory (i. e. territory polluted after Chernobyl accident) and 'clean' territory. Grodno is situated in 'clean' territory of Belarus. We decided to compare frequency of the oncologic diseases before Chernobyl accident and after it.

Methods: All cases study of the patients with cancer (excluding oncogynecology data) has been noticed in the same city district during 1985, 1986 and 1995–2000 (from number of population about 50,000). The three most numerous kinds of cancer determined annually between 1) lung cancer (LC); 2) cancer of gastrointestinal tracts (CGT); 3) breast cancer (BM) and 4) hematologic malignancies (HM).

Results: The 3 major kinds of cancer are presented in the table below.

Cancer (%)	Year							
	85	86	95	96	97	98	99	00
LC	18	16	16	14	12	14	14	8
CGT	26	22	21	21	26	18	18	21
BM	11	10	11	11	—	14	14	9
HM	—	—	—	—	26	—	—	—

Conclusion: Due to the data obtained, in west Belarus ('clean' zone) we did not observe an increase of major groups of oncologic diseases after Chernobyl accident. The increase in HM, in 1997, is possibly explained by effect of low radiation dose accumulation. The higher levels of CGT group is due to the traditionally high consumption of animal fats and, conversely, low consumption of fruits and vegetables.

902

POSTER

Epidemiology of thyroid gland carcinoma (TGC) in West Belarus

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Purpose: Thyroid gland is one of the target organs for the radioactive isotopes after radioactive pollution. We decided to compare the indices of TGC morbidity during 12 years after Chernobyl accident in area free from radioactive pollution.

Methods: All cases study of the patients with primary TGC has been noticed in the same city district of city Grodno (from average number of population 50,250) during 1989–2000.

Results: The all new revealed annually cases of TGC (usually stage I–II) are presented in the table below.

	Year											
	1989	90	91	92	93	94	95	96	97	98	99	00
Cases of TGC	1	—	1	4	3	2	1	—	—	3	1	2

The average age of the patients ($n = 18$) was 41.5. Follicular carcinoma was presented in 80% of TGC. The treatment of TGC was surgical in all cases and (in 27.8%) radiation therapy too. Two patients (11.1%) had relapses of carcinoma after 1 year and 7 years after the treatment.

Conclusion: due to the data obtained, we can observe a) extraordinary high level of namely of follicular carcinoma between all cases of TGC and b) the level of TGC was maximal 6 years after Chernobyl accident. In our opinion the first fact probably is connected both with low doses of radiation accumulation after Chernobyl accident (1986) and with the endemic goiter area in which territory of Belarus is situated. The last conclusion supports the assumption of low dose radiation influence on TGC.

903

POSTER

Incidence of childhood cancer in Belarus, 1994–1998

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This report provides results of the analysis of trends in childhood cancer incidence in Belarus in 1994–1998. For the 5-year period a total of 1645 cancer cases have been registered in Belarus Childhood Cancer-subregistry (data-base of epidemiological department of Belorussian Center for Pediatric Oncology and Hematology, Minsk) in children under 15 years of