

down to 50 nM O₂ corresponding to 0.025% of the saturated concentration prevalent on the surface of the overlaying medium (196 μ M O₂).

Conclusion: These data strongly suggest that severe hypoxia (in terms of very low intracellular oxygen concentrations) is a normal situation for some tumour cells cultivated under standard conditions due to their elevated nutrient and oxygen consumption rates. On the other hand, a strong oxygen gradient built up by mitochondrial respiration increases the oxygen flux via enhanced diffusion rates thereby continuously providing oxygen.

Supportive care & quality of life

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ORAL

Improving the quality of pain treatment by a tailored Pain Education Program for cancer patients in chronic pain

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It has become increasingly evident that patients' knowledge and attitudes regarding pain is important for cancer pain relief. Educational interventions can affect pain treatment. However, the lack of well-established outcome measures to evaluate adequacy of pain treatment hampers the evaluation of educational pain programs.

In this study, the effectiveness of a Pain Education Program (PEP) in cancer patients with chronic pain was investigated in a randomized controlled clinical trial. The main purpose of this study was: 1) to assess the adequacy of pain treatment; and 2) to evaluate the effects of the PEP. The PEP was tailored to the needs of the individual patient and consisted of three elements: 1) educating patients about the basic principles regarding pain and pain management; 2) instructing patients how to report their pain in a pain diary; and 3) instructing patients how to communicate about pain and how to contact health care providers. Intervention group patients received the PEP in the hospital and postdischarge by nurses who were specially trained as pain counselors. Follow-up assessments were till 8 weeks postdischarge.

A total of 313 pain patients were studied. Adequacy of pain treatment was evaluated by means of the Amsterdam Pain Management Index, a measure that compares the aggregated scores of patients' Present Pain Intensity, Average Pain Intensity, and Worst Pain Intensity, corrected for patients' Tolerable Present Pain, with the analgesics used by the patient.

In the hospital, 59.8% received less than optimal analgesic treatment. Results showed that the PEP proved to be feasible, showed a significant increase in pain knowledge in patients who received the PEP, and a significant decrease in pain intensity. Postdischarge, the intervention group patients were significantly more adequately treated than the control group patients. These findings suggest that quality of pain treatment in cancer patients with chronic pain can be enhanced by educating patients about pain and improving active participation in their own pain treatment. The benefit from the PEP, however, decreases slightly over time, pointing at a need for ongoing education.

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ORAL

Patients treated with an NK1 receptor antagonist report less hardship due to chemotherapy-induced nausea & vomiting compared to those on standard antiemetic therapy

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While the antiemetic properties of NK-1 receptor antagonists have been reported in the literature, little information exists on the positive impact of these compounds on patient-reported outcomes. Specifically, the ability to avoid personal hardship and hardship on others due to nausea and vomiting is likely to be an important benefit to patients. In an international randomized double-blind Phase IIb trial, 228 cisplatin-naïve patients (47% female, mean age 55) treated with cisplatin + 70mg/m² received either triple antiemetic therapy (MK-0869 125mg+dexamethasone (D) 20mg+ondansetron (O) 32mg on day 1 followed by MK-0869 80mg+D 8mg on days 2-5) or standard therapy (D 20mg + O 32mg on day 1 followed by D 8mg on days 2-5). Patients recorded vomiting episodes, nausea rat-

ings and rescue medications in a daily diary. Five days post-chemotherapy, patients completed the Functional Living Index-Emeris (FLIE), a measure of the impact of nausea and vomiting on daily life. Cross-culturally validated translations of the diary and FLIE were used in all international sites. "No impact on daily life" (NIDL) is defined as a FLIE average item score >6 on a 7-point scale. The % of patients reporting NIDL from nausea and vomiting in each treatment group (MK-0869 vs standard therapy) was assessed by the FLIE total score (85** vs 67), Nausea domain score (76* vs 60), and Vomiting domain score (93** vs 68). Additionally, the % of patients in each treatment group reporting NIDL from nausea, specifically related to personal hardship (80* vs 64) and hardship on others (83 vs. 74), and the % reporting NIDL from vomiting, specifically related to personal hardship (93** vs 68) and hardship on others, (96** vs 71) was assessed. (*p<0.05, **p<0.01). Nearly 20% more patients treated with MK-0869 reported NIDL as assessed by the FLIE total score over the 5 days post-chemotherapy compared to those on standard antiemetic therapy. Likewise, significantly more patients treated with MK0869 reported no impact of nausea on daily life specifically related to personal hardship and no impact of vomiting on daily life specifically related to both personal hardship and hardship on others. Patients treated with MK-0869 are better able to maintain daily life and avoid hardship following highly emetogenic chemotherapy.

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ORAL

Cancer clinical trials within Europe – An examination into EORTC QL studies

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Purpose: For cancer patients, Quality of Life (QL) is now becoming an increasingly accepted endpoint in cancer clinical trials. However, reports in published literature suggest that fewer than 10% of all clinical trials have quality of life assessment, although it is believed such reports may be biased by time lag factors in the new and emerging field of QL. This paper therefore examines the extent of quality of life studies that are conducted within one of the largest cancer clinical trials organizations in Europe, the EORTC, investigating both completed and ongoing clinical trials.

Method: An examination of all clinical trials conducted by the EORTC (between January 1990 and January 2000) was undertaken, by reviewing data from various databases, publications and records. Trials were systematically selected if they involved any aspect of QL, as clearly specified in the protocol.

Results: In total, some 112 EORTC clinical trials were identified as having a QL sub-study. Over 10,000 patients had been entered into active trials. All of the trials involved multinational patient recruitment, with the highest recruitment from The Netherlands, France and Germany and the lowest from Malta, Estonia and Slovakia. Approximately 14 disease groups have been actively recruiting patients over the last decade, with the major number of patients being from disease groups of Genitourinary, Breast and Lung cancers. A clear linear trend was noted, with increasing numbers of clinical trials involving QL components over this ten-year period. Of all the trials, 74 studies were phase III design, 15 were phase II design, and the remainders were feasibility studies. Presently, 45 trials are ongoing, and open to patient entry, 19 are nearly mature for data analysis, 15 have now been published and 10 are now being analyzed. In the last year, 30 new studies have been submitted for research involving QL, suggesting quality of life is a highly important endpoint in present day trials across the European setting.

Conclusion: While QL was not a major component of EORTC clinical trials in the early 1990's, it is now highly integrated into EORTC cancer clinical trials, and almost a standard secondary endpoint. This suggests that clinicians and researchers alike in the European context are increasingly seeing the importance of patient based outcome assessment methods for assessing the value of cancer therapeutic modalities.

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ORAL

Neuroprotective effect of glutathione (GSH) on oxaliplatin (L-OHP)-based chemotherapy in advanced colorectal cancer patients (pts): a randomized double-blind placebo-controlled trial

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Purpose: L-OHP is a platinum compound active in colorectal cancer and