The patients with pain had worse QL outcomes in comparison to the patients without (the results in terms of subscales scores are described in the table).

Subscales	Pain	No Pain	p value
PHY	57.5	70.3	< 0.0001
POW	77.6	84.9	< 0.001
PSY	64.5	79.6	< 0.0001
REL	56.9	69.7	< 0.0001

Conclusion: From our results, it seems that the different surgical techniques do not produce different incidence of pain. Nevertheless pain is a relevant sequela of BC surgery and is able to affect the patients QL.

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1305 POSTER

Quality of life after axillary lymph node dissection versus sentinel lymph node biopsy

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Objective: Sentinel lymph node biopsy (SLN) is a less invasive method than axillary lymph node dissection (ALND) for axillary staging in breast cancer patients. The aim of this study is to determine the impact of pain on quality of life (QoL) and to assess the shoulder/arm mobility after the two surgical methods SLN and ALND.

Methods: 37 patients with newly diagnosed Stage I or II breast cancer were included in this prospective study. Group I (18 patients) received ALND, Group II (19 patients) received SLN. All patients completed the European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire C30 (QLQ-C30)and B24 (QLQ-B24), the McGill Pain Questionnaire (German version) and a visual analogue pain scale. Measurement of shoulder/arm mobility was performed in all patients. Evaluation was performed before surgery (baseline), 6 hours after surgery, on day 1, 3 and 5 after surgery, one week after demission and 3 months after surgery.

Results: Preoperative QoL was comparable in both groups. Pain was reported significantly more often in group I (81%) than in group II (16%). Shoulder/arm mobility was significantly better in group II (mean = 145.00)than in group I (mean = 114.58) for abduction (p 0.0002) and in group II (mean = 142.06) than in group I (mean =121.25) for flexion (p 0.006).

Conclusion: Patients who receive SLN show less pain and better shoulder/arm mobility than patients after ALND. QoL is better in patients with SLN than in patients with ALND. Assessment of QoL should be considered in the establishment of new surgical methods.

1306 POSTER

Factors influencing cosmetic results after breast conserving management in breast cancer

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We aimed to determine predictive factors affecting cosmetic results after breast conserving management in breast cancer. Data on 96 patients with 97 breast cancer cases, who had been admitted to Uluda* University M. A. Radiotherapy Center between October 1995 and December 1998 and managed with breast conserving treatment, were analyzed to determine the factors affecting cosmetic outcome. Possible factors affecting cosmesis were grouped as patient related, tumor related and treatment related.Mann-Whitney-U test was used in univariate analyses while logistic regression was used in multivariate analyses. Median follow-up time was 29.5 months ranging between 11 and 53 months and median age at admission was 50 (range of 22-84). Cosmetic results were grouped in five categories, excellent, good, fair, poor and very poor, using criteria, such as presence of fibrosis, telangiectasia, shape of breast, asymmetry, status of areola, pigmentation. Treated breasts were scored by the patients, three radiation oncologists and a breast surgeon independently. In the analy-

sis performed using scores given by the patients, cases with scores 3 and above (unsatisfactory) were compared with cases with scores below 3 (satisfactory). Eighty-two patients (84%) considered cosmetic result as satisfactory (excellent/good) while 15 patients (16%) considered unsatisfactory (fair/poor/very poor). In univariate analysis using Mann-Whitney-U test, type of surgery (p=0.0655) was the statistically significant factors affecting cosmetic results. In multivariate analysis using logistic regression, tumor quadrant (p=0.0060) and elapsed radiation therapy days (p=0.0090) were the most significant factors. Median values were taken into consideration for the scores given by the physicians and cases with scores 3 and above (unsatisfactory) were compared with cases with scores below 3 (satisfactory). Eighty-two cases were evaluated as satisfactory (84%) while 15 cases were unsatisfactory (16%). In this set of data, patient age (p=0.0144), menopausal status (p=0.0111), institution which surgery was performed (p=0.0045), type of surgery (p=0.0044), placement of metallic clips (p=0.0083) and skin fibrosis (p=0.038) were found to be significant in univariate analysis using Mann-Whitney-U test. In multivariate analysis using logistic regression, institution where surgery took place (p=0.0015), menopausal status (p=0.0087) and telangiectasia (p=0.0657) were the most significant factors.

1307 POSTER

Epoetin alfa overcomes much of the QOL deficit seen in anaemic cancer patients

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Background: Anaemia has been shown to have a marked effect on Quality-of-life (QOL) in cancer patients. Comparison of clinical trial QOL data with population norm data shows how large an impact treatment of anaemia can have.

Methods: The FACT-An (Functional Assessment of Cancer Therapy-Anaemia) QOL instrument was administered to a nationally representative sample of 1400 people using an Internet survey panel in the US. These results were then compared to FACT-An results from a 375-patient, randomized, double-blind, clinical trial evaluating epoetin alfa vs. standard care in anaemic cancer patients.

Results: 1080 people responded to the Internet survey. On a 0-100 scale (with higher scores indicating better QOL) mean QOL scores were 74.2 for General QOL, 77.06 for Fatigue, and 77.6 for the Anaemia subscale. In the clinical trial, prior to starting treatment, baseline scores for the Epoetin alfa group were 68.4 (General QOL), 57.1 (Fatigue) and 60.5 (Anaemia subscale), a deficit of 5.8, 19.96, and 17.1, respectively, from the norms. Baseline scores for the control group were similar. By the end of the clinical trial, epoetin alfa resulted in a statistically significant improvement in QOL over standard care of 5.61 (General QOL), 9.90 (Fatigue), and 15.89 (Anaemia subscale). This advantage represents 97%, 50%, and 93%, respectively, of the initial QOL deficits. Nearly the entire deficits for General QOL and the Anaemia subscale are completely corrected, while the deficit in Fatigue is cut in half.

Conclusion: Based on norm data for the FACT-An, epoetin alfa leads to large and significant improvements in QOL, relative to the initial QOL deficit. We interpret these changes as highly significant and favourable for anaemic cancer patients.

1308 POSTER

Psychometric properties of the EORTC quality of life core questionnaire (QLQ-C30) in EORTC trials

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Purpose: The EORTC QLQ-C30 is one of the most widely used QL measures applied in cancer clinical trials. This study aimed to look at the