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POSTER

Patients perceptions of cancer-related fatigue: results of an austrian assessment survey

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Purpose: Although fatigue is a highly prevalent condition among cancer patients and has serious adverse effects on quality of life, it still remains underestimated and undertreated. A survey was conducted to characterize the epidemiology of cancer-related fatigue from the perspectives of the cancer patient in Austria in order to better understand the need to treat this debilitating symptom.

Methods: A written questionnaire was distributed to cancer specialists, hospitals and patient advocacy groups. 258 from 1250 questionnaires were returned for evaluation by cancer patients who predominantly experienced cancer treatment during the last 5 years (85%). The median age range was between 51 and 60 years, and the majority of cancer patients was suffering from breast cancer (70%).

29% of all patients had received chemotherapy, 24% radiation therapy and 25% both. 35% of patients received their last treatment within 4 weeks, 42% within 1 and 12 months, and 23% within 1 and 5 years ago.

Results: Nearly all patients (87%) experienced fatigue (defined as a general feeling of debilitating tiredness or loss of energy) during the course of their disease and treatment. There was a trend for the breast cancer subgroup to be more heavily affected by fatigue than the rest of the cancer patients.

65% of all patients reported that fatigue significantly affected their physical well-being, whereas 56% said that fatigue had a negative influence on their emotional well-being. As much as 31% reported that fatigue affected their ability to work.

54% of patients stated that they discussed fatigue treatments with their oncologists. The main reason (24%) that patients did not discuss fatigue with oncologists was the belief that fatigue reflected an inevitable side effect of treatment and/or disease.

In general patients felt that fatigue (71%) adversely affected their daily lives more than nausea/vomiting (46%), hair loss (36%) or pain (35%).

Conclusion: These data confirm the high prevalence and adverse impact of cancer-related fatigue, although it is still not generally discussed and therefore infrequently treated. For patients and oncologists, improving the quality of life of cancer patients requires a heightened awareness of fatigue, a better understanding of its impact and improved communication with interventions that can reduce its debilitating effects.

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POSTER

Long term central venous acces for chemotherapy. Piccline by the radiologist or broviac by the surgeon?

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Aim: To compare the length of stay (LS) of "Piccline" (P) installed in the radiology unit by the radiologist to the "Broviac" (B) installed in the operating room by the surgeon. **Material and method:** We have reviewed all the P and B installed in our institution between July 2000 and December 2000. Fifty-three patients had a P and 60 patients had a B; the choice of the technique was done depending on the disponibility of radiology or of the operating room. We have divided patients by diagnosis of primary tumor: acute leukemia, chronic leukemia, lymphoma, solid tumors and others. Then we have evaluated if neutrophile count and the presence of fever within 24 hours prior to installation was an indicator of LS in all groups. **Results:** LS for B and P patients were respectively of 44,4 and 31 days ($p=0,045$). Whatever the neutrophile count and the technic used (P vs B), there was no statistically significant differences in the LS of all groups but the LS in lymphoma patients was shorter than in others groups (30 days). Ten patients had fever within 24 hours prior to installation and the LS for P and B were respectively of 4 and 6 days. Central lines were removed prematurely for fever or tunellitis ($n=23$: P=10, B=13), lumen obstruction ($n=11$: P=7, B=4) or by accident ($n=4$: P=2, B=2). **Conclusion:** Even with a slight LS advantage (and lumen obstruction) of B, we think that the difference is not clinically significant. The choice of the technique should be based on a cost analysis and depending of each institution. Finally, this study reminds us that a long term central line for chemotherapy should never be installed when fever is present within 24 hours from the planned installation.

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POSTER

Taking cancer information to the community

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Repeated surveys of cancer patients and the public suggest that information about cancer is still not as readily available as people would wish.

Macmillan Cancer Relief is one of the UK's largest Cancer Care Charities and for the past 5 years has developed a quality led information strategy for people affected by cancer. Integral to the service are (1) a consultancy advice service (2) the quality toolkit (3) material production to assist in the development of cancer information centres.

This paper will describe the latest initiative in this programme, the collaborative development of a mobile information centre, bringing cancer and palliative care information to people in local and sometimes isolated communities. The presentation will place the mobile centre in the context of a wider information strategy, describe the development of the project, the ways in which local services are involved in each site visit and the plans for evaluation of the service on completion of the first year pilot.

The Paper will consider ways in which lessons learnt from this development can be passed on to other agencies, organisations and countries across Europe.

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POSTER

Subjective well-being and health-related quality of life (HRQOL) in oncologic patients with percutaneous endoscopic gastrostomy (PEG)

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Background: Enteral nutrition via percutaneous endoscopic gastrostomy (PEG) is a well established measure to prevent malnutrition in patients with dysphagia. The effects of enteral nutrition on HRQOL were investigated at the Christian-Albrechts-University in Kiel with the questionnaire of the European Organisation for Research and Treatment of Cancer (EORTC QLQ-C 30) complemented with a therapy-specific instrument for patients with a PEG (PEG-module) which was developed in Kiel. At the same time a study was conducted at the Goethe-University Frankfurt concerning PEG-related fears and anxieties of tumor-patients under irradiation treatment using a self-developed questionnaire (FPEG).

Patients and methods: a) Kiel: The EORTC-QLQ-C 30 and the PEG-module were distributed to 28 patients with predominant malignant diseases one day, two and four months after PEG-insertion. b) Frankfurt: 24 patients with head and neck cancer completed the FPEG before PEG-insertion and at the end of a six-week radiotherapy.

Results: a) Kiel: Physical functioning improved significantly during follow-up. The symptom Fatigue decreased distinctly. The subjective perception of weight loss and obstipation also decreased significantly. The impairment by tube was rated lower than the impairment by medical therapy. But confidence as regards health in near future decreased significantly during follow-up. b) Frankfurt: 70% of the patients were distressed prior to PEG-insertion. Several PEG-related aspects (pain, handling, body image) were rated much more positive at the second measurement. Gastrointestinal side-effects were rare. 85% of the patients would recommend a PEG.

Discussion: a) Kiel: During enteral nutrition the patients principally took benefit by a stabilisation of the nutritional state. Relevant aspects of HRQOL also showed a significant improvement. A possible deterioration of the state of health may affect the motivation to continue enteral nutrition adequately. This must be taken into account in home care management for patients with a PEG. b) Frankfurt: PEG-related fears and anxieties decreased and acceptance increased in the course of long-term enteral feeding.

These results are useful to support the patients decision for a PEG prior to oncological therapy. To evaluate the effect of the PEG on HRQOL extensively both study concepts will be continued in a joint study.