

1603

POSTER

### The hospitalization of the cancer of breast

M.A. Benito, M. Gonzalez, A. Rodriguez. *Institut Catala D'oncologia, Onc-Rtp 6-1, Hospitalet Barcelona, Spain*

**Introduction:** Health and University City of Bellvitge (CSUB) is composed by two institutes: Principes de España Hospital and Catalanian oncologic institute (Institut Català d'Oncologia). It provides health care to an estimated population of one million and two hundred thousand people. The incidence of breast cancer in Catalonia during the last ten years has been 5.2% with a cumulative death hazard ratio of 1.9%. Chemotherapy in this disease is administered in a day-time outpatient therapeutic area, the radiotherapy in the radiation therapy department and surgical procedures are practiced in the Principes de España Hospital. Symptomatic support care is administered in the Palliative Care department. Our hospitalization area is mainly dedicated to cancer patients suffering toxicity after treatment or complications of their disease. There are 30 beds of which 15 are for patients with breast, gynecologic or CNS tumors and 15 for patients on radiotherapy treatment or admitted for palliative care.

**Objectives:** First, to determine the prevalence and incidence of breast cancer among patients admitted in our hospital area. Second, to study the characteristics of patients presenting this disease.

**Material and methods:** This is a retrospective descriptive study. The sources of information are the discharge documents from all the patients admitted during the year 2000. The sample includes 177 patients. Variables in study are: age, number of re-admission, duration (days) of admission, presence and site of metastasis, symptoms at the time of admission, cause of admission, treatment administered during admission and symptoms at time of discharge.

**Results:** The mean age of patients was 59 years. Mean time of admission was 9 days. The most frequent causes for admission were: neutropenic fever post-chemotherapy (28%), symptomatic control (15%), for administration of chemotherapy (14%). Extended disease is present in 80% of patients. The most frequent metastatic sites were: bone (44%), liver (25%) and lung (21%). We registered 34% of re-admissions.

**Conclusion:** Most patients admitted in our hospital are presented with advanced stage of disease and needed significant nurse care. This study must drive us to further studies on the necessity and demand of different aspects of nurse care and to the standardization of this care. So we will be able to unify nurse criteria, adequate resources and improve quality of health care offered to our patients.

1604

POSTER

### How does patient and spouse deal with the grave facts in malignant glioma ?

A. Spetz, S. Par. <sup>1</sup> *Umeå University, Oncology, Umeå, Sweden*

**Purpose:** Malignant glioma is a brain tumour disease associated with a poor prognosis; few patients survive more than two years after the diagnosis. There are very few prospective studies, which has posed the question on how patients and spouses interact on the grave facts of a severe cancer disease during the whole course of the disease process. The prime motif of this study was to contribute to this knowledge.

**Methods:** A consecutive series of 25 patients and spouses were repeatedly and separately interviewed in the years 1991-1993. The study was conducted within a qualitative research paradigm, in order to detect different ways the patient - spouse pairs dealt with the severe situation and communicated about it.

**Results:** Four categories were detected representing different social processes. In about half of the cases patients and spouses did not share the grave facts of the situation. The situation may be characterised by a patient initiated absence of reciprocal communication about the terminality of the disease. In the other half of the cases the couples seemed to find a joint platform, primarily built on an overt or covert mutual acknowledgement of the severe facts. They knew that they knew, but only to a smaller extent did they openly discuss death and dying. The situation may be described as one of living despite awareness of dying. This finding will be discussed in relation to contemporary research.

1605

POSTER

### Gastrointestinal, blood bone marrow, neurological toxicity and hypersensitivity caused by the treatment of ovarium carcinoma with Taxol and Cisplatin

J. Freitas, M. Pinho, S. Silva, A. Gomes. *Institute Portuguese Oncology, Department medical Oncology III/IV, Porto, Portugal*

**Purpose:** The treatment of ovarium's carcinoma with a systemic adjuvant chemotherapy with paclitaxel and cisplatin increases the average time of survival of patients, in an early stage of the disease. This protocol causes toxicities of different intensities, reducing the quality of life of patients undergoing this treatment.

**Methods:** In this prospective study we considered patients who were for the first time submitted to chemotherapy with paclitaxel and cisplatin every 3 weeks, between October 1999 and August 2000, in the department of medical oncology - IPO-Porto. It was made an evaluation of toxicity from grade I to IV, according to NCIC toxicity criteria. The toxicity to blood bone marrow and hypersensitivity was evaluated while and immediately after chemotherapy administration. The gastrointestinal and neurological toxicity was evaluated on the 21 days following the administration.

**Results:** The hypersensitivity toxicity was the greater incidence in grade II and in a larger number of patients, on the third treatment. As to blood bone marrow, we've found a toxicity grade of I and II to Granulocytes, blood count (wbc) and haemoglobin (hgb). The gastrointestinal toxicity grade was I to III, being nausea, vomiting and stomatitis/oral the most common symptoms on the 10 days following chemotherapy. As for Neurological toxicity, firstly we've found a motor toxicity, and then a sensorial and extrapyramidal/involuntary movement toxicity. We've found that 14,28% of the patients suffered from neurological pain.

**Conclusion:** It's important to value a neurological, gastrointestinal and hypersensitivity toxicity in patients submitted to chemotherapy with paclitaxel and cisplatin and it is essential to include preventive medication on these protocols.

1606

POSTER

### Renal, hypersensitivity and gastrointestinal toxicity related to gemcitabine/cisplatin treatment in non-small cell lung cancer

J. Freitas, M. Castro, E. Valerio, P. Figueiredo, L. Rocha, A. Valente. *Institute Portuguese Oncology, Department Medical Oncology III/IV, Porto, Portugal*

**Purpose:** One of the standard treatments in non-small cell lung cancer is the association between Cisplatin and Gemcitabine; which tries to improve the quality of patients' lives. Like any other chemotherapy it brings attached a certain kind of toxicity. In this case we study the gastrointestinal, renal and hypersensitivity, to obtain results that could help us define new forms of prevention and practice.

**Methods:** Prospective study, applied in Oncology Medicine Department, since October of 1999 to August of 2000, in patients with pulmonary cancer, that during this time had began the treatment with Gemcitabine/Cisplatin. Toxicity evaluation was based in NCIC CTG criteria, and to be applied during and after the administration of chemotherapy.

**Results:** The study was applied in 29 patients. During chemotherapy administration we verify that renal toxicity greatest incidence is grade I, with percentages lower than 17%, and hypersensitivity toxicity greatest incidence is grade II with also lower percentages. After chemotherapy administration we study gastrointestinal and hypersensitivity toxicity. In the first case, most patients were in grade I, but in the second the greatest incidence was on grade II.

**Conclusion:** In Cisplatin and Gemcitabine protocol it's important the toxicity evaluation and their valorization, to minimize their appearance, including in this protocol preventive pharmaceutical.

1607

POSTER

### Improvement in haemoglobin levels improves health-related quality of life (HRQOL) of anaemic cancer patients

J. Kallich<sup>1</sup>, H. Erder<sup>1</sup>, J. Glaspy<sup>2</sup>, J. Vansteenkiste<sup>3</sup>, G. Rossi<sup>1</sup>, E. Poulsen<sup>1</sup>. *The ARANES<sup>®</sup> 980290/980297 Study Groups; <sup>1</sup>Amgen Inc., Thousand Oaks, CA; <sup>2</sup>UCLA, Los Angeles, CA, USA; <sup>3</sup>University Hospital Gasthuisberg, Leuven, Belgium*

**Purpose:** Anaemia often occurs in cancer patients as a result of disease or therapy. Anaemia negatively impacts on HRQOL, therefore, ARANES<sup>™</sup>

(NESP, darbepoetin alfa) – a novel erythropoiesis stimulating protein – has been developed, which has a 2- to 3-fold greater serum half-life than recombinant human erythropoietin (rHuEPO). The aim of this analysis was to investigate the relationship between NESP-associated Hgb changes and HRQOL in patients with solid tumours receiving chemotherapy.

**Methods:** Data from 2 clinical trials (conducted in Canada, USA, Australia, and Europe) involving subjects receiving NESP, rHuEPO or placebo for 12 weeks, were combined (n = 517) to examine the relationship between Hgb and HRQOL. Patients completed the FACT-An questionnaire, containing the fatigue, anaemia symptoms, functional, physical, emotional and social/family well-being scales, at baseline and end of treatment.

**Results:** Patients' fatigue improved by end of treatment by 4.0 points when Hgb increased by  $\geq 2$  g/dL. Patients' physical, functional, and emotional well-being, and anaemia symptoms improved with Hgb increases. Social/family support results did not show a relationship with Hgb change. There was a correlation between change in fatigue score and Hgb changes ( $r = 0.19$ ,  $p = 0.002$ ) and ECOG performance scales ( $r = -0.24$ ,  $p < 0.001$ ). Variation in baseline and change from baseline in fatigue scores by age, geographic region, and gender were observed.

Scale Score	Haemoglobin Change (g/dL)								
	<0			0-2			$\geq 2$		
	$\Delta$	95%CI	n	$\Delta$	95%CI	n	$\Delta$	95%CI	n
Fatigue	-1.5	(-3.4-0.4)	143	1.6	(0.2-3.0)	220	4.0	(2.1-5.9)	154
Physical	-0.3	(-1.2-0.5)	143	0.9	(0.2-1.5)	219	1.6	(0.7-2.5)	152
Functional	-0.9	(-1.7-0.0)	143	0.8	(0.2-1.5)	219	1.0	(0.2-1.9)	154
Emotional	0.4	(-0.3-1.1)	140	0.9	(0.4-1.4)	219	1.2	(0.6-1.9)	153
Social/family	-0.4	(-1.0-0.3)	141	-0.4	(-1.0-0.0)	216	-0.8	(-1.5-0.0)	152
Anaemia symptoms	-0.8	(-1.7-0.0)	143	0.7	(0.2-1.2)	220	0.8	(0.1-1.3)	152

**Conclusion:** Hgb improvement has the greatest impact on patient-reported fatigue levels, with moderate impact on physical and functional well-being. Patients' HRQOL tends to decline if Hgb levels are not increased. The magnitude of patients' response to Hgb may vary by demographic char-

acteristics. Therefore, the results show that cancer patients may benefit from NESP therapy, since it appears, to have a positive effect on their quality of life.

1608

POSTER

### Symptomatic treatment improve quality of life of patients with lung cancer

L. Onet, A. Grigorescu. *Institute of Oncology, Oncology, Bucharest, Romania*

**Purpose:** Evaluation of the role of symptomatic treatment in improvement of main symptoms (hemoptysis, cough and pain) of advanced lung cancer.

**Method:** 20 patients with advanced lung cancer were included in this study. The characteristics of the patients were: 54 years mean age, 15 males and 5 women, all of them received chemotherapy, stage IIIB -13, stage IV -7, performance status was  $\geq 2$  after ECOG scale. The symptomatic treatment was: Etamsylate 250 mg x 3/day and Carbozochrome 1.5 mg x 3/day; for cough and pain the patients received Mabron 50 mg x 4/day and Paracetamol 500 mg x 4/day. The symptoms assessment was performed by a 4 levels scale.

**Results:** 5 patients out of the group of 20 presented hemoptysis; 4 of them were moderate and one was very important that led to death. The other 4 improved after treatment (80%). All patients presented cough: 5 rare, 10 frequent and 5 very frequent. 8 patients (55%) with easy and medium cough significantly improved after treatment. Pain was present in 10 cases: 2 with heavy pain - level 4 on the 4-level scale, 6 with medium pain -level 2 and 2 with easy pains - level 1. A significant improvement was present in easy and moderate pains (80%). Toxicity induced dizziness, asthenia and nausea in 5 cases but it didn't led to stop the treatment.

**Conclusions:** Quality of life was significantly improved by symptomatic treatment. Combination Mabron + Paracetamol was active in cases presenting cough and also in cases presenting medium pain. Toxicity is worthless.