

examination by the investigator. The rate of symptom-free pts was calculated following a conservative approach for missing values: all pts with no symptoms were compared with all treated pts. Randomization groups were compared by Fisher's exact test.

Results: Ascites signs and symptoms at screening and puncture visit were comparable in both treatment groups. Eight days after treatment, significantly more pts treated with catumaxomab were symptom-free in 13 out of 14 sign/symptom categories compared with controls. Four weeks after treatment the rate of symptom-free pts was still higher in the catumaxomab group for all signs and symptoms. Ninety days after treatment 6–10% of catumaxomab-treated pts were free of symptoms compared with none of those in the control group.

Conclusions: The results above show a prolonged time free of ascites symptoms after catumaxomab treatment compared with control, which is a precondition for an adequate quality of life in this pt population.

3081

POSTER

Psychosocial Distress of Cancer Patients With Underage Children

J. Ernst¹, H. Goetze¹, R. Schmidt¹, J. Dorst², E. Braehler¹. ¹University of Leipzig, Department of Medical Psychology and Medical Sociology, Leipzig, Germany; ²University of Leipzig, Division of Hematology and Oncology, Leipzig, Germany

Background: The effect of parenthood (children until 18 years) with a cancer disease on the psychosocial situation and the mental distress of cancer patients was examined only few, so far. Systematic studies to epidemiological connections and to the specific need of support and supply are missing. The few results to this topics show a lot of problems straight in these families due to coincidence of illness-specific and family challenges.

Material and Methods: In the present study 152 cancer patients (different diagnoses; middle age 40.3 years; 81% female) with children under age were recruited and asked in writing during their ambulatory or stationary treatment (no palliative situation). The psychological distress was collected with the Hospital Anxiety and Depression Scale (HADS), further social demographic and medical information were recorded. The data are evaluated descriptively and variance-analytically and confronted to a comparison group from the general population (matching after age, n = 1075).

Results: Regarding the comparison group from the general population (HADS mean: 4.5) there is a significantly higher score of anxiety in the study group (HADS mean: 6.8, p < 0.00). In comparison with the control group the depression values of the study group is increased a little but not significantly. Risk factors for high psychological distress of the cancer patients are: not employed, children >6 years and time of diagnosis >6 months.

Conclusions: The results show higher distress with cancer patients with underage children depending on the social, family and illness-specific context.

Further studies should analyse the process of psychological distress in the long-term with consideration of family-dynamic aspects. On the basis of these study results it is important to derive possibilities of intervention and supply for the patient and the family, in order to recognize psychological distress at an early stage and to work against them.

3082

POSTER

Appropriateness of Febrile Neutropenia Admissions in a Community Hospital in Portugal – a Retrospective Review

M. Carneiro¹, I. Miguel¹, S. Bento¹. ¹Hospital Santarem, Medical Oncology, Santarem, Portugal

Background: Febrile neutropenia is a life-threatening complication of cytotoxic chemotherapy (CT), necessitating prompt patient evaluation and initiation of empirical broad-spectrum antibiotic treatment. The choice of treatment should be based on predominant pathogens and epidemiological characteristics of the treated community. The purpose of our study was to review the inpatient cases of febrile neutropenia in a community hospital in order to assess the appropriateness of the admissions and evaluate the empirical antibiotic therapy prescribed.

Methods: Retrospective review of the admissions because of febrile neutropenia secondary to chemotherapy occurring in an Internal Medicine Ward in the Hospital Distrital de Santarém (HDS), over one year period (2009). We analyze the patient population demography, cancer primary localization and treatment, day of admission, neutrophil count, antibiotic treatment prescribed, duration of the admission, number of positive microbial cultures, in order to evaluate their appropriateness.

Results: The HDS serves a population of 250.000 inhabitants in a suburban area of Lisbon, and during 2009 about 5.000 CT sessions were done. 20 pts matched our search (17 women and 3 men). The admissions occurred in day (mean) 8.71 (2–17) after CT. The mean age was 58.15

years old (34–78). Breast cancer accounted for the majority of cases (13), followed by haematological (4), colo-rectal (2) and head/neck (1). In 12 pts CT was performed in the adjuvant setting, occurring most frequently after the 2nd and 3rd cycles, in 6 pts neoadjuvant (all with breast cancer diagnosis) and in 2 as metastatic treatment. The most used treatment was FEC accounting (6 pts). The mean neutrophil count at admission was 110 (0–800). Respiratory infection tract was the main localization (6), followed by urinary tract infection (3) and in 3 pts no infection location was found. In 12 pts microbial cultures were negative, E. coli was found in 2 pts, M.morgani and C. difficile in 1 each. GCSF was administered to 12 pts. Tazobactam plus Amikacine the most used treatment (16pts). In 8 pts Fluconazole was added to antibiotic regimen. Pts were discharged after a mean of 8.71 days (1–32). There was 1 dead in a breast cancer pt treated with docetaxel.

Conclusions: Most of the febrile neutropenia admissions were appropriate, with pts fulfilling high risk criteria. Microbial cultures were negative in the majority of cases. Gram-negative organisms were the predominant pathogens. Empirical antibiotic therapy with extended-spectrum penicillin and an aminoglycoside were routinely and adequately used as the standard treatment.

Poster Presentations (Sat, 24 Sep, 09:30–12:00) Epidemiology and Prevention

3500

POSTER

Chronological Data of Cholangiocarcinoma in Srinagarind, the University Hospital of Northeast Thailand, During 2008

J. Prasongwatana¹, N. Kuntekaew². ¹Faculty of Medicine Khon Kaen University, Parasitology, Khonkaen, Thailand; ²Faculty of Medicine Khon Kaen University, Surgery, Khonkaen, Thailand

Background: Cholangiocarcinoma (CC) in Thailand is epidemiologically caused by chronic liver fluke *Opisthorchis viverrini* infection (IARC, 1994). Getting an infection is by consuming habit of improper-cooked of fresh water cyprinidae fish among the northeastern residences. Therefore infection and CC in Thailand is restricted in northeastern part composed of 18 provinces. Incidence of CC in Thailand is average about 83/100,000 in male and 75/100,000 in female. We here demonstrated the intense of CC in northeast part of Thailand via chronological data, at least CC who visited the university hospital of northeastern part during 2008.

Material and Methods: CC patients who came to Srinagarind hospital during January–December 2008 were analyzed by age, sex, occupation, address and department of admission.

Results: It was found that a total of 892 CC patients came to Srinagarind hospital, 70% were male. Of 892 CC, there were 0–93 years old and 92% age were 40–79 years old. According to occupation, 40% of CC are farmer. Among 892 only 3 of CC patients were from outside northeast region. Of 892 CC patients, 671 were admitted in Surgery department while 183 were admitted in Medicine. Eight of CC patients with age less than 14 years old were admitted in Pediatric department. Beside liver fluke associated CC in adult, CC in northeastern part of Thailand is including the children with bile abnormality, Calori's cyst and sclerosing cholangitis for example.

Conclusions: This chronological data has reminded us about the intense health problem of northeastern residence of Thailand caused by CC. Control strategies for liver fluke infection and CC in Thailand has to be prioritize.

3501

POSTER

Survival of Female Breast Cancer, Clinical Practice Variability and Associated Factors: Results of the Portuguese South Regional Cancer Registries

M. Andre¹, A. Mayer², A. Miranda². ¹Portuguese Institute of Cancer, Department of Medical Oncology, Lisbon, Portugal; ²Portuguese Institute of Cancer, The South Regional Cancer Registries, Lisbon, Portugal

Background: Breast cancer is the most common cancer among women in developed countries, representing one third of all cancer cases. The incidence is lower in Portugal than the European average, but it is still the most frequent cancer of women. The prognosis for breast cancer is generally good, with a mortality:incidence ratio of 61%. Several factors have been implicated in the survival of these patients, including tumour biological factors, patient characteristics and therapeutic options.

This study aims to detect survival differences in female breast cancer and identify the main associated factors.

Materials and Methods: We conducted a retrospective cohort study, multicentric, population based with follow-up. All incident breast cancer