PALLIATIVE AND SUPPORTIVE CARE

72PD Home-care for cancer patients: psychological, social and economical benefits

Mario Ranuzzi (1), Giovambattista Palmeri (1), Alberto Sabbi (1), Pietro Ranaldi (1), Annarita Taddei (1), Stefania Brunetti (1), Sarafina Gentilea (1), Rodolfo Vercelloni (1)
(1) Home-Care, Gruppo Ricerca Assistenza Domiciliare Oncologica, Fonte Nuova (ROME), Italy

Purpose: the G.R.A.D.O. Association (Gruppo Ricerca Assistenza Domiciliare Oncologica) providing home care for cancer patients was begun in June 1998. Our aims are: to aid, research, study, promote, organize, carry out the home-care for oncology patients, prevalently by voluntary service. Moreover, we aid the public and social structures involved in oncologic care. Patients and methods: this service is provided upon request from the family doctor or directly from the patients who are unable to travel or whose condition needs a palliative treatment. Patients are visited at home by an oncologist with the aid of a professional nurse with oncological experience; they together draw up the assistance program. The professional team is also composed of an internist, a physician for pain therapy, a psychologist, a physiotherapist. Assistance is completely free for the patients and their families. Our home-care model is able to guarantee: best supportive care, antalgic therapy, psychological aid, follow-up. The professional team is also supported by a group of trained volunteers who are responsible for the social aspects of the patient's life. Results: during four years of activity 281 patients, with a mean age of 65.3 years (38–90), have been followed: they requested 2256 oncological visits, 877 medical visits, 166 thoracentesis, 160 paracentesis, 1506 nurse interventions, 1083 supportive treatments, 35 physiotherapeutic interventions and 378 psychological supports. The median follow up was 40 days (3–359). Conclusion: the data regarding our activity showed us that this specifically oriented medical assistance permits education and adaptation of patients and their families with the disease and diminishes the hospitalization of these patients, resulting in an improvement of their quality of life (better preserved in their family environment). During our years of activity we have distributed 19.348 days of medical services and it has certainly helped in saving the expenses of the welfare state. So considering the mean cost of a day in a general hospital approximately equivalent to €500.00 and considering a day of medical services = a day of non-hospitalization, our work allowed an economic benefit of €9692260.00.

73P The attitude of cancer patients to the use of analgesics in the control of cancer pain

Bulent Yalcin (1), Filiz Cay Senler (1), Abdullah Buyukcelik (1), Fikri Icli (1)
(1) Department of Medical Oncolgy, Ankara University, Ankara, Turkey

In this study, 46 cancer patients were evaluated with a questionnaire to clarify their attitudes to the use of analgesics in the control of cancer pain. All patients had chronic cancer pain and questionnaires were given by the physicians who treated the patients for cancer, primarily. Median age was 45 (27–70) and female/male ratio was 30/16. Educational statuses were 15% illiterate, 58.7% elementary school, 17.3% high school and 9% university. The majority of the pts (93.4%) reported that they had adequately explained the pain to the doctors, while 6.5% of the pts reported that they had not explained the pain adequately because of limited time of interview during the visit. Six patients (19.5%) stated that they explained their pain inadequately because of the lack of doctors interest, and some doctors did not believe in their pain. Twenty five (58.6%) patients reported that they knew the causes of their pain. The pain was relieved by analgesics in only 6 patients (13%). While the pain was controlled partially in 14 (30%) patients, no response was observed in 26% of the patients. Thirteen (28%) patients, in whom the pain was not controlled, believed that there was no treatment option to relieve it. Only 7 (15%) patients took the prescribed analgesics regularly. Eighteen (39%) patients reported adverse events during the use of analgesics, and the most common adverse events were gastrointestinal. While 14 patients believed in addiction to analgesics with their frequent use, 20 (43%) patients had no idea about it. Two (8.6%) patients absolutely refused the narcotic analgesics, and the others followed the decision to the doctors. The belief that pain was destiny and the fear of the analgesic dependence, were common among the cancer patients. The cancer patients frequently thought that the analgesic dependence could lead to a decrease in the effect of analgesic. In conclusion, despite the small number of the study population, the present study showed the majority of the cancer patients had not received adequate information about analgesic use in the control of cancer pain. They also had fears and held wrong beliefs on this subject. For better control of cancer pain, cancer patients should be informed adequately about the cancer pain and its treatment.

74P Use of analgesics in patients affected by head & neck malignancy during palliative radiotherapy

Simonida Crvenkova (1), Valentina Krstevska (1), Slavica Kraleva (1), Igor Stojkovski (2), Vita Stoimenova (2)
(1) Department of Brain and Bone Malignancies, Institute of Radiotherapy and Oncology, Skopje, Macedonia
(2) Institute of Radiotherapy and Oncology, Skopje, Macedonia

Background: Treating the Head & Neck malignancy failure after surgery and radiotherapy (RT) is still a problem. The roles of reirradiation and chemotherapy are palliative. These patients (pts) suffered from moderate to sever pain that was less responsive to opioid therapy. The aim of this study was to evaluate efficiency among tramadol and amitriptyline in head & neck cancer pts with moderate pain during palliative RT. Material and Methods: 30 pts (21 M, 9 F) affected by head & neck metastatic disease in lymph nodes, failure after primary therapy. All pts included presented moderate pain defined as VAS between 5–7, and were under NSAIDs treatment and palliative RT. 15 pts (group A) used tramadol with initial dose 200 mg/day, with doses escalated up to 300-400/day. Other 15 pts (group B) used amitriptyline with starting dose 10 mg in the elderly and 25 mg in younger pts with doses increased every few days, when doses have reached the effective range (e.g. 75–100 mg). Pain was measured according the linear VAS (0-10) at the start of and during the period and at the end of RT, including day 0, 7, 14 and 21. Results: There was a difference between groups in VAS evaluation, this was: 6.2, 5.3, 4.8, 4.9 at days 0, 7, 14, and 21 respectively for tramadol group-A and 6.1, 3.5, 1.7, 1.2, respectively for group-B. Percentage of pts under pain control (VAS <3) was registered only in group B in follow up visits (40.6% at day 7, 80% at day 14 and 86.6 % at day 21). Conclusions: Tricyclic antidepressant-amitripyline was significant efficiency pain treatment in head & neck cancer pts with moderated pain. Considering our results, we supposed that there is distinct mechanism that created neuropathic pain in the head & neck region.

75P Newer antidepressants for alleviation of tamoxifen-induced hot flashes in breast cancer survivors

Agnieszka I. Jagiello-Gruszfeld (1), Halina Rudnicka (2), Magdalena Sikorska (1), Jerzy Giermek (2), Hanna Tchorzewska (2), Andrzej Kazarnowicz (1), Tadeusz Pienkowski (2)
(1) Chemotherapy Department, Regional Cancer Centre–Olsztyn, Olsztyn, Poland
(2) Breast Cancer and Reconstruction Surgery Department, Memorial Cancer Centre, Warsaw, Poland

BACKGROUND: Hot flashes are symptoms of vasomotor instability reported in least 50–60% of breast cancer survivors taking tamoxifen. Based on information that venflaxine, one of the newer antidepressants, was able to alleviate hot flashes, we conducted an open-label pilot study to evaluate potential effect of the newer antidepressants (citalopram, venlafaxine and fluoxetin) to treat tamoxifen-induced hot flashes. PATIENTS AND METHODS: From October 2002 to January 2003 in two centres in Poland, twenty five breast cancer survivors who were receiving tamoxifen therapy and having at least one hot flash a day were enrolled on the study. Sixteen of women received citalopram (64%), six (24%), fluoxetin, and three (12%) venlafaxine. About choice of kind of antidepressant decided financial possibilities of each patient. In a daily diary, patients recorded number, duration and severity of hot flushes and overall quality of life score (on a 10-point scale) during a baseline-week and then every two weeks of treatment. RESULTS: A total of 10 women completed the 8-week study. Data collected on 6/6 patients who received citalopram, 1/2 fluoxetin and 2/2 venflaxine, showed a decrease in hot flashes duration, frequency and severity. 9/10 women reported considerable improvement in quality of life. Five women had complete elimination of hot flushes. Regarding toxicity information, each agent appears to be well tolerated overall. Side effect data suggest that used agents appear to ameliorate other menopausal related symptoms such as difficulty sleeping, disturbances of appetite, disturbances of concentration, lowering sexual activities and depression. CONCLUSION: This preliminary data support newer antidepressants as potentially effective new nonhormonal agents for managing tamoxifen-induced hot flushes. Complete data from all patients on this study will be available by spring 2003.

76P A randomized study of preventive activity of amifostine against docetaxel induced neurotoxicity in advanced non-small cell lung cancer

Angela Rapti (1), Theodora Kerenidi (1), Emily Tsaroucha (1), Sophia Tsagouli (1), Giannis Giozos (1), Zois Panagopoulos (1), Giannis Arapis (1), Ourania Anagnostopoulou (1)
(1) 8th Pulmonology Department, Hospital of Chest Diseases of Athens, Athens, Greece

Aim. Amifostine is an organic thiophosphate which protects normal tissues from side effects of chemotherapy without reducing antitumor efficacy. Preclinical and clinical data suggest that amifostine may prevent of taxanes induced neurotoxicity. This study was undertaken to determine whether amifostine reduces the incidence of docetaxel-induced neurotoxicity in patients with advanced non-small cell lung cancer (NSCLC). Patients and Methods: One hundred and one patients (86 males - 15 females) with NSCLC of stage IIIB and IV participated in the study. All of them received 6 cycles of cisplatin/docetaxel (CDDP/DOC) or gemcitabine/docetaxel (GMC/DOC). 52 patients (gr A) received amifostine (740 mg/m^2 IV) before docetacel on day 1. Cycles were repeated every 3 weeks. During the administration of amifostine a continuous measurement of patients' blood pressure was performed. 49 patients (gr B) received the same chemotherapy regimens without amifostine. Results: None of the patients who received amifostine developed grade 3 or 4 neurotoxicity. Grade 1 neurotoxicity was observed in four patients. 22 patients of gr. B (44%) revealed symptoms of grade 3-4 neurotoxicity (13 received GMC/DOC and 9 CDDP/DOC). The difference was statistically significant ($p < 0.001$). Amifostine was well tolerated with no need for dose reduction or discontinuation because of toxicity. More frequent adverse events were vomiting and hypotension. Conclusion: These data suggest that amifostine has a protective effect on neurotoxicity caused by docetaxel. Further evaluation of this preventive activity is necessary.

77P Subpopulation of human mobilized peripheral blood stem cells (PBSC)

Ludmila Andreeva (1)
(1) Lab. Clinical Immunology, Cancer Research Center, Moscow, Russia

We have studied 45 samples of mobilized PBSC. The leukapheresis products were collected from 36 adult oncology patients for PBSC reinfusion after high-dose (HD) chemotherapy. We used two- and three-color immunofluorescent staining (IF). Subpopulations were determined by expression on CD34 + cells of the following antigens: CD45, CD38, HLA-Dr, CD71, CD33, CD13, CD14 CD10, CD19, CD20, CD7, CD2, CD3, CD57. In 15 cases it two-colour analysis was performed with PE-conjugates of HLDA-7 Stem cell section mAbs 70381 (AC133), 70382 (AC141), 70383 and 70485 (W6B3C1). As controls we used mouse IgG of the corresponding isotype.
For each patient, 2–3 harvest of PBSC were performed and transplant product consisted 8.09×10^6 ($0.22–75.0 \times 10^6$) CD34 + cell/ kg body weight. HLA-DR and CD45 were almost monomorphously expressed on PBSC (more than 80%), high positivity was noted for myeloid antigens (CD13, CD33) as well as for CD38 (57%). Transferrin receptor was expressed on 26% (mean) of PBSC. Proportion of CD71+ PBSC correlated with percentage of lymphoid antigen (CD10, CD19, CD7) positive PBSC ($R = 0.6$, $p < 0.03$). Expression of lymphoid antigens was usually very low, CD3 being completely absent. HLA-DR did not correlate with any antigen on PBSC. CD13 and CD33 being in negative correlation for expression on CD34+ ($R = –0.77$, $p = 0.009$). New stem cell markers gave monomorphic staining of PBSC—no negative fraction within CD34+ cells we found. In our study we noted the leukocytes recovery on 10 day (6–14 day) and the platelets recovery during first week after HD chemotherapy and reinfusion of autologous PBSC.
Conclusion:
Peripheral blood stem cells (PBSC) can be identified by flow cytometry on the basis of sideward-detector versus levels of intensity expression CD34 antigen. New stem cell markers may be useful for studies of PBSC.
The subpopulation of PBSC may predict of haematopoietic recovery after HD chemotherapy and transplantation of PBSC in oncology patient.

78P Local therapy of cutaneous metastases with rHuGM-CSF. Preliminary data

Magdalena Sikorska (1), Renata Duchnowska (2), Agnieszka I. Jagiello-Gruszfeld (1), W. Z. Pawlak (2), Gabriel Wcislo (2), Ewa Wachula (1), Ewa Szybicka-Flisikowska (1), Cezary Szczylik (2)
(1) Chemotherapy Department, Regional Cancer Centre - Olsztyn, Olsztyn, Poland
(2) Oncology Department, Military Medical Institute, Warsaw, Poland

Introduction: Attempts of local therapy of malignant cutaneus metastases (MCM) with recombinant human granulocyte–macrophage colony-stimulating factor (rHu GM-CSF) have been undertaken for several years. RHu GM-CSF activity mechanism is not discovered in this kind of treatment so far. The aim of our study is to assess the feasibility, safety and efficacy of rHu GM-CSF in local therapy of MCM. Patients and methods: In two oncological centers in Poland 23 patients (21 women and 2 men) with MCM were enrolled into study. In fifteen cases breast cancer, in four: ovarian cancer, in two: lung cancer, in one: colon cancer and in one case cancer of unknown primary site was diagnosed. All patients suffered from skin ulceration with bleeding easy to renew the wound and local pain. RHu GM-CSF therapy was planned as additive to systemic treatment in 15 patients (breast cancer: 9, ovarian cancer: 4, colon cancer: 1, lung cancer: 1). Total dose 800 mg rHu GM-CSF (molgramostim) was administered by intracutaneous injection around the lip of ulceration, typically in 4–5 places. The injections were repeated every week. Results: We observed total regression of ulceration and local pain retreat in sixteen cases (70%). This results was reached after 4–5 injections (median: 3). In seven cases partial regression of ulceration, decrease of local pain intensity and disappearance of bleeding were recorded. After rHu GM-CSF administration, no serious adverse events were observed, besides short lasting up to 2 hours itching after the injection and transient temperature increase up to 37.5°C. There was no significant change in the peripheral white blood cell count. After follow-up period from 7 to 73 weeks (median: 32) we note that: four patients died without recurrence of rHu GM-CSF-treated cutaneous metastases, eight died with recurrence, nine live without recurrence, and two are still alive in spite of progression in treated places. Conclusion: rHu GM-CSF can be used with good results for treat MCM. In 70% of cases were observed complete regression of ulceration. Bleeding were stopped and pain was relieved. It considerable improved patients quality of life. Further studies focused on the mechanism of rHu GM-CSF action in malignant cutaneus metastases are warranted.

79 Role of zoledronate on skeletal pain: Our experience

Adolfo De Pasquale Ceratti (1), Giuliana D'Auria (1), Antonio Lugini (1), Maria Laura Evangelista (1), Marta Mazzoli (1), Fabrizio Nelli (1), Caterina Accettura (1), Enrico Cortesi (1)
(1) Medicina Sperimentale e Patologia-Day Hospital Oncologico, Universita degli Studi di Roma "La Sapienza"-Policlinico Umberto I, Rome, Italy

Background: Typically bone metastases are associated with osteolytic bone destruction, resulting in bone pain and other skeletal morbidity. Bisphosphonates are potent inhibitors of normal and pathologic bone resorption. Zoledronate is a third generation bisphosphonic acid, more active than and as well tolerated as pamidronate. Although the role of disodium pamidronate in pain management was demonstrated, data is missing about the use of the zoledronic acid. It may also have some direct anticancer activity (antiproliferative effects, promotion of apoptosis and inhibition of angiogenesis) as demonstrated by several studies. Patients and methods: 28 cancer patients (pts) with metastatic bone lesions (21 pts with breast cancer, 3 with non-small-cell lung cancer and 4 pts with prostate cancer) were evaluated for pain evolution during treatment with zoledronate. Pain is assessed with a 10-point visual analogue scale (VAS) at every cycle. Zoledronic acid (4 mg) was administered as an intravenous 15-minute infusion (diluted with 100 mL of 0.9% sodium chloride solution), repeated every 4 weeks. All pts received systemic hormonal or cytotoxic therapy. Results: The majority of pts (65%) obtained a decrease of pain intensity after the administration of the first 2 infusions (two months of treatment) of Zometa. VAS-score ranged from 3.5 to 5 at baseline. Median change in pain scores was 1.2. The use of analgesic drugs also decreased in 8/28 pts. The most common adverse events (about 24-48 hours after the infusion) were fever (24% pts), arthralgias and myalgias (10% pts), nausea (4% pts) and hypocalcemia (5% pts, about 7 days after the infusion). 1 pts had a chest skin rush lasted for 2–3 days. However, zoledronate was generally well tolerated. Conclusions: The results of the present analysis demonstrate that zoledronate seems to have an analgesic effect and to improve quality of life for patients with metastatic bone disease. Specific pain studies and studies of quality of life are, however, still lacking.

80 Incidence and prognostic significance of anemia in non-Hodgkin's lymphoma patients

Kamlesh P. Sajnani (1), Ganapathi Bhat (1), Salem Shemmari (1)
(1) Department of Medical Oncology, Lymphoma and BMT division, Kuwait Cancer Control Centre, Kuwait, Kuwait

Aim: To evaluate the frequency of anemia and its prognostic value in non-Hodgkin's lymphoma patients. Methods: Retrospective evaluation of 138 patients diagnosed and treated between 1996–1999 was done. Data was obtained from case records of medical oncology department. Anemia was defined as a hemoglobin value less than or equal to 12 g/dl for men and less

than or equal to 11 g/dl for women. Hb values were obtained at baseline and 3 months after completion of treatment. Results: Histology data was found to be as follows: 35 with follicular, 4 with small lymphocytic, 67 with diffuse large B cell, 3 with T-cell and finally 29 patients with other high grade lymphomas. Data was incomplete in 9 patients. Anemia was present in 39/129 (30.23 %) patients at baseline and in 35/129 (27%) patients after completion of treatment. Anemia was more frequent with Ann Arbor stage III or IV (38 % versus 21 %) and raised LDH (45% versus 23%). Anemia was associated with shorter progression-free survival and overall survival for all histologic subtypes of lymphomas. Anemia was also associated with poor outcome in patients with bone marrow involvement compared to those without bone marrow involvement. Conclusions: There is a high prevalence of anemia in non-Hodgkins lymphoma patients. It is an adverse prognostic factor for overall outcome. More studies are needed to know whether early implementation of measures to correct anemia will improve the clinical outcome.

81 Efficiency of thoracoscopic talc poudrage for pleurodesis in malignant pleural effusions secondary to breast cancer

Iwona Glogowska (1), Maciej Glogowski (2), Mariusz Zmijewski (2), Andrzej Pietraszek (2), Tadeusz Pienkowski (1)
(1) Department of Breast Cancer and Reconstructive Surgery, The Maria Sklodowska-Curie Memorial Cancer Center and Institute of Oncology, Warsaw, Poland
(2) Department of Lung and Chest Tumors, The Maria Sklodowska-Curie Memorial Cancer Center and Institute of Oncology, Warsaw, Poland

Background: Malignant pleural effusion due to metastatic breast cancer (mbc) is a frequent and difficult problem. The effective treatment of pleural fluid reaccumulation is an important aim in palliative care of patients (pts) with mbc. Purpose: To evaluate the efficiency, permanence and safety of thoracoscopic talc poudrage (TPP) for pleurodesis of malignancy pleural effusions in mbc. Material and methods: From November 1998 to October 2002, 39 pts with malignant pleural effusions with primary breast cancer uderwent videothoracoscopy (VATS) under general anesthesia. Clinical symptoms of pleural effusion were observed in all pts and ECOG PS were 1–2. Pleural fluid was a single site of mbc in 10 cases. In 14 pts systemic therapy due to mbc was performed before TPP. Pleurodesis was performed with 5 g of sterile purified talc insufflated through a talc atomizer. 35 pts were treated by systemic therapy after TPP. Results: There were no perioperative mortalities in this group. We observed 6 severe postoperative complications: 3 cases of acute respiratory failure, one case of renal insufficiency, one case of pulmonary embolism and one case of gastric perforation. Averange hospitalisation was 6 days (3–51). We noted 4 cases of incomplete lung re-expansion (10%). 35 pts (90%) had successful pleurodesis and regression of symptoms. In this group we observed 2 recurrences of effusion-after 5 and 7 months (mts). After a median follow-up of 6.8 mts (range 1.2–30.2), talc pleurodesis was successful in controlling recurrence of effusion in 33 pts (84.6%). 25 pts died as a result of progression of mbc. 14 pts alive without recurrence of effusion. We observed statistically significant differences in median survival time without recurrence of pleural effusion in pts with PS 1 versus PS 2 (11.7mts versus 2.7mts, $p < 0.001$). We noted better prognosis in pts with single metastatic site in pleura (median survival time 10.7 versus 4.9, $p = 0.02$). Conclusions: TPP is an effective and safe method of lifelong pleurodesis in pts with mbc. It should be performed in pts with good PS for better prognosis and to improve quality of life.

PSYCHO-ONCOLOGY

82PD Cancer Risk Information Providers Phase III (CRIP III) study: the European CRIPs

Peggy Ng (1)
(1) School of Administrative Studies, York University, Toronto, Canada

Objective: The objective of this phase of research was to assess the knowledge, attitudes, behaviour, practice and perceptions of CRIPs on heritable cancer risk information provision (HCRIP) and examine how the service is funded and regulated internationally. Methods: CRIP III was conducted using a quantitative, self-administered questionnaire. Coverage of the professional groups was identified by regional coordinators in Australia, Europe, and North America. Respondents had the opportunity to complete the questionnaire on paper or via the Internet. Results: Results from Europe are reported in this abstract. There is equal gender split of CRIPs of average age in early 40'. All respondents perform regular HCRIP on multiple cancer sites. 75% of them practices in urban area and are salary based. The largest professional group in UK is geneticists (40%) and that of the other Europe are the unspecified physicians (56%). 91% of HCRIP are provided via an interdisciplinary team. European practitioners are more likely (15%) retaining lawyers familiar with genetic legal issues. 93% of CRIPS reports genetic testing services is only available to high risk clients only in their practice setting. 32% versus 42% of UK relative to European CRIPS reports availability of genetic counseling services. Genetic testing and counseling in UK are mostly paid by government while mostly supported by a combination of government and research grants in other European nations. The most rewarding outcome of providing HCRIP (49%–70%) was perceived as the ability to help patients and families. CRIPS in UK (67%) perceived difficulty in having to deal with clients who want to keep information away from families. European has the highest percentage of CRIPs (24%) having the experience to seek legal advice pertaining to issue of discrimination than the other regions of the world. waiting times for counseling and testing reported by CRIPs is longer in the Europe. Unlike Canada, most European settings have an age of consent for genetic testing. Majority (78%) of the European CRIPs are not obligated to give results to insurance companies. Higher proportion of non UK European CRIPs believe heritable cancer risk assessment should include a formal psychological evaluation.

83PD Investigating the knowledge, beliefs and attitudes to cancer of people of Irish ancestry living in Britain: a qualitative approach

Karen Scanlon (1), Seeromanie Harding (1), Kate Hunt (1), Mark Petticrew (1), Michael Rosato (2), Rory Williams (3)
(1) Social and Public Health Sciences Unit, Medical Research Council, Glasgow, UK
(2) Independent Researcher, Belfast, UK
(3) Independent Researcher, Glasgow, UK

Aim: To gain an understanding of the knowledge base, beliefs and attitudes of Irish people to cancers and to adapt successful health promotion materials accordingly. Background: First generation (Irish-born) and second generation (UK-born with Irish-born parents) Irish people living in Britain experience high incidence of and mortality rates from a range of cancers compared with the national average. Socio-economic position is an important predictor of these patterns but does not explain all of the excess. Method: This is a qualitative study using focus groups and individual interviews with Irish people and with a comparison group of indigenous white British people in London, Manchester and Glasgow. Quota sampling is used to ensure representation across key variables including deprivation and migration status. Findings: Fieldwork is in progress and formal analyses are yet to be conducted. The main themes emerging so far appear to be an overall understanding of life style factors that influence susceptibility, experience of close relatives or friends who have had cancer, a possible lack of awareness of early signs and symptoms for cancers other than breast and lung cancer, and a general pessimism towards health services and treatments. These factors are relevant to both the Irish and comparison groups but may disproportionately affect the Irish group. Conclusion: Though preliminary, these findings suggest that factors amenable to modification may play an important role in explaining differences in cancer experiences between Irish people and the local population.

84PD The GOALS-Workshop: a tool to facilitate better communication between breast cancer patients and their partners

Alexander Marmé (1), Heike Stammer (1), Rolf Verres (2), Gunther Bastert (1)
(1) Universitäts-Frauenklinik, Universität Heidelberg, Heidelberg, Germany
(2) Universität Heidelberg, Heidelberg, Germany

One of the major sources of social support is a functioning communication between the patient and her partner. Patients who get a high level of psychosocial support show better coping, less anxiety and depression. The communication between the patient and her partner is unfortunately very often impaired by some common reasons. One of the most important is the desire to protect the partner from bad news. A second important reason is that very often the healthy partner is overprotective and the patient gets the feeling of not being an equal partner. The one day GOALS workshop aims to lead the couples to a better understanding of the key problems in communication between cancer patients and their partners and to give the opportunity to learn how to structure their discussions according to the GOALS protocol. Key issue of the workshop is to show how the GOALS protocol can improve the structure of communication and how it can be applied to different situations. It is derived from the SPIKES protocol which was developed by Buckman and Bailes to structure physician patient communication. It has been modified according to the different needs of the communication between patients and their partners. The first part of the workshop consists of a discussion of the two separated groups on which